



EMPLOYEE
BENEFITS
GUIDE

2023 | 2024

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INSURANCE CARRIERS

Core Benefits

Medical, Vision, Dental, Life Insurance, Long Term Disability

- **Blue Cross Blue Shield (Health & Dental)**
 - Website www.bcbstx.com
 - Customer Service: 1-800-521-2227
- **Dearborn of Blue Cross Blue Shield (Vision, Group & Voluntary Life)**
 - Website: www.dearbornnational.com
 - Customer Service: 1-800-348-4512
- **Madison National (Long-Term Disability)**
 - Website: www.ochsinc.com
 - Customer Service: 1-800-392-7295

Voluntary Products

Optional/Supplemental Life, Critical Illness, Hospital Indemnity, Accident, Cancer, Short Term Disability, Medical Air Support, Legal Services, Permanent Life, Pet Insurance and 457 Retirement

- **Dearborn (opt life) Information Listed Above**
- **Colonial (Hospital Indemnity, Cancer, Pet Insurance)**
 - Website: coloniallife.com
 - Customer Service: 1-800-325-4368
- **Trustmark (Short-Term Disability and Permanent Life)**
 - Email: customercare@trustmarkbenefits.com
 - Customer Service: 1-800-918-8877
- **Allstate Benefits (Legal Services)**
 - Website: www.uslegalservices.net
 - Customer Service: 1-800-356-5231

- **MASA (Ambulance and Air Services)**
 - Representative: Brice Calahan 956-252-6818
 - Customer Service: 1-800-423-3226
- **Community Loan**
 - Website: www.rgvcommunityloancenter.com
 - Customer Service: 956-356-6600
- **Wellfleet (Accident & Critical Illness)**
 - Website: www.wellfleetworkplace.com
 - Customer Service: 1-855-900-4777
- **Nationwide (457 Deferred Compensation Plans)**
 - Representative: Sarita Null
 - Customer Service: 1-877-677-3678
- **Mission Square Retirement – (457 Deferred Compensation Plans)**
 - Representative: Sandra Aguilar
 - Customer Service: 1-800-669-7400
- **VOYA (457 Deferred Compensation Plans)**
 - Representative: Rolando Guerra 956-380-6475
 - Customer Service: 1-877-884-5050
- **Employee Assistance Program (Access to Counselors)**
 - Website: www.niseap.com
 - Customer Service: 1-866-451-5465

***The EAP is for use by the covered employee only. While issues may concern family members, all contacts to the EAP must be made by the employee.**

Special Notice: Government Assistance May Be Available to Help Pay Your Health Care Contributions

This notice is required to be distributed to participants in group health plans sponsored by City of Edinburg. Please refer to the information in your Benefits Guide and Summary Plan Descriptions (SPDs) for more details about your benefits, including other required notices.

Premium Assistance under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in one of the following States, you may be eligible for assistance paying your employer health plan premiums. The following list of States is current as of January 31, 2016. Contact your State for further information on eligibility.

To see if any more states have added a premium assistance program since January 31, 2016, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, ext. 61565

Texas (Medicaid)

<http://www.gethipptexas.com/> 1-800-440-0493



Employee Insurance Premium Rate Sheet
Effective October 01, 2023 - September 30, 2024

BlueCross BlueShield HMO Health Insurance (Low Plan)				
	Monthly Premium	City Share Monthly	Employee Share Monthly	Employee Share Per Pay Period
Employee Only	\$522.62	\$522.62	\$0.00	\$0.00
Employee & Child(ren)	\$886.53	\$711.96	\$174.57	\$87.29
Employee & Spouse	\$1,379.08	\$1,070.58	\$308.50	\$154.25
Employee & Family	\$1,582.22	\$1,073.93	\$508.29	\$254.15
BlueCross BlueShield PPO Health Insurance (High Plan)				
	Monthly Premium	City Share Monthly	Employee Share Monthly	Employee Share Per Pay Period
Employee Only	\$543.83	\$522.62	\$21.21	\$10.61
Employee & Child(ren)	\$922.50	\$730.68	\$191.82	\$95.91
Employee & Spouse	\$1,435.04	\$1,106.39	\$328.65	\$164.33
Employee & Family	\$1,646.43	\$1,107.34	\$539.09	\$269.55
BlueCross BlueShield Dental Insurance (Low Plan)				
	Monthly Premium	City Share Monthly	Employee Share Monthly	Employee Share Per Pay Period
Employee Only	\$6.12	\$6.12	\$0.00	\$0.00
Employee & Child(ren)	\$13.96	\$6.12	\$7.84	\$3.92
Employee & Spouse	\$15.21	\$6.12	\$9.09	\$4.55
Employee & Family	\$19.50	\$6.12	\$13.38	\$6.69
BlueCross BlueShield Dental Insurance (High Plan)				
	Monthly Premium	City Share Monthly	Employee Share Monthly	Employee Share Per Pay Period
Employee Only	\$25.93	\$6.12	\$19.81	\$9.91
Employee & Child(ren)	\$58.78	\$6.12	\$52.66	\$26.33
Employee & Spouse	\$60.16	\$6.12	\$54.04	\$27.02
Employee & Family	\$79.47	\$6.12	\$73.35	\$36.68
BlueCross BlueShield Vision Insurance (Low Plan)				
	Monthly Premium	City Share Monthly	Employee Share Monthly	Employee Share Per Pay Period
Employee Only	\$6.34	\$0.00	\$6.34	\$3.17
Employee & Child(ren)	\$12.40	\$0.00	\$12.40	\$6.20
Employee & Spouse	\$11.07	\$0.00	\$11.07	\$5.54
Employee & Family	\$17.36	\$0.00	\$17.36	\$8.68
BlueCross BlueShield Vision Insurance (High Plan)				
	Monthly Premium	City Share Monthly	Employee Share Monthly	Employee Share Per Pay Period
Employee Only	\$10.06	\$0.00	\$10.06	\$5.03
Employee & Child(ren)	\$21.50	\$0.00	\$21.50	\$10.75
Employee & Spouse	\$18.39	\$0.00	\$18.39	\$9.20
Employee & Family	\$27.05	\$0.00	\$27.05	\$13.53

Dearborn National - Life Insurance

Note: Rate Coverage is Dependent on Age and Coverage Amount

	Monthly Premium	City Share Monthly	Employee Share Monthly	Employee Share Per Pay Period
Employee Only (incl. AD&D)	\$0.50	\$0.50	\$0.00	\$0.00
Buy-Up Dep. Child(ren) (\$10,000)	\$1.28	\$0.00	\$1.28	\$0.64
Buy-Up Employee (Max up to \$500,000) (Guarantee Issue \$100,000- New Hire only)	Starts 0.64 per \$1,000	\$0.00	Dependent on Employee Election Options	Dependent on Employee Election Options
Buy-Up Spouse (Max up to \$200,000) (Guarantee Issue \$25,000- New Hire only)	Starts .064 per \$1,000	\$0.00	Dependent on Employee Election Options	Dependent on Employee Election Options




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. **NOTE: Information about the cost of this plan (called the premium) will be provided separately.**

This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, call 1-800-521-2227 or at <https://policy-srv.bbox.com/s/g5df1kpa5wktp9ekvm5hjbmdzqhufzam>.

For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms, see the Glossary. You can view the Glossary at www.healthcare.gov/sbc-glossary/ or call 1-855-756-4448 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	For In-Network: \$2,000 Individual / \$4,000 Family For Out-of-Network: \$4,000 Individual / \$8,000 Family	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u> , each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> .
Are there services covered before you meet your deductible?	Yes. Services that charge a <u>copayment</u> , <u>prescription drugs</u> , emergency room services, inpatient hospital expenses, certain <u>preventive care</u> , and In-Network <u>diagnostic tests</u> , home health, skilled nursing, and hospice are covered before you meet your <u>deductible</u> .	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	Yes. Per occurrence: \$250 Out-of-Network inpatient admission. There are no other specific <u>deductibles</u> .	You must pay all of the costs for these services up to the specific <u>deductible</u> amount before this <u>plan</u> begins to pay for these services.
What is the out-of-pocket limit for this plan?	For In-Network: \$6,500 Individual / \$13,000 Family For Out-of-Network: \$19,500 Individual / \$39,000 Family	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
What is not included in the out-of-pocket limit?	<u>Premiums</u> , <u>balance-billing</u> charges, and health care this <u>plan</u> doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Will you pay less if you use a network provider?	Yes. See www.bcbstx.com or call 1-800-810-2583 for a list of <u>network providers</u> .	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's</u> charge and what your <u>plan</u> pays (<u>balance billing</u>). Be aware, your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
Do you need a referral to see a specialist?	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .

 All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$35/visit; <u>deductible</u> does not apply	30% <u>coinsurance</u> after <u>deductible</u>	Virtual visits are available, please refer to your <u>plan</u> policy for more details.
	<u>Specialist</u> visit	\$50/visit; <u>deductible</u> does not apply	30% <u>coinsurance</u> after <u>deductible</u>	None
	<u>Preventive care/screening/immunization</u>	No Charge; <u>deductible</u> does not apply	30% <u>coinsurance</u> after <u>deductible</u>	You may have to pay for services that aren't preventive. Ask your <u>provider</u> if the services needed are preventive. Then check what your <u>plan</u> will pay for. No Charge for child immunizations Out-of-Network through the 6th birthday.
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	No Charge; <u>deductible</u> does not apply	30% <u>coinsurance</u> after <u>deductible</u>	Office visit <u>copayment</u> may apply.
	Imaging (CT/PET scans, MRIs)	20% <u>coinsurance</u> after <u>deductible</u>	50% <u>coinsurance</u> after <u>deductible</u>	None

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.bcbstx.com	Generic drugs	\$15 retail/\$37.50 mail order/prescription; <u>deductible</u> does not apply	\$15/prescription plus 30% <u>coinsurance</u> ; <u>deductible</u> does not apply	Retail covers a 30-day supply. With appropriate prescription, up to a 90-day supply is available. Mail order covers a 90-day supply. Out-of-Network mail order is not covered. Payment of the difference between the cost of a brand name drug and a generic may be required if a generic drug is available. For Out-of-Network pharmacy, member must file claim. Certain drugs require approval before they will be covered. The <u>cost-sharing</u> for insulin included in the drug list will not exceed \$25 per prescription for a 30-day supply, regardless of the amount or type of insulin needed to fill the prescription.
	Preferred brand drugs	\$35 retail/\$87.50 mail order/prescription; <u>deductible</u> does not apply	\$35/prescription plus 30% <u>coinsurance</u> ; <u>deductible</u> does not apply	
	Non-preferred brand drugs	\$55 retail/\$137.50 mail order/prescription; <u>deductible</u> does not apply	\$55/prescription plus 30% <u>coinsurance</u> ; <u>deductible</u> does not apply	
	<u>Specialty drugs</u>	35% <u>coinsurance</u> ; <u>deductible</u> does not apply	50% <u>coinsurance</u> ; <u>deductible</u> does not apply	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% <u>coinsurance</u> after <u>deductible</u>	50% <u>coinsurance</u> after <u>deductible</u>	None
	Physician/surgeon fees	20% <u>coinsurance</u> after <u>deductible</u>	50% <u>coinsurance</u> after <u>deductible</u>	None
If you need immediate medical attention	<u>Emergency room care</u>	\$350/visit plus 20% <u>coinsurance</u> ; <u>deductible</u> does not apply	\$350/visit plus 20% <u>coinsurance</u> ; <u>deductible</u> does not apply	Emergency room <u>copayment</u> waived if admitted.
	<u>Emergency medical transportation</u>	20% <u>coinsurance</u> after <u>deductible</u>	20% <u>coinsurance</u> after <u>deductible</u>	Ground and air transportation covered.
	<u>Urgent care</u>	\$100/visit; <u>deductible</u> does not apply	30% <u>coinsurance</u> after <u>deductible</u>	You may have to pay for services that are not covered by the visit fee. For an example, see "If you have a test" on page 2.

*For more information about limitations and exceptions, see the plan or policy document at <https://policy-srv.box.com/s/g5df1kpa5wkt9ekvm5hjbmdzqhufzam>.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you have a hospital stay	Facility fee (e.g., hospital room)	20% <u>coinsurance</u> ; <u>deductible</u> does not apply	50% <u>coinsurance</u> ; <u>deductible</u> does not apply	Plan <u>deductible</u> does not apply; a per-admission <u>deductible</u> of \$250 does apply Out-of-Network.
	Physician/surgeon fees	20% <u>coinsurance</u> ; <u>deductible</u> does not apply	50% <u>coinsurance</u> ; <u>deductible</u> does not apply	None
If you need mental health, behavioral health, or substance abuse services	Outpatient services	\$35/office visit; <u>deductible</u> does not apply 20% <u>coinsurance</u> after <u>deductible</u> for other outpatient services	30% <u>coinsurance</u> after <u>deductible</u> office visit 50% <u>coinsurance</u> after <u>deductible</u> for other outpatient services	Certain services must be preauthorized; refer to your benefit booklet* for details. Virtual visits are available, please refer to your <u>plan</u> policy for more details.
	Inpatient services	20% <u>coinsurance</u> ; <u>deductible</u> does not apply	50% <u>coinsurance</u> ; <u>deductible</u> does not apply	Plan <u>deductible</u> does not apply; a per-admission <u>deductible</u> of \$250 does apply Out-of-Network.
If you are pregnant	Office visits	\$35 PCP/ \$50 SPC; <u>deductible</u> does not apply	30% <u>coinsurance</u> after <u>deductible</u>	Copayment applies to first prenatal visit (per pregnancy). <u>Cost sharing</u> does not apply for <u>preventive services</u> . Depending on the type of services, a <u>copayment</u> or <u>coinsurance</u> may apply. Maternity care may include tests and service described elsewhere in the SBC (i.e. ultrasound).
	Childbirth/delivery professional services	20% <u>coinsurance</u> ; <u>deductible</u> does not apply	50% <u>coinsurance</u> ; <u>deductible</u> does not apply	
	Childbirth/delivery facility services	20% <u>coinsurance</u> ; <u>deductible</u> does not apply	50% <u>coinsurance</u> ; <u>deductible</u> does not apply	Plan <u>deductible</u> does not apply; a per-admission <u>deductible</u> of \$250 does apply Out-of-Network.

*For more information about limitations and exceptions, see the plan or policy document at <https://policy-srv.box.com/s/g5df1kpa5wktp9ekvm5hjbmdzqhufzam>.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need help recovering or have other special health needs	<u>Home health care</u>	20% <u>coinsurance</u> ; <u>deductible</u> does not apply	50% <u>coinsurance</u> after <u>deductible</u>	Limited to 60 visits per calendar year. <u>Preauthorization</u> is required.
	<u>Rehabilitation services</u>	\$35 PCP/ \$50 SPC/visit; <u>deductible</u> does not apply 20% <u>coinsurance</u> after <u>deductible</u> for other outpatient services	30% <u>coinsurance</u> after <u>deductible</u> office visit 50% <u>coinsurance</u> after <u>deductible</u> for other outpatient services	Limited to 35 visits combined for all therapies per calendar year. Includes, but is not limited to, occupational, physical, and manipulative therapy.
	<u>Habilitation services</u>	\$35 PCP/ \$50 SPC/visit; <u>deductible</u> does not apply 20% <u>coinsurance</u> after <u>deductible</u> for other outpatient services	30% <u>coinsurance</u> after <u>deductible</u> office visit 50% <u>coinsurance</u> after <u>deductible</u> for other outpatient services	
	<u>Skilled nursing care</u>	20% <u>coinsurance</u> ; <u>deductible</u> does not apply	50% <u>coinsurance</u> after <u>deductible</u>	Limited to 60 visits per calendar year.
	<u>Durable medical equipment</u>	20% <u>coinsurance</u> after <u>deductible</u>	50% <u>coinsurance</u> after <u>deductible</u>	None
	<u>Hospice services</u>	20% <u>coinsurance</u> ; <u>deductible</u> does not apply	50% <u>coinsurance</u> after <u>deductible</u>	None

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If your child needs dental or eye care	Children's eye exam	\$35 PCP/ \$50 SPC; <u>deductible</u> does not apply	30% <u>coinsurance</u> after <u>deductible</u>	None
	Children's glasses	Not Covered	Not Covered	None
	Children's dental check-up	Not Covered	Not Covered	None

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)		
<ul style="list-style-type: none"> Acupuncture Bariatric surgery Cosmetic surgery Dental care (Adult) 	<ul style="list-style-type: none"> Infertility treatment Long-term care Non-emergency care when traveling outside the U.S. 	<ul style="list-style-type: none"> Private-duty nursing Routine foot care Weight loss programs

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)		
<ul style="list-style-type: none"> Chiropractic care 	<ul style="list-style-type: none"> Hearing aids (1 per ear per 36-month period) 	<ul style="list-style-type: none"> Routine eye care (Adult)

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost-sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

■ The <u>plan's</u> overall <u>deductible</u>	\$2,000
■ <u>Specialist copayment</u>	\$50
■ Hospital (facility) <u>coinsurance</u>	20%
■ Other <u>coinsurance</u>	20%

This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
Diagnostic tests (*ultrasounds and blood work*)
Specialist visit (*anesthesia*)

Total Example Cost	\$12,700
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In this example, Peg would pay:

<i>Cost Sharing</i>	
<u>Deductibles</u>	\$2,000
<u>Copayments</u>	\$50
<u>Coinsurance</u>	\$1,900

<i>What isn't covered</i>	
Limits or exclusions	\$60

The total Peg would pay is	\$4,010
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Managing Joe's Type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

■ The <u>plan's</u> overall <u>deductible</u>	\$2,000
■ <u>Specialist copayment</u>	\$50
■ Hospital (facility) <u>coinsurance</u>	20%
■ Other <u>coinsurance</u>	20%

This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)
Diagnostic tests (*blood work*)
Prescription drugs
Durable medical equipment (*glucose meter*)

Total Example Cost	\$5,600
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In this example, Joe would pay:

<i>Cost Sharing</i>	
<u>Deductibles</u>	\$800
<u>Copayments</u>	\$800
<u>Coinsurance</u>	\$0

<i>What isn't covered</i>	
Limits or exclusions	\$20

The total Joe would pay is	\$1,620
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Mia's Simple Fracture

(in-network emergency room visit and follow up care)

■ The <u>plan's</u> overall <u>deductible</u>	\$2,000
■ <u>Specialist copayment</u>	\$50
■ Hospital (facility) <u>coinsurance</u>	20%
■ Other <u>coinsurance</u>	20%

This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)
Diagnostic test (*x-ray*)
Durable medical equipment (*crutches*)
Rehabilitation services (*physical therapy*)

Total Example Cost	\$2,800
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In this example, Mia would pay:

<i>Cost Sharing</i>	
<u>Deductibles</u>	\$1,300
<u>Copayments</u>	\$600
<u>Coinsurance</u>	\$80

<i>What isn't covered</i>	
Limits or exclusions	\$0

The total Mia would pay is	\$1,980
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For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms, see the Glossary. You can view the Glossary at www.healthcare.gov/sbc-glossary/ or call 1-855-756-4448 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	\$1,250 Individual / \$3,750 Family	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u> , each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> .
Are there services covered before you meet your deductible?	Yes. Services that charge a <u>copayment</u> , <u>prescription drugs</u> , and <u>preventive care</u> are covered before you meet your <u>deductible</u> .	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services.
What is the out-of-pocket limit for this plan?	\$6,500 Individual / \$13,000 Family	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
What is not included in the out-of-pocket limit?	<u>Premiums</u> , <u>balance-billing</u> charges, and health care this <u>plan</u> doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Will you pay less if you use a network provider?	Yes. See www.bcbstx.com or call 1-800-810-2583 for a list of <u>network providers</u> .	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's</u> charge and what your <u>plan</u> pays (<u>balance billing</u>). Be aware, your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
Do you need a referral to see a specialist?	Yes.	This <u>plan</u> will pay some or all of the costs to see a <u>specialist</u> for covered services but only if you have a <u>referral</u> before you see the <u>specialist</u> .

 All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$35/visit; <u>deductible</u> does not apply	Not Covered	None
	<u>Specialist</u> visit	\$50/visit; <u>deductible</u> does not apply	Not Covered	<u>Referral</u> required.
	<u>Preventive care/screening/immunization</u>	No Charge; <u>deductible</u> does not apply	Not Covered	You may have to pay for services that aren't preventive. Ask your <u>provider</u> if the services needed are preventive. Then check what your <u>plan</u> will pay for.
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	20% <u>coinsurance</u> after <u>deductible</u>	Not Covered	None
	Imaging (CT/PET scans, MRIs)	20% <u>coinsurance</u> after <u>deductible</u>	Not Covered	None

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.bcbstx.com	Preferred generic drugs	\$15 retail/\$37.50 mail order/prescription; <u>deductible</u> does not apply	Not Covered	Retail covers a 30-day supply. With appropriate prescription, up to a 90-day supply is available. Mail order covers a 90-day supply. Payment of the difference between the cost of a brand name drug and a generic may be required if a generic drug is available. Certain drugs require approval before they will be covered. The <u>cost-sharing</u> for insulin included in the drug list will not exceed \$25 per prescription for a 30-day supply, regardless of the amount or type of insulin needed to fill the prescription.
	Non-preferred generic drugs	\$30 retail/\$75 mail order/prescription; <u>deductible</u> does not apply	Not Covered	
	Preferred brand drugs	\$45 retail/\$112.50 mail order/prescription; <u>deductible</u> does not apply	Not Covered	
	Non-preferred brand drugs	\$60 retail/\$150 mail order/prescription; <u>deductible</u> does not apply	Not Covered	
	<u>Specialty drugs</u>	\$150/prescription; <u>deductible</u> does not apply	Not Covered	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% <u>coinsurance</u> after <u>deductible</u>	Not Covered	None
	Physician/surgeon fees	20% <u>coinsurance</u> after <u>deductible</u>	Not Covered	None
If you need immediate medical attention	<u>Emergency room care</u>	\$350/visit plus 20% <u>coinsurance</u> ; <u>deductible</u> does not apply	\$350/visit plus 20% <u>coinsurance</u> ; <u>deductible</u> does not apply	Emergency room <u>copayment</u> waived if admitted.
	<u>Emergency medical transportation</u>	20% <u>coinsurance</u> after <u>deductible</u>	20% <u>coinsurance</u> after <u>deductible</u>	Ground and air transportation covered.
	<u>Urgent care</u>	\$100/visit; <u>deductible</u> does not apply	Not Covered	You may have to pay for services that are not covered by the visit fee. For an example, see "If you have a test" on page 2.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you have a hospital stay	Facility fee (e.g., hospital room)	20% <u>coinsurance</u> after <u>deductible</u>	Not Covered	None
	Physician/surgeon fees	20% <u>coinsurance</u> after <u>deductible</u>	Not Covered	None
If you need mental health, behavioral health, or substance abuse services	Outpatient services	\$35/office visit; <u>deductible</u> does not apply 20% <u>coinsurance</u> after <u>deductible</u> for other outpatient services	Not Covered	Certain services must be preauthorized; refer to your benefit booklet* for details.
	Inpatient services	20% <u>coinsurance</u> after <u>deductible</u>	Not Covered	None
If you are pregnant	Office visits	\$35 PCP/ \$50 SPC; <u>deductible</u> does not apply	Not Covered	<u>Copayment</u> applies to first prenatal visit (per pregnancy). <u>Cost sharing</u> does not apply for <u>preventive services</u> . Depending on the type of services, a <u>copayment</u> , <u>coinsurance</u> , or <u>deductible</u> may apply. Maternity care may include tests and service described elsewhere in the SBC (i.e. ultrasound).
	Childbirth/delivery professional services	20% <u>coinsurance</u> after <u>deductible</u>	Not Covered	
	Childbirth/delivery facility services	20% <u>coinsurance</u> after <u>deductible</u>	Not Covered	None

*For more information about limitations and exceptions, see the plan or policy document at <https://policy-srv.box.com/s/toazv42sac45x53kg866nym8if44fwn>.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need help recovering or have other special health needs	<u>Home health care</u>	20% <u>coinsurance</u> after <u>deductible</u>	Not Covered	None
	<u>Rehabilitation services</u>	\$35 PCP/ \$50 SPC/visit; <u>deductible</u> does not apply 20% <u>coinsurance</u> after <u>deductible</u> for other outpatient services and inpatient services	Not Covered	None
	<u>Habilitation services</u>	\$35 PCP/ \$50 SPC/visit; <u>deductible</u> does not apply 20% <u>coinsurance</u> after <u>deductible</u> for other outpatient services and inpatient services	Not Covered	
	<u>Skilled nursing care</u>	20% <u>coinsurance</u> after <u>deductible</u>	Not Covered	
	<u>Durable medical equipment</u>	20% <u>coinsurance</u> after <u>deductible</u>	Not Covered	Limited to 60 days per calendar year. <u>Preauthorization</u> is required.
	<u>Hospice services</u>	20% <u>coinsurance</u> after <u>deductible</u>	Not Covered	None

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If your child needs dental or eye care	Children's eye exam	\$35 PCP/ \$50 SPC; <u>deductible</u> does not apply	Not Covered	None
	Children's glasses	Not Covered	Not Covered	None
	Children's dental check-up	Not Covered	Not Covered	None

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)		
<ul style="list-style-type: none"> Acupuncture Bariatric surgery Chiropractic care 	<ul style="list-style-type: none"> Long-term care Non-emergency care when traveling outside the U.S. Private-duty nursing 	<ul style="list-style-type: none"> Routine foot care Weight loss programs
Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)		
<ul style="list-style-type: none"> Cosmetic surgery (limited coverage services) Dental care (Adult and children, limited coverage services) 	<ul style="list-style-type: none"> Hearing aids (1 per ear per 36-month period) Infertility treatment (diagnosis of infertility covered; invitro not covered) 	<ul style="list-style-type: none"> Routine eye care (Adult)

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost-sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

■ The <u>plan's</u> overall <u>deductible</u>	\$1,250
■ <u>Specialist copayment</u>	\$50
■ Hospital (facility) <u>coinsurance</u>	20%
■ Other <u>coinsurance</u>	20%

This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
Diagnostic tests (*ultrasounds and blood work*)
Specialist visit (*anesthesia*)

Total Example Cost	\$12,700
---------------------------	-----------------

In this example, Peg would pay:

<i>Cost Sharing</i>	
<u>Deductibles</u>	\$1,250
<u>Copayments</u>	\$50
<u>Coinsurance</u>	\$2,300

<i>What isn't covered</i>	
Limits or exclusions	\$60

The total Peg would pay is	\$3,660
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Managing Joe's Type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

■ The <u>plan's</u> overall <u>deductible</u>	\$1,250
■ <u>Specialist copayment</u>	\$50
■ Hospital (facility) <u>coinsurance</u>	20%
■ Other <u>coinsurance</u>	20%

This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)
Diagnostic tests (*blood work*)
Prescription drugs
Durable medical equipment (*glucose meter*)

Total Example Cost	\$5,600
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In this example, Joe would pay:

<i>Cost Sharing</i>	
<u>Deductibles</u>	\$900
<u>Copayments</u>	\$800
<u>Coinsurance</u>	\$0

<i>What isn't covered</i>	
Limits or exclusions	\$20

The total Joe would pay is	\$1,720
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Mia's Simple Fracture

(in-network emergency room visit and follow up care)

■ The <u>plan's</u> overall <u>deductible</u>	\$1,250
■ <u>Specialist copayment</u>	\$50
■ Hospital (facility) <u>coinsurance</u>	20%
■ Other <u>coinsurance</u>	20%

This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)
Diagnostic test (*x-ray*)
Durable medical equipment (*crutches*)
Rehabilitation services (*physical therapy*)

Total Example Cost	\$2,800
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In this example, Mia would pay:

<i>Cost Sharing</i>	
<u>Deductibles</u>	\$1,250
<u>Copayments</u>	\$300
<u>Coinsurance</u>	\$200

<i>What isn't covered</i>	
Limits or exclusions	\$0

The total Mia would pay is	\$1,750
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The plan would be responsible for the other costs of these EXAMPLE covered services.

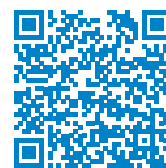


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Get information about the cost of procedures, find a doctor or request an ID card. You can do it all – simply and securely – on Blue Access for MembersSM (BAMSM).

With BAM, you can:

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- View your digital member ID, or order new or replacement IDs.
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- Covered dependents age 18 and over can have their own BAM accounts.



Scan this QR code to visit bcbstx.com.

Let's get started

1. Go to **bcbstx.com**.
2. Click **Register Here**.
3. Use the information on your member ID card to complete the registration process.

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1 **DASHBOARD** 2 **CLAIMS** 3 **COVERAGE** 4 **SPENDING** 5 **FIND CARE** 6 **WELLNESS** 7 **MY ACCOUNT**

Español Language Assistance Messages PPO My Account

Hello, Alexandria!

Member ID card Contact us

Recent Claims

Date	Claim Description	Member	Claim Status	You may owe	Details
Aug 24, 2021	Your Hospital	Alex Roberts	Paid	\$0.00	Details
Aug 24, 2021	Your Medical Treatment Center	Chris Roberts	Processed	\$239.99	Details
Aug 24, 2021	Your Pharmacy	Alex Roberts	Not Paid	\$10.00	Details

[View all claims](#)

Find Care

- Medical**
Doctors and hospitals, nurseline, hearing aids
- Pharmacies**
Pharmacies
- Dental Care**
Dentists of America
- Vision Care**
Eyemed

Spending

Category	Amount / Limit	Remaining
Deductible	\$625.00 / \$1,000 limit	\$375.00 remaining
Out-of-Pocket	\$1,250.00 / \$5,000 limit	\$3,750.00 remaining

[View all spending](#)

- 1 Dashboard** – See your family's claims and health care spending at a glance, order an ID, navigate the site quickly and easily.
- 2 Claims** – View quick claims summaries or download your Explanation of Benefits (EOB).
- 3 Coverage** – See benefit highlights for your medical, dental and pharmacy plans.
- 4 Spending** – Keep track of your deductible and out-of-pocket expenses.
- 5 Find Care** – Find in-network doctors, hospitals and other health care providers quickly and easily.
- 6 Wellness** – Take control of your well-being with preventive care guidelines, information and health tips for managing health conditions and living a healthier life.
- 7 My Account** – Use this menu for everything else: View your health history, update your profile and preferences, sign up for electronic EOBs, find claim forms, manage privacy preferences and contact us.

This material is only for illustration purposes. Your group's coverage types and benefits may be different.

Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation,
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Blue365®

A Discount Program for You

Blue365 is just one more advantage you have by being a Blue Cross and Blue Shield of Texas (BCBSTX) member. With this program, you may save money on health and wellness products and services from top retailers that are not covered by insurance. There are no claims to file and no referrals or preauthorizations.

Once you sign up for Blue365 at blue365deals.com/bcbstx, weekly “Featured Deals” will be emailed to you. These deals offer special savings for a short period of time.

Below are some of the ongoing deals offered through Blue365.

EyeMed | Davis Vision

You can save on eye exams, eyeglasses, contact lenses and accessories. You have access to national and regional retail stores and local eye doctors. You may also get possible savings on laser vision correction.

TruHearing® | Beltone™ | American Hearing Benefits

You could get savings on hearing tests, evaluations and hearing aids. Discounts may also be available for your immediate family members.

Dental SolutionsSM

You could get dental savings with Dental Solutions. You may receive a dental discount card that provides access to discounts of up to 50% at more than 70,000 dentists and more than 254,000 locations.*

Jenny Craig® | Sun Basket | Nutrisystem®

Help reach your weight loss goals with savings from leading programs. You may save on healthy meals, membership fees (where applicable), nutritional products and services.

See all the Blue365 deals and learn more at blue365deals.com/bcbstx.



BlueCross BlueShield of Texas



Blue365

Because health is a big deal™

Fitbit®

You can customize your workout routine with Fitbit's family of trackers and smartwatches that can be employed seamlessly with your lifestyle, your budget and your goals. You'll get a 20% discount on Fitbit devices plus free shipping.

Reebok | SKECHERS®

Reebok, a trusted brand for more than 100 years, makes top athletic equipment for all people, from professional athletes to kids playing soccer. Get 20% off select models. SKECHERS, an award-winning leader in the footwear industry, offers exclusive pricing on select men's and women's styles. You can get 30% off plus free shipping for your online orders.

InVite® Health

InVite Health offers quality vitamins and supplements, educational resources and a team of healthcare experts for guidance to select the correct product at the best value. Get 50% off the retail price of non-genetically modified microorganism (non-GMO) vitamins and supplements and a free Midnight Bright Black Coconut Charcoal Tooth Polish with a \$25 purchase.

Livekick

Livekick is the future of private fitness. Choose from training or yoga over live video with a private coach. Get fit and feel healthier with action-packed 30-minute sessions that you can do from home, your gym or your hotel while traveling. Get a free two-week trial and 20% off a monthly plan on any Live Online Personal Training.



eMindful

Get a 25% discount on any of eMindful's live streaming or recorded premium courses. Apply mindfulness to your life including stress reduction, mindful eating, chronic pain management, yoga, Qigong movements and more.

For more great deals, or to learn more about Blue365, visit blue365deals.com/bcbstx.

The relationship between these vendors and Blue Cross and Blue Shield of Texas (BCBSTX) is that of independent contractors. BCBSTX makes no endorsement, representations or warranties regarding any products or services offered by the above-mentioned vendors.

* Dental Solutions requires a \$9.95 signup and \$6 monthly fee.

Blue365 is a discount program only for BCBSTX members. This is NOT insurance. Some of the services offered through this program may be covered under your health plan. You should check your benefit booklet or call the customer service number on the back of your ID card for specific benefit facts. Use of Blue365 does not change monthly payments, nor do costs of the services or products count toward any maximums and/or plan deductibles. Discounts are given only through vendors that take part in this program and may be subject to change. BCBSTX does not guarantee or make any claims or recommendations about the program's services or products. Members should consult their doctor before using these services and products. BCBSTX reserves the right to stop or change this program at any time without notice.



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- Express Scripts® Pharmacy delivers up to a 90-day supply of long-term medicines.¹
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- Tamper-evident, unmarked packaging protects your privacy.

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- You can receive notices by phone, email or text — your choice — when your orders are placed and shipped. You will be contacted, if needed, to complete your order. To select your notice preference, register online at express-scripts.com/rx or call **833-715-0942**.
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Medicines may take up to 5 business days to deliver after Express Scripts® Pharmacy receives and verifies your order.

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You have more than one option to fill or refill a prescription online or from a mobile device:

- Visit **express-scripts.com/rx**. Follow the instructions to register and create a profile. See your active prescriptions and/or send your refill order.
- Log in to **myprime.com** and follow the links to Express Scripts® Pharmacy.

Over the Phone

Call **833-715-0942**, 24/7, to refill, transfer a current prescription or get started with mail order. Please have your member ID card, prescription information and your doctor's contact information ready.

Through the Mail

To send a prescription order through the mail, visit **bcbstx.com** and log in to Blue Access for MembersSM (BAMSM). Complete the mail order form. Mail your prescription, completed order form and payment to Express Scripts® Pharmacy.

Talk to Your Doctor

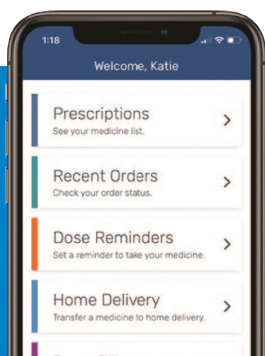
Ask your doctor for a prescription for up to a 90-day supply of each of your long-term medicines.¹ You can ask your doctor to send your prescription electronically to Express Scripts® Pharmacy, call **888-327-9791** for faxing instructions or call the pharmacy at **833-715-0942**. If you need to start your medicine right away, request a prescription for up to a one-month supply you can fill at a local retail pharmacy.

Refills Are Easy

Refill dates are shown on each prescription label. You can choose to have Express Scripts® Pharmacy remind you by phone or email when a refill is due. Choose the reminder option that best suits you.

Questions?

Visit **bcbstx.com**. Or call the phone number listed on your member ID card.



Use the mobile app to manage your prescriptions

- Refill prescriptions
- Track your order
- Make payments
- Set reminders to take medicines and more

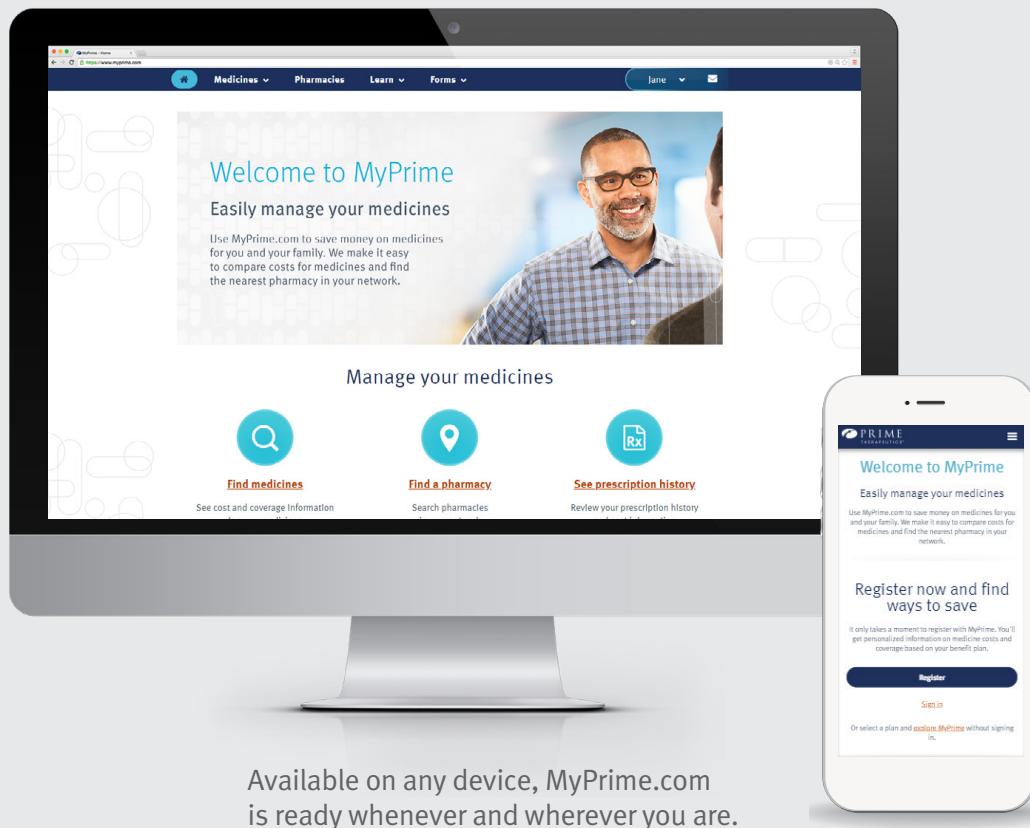
1. Prescriptions of up to a 90-day supply, or the most amount allowed by the benefit plan.

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Prime Therapeutics LLC is a pharmacy benefit management company, contracted by BCBSTX to provide pharmacy benefit management and related other services. BCBSTX, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics LLC. MyPrime.com is an online resource offered by Prime Therapeutics, LLC.

MyPrime.com helps you manage your pharmacy benefits when you're at home or on the go

Use MyPrime.com to find information about your current medicines, prescription history, ways to save and forms you may need.



Available on any device, MyPrime.com
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- See your prescription history.
- Find in-network pharmacies and compare pricing.
- See how much you can save by switching to Express Scripts® Pharmacy home delivery.
- Learn about drug interactions, possible side effects and more.

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QUESTIONS?



Click the “Contact us” link on MyPrime.com

Or, for questions about your pharmacy benefits, please call the phone number on the back of your member ID card.



*We strive to send messages in your preferred language and delivery method (email, phone call, mail or text). Not all messages can be sent in the language or delivery method you select. At times, we may default to another delivery method and in English only.

About Prime Therapeutics

We are trusted by your health plan to help you get the medicine you need to feel better and live well. Our pharmacy experts are working hard to make medicine more affordable and your experience easier.

MyPrime.com is a pharmacy benefit website owned and operated by Prime Therapeutics LLC, a separate company providing pharmacy benefit management services for your plan.

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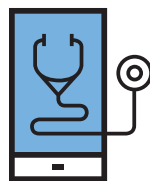
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and more time
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Plus, it can help you
manage health care costs.

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- Find in-network providers, hospitals, laboratories and more.
- Search by specialty, ZIP code, language spoken, gender and more.
- See clinical certifications and recognitions.
- Estimate the out-of-pocket costs of more than 1,600 health care procedures, treatments and tests.*
- Use quality awards such as Blue Distinction[®] Center (BDC), BDG+ or Total Care to inform your choices.
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At **bcbstx.com**, log into or create your BAM account. You can stay linked to your claims activity, member ID card and coverage details. It's also where to see prescription refill reminders and health tips by text messages at 33633.



Do You Need Specialty Medications?



Blue Cross and Blue Shield of Texas (BCBSTX) supports members who need self-administered specialty medication and helps them manage their therapy. Accredo® is the specialty pharmacy chosen to do just that.¹

Specialty drugs are often prescribed to treat complex and/or chronic conditions, such as multiple sclerosis, hepatitis C and rheumatoid arthritis.

Specialty drugs often call for carefully following a treatment plan (or taking them on a strict schedule). These medications have special handling or storage needs and may only be stocked by select pharmacies.

Some specialty drugs must be given by a health care professional, while others are approved by the FDA for self-administration (given by yourself or a care giver). Medications that call for administration by a professional are often covered under your medical benefit plan. Your doctor will order these medications. Coverage for self-administered specialty drugs is usually provided through your pharmacy benefit plan. Your doctor should write or call in a prescription for self-administered specialty drugs to be filled by a specialty pharmacy.

Your plan may require you to get your self-administered specialty drugs through Accredo or another in-network pharmacy. If you do not use these pharmacies, you may pay higher out-of-pocket costs.² Your doctor may also order select specialty drugs that must be given to you by a health professional through Accredo.

Do You Need Specialty Medications?

Examples of Self-administered Specialty Medications

This chart shows some conditions self-administered specialty drugs may be used to treat, along with sample medications. This is not a complete list and may change from time to time. Visit **bcbstx.com** to see the up-to-date list of specialty drugs.

Condition	Sample Medications ³
Autoimmune Disorders	Cosentyx, Enbrel, Humira, Xeljanz
Osteoporosis	Forteo, Tymlos
Cancer (oral)	Gleevec, Nexavar, Sprycel, Sutent, Tarceva
Growth Hormones	Norditropin Flexpro, Nutropin AQ, Omnitrope
Hepatitis C	Daklinza, Epclusa, Harvoni, Mavyret, Sovaldi, Vosevi
Multiple Sclerosis	Betaseron, Copaxone, Rebif

Support in Managing Your Condition: Accredo

Accredo carries roughly 99% of specialty drugs, which means you're more likely to get all of your specialty drugs from one pharmacy. Through Accredo, you can have your covered, self-administered specialty drugs delivered straight to you. When you get your specialty drugs through Accredo, you get:

- One-on-one counseling from 500+ condition-specific pharmacists and 600+ nurses
- Simple communication, including refill reminders, by your choice of phone, email, text or web⁴
- An online member website to order refills, check order status and track shipments, view order and medication history, set profile preferences and learn more about your condition
- A mobile app that lets you refill and track prescriptions, make payments and set reminders to take your medicine⁴
- Free standard shipping
- 24/7 support

Ordering Through Accredo

You can order a new prescription or transfer your existing prescription for a self-administered specialty drug to Accredo. **To start using Accredo, call 833-721-1619.**

An Accredo representative will work with your doctor on the rest.

Once registered, you can manage your prescriptions on **accredo.com** or through the mobile app.

Receiving Specialty Medications

Since many specialty drugs have unique shipping or handling needs, shipments will be arranged with you through Accredo. Medications are shipped in plain, secure, tamper-evident packaging.

Before your scheduled fill date, you will be contacted to:

- Confirm your drugs, dose and the delivery location
- Check any prescription changes your doctor may have ordered⁵
- Discuss any changes in your condition or answer any questions about your health⁵

One-on-One Support

Accredo has 15 Therapeutic Resource Centers® (TRCs), each focused on a specific specialty condition. Through your one-on-one counseling sessions, they'll discuss how to reduce your disease progression and achieve your treatment goals, manage any side effects from your drugs, help you stick to your regimen and monitor your progress. They can also offer support with any financial or insurance concerns you may have.

Certain coverage exclusions and limits may apply, based on your health plan. For some medicines, members must meet certain criteria before prescription drug benefit coverage may be approved. Check your benefit materials for details, or call the customer service number listed on your ID card with questions.

1. Blue Cross and Blue Shield of Texas (BCBSTX) contracts with Prime Therapeutics to provide pharmacy benefit management and related other services. BCBSTX, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

2. The BCBSTX specialty pharmacy network includes Accredo as well as other in-network specialty pharmacies for select specialty drugs. Based on the benefit plan, members may be responsible for the full cost of the specialty drug for not using an in-network specialty pharmacy. You can log in to your Blue Access for MembersSM (BAMSM) account to find an in-network specialty pharmacy near you.

3. Third-party brand names are the property of their respective owners.

4. Not all medicines can be refilled on the app, by text or email.

5. Treatment decisions are between you and your doctor.

Accredo is contracted to provide services for BCBSTX. Accredo is a trademark of Express Scripts Strategic Development, Inc.



Have You Been Vaccinated?

You Can Help Protect Yourself by Getting a Vaccine.



Blue Cross and Blue Shield of Texas (BCBSTX) wants to help you protect yourself from illnesses such as the chickenpox, diphtheria, flu, hepatitis A, hepatitis B, HPV, meningitis, pertussis, pneumonia, polio, rotavirus, shingles and tetanus. As part of your BCBSTX prescription drug benefit, you and your covered family members may get these select vaccinations at participating pharmacies.*

Find Participating Pharmacies

Many national chains, regional chains and independent pharmacies contract with the vaccine network. To find a participating pharmacy:

- Log in to **MyPrime.com**, the member website of BCBSTX's pharmacy benefit manager. You can log in directly or from your Blue Access for MembersSM (BAMSM) account.
- Select **Find a Pharmacy**, enter your zip code and filter for vaccine pharmacies in your network.

You may also call the number listed on your BCBSTX member ID card for help in finding a participating pharmacy near you.

Before You Go

Age limits, restrictions or other requirements may apply. Ask your doctor if you should get any of these vaccinations. You can also visit the Centers for Disease Control and Prevention (CDC) website at **[cdc.gov/vaccines/schedules/index.html](https://www.cdc.gov/vaccines/schedules/index.html)** for immunization guidelines.

Call your chosen pharmacy location for complete details and confirm:

- The location's participation
- The vaccine is in stock
- Someone can give you the shot, or if you need to schedule an appointment

Have You Been Vaccinated?

COVID-19 Vaccine: Things to Keep in Mind

- The Food and Drug Administration (FDA) has authorized select COVID-19 vaccines for use in the United States under Emergency Use Authorization.¹ Some vaccines may require two doses.
- Because the supply of vaccines may be limited, the CDC is providing recommendations to federal, state and local governments about who should be vaccinated first. As the vaccine supply increases, more groups will be added.
- Visit the CDC website at [cdc.gov/coronavirus/2019-ncov/vaccines/index.html](https://www.cdc.gov/coronavirus/2019-ncov/vaccines/index.html) to find out how and where to get a vaccine based on the Texas health department's plan.
- When it's your turn to get the vaccine, you can go to any participating pharmacy to get the COVID-19 vaccine. The vaccine may be covered at no cost to you.^{2,*}
- Call the number on your member ID card to verify coverage or to help locate a participating pharmacy near you.
- For more information about the COVID-19 vaccine, visit the CDC at [cdc.gov/coronavirus/2019-ncov/vaccines/index.html](https://www.cdc.gov/coronavirus/2019-ncov/vaccines/index.html).
- To stay informed about COVID-19 other resources, care and benefits, visit our COVID-19 website at bcbstx.com/covid-19.



Remember to hand your member ID card to the pharmacist when you visit a participating pharmacy to get a vaccination. The pharmacist will submit a claim and collect any copayments, if necessary. Your health plan may cover these vaccines at \$0 cost to you. Check your plan materials or call the number listed on your member ID card to find out what may apply under your plan.

*This applies to BCBSTX members with prescription drug benefits that include coverage for these vaccinations. Coverage for these vaccines can vary according to the type of plan you are enrolled in. If you are a member whose prescription drug plan is not administered through BCBSTX, or coverage for these vaccinations are not included in your particular plan, please contact your employer group benefits administrator for information about the availability and coverage of vaccinations under your plan.

MyPrime.com is an online resource offered by Prime Therapeutics LLC, a pharmacy benefit manager contracted by BCBSTX to administer your prescription drug benefit.

1. Different COVID-19 Vaccines. Centers for Disease Control and Prevention, <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/different-vaccines.html>. Accessed 3 March 2021.

2. Most BCBSTX health plans with prescription drug benefits through BCBSTX will cover the COVID-19 vaccine at no cost to you at an in-network or out-of-network participating pharmacy (during the declared public health emergency). Coverage of the COVID-19 vaccine is subject to change, may vary or may not be covered based on your health plan.

City of Edinburg

Effective: 10/1/2023 - 9/30/2024

The following is a listing of common services available through your BlueCare Dental PPO network. The member's share of the cost is determined by whether care is received from a contracting or non-contracting provider.

This information only provides highlights of this program. Please refer to the BlueCare Dental Certificate for additional benefit information. *Passive PPO's provide identical benefits for 'contracting' and 'non-contracting' providers.*

DENTAL BENEFIT HIGHLIGHTS

Program Basics	Contracting Provider	Non-Contracting Provider* MAC
Benefit Period Maximum: Calendar Year	\$1,000.00	\$1,000.00
Deductible: Calendar Year	\$50.00 Individual \$150.00 Family	\$50.00 Individual \$150.00 Family
Three Month Deductible Carryover Applies	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Prior Carrier Deductible Credit Applies	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Services		
Diagnostic Services (Deductible does not apply)		
Periodic oral evaluations		
Problem focused oral evaluations	100%	100%
Comprehensive oral evaluations		
Preventive Services (Deductible does not apply)		
Prophylaxis (cleanings)	100%	100%
Topical fluoride applications		
Diagnostic Radiographs (Deductible does not apply)		
Full-mouth and panoramic films		
Bitewing films	100%	100%
Periapical films		
Miscellaneous Preventive Services (Deductible does not apply)		
Sealants	100%	100%
Space maintainers		
Basic Restorative Dental Services		
Amalgams	80%	80%
Resin-based composite restorations		
Non-Surgical Extractions		
Removal of retained coronal remnants	80%	80%
Removal of erupted tooth or exposed root		
Non-Surgical Periodontic Services		
Periodontal scaling and root planing	Not Covered	Not Covered
Full-mouth debridement		
Periodontal maintenance procedures		

Adjunctive Services

Palliative treatment (emergency)	80%	80%
Deep sedation / general anesthesia		

Endodontic Services

Therapeutic pulpotomy and pulpal debridement	Not Covered	Not Covered
Root canal therapy		
Apexification/recalcification		

Oral Surgery Services

Surgical tooth extractions	Not Covered	Not Covered
Alveoloplasty and vestibuloplasty		
Excision of benign odontogenic tumor/cyst		
Excision of bone tissue		
Incision and drainage of an intraoral abscess		
(Bony impactions typically covered under medical plan)		

Surgical Periodontal Services

Gingivectomy or gingivoplasty and gingival flap procedures		
Clinical crown lengthening		
Osseous surgery	Not Covered	Not Covered
Osseous grafts		
Soft tissue grafts/allografts		
Distal or proximal wedge procedure		

Major Restorative Services

Single crown restorations	Not Covered	Not Covered
Inlay/onlay restorations		
Labial veneer restorations		
Crowns placed over implants		

Prosthodontic Services

Complete and removable partial dentures		
Denture reline/rebase procedures		
Fixed bridgework	Not Covered	Not Covered
Prosthetics placed over implants		
Implants Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		

Misc. Restorative & Prosthodontic Services

Prefabricated crowns		
Recementations	Not Covered	Not Covered
Post and core, pin retention and crown/bridge repairs		
Adjustments		

Orthodontics (Deductible Not Waived)

Orthodontic Diagnostic Procedures and Treatment:	Not Covered	Not Covered
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**Insured: Coordination of Benefits**

☒ Birthday rule applies

Non-duplication of benefits (COB):

☐ Yes (all benefits combined not to exceed benefits of this program)

☒ No (standard - all benefits combined not to exceed total charges)

Claim filing time limit:

☒ Within 365 days of the date of service

☐ End of the year following the year of service

☐ Two years from the date of service

☐ Other (explain in additional provisions section below)

Additional Provisions: Bite-wing x-rays 2 per calendar year, Fluoride to age 19, Sealants to age 16

☐ **BlueMax Advantage - Available only for 151+**

Transfer-in (Takeover Credit): ☐ Yes ☒ No : \$ *enter amount and services being Transferred-In*

Missing Tooth Exclusion applies:

☐ **Yes**

An exclusion applies to expenses involving the replacement of teeth that were missing prior to the effective date of coverage, except when a participant has had continuous coverage for the following number of months under a group dental care contract with BCBSTX, a previous group dental contract or a combination of the two. Plans must include major services (prosthetic benefits)

☐ 24 months

☐ 99 months (exclusion permanently applies)

Does exclusion apply to initial enrollees?

☐ Yes (Same rules as above apply)

☐ No (Initial enrollees receive immediate coverage)

☒ **No Exclusion**

All teeth covered beginning on first day of coverage

Enhanced Dental Benefit: ☒ Yes ☐ No

Enhanced Benefit allows groups to provide additional dental benefits to members with specific medical conditions. The group must also have their medical coverage through BCBS

Select Covered Conditions:

☒ Cardiovascular disease, Diabetes or Pregnancy (standard grouping)

☒ Pre-Diabetes (requires standard grouping)

Additional benefit for one of the following:

- Scaling & Root Planing
- Periodontal Maintenance
- Cleaning

Apply toward annual maximum: ☒ Applies ☐ Does not apply

Additional Enhanced Benefit provisions require Division of Insurance and/or CBSR approval.

Any customization should be noted in the Additional provisions section.

Available with 1/1/2020 effective dates:

Preventive Services selected below will not apply to the annual maximum

- ☐ Diagnostic Services
- ☐ Preventive Services
- ☐ Diagnostic Radiographs
- ☐ Miscellaneous Preventive Services

Benefit Waiting Period - ☒ No or ☐ Yes (the information below is required per group requested)

NOTE: If a benefit waiting period applies; Waiting period is waived for existing group dental plans and/or transfers group.

Members must be continuously covered under this policy for [xx] months before being eligible for the following Covered Services:

- ☐ Oral surgery
- ☐ Endodontics
- ☐ Non-Surgical Periodontal Services
- ☐ Surgical Periodontal Services
- ☐ Major Restorative Services
- ☐ Prosthodontic Services
- ☐ Miscellaneous Restorative and Prosthodontic Services
- ☐ Orthodontic Services

*Each time you need dental care you can choose to:

See a Contracting Provider

- Your out-of-pocket cost will generally be the least amount because BlueCare Providers have contracted to accept a lower Allowable Amount as payment in full for Eligible Dental Expenses
- You are not required to file claim forms
- You are not balance billed for costs exceeding the BCBSTX Allowable Amount for BlueCare Dentists

See a Non-Contracting Provider

- Your out-of-pocket cost may be greater because Non-Contracting Providers have not entered into a contract with BCBSTX to accept the Maximum Allowable In-Network Amount as payment for Eligible Dental Expenses
- You are required to file claim forms
- You are balance billed for costs exceeding the BCBSTX Allowable Amount
- Non-contracting provider reimbursement MAC

Employee Information

- This is a general summary of your benefit design. Please refer to your benefit booklet for other details and for limitations and exclusions.
- The following eligibility provisions apply:
 - Dependent children are covered to age 26. Disabled dependent children can be covered beyond age 26.
 - Open enrollment - employees and/or dependents not presently covered may enroll for dental 31 days prior to the anniversary date.

When the course of treatment will be in excess of \$300, a predetermination request should be submitted to BCBSTX in advance of treatment.

City of Edinburg

Effective: 10/1/2023 - 9/30/2024

The following is a listing of common services available through your BlueCare Dental PPO network. The member's share of the cost is determined by whether care is received from a contracting or non-contracting provider.

This information only provides highlights of this program. Please refer to the BlueCare Dental Certificate for additional benefit information. *Passive PPO's provide identical benefits for 'contracting' and 'non-contracting' providers.*

DENTAL BENEFIT HIGHLIGHTS

Program Basics	Contracting Provider	Non-Contracting Provider* UCR 90th
Benefit Period Maximum: Calendar Year	\$1,200.00	\$1,200.00
Deductible: Calendar Year	\$50.00 Individual \$150.00 Family	\$50.00 Individual \$150.00 Family
Three Month Deductible Carryover Applies	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Prior Carrier Deductible Credit Applies	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Services		
Diagnostic Services (Deductible does not apply)		
Periodic oral evaluations	100%	100%
Problem focused oral evaluations		
Comprehensive oral evaluations		
Preventive Services (Deductible does not apply)		
Prophylaxis (cleanings)	100%	100%
Topical fluoride applications		
Diagnostic Radiographs (Deductible does not apply)		
Full-mouth and panoramic films	100%	100%
Bitewing films		
Periapical films		
Miscellaneous Preventive Services (Deductible does not apply)		
Sealants	100%	100%
Space maintainers		
Basic Restorative Dental Services		
Amalgams	80%	80%
Resin-based composite restorations		
Non-Surgical Extractions		
Removal of retained coronal remnants	80%	80%
Removal of erupted tooth or exposed root		
Non-Surgical Periodontic Services		
Periodontal scaling and root planing	80%	80%
Full-mouth debridement		
Periodontal maintenance procedures		

Adjunctive Services

Palliative treatment (emergency)	80%	80%
Deep sedation / general anesthesia		

Endodontic Services

Therapeutic pulpotomy and pulpal debridement	80%	80%
Root canal therapy		
Apexification/recalcification		

Oral Surgery Services

Surgical tooth extractions	80%	80%
Alveoloplasty and vestibuloplasty		
Excision of benign odontogenic tumor/cyst		
Excision of bone tissue		
Incision and drainage of an intraoral abscess		
(Bony impactions typically covered under medical plan)		

Surgical Periodontal Services

Gingivectomy or gingivoplasty and gingival flap procedures		
Clinical crown lengthening		
Osseous surgery	80%	80%
Osseous grafts		
Soft tissue grafts/allografts		
Distal or proximal wedge procedure		

Major Restorative Services

Single crown restorations		
Inlay/onlay restorations	50%	50%
Labial veneer restorations		
Crowns placed over implants		

Prosthodontic Services

Complete and removable partial dentures		
Denture reline/rebase procedures		
Fixed bridgework	50%	50%
Prosthetics placed over implants		
Implants Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		

Misc. Restorative & Prosthodontic Services

Prefabricated crowns		
Recementations	50%	50%
Post and core, pin retention and crown/bridge repairs		
Adjustments		

Orthodontics (Deductible Waived)

Orthodontic Diagnostic Procedures and Treatment:	50%	50%
Adults eligible Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Dependent Children eligible Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Age Limitation 26		

Lifetime Maximum Benefit per Participant	\$1,500.00	\$1,500.00
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Insured: Coordination of Benefits

☒ Birthday rule applies

Non-duplication of benefits (COB):

☐ Yes (all benefits combined not to exceed benefits of this program)

☒ No (standard - all benefits combined not to exceed total charges)

Claim filing time limit:

☒ Within 365 days of the date of service

☐ End of the year following the year of service

☐ Two years from the date of service

☐ Other (explain in additional provisions section below)

Additional Provisions: Bite-wing x-rays 2 per calendar year, Fluoride to age 19, Sealants to age 16, Periodontal Scaling & Root Planing 1 in 24 months, 5 year limitation on Implants, Major Restorative and Prosthodontic Services

☐ **BlueMax Advantage - Available only for 151+**

Transfer-in (Takeover Credit): ☐ Yes ☒ No : \$ *enter amount and services being Transferred-In*

Missing Tooth Exclusion applies:

☐ **Yes**

An exclusion applies to expenses involving the replacement of teeth that were missing prior to the effective date of coverage, except when a participant has had continuous coverage for the following number of months under a group dental care contract with BCBSTX, a previous group dental contract or a combination of the two. Plans must include major services (prosthetic benefits)

☐ 24 months

☐ 99 months (exclusion permanently applies)

Does exclusion apply to initial enrollees?

☐ Yes (Same rules as above apply)

☐ No (Initial enrollees receive immediate coverage)

☒ **No Exclusion**

All teeth covered beginning on first day of coverage

Enhanced Dental Benefit: ☒ Yes ☐ No

Enhanced Benefit allows groups to provide additional dental benefits to members with specific medical conditions. The group must also have their medical coverage through BCBS

Select Covered Conditions:

☒ Cardiovascular disease, Diabetes or Pregnancy (standard grouping)

☒ Pre-Diabetes (requires standard grouping)

Additional benefit for one of the following:

- Scaling & Root Planing
- Periodontal Maintenance
- Cleaning

Apply toward annual maximum: ☒ Applies ☐ Does not apply

Additional Enhanced Benefit provisions require Division of Insurance and/or CBSR approval.

Any customization should be noted in the Additional provisions section.

Available with 1/1/2020 effective dates:

Preventive Services selected below will not apply to the annual maximum

- ☐ Diagnostic Services
- ☐ Preventive Services
- ☐ Diagnostic Radiographs
- ☐ Miscellaneous Preventive Services

Benefit Waiting Period - ☒ No or ☐ Yes (the information below is required per group requested)

NOTE: If a benefit waiting period applies; Waiting period is waived for existing group dental plans and/or transfers group.

Members must be continuously covered under this policy for [xx] months before being eligible for the following Covered Services:

- ☐ Oral surgery
- ☐ Endodontics
- ☐ Non-Surgical Periodontal Services
- ☐ Surgical Periodontal Services
- ☐ Major Restorative Services
- ☐ Prosthodontic Services
- ☐ Miscellaneous Restorative and Prosthodontic Services
- ☐ Orthodontic Services

*Each time you need dental care you can choose to:

See a Contracting Provider

- Your out-of-pocket cost will generally be the least amount because BlueCare Providers have contracted to accept a lower Allowable Amount as payment in full for Eligible Dental Expenses
- You are not required to file claim forms
- You are not balance billed for costs exceeding the BCBSTX Allowable Amount for BlueCare Dentists

See a Non-Contracting Provider

- Your out-of-pocket cost may be greater because Non-Contracting Providers have not entered into a contract with BCBSTX to accept any Allowable Amount determination as payment for Eligible Dental Expenses
- You are required to file claim forms
- You are balance billed for costs exceeding the BCBSTX Allowable Amount
- Non-contracting provider reimbursement UCR 90th

Employee Information

- This is a general summary of your benefit design. Please refer to your benefit booklet for other details and for limitations and exclusions.
- The following eligibility provisions apply:
 - Dependent children are covered to age 26. Disabled dependent children can be covered beyond age 26.
 - Open enrollment - employees and/or dependents not presently covered may enroll for dental 31 days prior to the anniversary date.

When the course of treatment will be in excess of \$300, a predetermination request should be submitted to BCBSTX in advance of treatment.



BlueCross BlueShield of Texas

Smile! You Have BlueCare Dental PPOSM

BlueCare Dental PPO offers you and your family access to one of the largest national dental PPO provider networks.¹

This network includes general and specialty dentists in Texas as well as across the country. As a BlueCare Dental PPO plan member, you can go to any dentist. However, you'll save money and get more from your benefits when you use an in-network dentist. These in-network dentists have agreed to:

- Accept set fees for covered services
- Not bill you for costs over the negotiated fees (except copayments, coinsurance and deductibles)

If you choose an out-of-network dentist, he or she may have higher fees and charge you for amounts not covered by your insurance. To get the most from your benefits, choose an in-network dentist.

Finding an In-Network Dentist is Easy

For a list of in-network general and specialty dentists, go to **bcbstx.com** and use the Provider Finder[®] tool by clicking on **Find Care** and then on **Find a Dentist** on the left side of the page. You can search for a dentist near your home, school or office.

Dedicated Customer Service

After signing up, you will get more detailed information about your dental plan. Look at your plan materials for complete details. Customer Service can answer questions about eligibility, claims, benefits and providers. Just call **877-442-4207** between 8 a.m. and 6 p.m. (CT), Monday through Friday.



BlueCare Dental ConnectionSM

As an enhanced service, Blue Cross and Blue Shield of Texas (BCBSTX) offers BlueCare Dental Connection. This service provides educational information and other resources to help you make choices about your dental care – at no extra cost.

To help you learn about good oral health, BlueCare Dental Connection offers:

- Educational mailings
- 24-hour online access to the Dental Wellness Center®, which offers educational articles and special tools

To access the Dental Wellness Center, log in to Blue Access for MembersSM at **bcbstx.com** and select the **Wellness** tab on the dashboard. Scroll down to the **Dental Wellness Center** section, and click the button.

The Dental Wellness Center allows you to:

- Ask dental questions through **Ask a Dentist**
- Locate an in-network dentist using **Find a Dentist**
- Research dental fees in your area with the **Dental Cost Advisor**
- Search the **Dental Dictionary** for common dental terms
- View videos on various dental topics in the **Educational Videos** section

Summary of Vision Benefits

City of Edinburg

Low Plan

Frequency		
Examination	Once every 12 months	
Lenses or contact lenses	Once every 12 months	
Frame	Once every 24 months	
Contact lens eval/fitting	N/A	
Vision Care Services	In-Network Member Cost	Out-of-Network Reimbursement*
Exam with dilation as necessary	\$10 copay	Up to \$30
Retinal Imaging	\$39	N/A
Contact lens fit and follow-up	Up to \$40 for standard; 10% off retail price for premium	N/A
Frames		
Any available frame at provider location	\$0 copay, \$150 allowance, 20% off balance over \$150	Up to \$50
Standard Lenses		
Single vision	\$0 copay	Up to \$25
Bifocal	\$0 copay	Up to \$40
Trifocal	\$0 copay	Up to \$50
Lenticular	\$0 copay	Up to \$80
Standard progressive lens	\$65 copay	Up to \$40
Premium progressive lens	See table on page 2.	Up to \$40
Lens Options		
Tint (solid and gradient)	\$15	N/A
Scratch resistant coating	\$15	N/A
Polycarbonate lenses	\$40	N/A
Ultraviolet coating	\$15	N/A
Anti-reflective coating	See table on page 2.	N/A
High index lenses	20% off retail	N/A
Polarized lenses	20% off retail	N/A
Photochromic/transitions plastic	\$75	N/A
Contact Lenses (in lieu of spectacle lenses)		
Conventional	\$0 copay, \$150 allowance, 15% off balance over \$150	Up to \$128
Disposable	\$0 copay, \$150 allowance, plus balance over \$150	Up to \$128
Medically necessary	\$0 copay, paid-in-full	Up to \$250
Other		
Laser vision correction	15% off retail price or 5% off promotional price	N/A
Additional pairs benefit	40% off purchase of complete pair of eyeglasses and a 15% off conventional contact lenses once the funded benefit has been used	N/A
Amplifon hearing discount	40% off hearing exams and low price guarantee on discounted hearing aids	N/A
Additional discounts	20% off non-covered items with limitations	N/A
Monthly Premium		
Employee	\$6.34	
Employee + spouse	\$11.07	
Employee + child(ren)	\$12.40	
Employee + family	\$17.36	

Eligibility: All active full-time employees as defined by your employer. Dependent coverage is available to age 26.



Additional discounts

40% OFF

Complete pair of prescription eyeglasses

20% OFF

Non-prescription sunglasses

20% OFF

Remaining balance beyond plan coverage

These discounts are not insured benefits and are for in-network providers only.

Take a sneak peek before enrolling

- For a complete list of in-network providers near you, visit eyemedvisioncare.com/bcbstxvis or call 1.855.556.8796.
- For LASIK providers, call 1.877.5LASER6.



BlueCross BlueShield of Texas

Vision Care

Summary of Benefits Continued

Progressive Price List ¹	Member Cost In-Network
Standard progressive	\$65 copay
Premium progressives ² as follows:	
Tier 1	\$85 copay
Tier 2	\$95 copay
Tier 3	\$110 copay
Tier 4	\$65 copay 80% of charge less \$120 allowance
Anti-Reflective Coating Price List ¹	Member Cost In-Network
Standard anti-reflective coating	\$45
Premium anti-reflective ² coatings as follows:	
Tier 1	\$57
Tier 2	\$68
Tier 3	80% of charge
Other Add-ons Price List	Member Cost In-Network
Photochromic	\$75
Polarized	80% of charge

Plan Exclusions

1. Orthoptic or vision training, subnormal vision aids and any associated supplemental testing; aniseikonic lenses
2. Medical and/or surgical treatment of the eye, eyes or supporting structures
3. Any eye or vision examination, or any corrective eyewear required by a policyholder as a condition of employment; safety eyewear
4. Services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof
5. Plano (non-prescription) lenses and/or contact lenses
6. Non-prescription sunglasses
7. Two pair of glasses in lieu of bifocals
8. Services rendered after the date an insured person ceases to be covered under the policy, except when vision materials ordered before coverage ended are delivered, and the services rendered to the insured person are within 31 days from the date of such order
9. Services or materials provided by any other group benefit plan providing vision care
10. Lost or broken lenses, frames, glasses or contact lenses will not be replaced except in the next benefit frequency when vision materials would next become available



¹Member Reimbursement Out-of-Network will be the lesser of the listed amount or the member's actual cost from the out-of-network provider. In certain states, members may be required to pay the full retail rate. ²Blue Cross and Blue Shield of Texas Vision Care reserves the right to make changes to the products on each tier and the member out-of-pocket costs. Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels. ³Premium progressives and premium anti-reflective designations are subject to annual review by EyeMed's Medical Director and are subject to change based on market conditions. Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels. Not available in all states. Some provisions, benefits, exclusions or limitations listed herein may vary.

For employee use. This piece is for illustrative purposes only and is not a contract. It is intended to provide only a brief summary of the type of policy and insurance coverage advertised. The policy provides the actual terms of coverage, including any exclusions, conditions and limitations to coverage.

All plans are based on a 48-month contract term and 48-month rate guarantee. Premium is subject to adjustment even during a rate guarantee period in the event of any of the following events: changes in benefits, employee contributions, the number of eligible employees, or the imposition of any new taxes, fees or assessments by Federal or State regulatory agencies. Benefits may not be combined with any discount, promotional offering or other group benefit plans. Benefit allowance provides no remaining balance for future use with the same benefits year. Fees charged for a non-insured benefit must be paid in full to the Provider. Such fees or materials are not covered. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer.

Vision Insurance offered by Dearborn Life Insurance Company located at 701 E. 22nd Street, Lombard, IL 60148. Blue Cross and Blue Shield of Texas, an Independent Licensee of the Blue Cross and Blue Shield Association. EyeMed Vision Care, LLC and First American Administrators, Inc. are independent companies that offer provider network and administration services on behalf of Dearborn Life Insurance Company. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

Summary of Vision Benefits

City of Edinburg

High Plan



Additional discounts

40% OFF

Complete pair of prescription eyeglasses

20% OFF

Non-prescription sunglasses

20% OFF

Remaining balance beyond plan coverage

These discounts are not insured benefits and are for in-network providers only.

Take a sneak peek before enrolling

- For a complete list of in-network providers near you, visit eyemedvisioncare.com/bcbstxvis or call 1.855.556.8796.
- For LASIK providers, call 1.877.5LASER6.

Frequency		
Examination	Once every 12 months	
Lenses or contact lenses	Once every 12 months	
Frame	Once every 12 months	
Contact lens eval/fitting	N/A	
Vision Care Services	In-Network Member Cost	Out-of-Network Reimbursement*
Exam with dilation as necessary	\$10 copay	Up to \$35
Retinal Imaging	\$39	N/A
Contact lens fit and follow-up	Up to \$40 for standard; 10% off retail price for premium	N/A
Frames		
Any available frame at provider location	\$0 copay, \$150 allowance, 20% off balance over \$150	Up to \$50
Standard Lenses		
Single vision	\$0 copay	Up to \$25
Bifocal	\$0 copay	Up to \$40
Trifocal	\$0 copay	Up to \$50
Lenticular	\$0 copay	Up to \$80
Standard progressive lens	\$0 copay	Up to \$40
Premium progressive lens	See table on page 2.	Up to \$40
Lens Options		
Tint (solid and gradient)	\$15	N/A
Scratch resistant coating	\$15	N/A
Polycarbonate lenses	\$40	N/A
Ultraviolet coating	\$15	N/A
Anti-reflective coating	See table on page 2.	N/A
High index lenses	20% off retail	N/A
Polarized lenses	20% off retail	N/A
Photochromic/transitions plastic	\$75	N/A
Contact Lenses (in lieu of spectacle lenses)		
Conventional	\$0 copay, \$150 allowance, 15% off balance over \$150	Up to \$128
Disposable	\$0 copay, \$150 allowance, plus balance over \$150	Up to \$128
Medically necessary	\$0 copay, paid-in-full	Up to \$250
Other		
Laser vision correction	15% off retail price or 5% off promotional price	N/A
Additional pairs benefit	40% off purchase of complete pair of eyeglasses and a 15% off conventional contact lenses once the funded benefit has been used	N/A
Amplifon hearing discount	40% off hearing exams and low price guarantee on discounted hearing aids	N/A
Additional discounts	20% off non-covered items with limitations	N/A
Monthly Premium		
Employee	\$10.06	
Employee + spouse	\$18.39	
Employee + child(ren)	\$21.50	
Employee + family	\$27.05	

Eligibility: All active full-time employees as defined by your employer. Dependent coverage is available to age 26.



BlueCross BlueShield of Texas

Vision Care

Summary of Benefits Continued

Progressive Price List ²	Member Cost In-Network
Standard progressive	\$0 copay

Premium progressives ³ as follows:	
Tier 1	\$20 copay
Tier 2	\$30 copay
Tier 3	\$45 copay
Tier 4	\$0 copay 80% of charge less \$120 allowance

Anti-Reflective Coating Price List ²	Member Cost In-Network
Standard anti-reflective coating	\$45

Premium anti-reflective ³ coatings as follows:	
Tier 1	\$57
Tier 2	\$68
Tier 3	80% of charge

Other Add-ons Price List	Member Cost In-Network
Premium anti-reflective ³ coatings as follows:	
Photochromic	\$75
Polarized	80% of charge

Plan Exclusions

1. Orthoptic or vision training, subnormal vision aids and any associated supplemental testing; aniseikonic lenses
2. Medical and/or surgical treatment of the eye, eyes or supporting structures
3. Any eye or vision examination, or any corrective eyewear required by a Policyholder as a condition of employment; safety eyewear
4. Services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof
5. Plano (non-prescription) lenses and/or contact lenses
6. Non-prescription sunglasses
7. Two pair of glasses in lieu of bifocals
8. Services rendered after the date an insured person ceases to be covered under the policy, except when vision materials ordered before coverage ended are delivered, and the services rendered to the insured person are within 31 days from the date of such order
9. Services or materials provided by any other group benefit plan providing vision care
10. Lost or broken lenses, frames, glasses or contact lenses will not be replaced except in the next benefit frequency when vision materials would next become available



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**BlueCross BlueShield
of Texas**

Group Benefit Program Summary for

City of Edinburg - F022937

Term Life/Accidental Death & Dismemberment (AD&D)

The death of a family member can mean not only dealing with the loss of a loved one, but the loss of financial security as well. With Our Group Term Life plan, an employee can achieve peace of mind by giving their family the financial security they can depend on.

Eligibility	All eligible, active full time employees
Group Term Life/AD&D Benefit: Employee	\$10,000
Guarantee Issue Amount	\$10,000
Age Reduction Schedule	Life and AD&D benefits reduce by 35% of the original amount at age 65; further reduce by 50% of the original amount at age 70 and 65% of the original amount at age 75.
Waiver of Premium	If an employee is unable to engage in any occupation as a result of injury or sickness for a minimum of nine months, prior to age 60, premium will be waived for the employee's life insurance benefit until the employee is no longer disabled or reaches age 65, whichever occurs first.
Accelerated Death Benefit (ADB)	Upon the employee's request, this benefit pays a lump sum up to 75% of the employee's life insurance, if diagnosed with a terminal illness and has a life expectancy of 12 months or less. Minimum: \$7,500. Maximum \$250,000. The amount of group term life insurance otherwise payable upon the employee's death will be reduced by the ADB.
Conversion Privilege (Life Coverage)	Included
Beneficiary Resource Services	Includes grief, legal and financial counseling for beneficiaries, funeral planning; and online legal library, including templates to create a legal will and other legal documents.
Online Will Preparation Services	Provides members the ability to quickly and easily create a valid and legal will at their convenience - free of charge.
Travel Resource Services	Helps travelers with the unexpected that may take place while traveling. Services include emergency medical assistance, financial, legal and communication assistance and access to other critical services and resources available via the Internet.

For illustrative purposes only. May not be available in all jurisdictions. Coverage may be subject to limitations, exclusions and other coverage conditions contained in issued policy. Please consult the policy for the actual terms of coverage.

Insurance products issued by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148. Blue Cross and Blue Shield of Texas, is the trade name of Dearborn Life Insurance Company, an independent licensee of the Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

Group AD&D is an additional death benefit that pays in the event a covered employee dies or is dismembered in a covered accident. AD&D benefit is 24-hour coverage.

AD&D Schedule of Loss*	Principal Sum
Loss of life	100%
Loss of both hands or both feet	100%
Loss of one hand and one foot	100%
Loss of speech and hearing	100%
Loss of sight of both eyes	100%
Loss of one hand and sight of one eye	100%
Loss of one foot and sight of one eye	100%
Quadriplegia	100%
Paraplegia	75%
Hemiplegia	50%
Loss of sight of one eye	50%
Loss of one hand or one foot	50%
Loss of speech or hearing	50%
Loss of thumb and index finger of same hand	25%
Uniplegia	25%

*Loss must occur within 365 days of accident.

AD&D PRODUCT FEATURES INCLUDED:

- ▲ Seatbelt and Airbag Benefits
- ▲ Repatriation Benefit
- ▲ Education Benefit
- ▲ Coma Benefit
- ▲ Spouse Training Benefit
- ▲ Day Care Benefit

EXCLUSIONS

Unless specifically covered in the policy, or required by state law, we will not pay any AD&D benefit for any loss that directly or indirectly, results in any way from or is contributed to by:

1. disease of the mind or body, or any treatment thereof
2. infections, except those from an accidental cut or wound
3. suicide or attempted suicide
4. intentionally self-inflicted injury
5. war or act of war
6. travel or flight in any aircraft while a member of the crew
7. commission of, or participation in a felony
8. under the influence of certain drugs, narcotics, or hallucinogen unless properly used as prescribed by a physician or
9. intoxication as defined in the jurisdiction where the accident occurred
10. participation in a riot

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**BlueCross BlueShield
of Texas**

Group Benefit Program Summary for

City of Edinburg - F022937

Supplemental Term Life

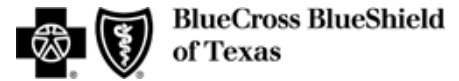
The death of a family member can mean not only dealing with the loss of a loved one, but the loss of financial security as well. With Our Group Term Life plan, an employee can achieve peace of mind by giving their family the financial security they can depend on.

Eligibility	All eligible, active full time employees
Group Term Life Benefit Employee	\$10,000 - \$500,000 in increments of \$10,000
Guarantee Issue Amount* Employee	\$100,000 (subject to eligibility rules and enrollment status guidelines) *Guarantee issue amounts are based on a minimum participation requirement of 25% of all eligible employees. If participation requirements are not achieved, underwriting will be utilized on all employees and spouse applications.
Group Term Life Benefit Spouse (Includes Domestic Partner)	\$5,000 - \$200,000 in increments of \$5,000, not to exceed 100% of the employee benefit amount.
Guarantee Issue Amount - Spouse	\$25,000
Group Term Life Benefit Child(ren)	Birth to 14 days: \$1,000 Age 15 days to 6 months: \$1,000 Age 6 months to 19 years (23 if full-time student): \$5,000 or \$10,000
Age Reduction Schedule	Benefits reduce by 35% of the original amount at age 65; further reduce by 50% of the original amount at age 70 and 65% of the original amount at age 75.
Employee Contribution	100 percent
Waiver of Premium	If an employee is unable to engage in any occupation as a result of injury or sickness for a minimum of nine months, prior to age 60, premium will be waived for the employee's life insurance benefit until the employee is no longer disabled or reaches age 65, whichever occurs first.
Accelerated Death Benefit (ADB)	Upon the employee's request, this benefit pays a lump sum up to 75% of the employee's life insurance, if diagnosed with a terminal illness and has a life expectancy of 12 months or less. Minimum: \$7,500. Maximum \$250,000. The amount of group term life insurance otherwise payable upon the employee's death will be reduced by the ADB.
Portability Feature (Life Coverage)	Included (employee & spouse)
Conversion Privilege (Life Coverage)	Included
Beneficiary Resource Services	Includes grief, legal and financial counseling for beneficiaries, funeral planning; and online legal library, including templates to create a legal will and other legal documents.
Online Will Preparation Services	Provides members the ability to quickly and easily create a valid and legal will at their convenience - free of charge.
Travel Resource Services	Helps travelers with the unexpected that may take place while traveling. Services include emergency medical assistance, financial, legal and communication assistance and access to other critical services and resources available via the Internet.
Exclusions	One-year suicide exclusion applies to Supplemental Group Term Life coverage. AD&D exclusions are the same as Basic AD&D exclusions.

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Supplemental Life
PREMIUM RATE GRID



City of Edinburg (All Active Full-Time Employees - excluding Board Members)

Eligibility

You are eligible to enroll if you work the minimum number of hours per week by your employer, and you have satisfied any waiting period.

Supplemental Life

Employee Benefit: **\$10,000 to \$500,000 in \$10,000 increments.**

Spouse Benefit: **\$5,000 to \$200,000 in \$5,000 increments.**
(not to exceed 100% of the employee benefit)

Note: Spouse may not have coverage unless the employee has coverage.

The Spouse amount may not exceed the amount for which the employee is eligible in TX and NY.

Guarantee Issue*

Employee	\$100,000
Spouse	\$25,000

*Assumes 33% participation

Child Coverage

Birth to 14 days:	\$1,000
15 days to 6 months:	\$1,000
6 months to age 26:	\$5,000 to \$10,000 in increments of \$5,000

Benefits reduce by 35% of the original amount at age 65; and further reduce by: 50% of the original amount at age 70; and 65% of the original amount at age 75.

Supplemental Life

Premium Cost (Based on 24 payroll deductions per year)

Benefit Amount	ATTAINED AGE											
	<20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74
\$10,000	\$0.32	\$0.32	\$0.32	\$0.38	\$0.56	\$0.88	\$1.40	\$1.96	\$3.28	\$3.76	\$7.36	\$12.76
\$20,000	\$0.64	\$0.64	\$0.64	\$0.76	\$1.12	\$1.76	\$2.80	\$3.92	\$6.56	\$7.52	\$14.72	\$25.52
\$30,000	\$0.96	\$0.96	\$0.96	\$1.14	\$1.68	\$2.64	\$4.20	\$5.88	\$9.84	\$11.28	\$22.08	\$38.28
\$40,000	\$1.28	\$1.28	\$1.28	\$1.52	\$2.24	\$3.52	\$5.60	\$7.84	\$13.12	\$15.04	\$29.44	\$51.04
\$50,000	\$1.60	\$1.60	\$1.60	\$1.90	\$2.80	\$4.40	\$7.00	\$9.80	\$16.40	\$18.80	\$36.80	\$63.80
\$60,000	\$1.92	\$1.92	\$1.92	\$2.28	\$3.36	\$5.28	\$8.40	\$11.76	\$19.68	\$22.56	\$44.16	\$76.56
\$70,000	\$2.24	\$2.24	\$2.24	\$2.66	\$3.92	\$6.16	\$9.80	\$13.72	\$22.96	\$26.32	\$51.52	\$89.32
\$80,000	\$2.56	\$2.56	\$2.56	\$3.04	\$4.48	\$7.04	\$11.20	\$15.68	\$26.24	\$30.08	\$58.88	\$102.08
\$90,000	\$2.88	\$2.88	\$2.88	\$3.42	\$5.04	\$7.92	\$12.60	\$17.64	\$29.52	\$33.84	\$66.24	\$114.84
\$100,000	\$3.20	\$3.20	\$3.20	\$3.80	\$5.60	\$8.80	\$14.00	\$19.60	\$32.80	\$37.60	\$73.60	\$127.60
\$150,000	\$4.80	\$4.80	\$4.80	\$5.70	\$8.40	\$13.20	\$21.00	\$29.40	\$49.20	\$56.40	\$110.40	\$191.40
\$200,000	\$6.40	\$6.40	\$6.40	\$7.60	\$11.20	\$17.60	\$28.00	\$39.20	\$65.60	\$75.20	\$147.20	\$255.20
\$250,000	\$8.00	\$8.00	\$8.00	\$9.50	\$14.00	\$22.00	\$35.00	\$49.00	\$82.00	\$94.00	\$184.00	\$319.00
\$300,000	\$9.60	\$9.60	\$9.60	\$11.40	\$16.80	\$26.40	\$42.00	\$58.80	\$98.40	\$112.80	\$220.80	\$382.80
\$350,000	\$11.20	\$11.20	\$11.20	\$13.30	\$19.60	\$30.80	\$49.00	\$68.60	\$114.80	\$131.60	\$257.60	\$446.60
\$400,000	\$12.80	\$12.80	\$12.80	\$15.20	\$22.40	\$35.20	\$56.00	\$78.40	\$131.20	\$150.40	\$294.40	\$510.40
\$450,000	\$14.40	\$14.40	\$14.40	\$17.10	\$25.20	\$39.60	\$63.00	\$88.20	\$147.60	\$169.20	\$331.20	\$574.20
\$500,000	\$16.00	\$16.00	\$16.00	\$19.00	\$28.00	\$44.00	\$70.00	\$98.00	\$164.00	\$188.00	\$368.00	\$638.00

Employee

Supplemental Life

Monthly rates per \$1,000

Age	Rates
Under 20	\$0.064
20-24	\$0.064
25-29	\$0.064
30-34	\$0.076
35-39	\$0.112
40-44	\$0.176
45-49	\$0.280
50-54	\$0.392
55-59	\$0.656
60-64	\$0.752
65-69	\$1.472
70-74	\$2.552
75+	\$8.320

Dependent Life (Children)

Monthly Premium per Family

Life	
\$5,000	\$0.64
\$10,000	\$1.28



City of Edinburg (All Active Full-Time Employees - excluding Board Members)

Eligibility

You are eligible to enroll if you work the minimum number of hours per week by your employer, and you have satisfied any waiting period.

Supplemental Life

Employee Benefit: **\$10,000 to \$500,000 in \$10,000 increments.**

Spouse Benefit: **\$5,000 to \$200,000 in \$5,000 increments.**
(not to exceed 100% of the employee benefit)

Note: Spouse may not have coverage unless the employee has coverage.

The Spouse amount may not exceed the amount for which the employee is eligible in TX and NY.

Guarantee Issue*

Employee	\$100,000
Spouse	\$25,000

*Assumes 33% participation

Child Coverage

Birth to 14 days:	\$1,000
15 days to 6 months:	\$1,000
6 months to age 26:	\$5,000 to \$10,000 in increments of \$5,000

Benefits reduce by 35% of the original amount at age 65; and further reduce by: 50% of the original amount at age 70; and 65% of the original amount at age 75.

Supplemental Life

Premium Cost (Based on 24 payroll deductions per year)

Benefit Amount	ATTAINED AGE											
	<20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74
\$5,000	\$0.16	\$0.16	\$0.16	\$0.19	\$0.28	\$0.44	\$0.70	\$0.98	\$1.64	\$1.88	\$3.68	\$6.38
\$10,000	\$0.32	\$0.32	\$0.32	\$0.38	\$0.56	\$0.88	\$1.40	\$1.96	\$3.28	\$3.76	\$7.36	\$12.76
\$15,000	\$0.48	\$0.48	\$0.48	\$0.57	\$0.84	\$1.32	\$2.10	\$2.94	\$4.92	\$5.64	\$11.04	\$19.14
\$20,000	\$0.64	\$0.64	\$0.64	\$0.76	\$1.12	\$1.76	\$2.80	\$3.92	\$6.56	\$7.52	\$14.72	\$25.52
\$25,000	\$0.80	\$0.80	\$0.80	\$0.95	\$1.40	\$2.20	\$3.50	\$4.90	\$8.20	\$9.40	\$18.40	\$31.90
\$30,000	\$0.96	\$0.96	\$0.96	\$1.14	\$1.68	\$2.64	\$4.20	\$5.88	\$9.84	\$11.28	\$22.08	\$38.28
\$35,000	\$1.12	\$1.12	\$1.12	\$1.33	\$1.96	\$3.08	\$4.90	\$6.86	\$11.48	\$13.16	\$25.76	\$44.66
\$40,000	\$1.28	\$1.28	\$1.28	\$1.52	\$2.24	\$3.52	\$5.60	\$7.84	\$13.12	\$15.04	\$29.44	\$51.04
\$45,000	\$1.44	\$1.44	\$1.44	\$1.71	\$2.52	\$3.96	\$6.30	\$8.82	\$14.76	\$16.92	\$33.12	\$57.42
\$50,000	\$1.60	\$1.60	\$1.60	\$1.90	\$2.80	\$4.40	\$7.00	\$9.80	\$16.40	\$18.80	\$36.80	\$63.80
\$75,000	\$2.40	\$2.40	\$2.40	\$2.85	\$4.20	\$6.60	\$10.50	\$14.70	\$24.60	\$28.20	\$55.20	\$95.70
\$100,000	\$3.20	\$3.20	\$3.20	\$3.80	\$5.60	\$8.80	\$14.00	\$19.60	\$32.80	\$37.60	\$73.60	\$127.60
\$125,000	\$4.00	\$4.00	\$4.00	\$4.75	\$7.00	\$11.00	\$17.50	\$24.50	\$41.00	\$47.00	\$92.00	\$159.50
\$150,000	\$4.80	\$4.80	\$4.80	\$5.70	\$8.40	\$13.20	\$21.00	\$29.40	\$49.20	\$56.40	\$110.40	\$191.40
\$175,000	\$5.60	\$5.60	\$5.60	\$6.65	\$9.80	\$15.40	\$24.50	\$34.30	\$57.40	\$65.80	\$128.80	\$223.30
\$200,000	\$6.40	\$6.40	\$6.40	\$7.60	\$11.20	\$17.60	\$28.00	\$39.20	\$65.60	\$75.20	\$147.20	\$255.20

Spouse

Supplemental Life

Monthly rates per \$1,000

Age	Rates
Under 20	\$0.064
20-24	\$0.064
25-29	\$0.064
30-34	\$0.076
35-39	\$0.112
40-44	\$0.176
45-49	\$0.280
50-54	\$0.392
55-59	\$0.656
60-64	\$0.752
65-69	\$1.472
70-74	\$2.552
75+	\$8.320

Dependent Life (Children)

Monthly Premium per Family

Life	
\$5,000	\$0.64
\$10,000	\$1.28



ACCIDENT INSURANCE FOR

City of Edinburg

Presented by



A personalized guide to understanding your Accident coverage

ACCIDENT INSURANCE

Benefit Summary



What is Accident Insurance?

This coverage pays benefits for injuries, such as cuts, broken bones, concussions and related expenses. It can be used to help protect you and your family from the financial challenges that can come from an accident.



Use your benefits any way you like.

Benefit proceeds can be used however you want, whether it's toward your mortgage, medical bills or student loans. It's up to you.



Who can be covered?

The coverage offered by your Employer allows you to cover yourself, and your spouse and children. Note that you may only cover other family members if you are insured by this coverage yourself.

325,000 kids
are treated for sports-
and recreation-related
concussions each year.¹

Unintentional falls
are the leading cause of
nonfatal injuries treated in
the emergency room for
adults 25+ years old.¹

\$16,133
Average cost of a
fractured hip.²

What's the difference between health insurance & Accident Insurance?

Health insurance covers certain medical expenses and pays your provider directly but may leave you responsible for some out-of-pocket costs. The amount paid depends on your coverage, the type of care and whether you've hit your out-of-pocket maximum.

Accident Insurance is supplemental coverage that can complement your health insurance and help cover your out-of-pocket expenses. The benefit amount you receive is based on the covered accident, is paid to you directly and can be used however you like.

Let's say you carry both health insurance and Accident Insurance, and you go to the ER with a broken leg. Your health insurance will pay the treating providers for some or all your medical expenses. Your Accident Insurance will pay you directly for your broken leg and any applicable treatments, such as an ambulance ride. The money you receive from your Accident Insurance can be used any way you choose. You could put it toward uncovered medical expenses, like co-pays, or you could use it to cover your rent or daycare expenses.

Coverage highlights:

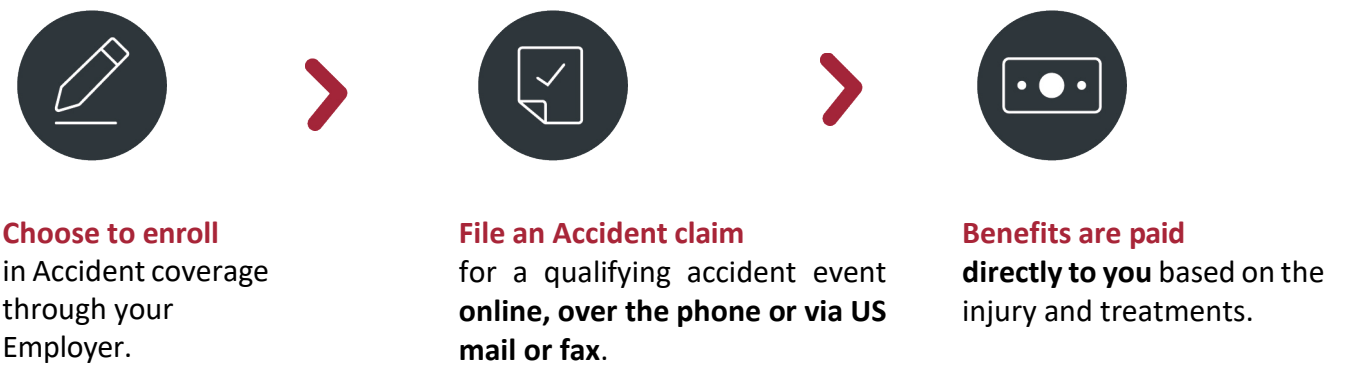
- No health questions asked
- Affordable premiums
- Simplified claims-filing with dedicated support
- If you leave your Employer, you may be able to take your coverage with you at the same rate

23% of adults had to pay a **major unexpected out-of-pocket medical expense** in the prior year.³

44% of adults say they either **could not cover a \$400 emergency expense**, or would cover it by selling or borrowing money.³

How does it work?

When you carry Accident coverage and have a covered accident, you’re paid a total cash benefit that is based on the amount listed for each covered benefit and/or treatment. Check your benefit schedule for more details around the covered accidents and treatments.



BENEFIT SNAPSHOT: CHRIS’S HOME RUN



One night while playing a game in his local baseball league, Chris made a run for home that left him with a broken leg and a concussion. Fortunately, he’d enrolled in Accident Insurance through his Employer. The benefit he received helped to offset his medical bills, and cover other expenses and time away from work, while he recovered.

Chris’s Accident policy paid these benefits:

Ground ambulance:	\$200
Emergency room treatment:	\$100
Fracture (thigh, non-surgical):	\$2,500
Concussion:	\$300
<hr/>	
Total benefits paid:	\$3,100

What benefits are included in my coverage?

Your Accident Insurance includes a range of covered accidents and additional benefits, as outlined below. For additional details, see your certificate.

Specific Injury Benefit	Acc Plan 1	Acc Plan 2	Acc Plan 3
Fractures			
Closed/Non-Surgical Treatment			
Skull (except Bones of Face or Nose), Depressed	\$2,500	\$4,000	\$5,500
Hip, Thigh (Femur)	\$2,500	\$4,000	\$5,500
Vertebrae, Body of (excluding Vertebral Process)	\$2,500	\$4,000	\$5,500
Pelvis	\$2,500	\$4,000	\$5,500
Leg (Tibia and/or Fibula)	\$2,500	\$4,000	\$5,500
Upper Arm (Humerus)	\$2,000	\$3,000	\$4,500
Shoulder Blade	\$2,000	\$3,000	\$4,500
Collarbone	\$2,000	\$3,000	\$4,500
Upper Jaw, Maxilla (except Alveolar Process)	\$1,500	\$2,500	\$3,500
Lower Jaw, Maxilla (except Alveolar Process)	\$1,500	\$2,500	\$3,500
Vertebral Process	\$1,000	\$1,600	\$2,500
Forearm (Ulna and/or Radius)	\$1,000	\$1,600	\$2,500
Hand, Wrist (except Fingers)	\$1,000	\$1,600	\$2,500
Kneecap	\$1,000	\$1,600	\$2,500
Foot (except Toes)	\$1,000	\$1,600	\$2,500
Ankle	\$1,000	\$1,600	\$2,500
Rib	\$250	\$300	\$400
Coccyx	\$250	\$300	\$400
Finger, Toe	\$250	\$300	\$400
Enhancement for Open/Surgical Reduction	2x	2x	2x
Chip Fractures	25%	25%	25%
Dislocations	Acc Plan 1	Acc Plan 2	Acc Plan 3
Closed/Non-Surgical Treatment			
Hip	\$2,000	\$3,000	\$4,000
Knee (other than Kneecap)	\$1,500	\$2,250	\$3,000
Shoulder	\$1,500	\$2,250	\$3,000
Kneecap	\$750	\$1,000	\$1,250
Ankle Bone or Bones of the Foot	\$750	\$1,000	\$1,250
Elbow	\$750	\$1,000	\$1,250
Wrist	\$750	\$1,000	\$1,250
Bone or Bones of the Hand	\$750	\$1,000	\$1,250
Jawbone	\$750	\$1,000	\$1,250

Collarbone	\$750	\$1,000	\$1,250
1 Toe or Finger	\$250	\$300	\$350
Enhancement for Open/Surgical Reduction	2x	2x	2x
Partial Dislocations	25%	25%	25%
Lacerations			
No Repair	\$50	\$50	\$75
Repair - up to 2"	\$75	\$150	\$150
Repair - over 2", up to 6"	\$300	\$300	\$500
Repair - over 6"	\$600	\$600	\$1,000
Burns			
2nd-Degree Burns			
At least 1%, but less than 20% of Skin Surface	\$750	\$1,000	\$1,500
20% or greater of Skin Surface	\$750	\$1,000	\$1,500
3rd-Degree Burns			
Less than 5% of Skin Surface	\$1,500	\$2,000	\$3,000
At least 5%, but less than 20% of Skin Surface	\$6,000	\$7,500	\$12,500
20% or greater of Skin Surface	\$12,000	\$15,000	\$25,000
Skin Grafts			
Due to Burns (% of applicable Burn Benefit)	50%	50%	50%
Not due to Burns			
At least 1%, but less than 20% of Skin Surface	\$100	\$200	\$300
20% or greater of Skin Surface	\$200	\$400	\$600
Concussion & Other Brain Injuries	\$300	\$400	\$500
Dental Benefit	\$250	\$350	\$600
Eye Injury Benefit	\$200	\$300	\$400
Emergency & Initial Accident Treatment Benefits	Acc Plan 1	Acc Plan 2	Acc Plan 3
Ambulance			
Ground	\$200	\$300	\$400
Air	\$1,000	\$1,500	\$2,000
Water	\$1,000	\$1,500	\$2,000
Emergency Room Treatment	\$100	\$150	\$200
Urgent Care	\$50	\$75	\$100
Major Diagnostic Imaging	\$150	\$200	\$400
X-Ray	\$50	\$75	\$100

Hospital Benefits	Acc Plan 1	Acc Plan 2	Acc Plan 3
Hospital Admission	\$750	\$1,000	\$1,500
Daily Hospital Confinement (max 365 days)	\$175	\$250	\$350
Intensive Care Admission	\$1,500	\$2,000	\$3,000
ICU Daily Confinement (max 365 days)	\$300	\$400	\$600
Observation Unit	\$150	\$200	\$300

Surgery Benefits	Acc Plan 1	Acc Plan 2	Acc Plan 3
Outpatient Surgery Benefit			
Facilities other than Physician Office or ER	\$150	\$200	\$250
Physician Office or ER	\$75	\$100	\$125
Internal Injuries Surgical Benefits			
Open Abdominal & Thoracic	\$1,000	\$1,500	\$2,000
Hernia	\$250	\$300	\$400
Exploratory without Repair	\$150	\$225	\$275
Tendon/Ligament/Rotator Cuff Surgical Benefit			
Single	\$600	\$900	\$1,200
Multiple	\$1,200	\$1,800	\$2,400
Exploratory without Repair	\$150	\$225	\$275
Torn Knee Cartilage Surgery Benefit			
Torn with Surgical Repair	\$500	\$750	\$1,250
Exploratory without Repair	\$150	\$225	\$275
Diagnosis only with no Surgery or Repair	\$50	\$150	\$150
Ruptured Disc with Surgical Repair	\$600	\$900	\$1,200
Anesthesia Benefit			
General Anesthesia	\$150	\$250	\$250
Epidural or Regional Anesthesia	\$50	\$150	\$150
Medical Benefits	Acc Plan 1	Acc Plan 2	Acc Plan 3
Blood, Plasma & Platelets Benefit	\$300	\$400	\$500
Prosthetic Device Benefit			
1 only	\$750	\$1,500	\$2,000
2 or more	\$1,500	\$3,000	\$4,000
Appliances	\$75	\$100	\$200
Pain Management Benefit	\$50	\$150	\$150
Follow-Up Care & Transportation Benefits	Acc Plan 1	Acc Plan 2	Acc Plan 3
Physician Office Visit (max 4 visits)	\$50	\$75	\$100
Therapy Services Benefit (Occupational, Physical, Speech Therapy) (max 12 visits)	\$35	\$45	\$55
Chiropractor & Alternate Therapy (max 8 visits)	\$50	\$60	\$70
Rehabilitation Unit Confinement (max 90 days)	\$100	\$150	\$200
Home Health Care (max 30 visits)	\$50	\$75	\$100
Skilled Nursing Facility (max 30 days)	\$250	\$275	\$300
Private Duty Nursing (max 6 visits)	\$75	\$100	\$125
Residence/Vehicle Modification Benefit	\$1,000	\$1,500	\$2,000
Transportation (per mile, min. 100 miles from residence)	\$0.60	\$0.60	\$0.60
Lodging (max 30 days)	\$150	\$200	\$250

Accidental Death Benefits	Acc Plan 1	Acc Plan 2	Acc Plan 3
Accidental Death			
Employee	\$25,000	\$50,000	\$50,000
Spouse	\$12,500	\$25,000	\$25,000
Children	\$12,500	\$25,000	\$25,000
Common Carrier Accidental Death	2x	2x	2x
Organ Donor Benefit	\$5,000	\$5,000	\$5,000

Accidental Dismemberment Benefits	Acc Plan 1	Acc Plan 2	Acc Plan 3
Dismemberment			
Loss of: Both Hands, or Both Feet, or 1 Hand & 1 Foot	\$30,000	\$30,000	\$30,000
Loss of 1 Hand or Loss of 1 Foot	\$15,000	\$15,000	\$15,000
Partial Dismemberment			
Loss of 1 or More Fingers or Toes	\$1,500	\$1,500	\$1,500
Partial Amputation of Finger or Toe	\$1,500	\$1,500	\$1,500
Catastrophic Benefits	Acc Plan 1	Acc Plan 2	Acc Plan 3
Catastrophic Loss			
Loss of Sight in Both Eyes or Hearing in Both Ears	\$50,000	\$50,000	\$50,000
Loss of Speech or Sight in 1 Eye or Hearing in 1 Ear	\$20,000	\$20,000	\$20,000
Coma	\$7,500	\$10,000	\$20,000
Paralysis			
Paraplegia	\$25,000	\$25,000	\$50,000
Quadriplegia	\$50,000	\$50,000	\$100,000

Additional Options	Benefit Range		
	Acc Plan 1	Acc Plan 2	Acc Plan 3
Organized Athletic Activity Benefit: Benefit payment is increased by a set percentage for an accident resulting from participating in a covered athletic event, such as: club sports; collegiate sports; competitions; team practices; trainings & workout sessions	10% up to \$1500 per accident	10% up to \$1500 per accident	10% up to \$1500 per accident
Health Screening Benefit: Benefit paid for eligible health screening tests & employer sponsored wellness initiatives	\$50 up to 1 accidents per person/year	\$50 up to 1 accidents per person/year	\$50 up to 1 accidents per person/year

How much does it cost?

See the rate chart below to calculate your coverage costs.

	Monthly premium		
	Acc Plan 1	Acc Plan 2	Acc Plan 3
Employee only	\$9.03	\$12.55	\$17.21
Employee & spouse	\$15.66	\$21.62	\$29.75
Employee & child(ren)	\$16.35	\$22.61	\$30.94
Family	\$22.98	\$31.68	\$43.48



How do I enroll?

You can enroll in your group's Accident Insurance during eligible enrollment period. To get started, follow the steps outlined by your plan administrator.



Who provides my coverage?

Your Accident coverage is provided by Wellfleet, a Berkshire Hathaway company. Wellfleet is focused on providing customer-centric insurance solutions that protect people against risk through every stage of life - from birth to college, the workplace and beyond.

Exclusions & limitations

This is not a complete disclosure of plan qualifications and limitations. Benefits and riders may vary by state and may not be available in all states. In addition to any benefit-specific exclusion, benefits will not be paid for any loss which, directly or indirectly, in whole or in part, is caused by or results from any of the following unless coverage is specifically provided for by name in insurance certificate:

- Intentionally self-inflicted injury, suicide, or any attempt or threat while sane or insane.
- Participating in war or any act of war whether declared or undeclared.
- Commission or attempt to commit a felony.
- Commission of or active participation in a riot, insurrection, or terrorist activity.
- Engaging in an illegal activity or occupation.
- Flight in, boarding, or alighting from an aircraft or any craft designed to fly above the earth's surface, including any travel beyond the earth's atmosphere except a fare-paying passenger on a regularly scheduled commercial or charter airline.
- Practicing for or participating in any semi-professional or professional competitive athletic contest, including officiating or coaching, for which the covered person receives any compensation or remuneration.
- Sickness, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food.
- Voluntary ingestion or inhalation of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a physician and taken in accordance with the prescribed dosage.
- Operating any type of vehicle while under the influence of alcohol or any drug, narcotic or other intoxicant including any prescribed drug for which the covered person has been provided a written warning against operating a vehicle while taking it.
- Under the influence of alcohol, for purposes of this exclusion, means intoxicated, as defined by the law of the State in which the covered accident occurred.
- Care that is not recommended and approved by a physician.



Questions?

Contact your plan administrator with questions about the offered Accident coverage.

1 Centers for Disease Control & Prevention. (2017. National Estimates of the 10 Leading Causes of Nonfatal Injuries Treated in Hospital Emergency Departments, United States - 2017.

2 Matthew, Michael. (2018, May 1. The 35 most expensive reasons you might have to visit a hospital in the US - and how much it costs if you do. Retrieved from: <https://www.businessinsider.com/most-expensive-health-conditions-hospital-costs-2018-2>.

3 Federal Reserve. (May 2017. Report on the Economic Well-Being of U.S. Households in 2016. Retrieved from: <https://disabilitycanhappen.org/disability-statistic/>.

This document is meant to highlight some, but not all the features Wellfleet coverage provides. It is not an insurance contract. Wellfleet Workplace Benefits provide limited benefits and is not a substitute for mandated ACA healthcare coverage. Like most supplemental offerings these benefits may have state-specific variations, and some product offerings and details may not be available in all states.

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WB Accident 20 - 100032 - 09012020



CRITICAL ILLNESS INSURANCE FOR

City of Edinburg

Presented by



A personalized guide to understanding your Critical Illness coverage



CRITICAL ILLNESS INSURANCE

Benefit Summary



What is Critical Illness Insurance?

This coverage pays a lump-sum benefit following the diagnosis of a critical illness, such as a heart attack, cancer or stroke. It can help protect you and your family from the financial challenges that can come from a critical illness.



Use your benefits any way you like.

Benefit proceeds can be used however you want, whether it's toward your medical bills, student loans or child care expenses. It's up to you.



Who can be covered?

The coverage offered by your employer allows you to cover yourself, and your spouse and children. Note that you may only cover other family members if you are insured by this coverage yourself.

Approximately every
40 seconds
an American will have a heart
attack.¹

Each year in the United
States, more than
1.6 million people
are diagnosed with
cancer.²

24 million
people or 10% of
adults are carrying
debt from medical
expenses that they had
to pay out of pocket in
the past year.³



What's the difference between health insurance & Critical Illness Insurance?

Health insurance covers medical expenses and pays your provider directly but may leave you responsible for some out-of-pocket costs. The amount paid depends on your coverage, the type of care and whether you've hit your out-of-pocket maximum.

Critical Illness Insurance is supplemental coverage that can complement your health insurance and help cover your out-of-pocket expenses. The benefit amount is based upon the diagnosis of a critical illness, is paid to you directly and can be used however you like.

Let's say you carry health insurance and Critical Illness Insurance, and you go to the hospital, where you are diagnosed with having had a stroke. Your health insurance will pay the treating providers for some or all your medical expenses. Your Critical Illness Insurance will pay you a lump sum directly that can be used however you like. You could put it to toward uncovered medical expenses, like co-pays, or use it to cover your rent, or to replace lost income during treatment or recovery.

Coverage highlights:

- No health questions asked
- Select the coverage amount that fits your life
- Affordable premiums
- Convenient payroll deductions
- Simplified claims-filing with dedicated support
- If you leave your employer, you may be able to take your coverage with you at the same rate

23% of Americans report forgoing one or more types of health care in the past year due to affordability.³

\$20,246
Average cost of a heart attack.⁴

Alzheimer's disease affects about **5.7 million Americans**.⁵



How does it work?

The amount paid is based on the benefit amount you elect from the chart below. Critical Illness benefits are paid for the initial occurrence, reoccurrences of the same critical illness and occurrences of a different critical illness, up to the elected maximum payment. There is no wait between initial occurrences and different critical illnesses. Reoccurrences of the same critical illness can be paid 6 months after the initial critical illness. Check your benefit schedule for more details around the covered critical illnesses.

Coverage	Amount range	Maximum payout
Employee	\$10,000.00 - \$30,000.00	Unlimited
Spouse	\$5,000.00 - \$15,000.00	
Child(ren)	\$2,500.00 - \$7,500.00	





BENEFIT SNAPSHOT: AMY'S HEART ATTACK

Critical Illness Insurance coverage: Base coverage with unlimited maximum payout

Benefit amount elected by Amy: \$30,000.00



As a longtime runner and yogi, Amy was in great shape, which is why she never expected to have a heart attack at the age of 48. Amy was even more surprised when she had a second heart attack the following year, at which point she underwent coronary artery bypass.

Fortunately for Amy, she'd enrolled in her employer's Critical Illness plan. Having these benefits helped offset the medical bills not covered by insurance, cover her regular bills and replace lost income during her recovery.

Amy's Critical Illness policy provided these benefits:

First occurrence:	\$30,000.00
Reoccurrence:	\$30,000.00
Coronary artery bypass:	\$7,500.00

Total benefits paid:	\$67,500.00
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BENEFIT SNAPSHOT: MATEO'S CANCER DIAGNOSIS

Benefit amount elected by Mateo: \$30,000.00

As a self-proclaimed "health nut", who regularly participates in triathlons, Mateo never thought he'd receive a cancer diagnosis, let alone at 42. Fortunately for Mateo, he'd enrolled in his employer's Cancer-Only Critical Illness plan. Having these benefits helped offset the medical bills not covered by insurance and replace lost income during both of his recoveries.

Mateo's Cancer-Only Critical Illness policy provided these benefits:

First occurrence:	\$30,000
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Total benefits paid:	\$30,000
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What benefits are included in my coverage?

Your Critical Illness Insurance includes a range of covered critical illnesses and benefits, as outlined below. A percentage of the total benefit is paid for spouse and child coverage. For additional details, see your certificate.

CRITICAL ILLNESS PLAN BENEFITS	CI Only Plan	Cancer Only Plan	CI and Cancer Plan
Critical Illness Benefits			
Heart Attack	100%	N/A	100%
Stroke	100%	N/A	100%
Major Organ Failure	100%	N/A	100%
End Stage Renal Failure	100%	N/A	100%
Benign Brain Tumor	100%	N/A	100%
Bone Marrow or Stem Cell Transplant	25%	N/A	25%
Coronary Artery Bypass Surgery	25%	N/A	25%
Cancer Benefits			
Cancer	N/A	100%	100%
Carcinoma in Situ	N/A	25%	25%
Skin Cancer	N/A	10%	10%
Enhanced Package			
Coma	100%	N/A	100%
Paralysis	100%	N/A	100%
Loss of Hearing	100%	N/A	100%
Loss of Sight	100%	N/A	100%
Sudden Cardiac Arrest	50%	N/A	50%
Aneurism	10%	N/A	10%
Angioplasty	10%	N/A	10%
Transient Ischemic Attacks	10%	N/A	10%
Severe Burns	50%	N/A	50%
Occupational HIV	100%	N/A	100%
Occupational Hepatitis B or C	100%	N/A	100%
Type 1 Diabetes	100%	N/A	100%
Progressive Disease Benefits			
ALS	100%	N/A	100%
Parkinson's Disease	100%	N/A	100%
Advanced Dementia	100%	N/A	100%
Multiple Sclerosis	100%	N/A	100%
Systemic Lupus	25%	N/A	25%
Myasthenia Gravis	50%	N/A	50%
Addison's Disease	50%	N/A	50%
Huntington's Disease	50%	N/A	50%
Systemic Sclerosis	25%	N/A	25%



Enhanced Cancer Rider			
Maximum treatments per diagnosis	---	15	15
Blood, Plasma, Platelets	N/A	\$200.00	\$200.00
Surgery Benefit			
Inpatient	N/A	\$250.00	\$250.00
Outpatient	N/A	\$400.00	\$400.00
Hospital Confinement	N/A	\$100.00	\$100.00
Maximum duration per year	---	60 days	60 days
Durable Goods and Equipment	N/A	\$250.00	\$250.00
Experimental Drug or Medical Service	N/A	\$300.00	\$300.00
Extended Care			
Maximum duration	---	60 days	60 days
Home Health Care	N/A	\$14.00	\$14.00
Maximum duration	---	60 days	60 days
NCI Evaluation or Consultation	N/A	\$250.00	\$250.00
Additional Optional Riders & Benefits			
Health Screening Benefit Rider:	\$50.00	\$50.00	\$50.00
Number of payments per year, per covered person.	1	1	1
Transportation (up to 1200 miles per trip)	N/A	\$0.30/mile	\$0.30/mile
Companion Lodging	N/A	\$100.00	\$100.00
Maximum per year	---	30 days	30 days

Examples of Eligible Screening Events			
Annual exams for adults	Chicken pox immunization	Genetic screening testing for medical diagnosis and treatment	Serum cholesterol HDL/LDL
Blood tests for triglycerides	Colonoscopy	Hepatitis B immunization	Sports physicals
Bone marrow testing	Concussion baseline testing	HPV immunization	Stress test
Bone density screening	Dermatological screenings for skin cancer	Mammography	Tetanus
Breast MRI	Fasting blood glucose test	Pap smear	Virtual colonoscopy
Carotid ultrasound	Flu vaccination	Pneumonia immunization	Well child visits



How much does it cost?

The cost of coverage is based upon the covered person's age. See the rate chart below to determine your exact costs. To cover your spouse and/or child(ren), refer to the rate chart below.

CI Only Plan

\$10,000.00 Monthly Non-Tobacco rate

Age Bands	Employee	Family
0-24	\$2.58	\$4.74
25-29	\$2.77	\$5.02
30-34	\$3.01	\$5.37
35-39	\$3.71	\$6.43
40-44	\$4.59	\$7.75
45-49	\$6.22	\$10.19
50-54	\$8.25	\$13.24
55-59	\$10.80	\$17.07
60-64	\$14.75	\$23.00
65-69	\$17.77	\$27.52
70+	\$21.10	\$32.52

\$20,000.00 Monthly Non-Tobacco rate

Age Bands	Employee	Family
0-24	\$3.55	\$6.27
25-29	\$3.92	\$6.83
30-34	\$4.40	\$7.53
35-39	\$5.80	\$9.65
40-44	\$7.57	\$12.28
45-49	\$10.82	\$17.17
50-54	\$14.88	\$23.27
55-59	\$19.98	\$30.92
60-64	\$27.88	\$42.78
65-69	\$33.92	\$51.82
70+	\$40.58	\$61.82

\$30,000.00 Monthly Non-Tobacco rate

Age Bands	Employee	Family
0-24	\$4.52	\$7.79
25-29	\$5.07	\$8.64



30-34	\$5.79	\$9.69
35-39	\$7.89	\$12.87
40-44	\$10.54	\$16.82
45-49	\$15.42	\$24.14
50-54	\$21.52	\$33.29
55-59	\$29.17	\$44.77
60-64	\$41.02	\$62.57
65-69	\$50.07	\$76.12
70+	\$60.07	\$91.12

\$10,000.00 Monthly Tobacco rate

Age Bands	Employee	Family
0-24	\$3.24	\$5.78
25-29	\$3.56	\$6.27
30-34	\$3.96	\$6.86
35-39	\$5.14	\$8.63
40-44	\$6.62	\$10.86
45-49	\$9.37	\$14.97
50-54	\$12.79	\$20.11
55-59	\$17.09	\$26.56
60-64	\$23.75	\$36.54
65-69	\$28.82	\$44.17
70+	\$34.44	\$52.59

\$20,000.00 Monthly Tobacco rate

Age Bands	Employee	Family
0-24	\$4.87	\$8.35
25-29	\$5.50	\$9.32
30-34	\$6.30	\$10.50
35-39	\$8.67	\$14.05
40-44	\$11.63	\$18.50
45-49	\$17.12	\$26.73
50-54	\$23.97	\$37.00
55-59	\$32.57	\$49.90
60-64	\$45.88	\$69.87
65-69	\$56.03	\$85.12
70+	\$67.27	\$101.97



\$30,000.00 Monthly Tobacco rate

Age Bands	Employee	Family
0-24	\$6.49	\$10.92
25-29	\$7.44	\$12.37
30-34	\$8.64	\$14.14
35-39	\$12.19	\$19.47
40-44	\$16.64	\$26.14
45-49	\$24.87	\$38.49
50-54	\$35.14	\$53.89
55-59	\$48.04	\$73.24
60-64	\$68.02	\$103.19
65-69	\$83.24	\$126.07
70+	\$100.09	\$151.34

Cancer Only Plan

\$10,000.00 Monthly Non-Tobacco rate

Age Bands	Employee	Family
0-24	\$2.59	\$5.15
25-29	\$3.07	\$6.00
30-34	\$3.58	\$6.89
35-39	\$4.65	\$8.74
40-44	\$6.45	\$11.86
45-49	\$9.12	\$16.47
50-54	\$12.53	\$22.43
55-59	\$16.38	\$29.05
60-64	\$21.49	\$37.59
65-69	\$25.86	\$45.02
70+	\$30.52	\$52.88

\$20,000.00 Monthly Non-Tobacco rate

Age Bands	Employee	Family
0-24	\$2.92	\$5.68
25-29	\$3.62	\$6.87
30-34	\$4.41	\$8.16
35-39	\$6.06	\$10.90
40-44	\$8.82	\$15.44
45-49	\$12.97	\$22.27



50-54	\$18.10	\$30.81
55-59	\$24.08	\$40.63
60-64	\$32.54	\$54.21
65-69	\$39.54	\$65.57
70+	\$47.11	\$77.79

\$30,000.00 Monthly Non-Tobacco rate

Age Bands	Employee	Family
0-24	\$3.25	\$6.20
25-29	\$4.18	\$7.73
30-34	\$5.25	\$9.44
35-39	\$7.48	\$13.06
40-44	\$11.18	\$19.01
45-49	\$16.82	\$28.07
50-54	\$23.66	\$39.20
55-59	\$31.78	\$52.20
60-64	\$43.60	\$70.82
65-69	\$53.23	\$86.12
70+	\$63.70	\$102.69

\$10,000.00 Monthly Tobacco rate

Age Bands	Employee	Family
0-24	\$3.34	\$6.64
25-29	\$4.14	\$8.06
30-34	\$5.01	\$9.56
35-39	\$6.81	\$12.68
40-44	\$9.85	\$17.95
45-49	\$14.34	\$25.70
50-54	\$20.09	\$35.74
55-59	\$26.57	\$46.91
60-64	\$35.18	\$61.29
65-69	\$42.55	\$73.81
70+	\$50.39	\$87.06

\$20,000.00 Monthly Tobacco rate

Age Bands	Employee	Family
0-24	\$3.91	\$7.52
25-29	\$5.08	\$9.52
30-34	\$6.42	\$11.71



35-39	\$9.20	\$16.31
40-44	\$13.84	\$23.97
45-49	\$20.82	\$35.48
50-54	\$29.47	\$49.86
55-59	\$39.54	\$66.42
60-64	\$53.82	\$89.29
65-69	\$65.60	\$108.44
70+	\$78.35	\$129.03

\$30,000.00 Monthly Tobacco rate

Age Bands	Employee	Family
0-24	\$4.47	\$8.40
25-29	\$6.02	\$10.98
30-34	\$7.82	\$13.86
35-39	\$11.59	\$19.94
40-44	\$17.83	\$30.00
45-49	\$27.31	\$45.25
50-54	\$38.86	\$63.97
55-59	\$52.52	\$85.92
60-64	\$72.47	\$117.29
65-69	\$88.66	\$143.06
70+	\$106.31	\$171.01

CI and Cancer Plan

\$10,000.00 Monthly Non-Tobacco rate

Age Bands	Employee	Family
0-24	\$3.59	\$6.77
25-29	\$4.27	\$7.92
30-34	\$5.02	\$9.17
35-39	\$6.80	\$12.08
40-44	\$9.49	\$16.57
45-49	\$13.81	\$23.65
50-54	\$19.27	\$32.71
55-59	\$25.67	\$43.20
60-64	\$34.72	\$57.68
65-69	\$42.12	\$69.67
70+	\$50.10	\$82.55



\$20,000.00 Monthly Non-Tobacco rate

Age Bands	Employee	Family
0-24	\$4.86	\$8.77
25-29	\$5.95	\$10.54
30-34	\$7.21	\$12.55
35-39	\$10.26	\$17.38
40-44	\$14.78	\$24.59
45-49	\$22.19	\$36.31
50-54	\$31.36	\$50.95
55-59	\$42.39	\$68.40
60-64	\$58.70	\$93.74
65-69	\$71.68	\$114.11
70+	\$85.85	\$136.28

\$30,000.00 Monthly Non-Tobacco rate

Age Bands	Employee	Family
0-24	\$6.12	\$10.77
25-29	\$7.63	\$13.17
30-34	\$9.41	\$15.93
35-39	\$13.73	\$22.68
40-44	\$20.06	\$32.62
45-49	\$30.56	\$48.97
50-54	\$43.45	\$69.18
55-59	\$59.12	\$93.59
60-64	\$82.67	\$129.79
65-69	\$101.25	\$158.55
70+	\$121.60	\$190.00

\$10,000.00 Monthly Tobacco rate

Age Bands	Employee	Family
0-24	\$4.99	\$9.30
25-29	\$6.13	\$11.23
30-34	\$7.40	\$13.34
35-39	\$10.39	\$18.25
40-44	\$14.94	\$25.81
45-49	\$22.21	\$37.74
50-54	\$31.40	\$53.01
55-59	\$42.20	\$70.68



60-64	\$57.44	\$95.08
65-69	\$69.90	\$115.28
70+	\$83.36	\$136.98

\$20,000.00 Monthly Tobacco rate

Age Bands	Employee	Family
0-24	\$7.12	\$12.66
25-29	\$8.96	\$15.66
30-34	\$11.09	\$19.04
35-39	\$16.24	\$27.17
40-44	\$23.84	\$39.34
45-49	\$36.32	\$59.07
50-54	\$51.77	\$83.72
55-59	\$70.38	\$113.13
60-64	\$97.83	\$155.83
65-69	\$119.70	\$190.16
70+	\$143.59	\$227.50

\$30,000.00 Monthly Tobacco rate

Age Bands	Employee	Family
0-24	\$9.26	\$16.03
25-29	\$11.80	\$20.08
30-34	\$14.79	\$24.74
35-39	\$22.08	\$36.10
40-44	\$32.74	\$52.86
45-49	\$50.42	\$80.39
50-54	\$72.14	\$114.44
55-59	\$98.56	\$155.57
60-64	\$138.23	\$216.59
65-69	\$169.51	\$265.04
70+	\$203.83	\$318.02



How do I enroll?

You can enroll in your employer's Critical Illness Insurance during your eligible enrollment period. To get started, follow the steps outlined by your plan administrator.



Who provides my coverage?

Your Critical Illness coverage is provided by Wellfleet, a Berkshire Hathaway company. Wellfleet is focused on providing customer-centric insurance solutions that protect people against risk through every stage of life - from birth to college, the workplace and beyond.

Exclusions & limitations

This is not a complete disclosure of plan qualifications and limitations. Benefits and riders may vary by state and may not be available in all states. In addition to any benefit-specific exclusion, benefits under the policy and any attached rider(s) will not be payable for any loss caused in whole or part by or resulting in whole or part from the following:

- A specified health event for the insured or covered spouse, or for a specified health event for the covered dependent child(ren) occurring prior to the effective date of coverage for a covered person
- Any condition not specifically listed as a specified health event for the insured or covered spouse or for a specified health event for the covered dependent child(ren)
Suicide or attempt at suicide, or intentional self-inflicted injury or sickness
- Participation in any activity or event, including the operation of a vehicle, while under the influence of a controlled substance (unless administered by a physician or taken according to the physician's instructions), or while intoxicated as defined by the law of the jurisdiction in which the cause of the loss occurs
- Use of alcohol, drugs or narcotics
- Commission of or attempt to commit an assault or felony
- Engaging in illegal activity or occupation
- Declared war or any act of declared war



Questions?

Contact your plan administrator with questions about the offered Critical Illness coverage.



- 1 American Heart Association. (2021.) Heart disease & stroke statistics-2021 update: a report from the American Heart Association. Retrieved from <https://www.cdc.gov/heartdisease/facts.htm>
- 2 National Cancer Institute. Cancer Prevalence and Cost of Care Projections external icon. Accessed June 29, 2018.
- 3 Federal Reserve. (May 2017. Report on the Economic Well-Being of U.S. Households in 2016. Retrieved from: <https://disabilitycanhappen.org/disability-statistic/>.
- 4 Matthew, Michael. (2018, May 1. The 35 most expensive reasons you might have to visit a hospital in the US - and how much it costs if you do. Retrieved from: <https://www.businessinsider.com/most-expensive-health-conditions-hospital-costs-2018-2>
- 5 Hurd MD, Martorell P, Delavande A, Mullen KJ, Langa KM. Monetary costs of dementia in the United States. N Engl J Med 2013;368(14: 1326-34. Retrieved from: <https://www.cdc.gov/aging/aginginfo/alzheimers.htm>

This document is meant to highlight some, but not all the features Wellfleet coverage provides. It is not an insurance contract. Wellfleet Workplace Benefits provide limited benefits and is not a substitute for mandated ACA healthcare coverage. Like most supplemental offerings these benefits may have state-specific variations, and some product offerings and details may not be available in all states. Rates are subject to change. Wellfleet reserves the right to raise premium rates with proper notice as noted in the policy and proposal.

Wellfleet is the marketing name used to refer to the insurance and administrative operations of Wellfleet Insurance Company, Wellfleet New York Insurance Company, and Wellfleet Group, LLC. All insurance products are administered or managed by Wellfleet Group, LLC. Product availability is based upon business and/or regulatory approval and may differ among states.

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AVAILABLE SUPPLEMENTAL HEALTH COVERAGES

By Wellfleet Workplace

ACCIDENT INSURANCE

Accident Insurance pays benefits for injuries and expenses associated with a covered accident. From stitches to broken bones, concussions and dental injuries, this coverage provides you and your family with an added layer of financial support. Plus, benefits are paid directly to you and can be used however you want.

- No health questions asked
- Option to cover your spouse & children
- Annual \$50 Health Screening Benefit per covered individual
- Expansive plan covers a variety of accidents & related treatments, such as: Ambulance, x-rays, hospital & ICU admission, broken bones, burns, chiropractic care, outpatient surgery & accidental death benefit



Scan the QR code to view the full benefit summary.

How it works

Let's say you carry the Wellfleet Accident plan and are in a car accident, which requires a trip to the emergency room (\$150), via ground ambulance (\$300), where you are x-rayed (\$75) and treated for a broken leg (\$4,000). You would receive a total benefit of \$4,525.

CRITICAL ILLNESS INSURANCE

Critical Illness Insurance pays a lump-sum benefit following the diagnosis of a critical illness, such as a heart attack, cancer, or stroke. This coverage complements your core medical insurance by helping to cover unexpected out-of-pocket expenses and features built-in flexibility that allows you to select the coverage level that meets your family's unique needs. Benefits are paid directly to you and can be used however you like, from medical bills to student loan payments and childcare.



Scan the QR code to view the full benefit summary.

- No health questions asked
- Ability to elect up to \$30,000 in coverage
- Option to cover your spouse & children
- Annual \$50 Health Screening Benefit per covered individual
- Robust plan covers a range of critical illnesses, such as: Heart attack, stroke, cancer, coma, paralysis, ALS, Parkinson's, advanced dementia, cerebral palsy & infectious disease such as Covid-19

How it works

If you elect \$30,000 in coverage and later receive a cancer diagnosis, you would receive a \$30,000 lump-sum benefit to be used however you like. If you then had a heart attack or your cancer came back, you would receive another \$30,000 benefit.



Questions?

Contact your plan administrator to learn more about the offered coverage.

Accident Insurance, Critical Illness Insurance, Hospital Indemnity Insurance and Short Term Disability Insurance are limited benefit policies. They are not health insurance and do not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

This document is meant to highlight some, but not all the features Wellfleet coverage provides. It is not an insurance contract.

Wellfleet Workplace Benefits provides limited benefits and is not a substitute for mandated ACA healthcare coverage. Like most supplemental offerings, these benefits may have state-specific variations, and some product offerings and details may not be available in all states. Rates are subject to change. Wellfleet reserves the right to raise premium rates with proper notice as noted in the policy and proposal. Wellfleet is the marketing name used to refer to the insurance and administrative operations of Wellfleet Insurance Company, WellfleetNew York Insurance Company, and Wellfleet Group, LLC. All insurance products are administered or managed by Wellfleet Group, LLC. Product availability is based upon business and/or regulatory approval and may differ among states.



Facing challenges together

Tom enjoys the outdoors, including hiking with his family, bike riding and walking his dog. When he was diagnosed with lung cancer, he worried that he'd never do those things again.

HOW TOM'S COVERAGE HELPED*

With his coverage, he received benefits for:



Initial lung cancer diagnosis
\$5,000



Second opinion
\$150



MRI scan
\$50



Hospital stay of 3 nights
\$300

Total amount \$5,500

*For illustrative purposes only. Coverage amounts vary based on benefit level.



Group Critical Illness Insurance
Plan 4 – Level 1

When a cancer diagnosis takes life on an unexpected turn, your focus should be on treatment and recovery — not finances. Colonial Life’s group critical illness insurance helps relieve the stress of financial worry by providing a lump-sum benefit payable directly to you to cover any expenses.

Coverage amount: _____

Cancer benefits

COVERED CONDITION ¹	PERCENTAGE OF APPLICABLE COVERAGE AMOUNT
Invasive cancer (including all breast cancer)	100%
Non-invasive cancer	25%
Skin cancer initial diagnosis	\$400 per lifetime

Reoccurrence of invasive cancer (including all breast cancer)

If you receive a benefit for invasive cancer and are later diagnosed with a reoccurrence of invasive cancer, 25% of the coverage amount is payable if treatment-free for at least 12 months and in complete remission prior to the date of reoccurrence; excludes non-invasive or skin cancer.



KEY BENEFITS

- Available coverage for spouse and eligible dependent children
- Cover your eligible dependent children at no additional cost
- Receive coverage regardless of medical history, within specified limits
- Works alongside your health savings account (HSA)
- Benefits payable regardless of other insurance

Level 1 benefits

Cancer benefits can help provide financial protection through a variety of benefits.

Air ambulance	\$2,000 per trip
<i>Transportation to or from a hospital/medical facility (max. of two trips per confinement per covered person)</i>	
Ambulance	\$250 per trip
<i>Transportation to or from a hospital/medical facility (max. of two trips per confinement per covered person)</i>	
Anesthesia	
<i>Administered during a surgical procedure treatment of invasive cancer</i>	
■ General	25% of surgical procedures benefit
■ Local	\$25 per procedure
Anti-nausea medication	\$25 per
<i>Doctor-prescribed medication as a result of radiation or chemotherapy (max. benefit amount of \$100 per covered person per calendar month)</i>	
<i>day administered or per prescription filled</i>	
Blood/plasma/platelets/immunoglobulins²	\$150 per day
<i>A transfusion required during the treatment of invasive cancer (max. benefit amount of \$10,000 per covered person per calendar year)</i>	
Bone marrow donor screening	\$50
<i>Testing in connection with being a potential donor (max. of one per covered person per lifetime)</i>	
Bone marrow or peripheral stem cell donation	\$500
<i>Receiving another person's bone marrow or stem cells for a transplant (max. of one per covered person per lifetime)</i>	
Bone marrow or peripheral stem cell transplant	\$3,500 per transplant
<i>Transplant you receive for the treatment of invasive cancer (max. of two transplant benefits per covered person per lifetime)</i>	
Cancer vaccine	\$50
<i>An FDA-approved vaccine for the prevention of invasive cancer (max. of one per covered person per lifetime)</i>	
Companion transportation	\$.50 per mile
<i>Companion travels by plane, train or bus to accompany a covered cancer patient more than 50 miles one way for treatment (max. benefit amount of \$1,000 per covered person per round trip)</i>	
Egg(s) extraction or harvesting/sperm collection and storage (cryopreservation)	
<i>Extracted/harvested or collected before chemotherapy, radiation or immunotherapy (max. of one per covered person per lifetime)</i>	
■ Egg(s) extraction or harvesting or sperm collection	\$500
■ Egg(s) or sperm storage	\$150
Experimental treatment	\$200 per day
<i>Hospital, medical or surgical care for experimental treatment of invasive cancer (max. benefit amount of \$2,000 per covered person per calendar year)</i>	
Hair/external breast/voice box prosthesis	\$200 per year
<i>Prosthesis needed as a direct result of invasive cancer (per covered person per calendar year)</i>	
Home health care services	\$50 per day
<i>Examples include physical therapy, occupational therapy, speech therapy and audiology; prosthesis and orthopedic appliances; rental or purchase of durable medical equipment (max. of 30 days per covered person per calendar year or twice the number of days of hospital confinement per covered person per calendar year)</i>	
Hospice	
<i>(max. benefit amount of \$15,000 for initial and daily hospice care per covered person per lifetime)</i>	
■ Initial hospice care	\$1,000
<i>(max. of one per covered person per lifetime)</i>	
■ Daily hospice care	\$50 per day

Hospital confinement

Hospital stay (including intensive care) required for the treatment of invasive cancer (per covered person)

- **30 days or less** \$100 per day
- **31 days or more** \$200 per day

Lodging \$50 per day

*Hotel/motel expenses while being treated for invasive cancer more than 50 miles from home
(max. of 90 days per covered person per calendar year)*

Medical imaging studies \$50 per study

Specific studies for cancer treatment (max. benefit amount of \$100 per covered person per calendar year)

Outpatient surgical center \$150 per day

*Surgery at an outpatient center for the treatment of invasive cancer
(max. benefit amount of \$450 per covered person per calendar year)*

Private full-time nursing services \$50 per day

Services while hospital confined other than those regularly furnished by a hospital (per covered person)

Prosthetic device/artificial limb \$1,000

*A surgical implant needed because of invasive cancer surgery
(max. benefit amount of \$2,000 per covered person per lifetime)* per device or limb

Radiation/chemotherapy or immunotherapy

(max. benefit amount per covered person)

- **Self-administered** \$100 per calendar month
 - Self-injected/topical/oral non-hormonal
(max. benefit amount of \$1,200 per covered person per calendar year)
- **Physician-administered** \$250 per calendar month
 - Injected chemotherapy by medical personnel/pump/immunotherapy
(max. benefit amount of \$3,000 per covered person per calendar year)
- **Hormonal therapy** \$50 per calendar month
 - Oral hormonal
(max. benefit amount of \$600 per covered person per calendar year)

Reconstructive surgery \$30 per surgical unit

Surgery to reconstruct anatomical defects resulting from treatment of invasive cancer (max. benefit amount of \$1,500 per covered person per procedure, including 25% for general anesthesia; limit two per site)

Second medical opinion \$150

*A second physician's opinion on surgery or treatment following the positive diagnosis of invasive cancer
(max. of one per covered person per lifetime)*

Skilled nursing care facility \$75 per day

*Confinement to a covered facility after hospital release during the treatment of invasive cancer
(per covered person per day up to the number of days for hospital confinement)*

Supportive/protective care drugs and colony stimulating factors \$25 per day

*Doctor-prescribed drugs for the treatment of invasive cancer
(max. benefit amount of \$200 per covered person per calendar year)*

Surgical procedures \$30 per surgical unit

*Inpatient or outpatient surgery for the treatment of invasive cancer
(max. benefit amount of \$1,800 per covered person per procedure)*

Transportation \$.50 per mile

*Travel expenses when being treated for invasive cancer more than 50 miles from home
(max. benefit amount of \$1,000 per covered person per round trip)*

Waiver of premium Yes

*No premiums due if the named insured is disabled longer than 90 consecutive days
(lifetime maximum of 24 months)*



For more information,
talk with your
benefits counselor.



ColonialLife.com

Preparing for the unexpected is simpler than you think. With Colonial Life, you'll have the support you need to face life's toughest challenges.

1. Refer to the certificate for complete definitions of covered conditions.
2. In North Carolina, pays actual charges incurred for blood/plasma/platelets/immunoglobulins and their administration, subject to the maximum benefit amount.

THIS INSURANCE PROVIDES LIMITED BENEFITS.

Insureds in MA must be covered by comprehensive health insurance before applying for this coverage.

EXCLUSIONS AND LIMITATIONS FOR CANCER

We will not pay the Invasive Cancer (including all Breast Cancer) Benefit, Non-Invasive Cancer Benefit, Benefit Payable Upon Reoccurrence of Invasive Cancer (including all Breast Cancer) or Skin Cancer Initial Diagnosis Benefit for a covered person's invasive cancer or non-invasive cancer that: is diagnosed or treated outside the territorial limits of the United States, its possessions, or the countries of Canada and Mexico; is a pre-existing condition, unless the covered person has satisfied the pre-existing condition limitation period shown on the Certificate Schedule on the date the covered person is initially diagnosed as having invasive or non-invasive cancer. No pre-existing condition limitation will be applied for dependent children who are born or adopted while the named insured is covered under the certificate, and who are continuously covered from the date of birth or adoption.

EXCLUSIONS AND LIMITATIONS FOR CANCER BENEFITS RIDER

We will not pay Cancer Benefits for treatment of invasive cancer, including skin cancer where applicable, that is a pre-existing condition, unless the covered person has satisfied the pre-existing condition limitation period on the date the covered person receives treatment for invasive cancer, including skin cancer where applicable, or is diagnosed or treated outside the territorial limits of the United States, its possessions, or the countries of Canada and Mexico.

PRE-EXISTING CONDITION LIMITATION

We will not pay a benefit for a pre-existing condition that occurs during the 12-month period after the coverage effective date. Pre-existing condition means a sickness or physical condition for which a covered person was treated, had medical testing, received medical advice or had taken medication within 12 months before the coverage effective date.

This information is not intended to be a complete description of the insurance coverage available. The insurance or its provisions may vary or be unavailable in some states. The insurance has exclusions and limitations which may affect any benefits payable. Applicable to policy form GCI6000-P and certificate form GCI6000-C (including state abbreviations where used, for example: GCI6000-C-TX) and rider form R-GCI6000-CB. For cost and complete details of coverage, call or write your Colonial Life benefits counselor or the company.

Underwritten by Colonial Life & Accident Insurance Company, Columbia, SC.

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STATE-SPECIFIC EXCLUSIONS

AK: Alcoholism or Drug Addiction Exclusion does not apply

CA: Alcoholism or Drug Addiction Exclusion does not apply; Intoxicants and Narcotics replaced with Intoxicants or Controlled Substances. Insureds must be covered by comprehensive health insurance before applying for insurance.

CO: Suicide exclusion: whether sane or not replaced with while sane

CT: Alcoholism or Drug Addiction Exclusion replaced with Intoxication or Drug Addiction; Felonies or Illegal Occupations Exclusion replaced with Felonies; Intoxicants and Narcotics Exclusion does not apply

DC: Alcoholism or Drug Addiction Exclusion does not apply. Insureds must be covered by comprehensive health insurance before applying for insurance.

DE: Alcoholism or Drug Addiction Exclusion does not apply

GA: Insureds must be covered by comprehensive health insurance before applying for insurance.

IA: Exclusions and Limitations headers renamed to Exclusions and Limitations for Critical Illness Covered Conditions and Critical Illness Cancer Covered Conditions

ID: War or Armed Conflict Exclusion replaced with War; Felonies and Illegal Occupations Exclusion replaced with Felonies; Intoxicants and Narcotics Exclusion does not apply; Domestic Partner added to Spouse

IL: Alcoholism or Drug Addiction Exclusion replaced with Alcoholism or Substance Abuse Disorder

KS: Alcoholism or Drug Addiction Exclusion does not apply

KY: Alcoholism or Drug Addiction Exclusion does not apply; Intoxicants and Narcotics Exclusion replaced with Intoxicants, Narcotics and Hallucinogenics.

LA: Alcoholism or Drug Addiction Exclusion does not apply; Domestic Partner added to Spouse

MA: Exclusions and Limitations headers renamed to Limitations and Exclusions for critical illness and cancer. Insureds must be covered by comprehensive health insurance before applying for insurance.

MD: Alcoholism or Drug Addiction Exclusion does not apply; Felonies or Illegal Occupations Exclusion does not apply; Intoxicants and Narcotics Exclusion does not apply; Prohibited Practitioner Referral added as an additional exclusion for cancer

MI: Intoxicants and Narcotics Exclusion does not apply; Suicide Exclusion does not apply

MN: Alcoholism or Drug Addiction Exclusion does not apply; Suicide Exclusion does not apply; Felonies and Illegal Occupations Exclusion replaced with Felonies or Illegal Jobs; Intoxicants and Narcotics Exclusion replaced with Narcotic Addiction. Insureds must be covered by comprehensive health insurance before applying for insurance.

MO: Alcoholism or Drug Addiction Exclusion replaced with Drug Addiction; Felonies or Illegal Occupations Exclusion replaced with Illegal Activities

MS: Alcoholism or Drug Addiction Exclusion does not apply

ND: Alcoholism or Drug Addiction Exclusion does not apply

NV: Intoxicants and Narcotics Exclusion does not apply; Domestic Partner added to Spouse

PA: Alcoholism or Drug Addiction Exclusion does not apply; Suicide Exclusion: whether sane or not removed

SD: Alcoholism or Drug Addiction Exclusion does not apply; Intoxicants and Narcotics Exclusion does not apply

TX: Alcoholism or Drug Addiction Exclusion does not apply; Doctor or Physician Relationship added as an additional exclusion

UT: Alcoholism or Drug Addiction Exclusion replaced with Alcoholism

VT: Alcoholism or Drug Addiction Exclusion does not apply; Intoxicants and Narcotics Exclusion does not apply; Suicide Exclusion: whether sane or not removed. Insureds must be covered by comprehensive health insurance before applying for insurance.

WA: Intoxicants and Narcotics Exclusion does not apply

WY: Exclusions and Limitations header for Cancer renamed to Limitations for Specified Disease

CRITICAL ILLNESS INSURANCE PROVIDES LIMITED BENEFITS.

This information is not intended to be a complete description of the insurance coverage available. The insurance, its name or its provisions may vary or be unavailable in some states. The insurance has exclusions and limitations which may affect any benefits payable. Applicable to policy form GCI6000-P and certificate form GCI6000-C (including state abbreviations where used, for example: GCI6000-C-TX). For cost and complete details of coverage, call or write your Colonial Life benefits counselor or the company. This form is not complete without base form 385403, 387100, 387169, 402383, 402558 or 387238, and rider form 387307, 387381, 387452, 387523, 387594, 387665, 402605 or 402671.

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STATE-SPECIFIC PRE-EXISTING CONDITION LIMITATIONS

CA: Pre-existing Condition means a sickness or physical condition for which a covered person was diagnosed or treated within 12 months before the coverage effective date shown on the Certificate Schedule.

FL: Pre-existing is 6/12; Pre-existing Condition means a sickness or physical condition for which a covered person was treated, had medical testing, received medical advice or had taken medication within six months before the coverage effective date shown on the Certificate Schedule. Genetic information is not a pre-existing condition in the absence of a diagnosis of the condition related to such information.

GA: Pre-existing Condition means the existence of symptoms which would cause an ordinarily prudent person to seek diagnosis, care, or treatment, or a condition for which medical advice or treatment was recommended by or received within 12 months preceding the coverage effective date.

ID: Pre-existing is 6 months/12 months; Pre-existing Condition means a sickness or physical condition which caused a covered person to seek medical advice, diagnosis, care or treatment during the six months immediately preceding the coverage effective date shown on the Certificate Schedule.

IL: Pre-existing Condition means a sickness or physical condition for which a covered person was diagnosed, treated, had medical testing by a legally qualified physician, received medical advice, produced symptoms or had taken medication within 12 months before the coverage effective date shown on the Schedule of Benefits.

IN: Pre-existing is 6 months/12 months

MA: Pre-existing is 6 months/12 months; Pre-existing Condition means a sickness or physical condition for which a covered person was treated, had medical testing, or received medical advice within six months before the coverage effective date shown on the Certificate Schedule.

MD: Pre-existing Condition means a sickness or physical condition for which a covered person was treated, had medical testing, received medical advice or had taken medication within 12 months before the coverage effective date shown on the Certificate Schedule. Pre-existing condition does not include a condition revealed on the application unless excluded by a signed waiver rider.

ME: Pre-existing is 6 months/6 months; Pre-existing Condition means a sickness or physical condition for which a covered person was treated, had medical testing, or received medical advice within six months before the coverage effective date shown on the Certificate Schedule.

MI: Pre-existing is 6 months/6 months

NC: Pre-existing Condition means those conditions for which medical advice, diagnosis, care, or treatment was received or recommended within the one-year period immediately preceding the effective date of a covered person. If a covered person is 65 or older when this certificate is issued, pre-existing conditions for that covered person will include only conditions specifically eliminated.

NV: Pre-existing is 6 months/12 months; Pre-existing Condition means a sickness or physical condition for which a covered person was treated, had medical testing, received medical advice or had taken medication within six months before the coverage effective date. Pre-existing Condition does not include genetic information in the absence of a diagnosis of the condition related to such information.

PA: Pre-existing is 90 days/12 months; Pre-existing Condition means a disease or physical condition for which you received medical advice or treatment within 90 days before the coverage effective date shown on the Certificate Schedule.

SD: Pre-existing is 6 months/12 months

TX: Pre-existing condition means a sickness or physical condition for which a covered person received medical advice or treatment within 12 months before the coverage effective date shown on the Certificate Schedule.

UT: Pre-existing is 6 months/6 months

WY: Pre-existing is 6 months/12 months



Group Critical Illness Insurance

Plan 4 – Level 2

When a cancer diagnosis takes life on an unexpected turn, your focus should be on treatment and recovery — not finances. Colonial Life’s group critical illness insurance helps relieve the stress of financial worry by providing a lump-sum benefit payable directly to you to cover any expenses.

Coverage amount: _____

Facing challenges together

Tom enjoys the outdoors, including hiking with his family, bike riding and walking his dog. When he was diagnosed with lung cancer, he worried that he’d never do those things again.

HOW TOM’S COVERAGE HELPED*

With his coverage, he received benefits for:



Initial lung cancer diagnosis
\$7,000



Second opinion
\$200



MRI scan
\$75



Hospital stay of 3 nights
\$600

Total amount **\$7,875**

**For illustrative purposes only. Coverage amounts vary based on benefit level.*

Cancer benefits

COVERED CONDITION ¹	PERCENTAGE OF APPLICABLE COVERAGE AMOUNT
Invasive cancer (including all breast cancer)	100%
Non-invasive cancer	25%
Skin cancer initial diagnosis	\$400 per lifetime

Reoccurrence of invasive cancer (including all breast cancer)

If you receive a benefit for invasive cancer and are later diagnosed with a reoccurrence of invasive cancer, 25% of the coverage amount is payable if treatment-free for at least 12 months and in complete remission prior to the date of reoccurrence; excludes non-invasive or skin cancer.



Level 2 benefits

Cancer benefits can help provide financial protection through a variety of benefits.

Air ambulance	\$2,000 per trip
<i>Transportation to or from a hospital/medical facility (max. of two trips per confinement per covered person)</i>	
Ambulance	\$250 per trip
<i>Transportation to or from a hospital/medical facility (max. of two trips per confinement per covered person)</i>	
Anesthesia	
<i>Administered during a surgical procedure for treatment of invasive cancer</i>	
■ General	25% of surgical procedures benefit
■ Local	\$30 per procedure
Anti-nausea medication	\$40 per
<i>Doctor-prescribed medication as a result of radiation or chemotherapy (max. benefit amount of \$160 per covered person per calendar month)</i>	
	day administered or per prescription filled
Blood/plasma/platelets/immunoglobulins²	\$175 per day
<i>A transfusion required during the treatment of invasive cancer (max. benefit amount of \$10,000 per covered person per calendar year)</i>	
Bone marrow donor screening	\$50
<i>Testing in connection with being a potential donor (max. of one per covered person per lifetime)</i>	
Bone marrow or peripheral stem cell donation	\$750
<i>Receiving another person's bone marrow or stem cells for a transplant (max. of one per covered person per lifetime)</i>	
Bone marrow or peripheral stem cell transplant	\$4,000 per transplant
<i>Transplant you receive for the treatment of invasive cancer (max. of two transplant benefits per covered person per lifetime)</i>	
Cancer vaccine	\$50
<i>An FDA-approved vaccine for the prevention of invasive cancer (max. of one per covered person per lifetime)</i>	
Companion transportation	\$.50 per mile
<i>Companion travels by plane, train or bus to accompany a covered cancer patient more than 50 miles one way for treatment (max. benefit amount of \$1,000 per covered person per round trip)</i>	
Egg(s) extraction or harvesting/sperm collection and storage (cryopreservation)	
<i>Extracted/harvested or collected before chemotherapy, radiation or immunotherapy (max. of one per covered person per lifetime)</i>	
■ Egg(s) extraction or harvesting or sperm collection	\$700
■ Egg(s) or sperm storage	\$175
Experimental treatment	\$250 per day
<i>Hospital, medical or surgical care for experimental treatment of invasive cancer (max. benefit amount of \$2,500 per covered person per calendar year)</i>	
Hair/external breast/voice box prosthesis	\$200 per year
<i>Prosthesis needed as a direct result of invasive cancer (per covered person per calendar year)</i>	
Home health care services	\$75 per day
<i>Examples include physical therapy, occupational therapy, speech therapy and audiology; prosthesis and orthopedic appliances; rental or purchase of durable medical equipment (max. of 30 days per covered person per calendar year or twice the number of days of hospital confinement per covered person per calendar year)</i>	
Hospice	
<i>(max. benefit amount of \$15,000 for initial and daily hospice care per covered person per lifetime)</i>	
■ Initial hospice care	\$1,000
<i>(max. of one per covered person per lifetime)</i>	
■ Daily hospice care	\$50 per day

KEY BENEFITS

- Available coverage for spouse and eligible dependent children
- Cover your eligible dependent children at no additional cost
- Receive coverage regardless of medical history, within specified limits
- Works alongside your health savings account (HSA)
- Benefits payable regardless of other insurance

Hospital confinement

Hospital stay (including intensive care) required for the treatment of invasive cancer (per covered person)

- **30 days or less** \$200 per day
- **31 days or more** \$400 per day

Lodging \$50 per day

Hotel/motel expenses while being treated for invasive cancer more than 50 miles from home
(max. of 90 days per covered person per calendar year)

Medical imaging studies \$75 per study

Specific studies for cancer treatment (max. benefit amount of \$150 per covered person per calendar year)

Outpatient surgical center \$250 per day

Surgery at an outpatient center for the treatment of invasive cancer
(max. benefit amount of \$750 per covered person per calendar year)

Private full-time nursing services \$100 per day

Services while hospital confined other than those regularly furnished by a hospital (per covered person)

Prosthetic device/artificial limb \$1,500

A surgical implant needed because of invasive cancer surgery
(max. benefit amount of \$3,000 per covered person per lifetime) per device or limb

Radiation/chemotherapy or immunotherapy

(max. benefit amount per covered person)

- **Self-administered** \$200 per calendar month
Self-injected/topical/oral non-hormonal
(max. benefit amount of \$2,400 per covered person per calendar year)
- **Physician-administered** \$350 per calendar month
Injected chemotherapy by medical personnel/pump/immunotherapy
(max. benefit amount of \$4,200 per covered person per calendar year)
- **Hormonal therapy** \$75 per calendar month
Oral hormonal
(max. benefit amount of \$900 per covered person per calendar year)

Reconstructive surgery \$40 per surgical unit

Surgery to reconstruct anatomical defects resulting from treatment of invasive cancer (max. benefit amount of \$2,000 per covered person per procedure, including 25% for general anesthesia; limit two per site)

Second medical opinion \$200

A second physician's opinion on surgery or treatment following the positive diagnosis of invasive cancer
(max. of one per covered person per lifetime)

Skilled nursing care facility \$100 per day

Confinement to a covered facility after hospital release during the treatment of invasive cancer
(per covered person per day up to the number of days for hospital confinement)

Supportive/protective care drugs and colony stimulating factors \$40 per day

Doctor-prescribed drugs for the treatment of invasive cancer
(max. benefit amount of \$320 per covered person per calendar year)

Surgical procedures \$50 per surgical unit

Inpatient or outpatient surgery for the treatment of invasive cancer
(max. benefit amount of \$3,500 per covered person per procedure)

Transportation \$.50 per mile

Travel expenses when being treated for invasive cancer more than 50 miles from home
(max. benefit amount of \$1,200 per covered person per round trip)

Waiver of premium Yes

No premiums due if the named insured is disabled longer than 90 consecutive days
(lifetime maximum of 24 months)



For more information,
talk with your
benefits counselor.



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Preparing for the unexpected is simpler than you think. With Colonial Life, you'll have the support you need to face life's toughest challenges.

1. Refer to the certificate for complete definitions of covered conditions.
2. In North Carolina, pays actual charges incurred for blood/plasma/platelets/immunoglobulins and their administration, subject to the maximum benefit amount.

THIS INSURANCE PROVIDES LIMITED BENEFITS.

Insureds in MA must be covered by comprehensive health insurance before applying for this coverage.

EXCLUSIONS AND LIMITATIONS FOR CANCER

We will not pay the Invasive Cancer (including all Breast Cancer) Benefit, Non-Invasive Cancer Benefit, Benefit Payable Upon Reoccurrence of Invasive Cancer (including all Breast Cancer) or Skin Cancer Initial Diagnosis Benefit for a covered person's invasive cancer or non-invasive cancer that: is diagnosed or treated outside the territorial limits of the United States, its possessions, or the countries of Canada and Mexico; is a pre-existing condition, unless the covered person has satisfied the pre-existing condition limitation period shown on the Certificate Schedule on the date the covered person is initially diagnosed as having invasive or non-invasive cancer. No pre-existing condition limitation will be applied for dependent children who are born or adopted while the named insured is covered under the certificate, and who are continuously covered from the date of birth or adoption.

EXCLUSIONS AND LIMITATIONS FOR CANCER BENEFITS RIDER

We will not pay Cancer Benefits for treatment of invasive cancer, including skin cancer where applicable, that is a pre-existing condition, unless the covered person has satisfied the pre-existing condition limitation period on the date the covered person receives treatment for invasive cancer, including skin cancer where applicable, or is diagnosed or treated outside the territorial limits of the United States, its possessions, or the countries of Canada and Mexico.

PRE-EXISTING CONDITION LIMITATION

We will not pay a benefit for a pre-existing condition that occurs during the 12-month period after the coverage effective date. Pre-existing condition means a sickness or physical condition for which a covered person was treated, had medical testing, received medical advice or had taken medication within 12 months before the coverage effective date.

This information is not intended to be a complete description of the insurance coverage available. The insurance or its provisions may vary or be unavailable in some states. The insurance has exclusions and limitations which may affect any benefits payable. Applicable to policy form GCI6000-P and certificate form GCI6000-C (including state abbreviations where used, for example: GCI6000-C-TX) and rider form R-GCI6000-CB. For cost and complete details of coverage, call or write your Colonial Life benefits counselor or the company.

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STATE-SPECIFIC EXCLUSIONS

AK: Alcoholism or Drug Addiction Exclusion does not apply

CA: Alcoholism or Drug Addiction Exclusion does not apply; Intoxicants and Narcotics replaced with Intoxicants or Controlled Substances. Insureds must be covered by comprehensive health insurance before applying for insurance.

CO: Suicide exclusion: whether sane or not replaced with while sane

CT: Alcoholism or Drug Addiction Exclusion replaced with Intoxication or Drug Addiction; Felonies or Illegal Occupations Exclusion replaced with Felonies; Intoxicants and Narcotics Exclusion does not apply

DC: Alcoholism or Drug Addiction Exclusion does not apply. Insureds must be covered by comprehensive health insurance before applying for insurance.

DE: Alcoholism or Drug Addiction Exclusion does not apply

GA: Insureds must be covered by comprehensive health insurance before applying for insurance.

IA: Exclusions and Limitations headers renamed to Exclusions and Limitations for Critical Illness Covered Conditions and Critical Illness Cancer Covered Conditions

ID: War or Armed Conflict Exclusion replaced with War; Felonies and Illegal Occupations Exclusion replaced with Felonies; Intoxicants and Narcotics Exclusion does not apply; Domestic Partner added to Spouse

IL: Alcoholism or Drug Addiction Exclusion replaced with Alcoholism or Substance Abuse Disorder

KS: Alcoholism or Drug Addiction Exclusion does not apply

KY: Alcoholism or Drug Addiction Exclusion does not apply; Intoxicants and Narcotics Exclusion replaced with Intoxicants, Narcotics and Hallucinogenics.

LA: Alcoholism or Drug Addiction Exclusion does not apply; Domestic Partner added to Spouse

MA: Exclusions and Limitations headers renamed to Limitations and Exclusions for critical illness and cancer. Insureds must be covered by comprehensive health insurance before applying for insurance.

MD: Alcoholism or Drug Addiction Exclusion does not apply; Felonies or Illegal Occupations Exclusion does not apply; Intoxicants and Narcotics Exclusion does not apply; Prohibited Practitioner Referral added as an additional exclusion for cancer

MI: Intoxicants and Narcotics Exclusion does not apply; Suicide Exclusion does not apply

MN: Alcoholism or Drug Addiction Exclusion does not apply; Suicide Exclusion does not apply; Felonies and Illegal Occupations Exclusion replaced with Felonies or Illegal Jobs; Intoxicants and Narcotics Exclusion replaced with Narcotic Addiction. Insureds must be covered by comprehensive health insurance before applying for insurance.

MO: Alcoholism or Drug Addiction Exclusion replaced with Drug Addiction; Felonies or Illegal Occupations Exclusion replaced with Illegal Activities

MS: Alcoholism or Drug Addiction Exclusion does not apply

ND: Alcoholism or Drug Addiction Exclusion does not apply

NV: Intoxicants and Narcotics Exclusion does not apply; Domestic Partner added to Spouse

PA: Alcoholism or Drug Addiction Exclusion does not apply; Suicide Exclusion: whether sane or not removed

SD: Alcoholism or Drug Addiction Exclusion does not apply; Intoxicants and Narcotics Exclusion does not apply

TX: Alcoholism or Drug Addiction Exclusion does not apply; Doctor or Physician Relationship added as an additional exclusion

UT: Alcoholism or Drug Addiction Exclusion replaced with Alcoholism

VT: Alcoholism or Drug Addiction Exclusion does not apply; Intoxicants and Narcotics Exclusion does not apply; Suicide Exclusion: whether sane or not removed. Insureds must be covered by comprehensive health insurance before applying for insurance.

WA: Intoxicants and Narcotics Exclusion does not apply

WY: Exclusions and Limitations header for Cancer renamed to Limitations for Specified Disease

CRITICAL ILLNESS INSURANCE PROVIDES LIMITED BENEFITS.

This information is not intended to be a complete description of the insurance coverage available. The insurance, its name or its provisions may vary or be unavailable in some states. The insurance has exclusions and limitations which may affect any benefits payable. Applicable to policy form GCI6000-P and certificate form GCI6000-C (including state abbreviations where used, for example: GCI6000-C-TX). For cost and complete details of coverage, call or write your Colonial Life benefits counselor or the company. This form is not complete without base form 385403, 387100, 387169, 402383, 402558 or 387238, and rider form 387307, 387381, 387452, 387523, 387594, 387665, 402605 or 402671.

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STATE-SPECIFIC PRE-EXISTING CONDITION LIMITATIONS

CA: Pre-existing Condition means a sickness or physical condition for which a covered person was diagnosed or treated within 12 months before the coverage effective date shown on the Certificate Schedule.

FL: Pre-existing is 6/12; Pre-existing Condition means a sickness or physical condition for which a covered person was treated, had medical testing, received medical advice or had taken medication within six months before the coverage effective date shown on the Certificate Schedule. Genetic information is not a pre-existing condition in the absence of a diagnosis of the condition related to such information.

GA: Pre-existing Condition means the existence of symptoms which would cause an ordinarily prudent person to seek diagnosis, care, or treatment, or a condition for which medical advice or treatment was recommended by or received within 12 months preceding the coverage effective date.

ID: Pre-existing is 6 months/12 months; Pre-existing Condition means a sickness or physical condition which caused a covered person to seek medical advice, diagnosis, care or treatment during the six months immediately preceding the coverage effective date shown on the Certificate Schedule.

IL: Pre-existing Condition means a sickness or physical condition for which a covered person was diagnosed, treated, had medical testing by a legally qualified physician, received medical advice, produced symptoms or had taken medication within 12 months before the coverage effective date shown on the Schedule of Benefits.

IN: Pre-existing is 6 months/12 months

MA: Pre-existing is 6 months/12 months; Pre-existing Condition means a sickness or physical condition for which a covered person was treated, had medical testing, or received medical advice within six months before the coverage effective date shown on the Certificate Schedule.

MD: Pre-existing Condition means a sickness or physical condition for which a covered person was treated, had medical testing, received medical advice or had taken medication within 12 months before the coverage effective date shown on the Certificate Schedule. Pre-existing condition does not include a condition revealed on the application unless excluded by a signed waiver rider.

ME: Pre-existing is 6 months/6 months; Pre-existing Condition means a sickness or physical condition for which a covered person was treated, had medical testing, or received medical advice within six months before the coverage effective date shown on the Certificate Schedule.

MI: Pre-existing is 6 months/6 months

NC: Pre-existing Condition means those conditions for which medical advice, diagnosis, care, or treatment was received or recommended within the one-year period immediately preceding the effective date of a covered person. If a covered person is 65 or older when this certificate is issued, pre-existing conditions for that covered person will include only conditions specifically eliminated.

NV: Pre-existing is 6 months/12 months; Pre-existing Condition means a sickness or physical condition for which a covered person was treated, had medical testing, received medical advice or had taken medication within six months before the coverage effective date. Pre-existing Condition does not include genetic information in the absence of a diagnosis of the condition related to such information.

PA: Pre-existing is 90 days/12 months; Pre-existing Condition means a disease or physical condition for which you received medical advice or treatment within 90 days before the coverage effective date shown on the Certificate Schedule.

SD: Pre-existing is 6 months/12 months

TX: Pre-existing condition means a sickness or physical condition for which a covered person received medical advice or treatment within 12 months before the coverage effective date shown on the Certificate Schedule.

UT: Pre-existing is 6 months/6 months

WY: Pre-existing is 6 months/12 months



Group Critical Illness Insurance

Plan 4 – Level 3

When a cancer diagnosis takes life on an unexpected turn, your focus should be on treatment and recovery — not finances. Colonial Life’s group critical illness insurance helps relieve the stress of financial worry by providing a lump-sum benefit payable directly to you to cover any expenses.

Coverage amount: _____

Facing challenges together

Tom enjoys the outdoors, including hiking with his family, bike riding and walking his dog. When he was diagnosed with lung cancer, he worried that he’d never do those things again.

HOW TOM’S COVERAGE HELPED*

With his coverage, he received benefits for:



Initial lung cancer diagnosis
\$10,000



Second opinion
\$300



MRI scan
\$125



Hospital stay of 3 nights
\$900

Total amount **\$11,325**

**For illustrative purposes only. Coverage amounts vary based on benefit level.*

Cancer benefits

COVERED CONDITION ¹	PERCENTAGE OF APPLICABLE COVERAGE AMOUNT
Invasive cancer (including all breast cancer)	100%
Non-invasive cancer	25%
Skin cancer initial diagnosis	\$400 per lifetime

Reoccurrence of invasive cancer (including all breast cancer)

If you receive a benefit for invasive cancer and are later diagnosed with a reoccurrence of invasive cancer, 25% of the coverage amount is payable if treatment-free for at least 12 months and in complete remission prior to the date of reoccurrence; excludes non-invasive or skin cancer.



KEY BENEFITS

- Available coverage for spouse and eligible dependent children
- Cover your eligible dependent children at no additional cost
- Receive coverage regardless of medical history, within specified limits
- Works alongside your health savings account (HSA)
- Benefits payable regardless of other insurance

Level 3 benefits

Cancer benefits can help provide financial protection through a variety of benefits.

Air ambulance	\$2,000 per trip
<i>Transportation to or from a hospital/medical facility (max. of two trips per confinement per covered person)</i>	
Ambulance	\$250 per trip
<i>Transportation to or from a hospital/medical facility (max. of two trips per confinement per covered person)</i>	
Anesthesia	
<i>Administered during a surgical procedure for treatment of invasive cancer</i>	
■ General	25% of surgical procedures benefit
■ Local	\$50 per procedure
Anti-nausea medication	\$50 per day administered or per prescription filled
<i>Doctor-prescribed medication as a result of radiation or chemotherapy (max. benefit amount of \$200 per covered person per calendar month)</i>	
Blood/plasma/platelets/immunoglobulins²	\$250 per day
<i>A transfusion required during the treatment of invasive cancer (max. benefit amount of \$10,000 per covered person per calendar year)</i>	
Bone marrow donor screening	\$50
<i>Testing in connection with being a potential donor (max. of one per covered person per lifetime)</i>	
Bone marrow or peripheral stem cell donation	\$1,000
<i>Receiving another person's bone marrow or stem cells for a transplant (max. of one per covered person per lifetime)</i>	
Bone marrow or peripheral stem cell transplant	\$7,000 per transplant
<i>Transplant you receive for the treatment of invasive cancer (max. of two transplant benefits per covered person per lifetime)</i>	
Cancer vaccine	\$50
<i>An FDA-approved vaccine for the prevention of invasive cancer (max. of one per covered person per lifetime)</i>	
Companion transportation	\$.50 per mile
<i>Companion travels by plane, train or bus to accompany a covered cancer patient more than 50 miles one way for treatment (max. benefit amount of \$1,000 per covered person per round trip)</i>	
Egg(s) extraction or harvesting/sperm collection and storage (cryopreservation)	
<i>Extracted/harvested or collected before chemotherapy, radiation or immunotherapy (max. of one per covered person per lifetime)</i>	
■ Egg(s) extraction or harvesting or sperm collection	\$1,000
■ Egg(s) or sperm storage	\$300
Experimental treatment	\$300 per day
<i>Hospital, medical or surgical care for experimental treatment of invasive cancer (max. benefit amount of \$3,000 per covered person per calendar year)</i>	
Hair/external breast/voice box prosthesis	\$350 per year
<i>Prosthesis needed as a direct result of invasive cancer (per covered person per calendar year)</i>	
Home health care services	\$100 per day
<i>Examples include physical therapy, occupational therapy, speech therapy and audiology; prosthesis and orthopedic appliances; rental or purchase of durable medical equipment (max. of 30 days per covered person per calendar year or twice the number of days of hospital confinement per covered person per calendar year)</i>	
Hospice	
<i>(max. benefit amount of \$15,000 for initial and daily hospice care per covered person per lifetime)</i>	
■ Initial hospice care	\$1,000
<i>(max. of one per covered person per lifetime)</i>	
■ Daily hospice care	\$50 per day

Hospital confinement

Hospital stay (including intensive care) required for the treatment of invasive cancer (per covered person)

- **30 days or less** \$300 per day
- **31 days or more** \$600 per day

Lodging \$75 per day

Hotel/motel expenses while being treated for invasive cancer more than 50 miles from home
(max. of 90 days per covered person per calendar year)

Medical imaging studies \$125 per study

Specific studies for cancer treatment (max. benefit amount of \$250 per covered person per calendar year)

Outpatient surgical center \$500 per day

Surgery at an outpatient center for the treatment of invasive cancer
(max. benefit amount of \$1,500 per covered person per calendar year)

Private full-time nursing services \$150 per day

Services while hospital confined other than those regularly furnished by a hospital (per covered person)

Prosthetic device/artificial limb \$3,000

A surgical implant needed because of invasive cancer surgery
(max. benefit amount of \$6,000 per covered person per lifetime) per device or limb

Radiation/chemotherapy or immunotherapy

(max. benefit amount per covered person)

- **Self-administered** \$400 per calendar month
Self-injected/topical/oral non-hormonal
(max. benefit amount of \$4,800 per covered person per calendar year)
- **Physician-administered** \$700 per calendar month
Injected chemotherapy by medical personnel/pump/immunotherapy
(max. benefit amount of \$8,400 per covered person per calendar year)
- **Hormonal therapy** \$150 per calendar month
Oral hormonal
(max. benefit amount of \$1,800 per covered person per calendar year)

Reconstructive surgery \$60 per surgical unit

Surgery to reconstruct anatomical defects resulting from treatment of invasive cancer (max. benefit amount of \$3,000 per covered person per procedure, including 25% for general anesthesia; limit two per site)

Second medical opinion \$300

A second physician's opinion on surgery or treatment following the positive diagnosis of invasive cancer
(max. of one per covered person per lifetime)

Skilled nursing care facility \$150 per day

Confinement to a covered facility after hospital release during the treatment of invasive cancer
(per covered person per day up to the number of days for hospital confinement)

Supportive/protective care drugs and colony stimulating factors \$50 per day

Doctor-prescribed drugs for the treatment of invasive cancer
(max. benefit amount of \$400 per covered person per calendar year)

Surgical procedures \$60 per surgical unit

Inpatient or outpatient surgery for the treatment of invasive cancer
(max. benefit amount of \$4,800 per covered person per procedure)

Transportation \$.50 per mile

Travel expenses when being treated for invasive cancer more than 50 miles from home
(max. benefit amount of \$1,500 per covered person per round trip)

Waiver of premium Yes

No premiums due if the named insured is disabled longer than 90 consecutive days
(lifetime maximum of 24 months)



For more information,
talk with your
benefits counselor.



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1. Refer to the certificate for complete definitions of covered conditions.
2. In North Carolina, pays actual charges incurred for blood/plasma/platelets/immunoglobulins and their administration, subject to the maximum benefit amount.

THIS INSURANCE PROVIDES LIMITED BENEFITS.

Insureds in MA must be covered by comprehensive health insurance before applying for this coverage.

EXCLUSIONS AND LIMITATIONS FOR CANCER

We will not pay the Invasive Cancer (including all Breast Cancer) Benefit, Non-Invasive Cancer Benefit, Benefit Payable Upon Reoccurrence of Invasive Cancer (including all Breast Cancer) or Skin Cancer Initial Diagnosis Benefit for a covered person's invasive cancer or non-invasive cancer that: is diagnosed or treated outside the territorial limits of the United States, its possessions, or the countries of Canada and Mexico; is a pre-existing condition, unless the covered person has satisfied the pre-existing condition limitation period shown on the Certificate Schedule on the date the covered person is initially diagnosed as having invasive or non-invasive cancer. No pre-existing condition limitation will be applied for dependent children who are born or adopted while the named insured is covered under the certificate, and who are continuously covered from the date of birth or adoption.

EXCLUSIONS AND LIMITATIONS FOR CANCER BENEFITS RIDER

We will not pay Cancer Benefits for treatment of invasive cancer, including skin cancer where applicable, that is a pre-existing condition, unless the covered person has satisfied the pre-existing condition limitation period on the date the covered person receives treatment for invasive cancer, including skin cancer where applicable, or is diagnosed or treated outside the territorial limits of the United States, its possessions, or the countries of Canada and Mexico.

PRE-EXISTING CONDITION LIMITATION

We will not pay a benefit for a pre-existing condition that occurs during the 12-month period after the coverage effective date. Pre-existing condition means a sickness or physical condition for which a covered person was treated, had medical testing, received medical advice or had taken medication within 12 months before the coverage effective date.

This information is not intended to be a complete description of the insurance coverage available. The insurance or its provisions may vary or be unavailable in some states. The insurance has exclusions and limitations which may affect any benefits payable. Applicable to policy form GCI6000-P and certificate form GCI6000-C (including state abbreviations where used, for example: GCI6000-C-TX) and rider form R-GCI6000-CB. For cost and complete details of coverage, call or write your Colonial Life benefits counselor or the company.

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STATE-SPECIFIC EXCLUSIONS

AK: Alcoholism or Drug Addiction Exclusion does not apply

CA: Alcoholism or Drug Addiction Exclusion does not apply; Intoxicants and Narcotics replaced with Intoxicants or Controlled Substances. Insureds must be covered by comprehensive health insurance before applying for insurance.

CO: Suicide exclusion: whether sane or not replaced with while sane

CT: Alcoholism or Drug Addiction Exclusion replaced with Intoxication or Drug Addiction; Felonies or Illegal Occupations Exclusion replaced with Felonies; Intoxicants and Narcotics Exclusion does not apply

DC: Alcoholism or Drug Addiction Exclusion does not apply. Insureds must be covered by comprehensive health insurance before applying for insurance.

DE: Alcoholism or Drug Addiction Exclusion does not apply

GA: Insureds must be covered by comprehensive health insurance before applying for insurance.

IA: Exclusions and Limitations headers renamed to Exclusions and Limitations for Critical Illness Covered Conditions and Critical Illness Cancer Covered Conditions

ID: War or Armed Conflict Exclusion replaced with War; Felonies and Illegal Occupations Exclusion replaced with Felonies; Intoxicants and Narcotics Exclusion does not apply; Domestic Partner added to Spouse

IL: Alcoholism or Drug Addiction Exclusion replaced with Alcoholism or Substance Abuse Disorder

KS: Alcoholism or Drug Addiction Exclusion does not apply

KY: Alcoholism or Drug Addiction Exclusion does not apply; Intoxicants and Narcotics Exclusion replaced with Intoxicants, Narcotics and Hallucinogenics.

LA: Alcoholism or Drug Addiction Exclusion does not apply; Domestic Partner added to Spouse

MA: Exclusions and Limitations headers renamed to Limitations and Exclusions for critical illness and cancer. Insureds must be covered by comprehensive health insurance before applying for insurance.

MD: Alcoholism or Drug Addiction Exclusion does not apply; Felonies or Illegal Occupations Exclusion does not apply; Intoxicants and Narcotics Exclusion does not apply; Prohibited Practitioner Referral added as an additional exclusion for cancer

MI: Intoxicants and Narcotics Exclusion does not apply; Suicide Exclusion does not apply

MN: Alcoholism or Drug Addiction Exclusion does not apply; Suicide Exclusion does not apply; Felonies and Illegal Occupations Exclusion replaced with Felonies or Illegal Jobs; Intoxicants and Narcotics Exclusion replaced with Narcotic Addiction. Insureds must be covered by comprehensive health insurance before applying for insurance.

MO: Alcoholism or Drug Addiction Exclusion replaced with Drug Addiction; Felonies or Illegal Occupations Exclusion replaced with Illegal Activities

MS: Alcoholism or Drug Addiction Exclusion does not apply

ND: Alcoholism or Drug Addiction Exclusion does not apply

NV: Intoxicants and Narcotics Exclusion does not apply; Domestic Partner added to Spouse

PA: Alcoholism or Drug Addiction Exclusion does not apply; Suicide Exclusion: whether sane or not removed

SD: Alcoholism or Drug Addiction Exclusion does not apply; Intoxicants and Narcotics Exclusion does not apply

TX: Alcoholism or Drug Addiction Exclusion does not apply; Doctor or Physician Relationship added as an additional exclusion

UT: Alcoholism or Drug Addiction Exclusion replaced with Alcoholism

VT: Alcoholism or Drug Addiction Exclusion does not apply; Intoxicants and Narcotics Exclusion does not apply; Suicide Exclusion: whether sane or not removed. Insureds must be covered by comprehensive health insurance before applying for insurance.

WA: Intoxicants and Narcotics Exclusion does not apply

WY: Exclusions and Limitations header for Cancer renamed to Limitations for Specified Disease

CRITICAL ILLNESS INSURANCE PROVIDES LIMITED BENEFITS.

This information is not intended to be a complete description of the insurance coverage available. The insurance, its name or its provisions may vary or be unavailable in some states. The insurance has exclusions and limitations which may affect any benefits payable. Applicable to policy form GCI6000-P and certificate form GCI6000-C (including state abbreviations where used, for example: GCI6000-C-TX). For cost and complete details of coverage, call or write your Colonial Life benefits counselor or the company. This form is not complete without base form 385403, 387100, 387169, 402383, 402558 or 387238, and rider form 387307, 387381, 387452, 387523, 387594, 387665, 402605 or 402671.

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STATE-SPECIFIC PRE-EXISTING CONDITION LIMITATIONS

CA: Pre-existing Condition means a sickness or physical condition for which a covered person was diagnosed or treated within 12 months before the coverage effective date shown on the Certificate Schedule.

FL: Pre-existing is 6/12; Pre-existing Condition means a sickness or physical condition for which a covered person was treated, had medical testing, received medical advice or had taken medication within six months before the coverage effective date shown on the Certificate Schedule. Genetic information is not a pre-existing condition in the absence of a diagnosis of the condition related to such information.

GA: Pre-existing Condition means the existence of symptoms which would cause an ordinarily prudent person to seek diagnosis, care, or treatment, or a condition for which medical advice or treatment was recommended by or received within 12 months preceding the coverage effective date.

ID: Pre-existing is 6 months/12 months; Pre-existing Condition means a sickness or physical condition which caused a covered person to seek medical advice, diagnosis, care or treatment during the six months immediately preceding the coverage effective date shown on the Certificate Schedule.

IL: Pre-existing Condition means a sickness or physical condition for which a covered person was diagnosed, treated, had medical testing by a legally qualified physician, received medical advice, produced symptoms or had taken medication within 12 months before the coverage effective date shown on the Schedule of Benefits.

IN: Pre-existing is 6 months/12 months

MA: Pre-existing is 6 months/12 months; Pre-existing Condition means a sickness or physical condition for which a covered person was treated, had medical testing, or received medical advice within six months before the coverage effective date shown on the Certificate Schedule.

MD: Pre-existing Condition means a sickness or physical condition for which a covered person was treated, had medical testing, received medical advice or had taken medication within 12 months before the coverage effective date shown on the Certificate Schedule. Pre-existing condition does not include a condition revealed on the application unless excluded by a signed waiver rider.

ME: Pre-existing is 6 months/6 months; Pre-existing Condition means a sickness or physical condition for which a covered person was treated, had medical testing, or received medical advice within six months before the coverage effective date shown on the Certificate Schedule.

MI: Pre-existing is 6 months/6 months

NC: Pre-existing Condition means those conditions for which medical advice, diagnosis, care, or treatment was received or recommended within the one-year period immediately preceding the effective date of a covered person. If a covered person is 65 or older when this certificate is issued, pre-existing conditions for that covered person will include only conditions specifically eliminated.

NV: Pre-existing is 6 months/12 months; Pre-existing Condition means a sickness or physical condition for which a covered person was treated, had medical testing, received medical advice or had taken medication within six months before the coverage effective date. Pre-existing Condition does not include genetic information in the absence of a diagnosis of the condition related to such information.

PA: Pre-existing is 90 days/12 months; Pre-existing Condition means a disease or physical condition for which you received medical advice or treatment within 90 days before the coverage effective date shown on the Certificate Schedule.

SD: Pre-existing is 6 months/12 months

TX: Pre-existing condition means a sickness or physical condition for which a covered person received medical advice or treatment within 12 months before the coverage effective date shown on the Certificate Schedule.

UT: Pre-existing is 6 months/6 months

WY: Pre-existing is 6 months/12 months

Group Hospital Indemnity Insurance

Plan 2



For more information,
talk with your
benefits counselor.

ColonialLife.com

Group Medical Bridge™ insurance can help with medical costs associated with a hospital stay that your health insurance may not cover. These benefits are available for you, your spouse and eligible dependent children.

Hospital confinement \$ 500 or 1000 per day
Maximum of one day per covered person per calendar year

Waiver of premium

Available after 30 continuous days of a covered confinement of the named insured

☐ **Daily hospital confinement** \$ 100 per day
Maximum of 365 days per covered person per confinement. Re-confinement for the same or related condition within 90 days of discharge is considered a continuation of a previous confinement.

☐ **Diagnostic procedure** \$ _____ per day
Maximum of one day per covered person per calendar year

☐ Outpatient surgical procedure

■ **Tier 1** \$ 750 per day

■ **Tier 2** \$ 1500 per day

Maximum of \$ 2500 per covered person per calendar year for Tier 1 and 2 combined

Maximum of one day per outpatient surgical procedure

Diagnostic procedures

The following is a list of common diagnostic procedures that may be covered if the diagnostic procedure benefit is selected.

- **Breast**
 - Biopsy (incisional, needle, stereotactic)
- **Cardiac**
 - Angiogram
 - Arteriogram
 - Thallium stress test
 - Transesophageal echocardiogram (TEE)
- **Diagnostic radiology**
 - Computerized tomography scan (CT scan)
 - Electroencephalogram (EEG)
 - Magnetic resonance imaging (MRI)
 - Myelogram
 - Nuclear medicine test
 - Positron emission tomography scan (PET scan)
- **Digestive**
 - Barium enema/lower GI series
 - Barium swallow/upper GI series
 - Esophagogastroduodenoscopy (EGD)
- **Ear, nose, throat, mouth**
 - Laryngoscopy
- **Gynecological**
 - Amniocentesis
 - Cervical biopsy
 - Cone biopsy
 - Endometrial biopsy
 - Hysteroscopy
 - Loop electrosurgical excisional procedure (LEEP)
- **Liver**
 - Biopsy
- **Lymphatic**
 - Biopsy
- **Miscellaneous**
 - Bone marrow aspiration/biopsy
- **Renal**
 - Biopsy
- **Respiratory**
 - Biopsy
 - Bronchoscopy
 - Pulmonary function test (PFT)
- **Skin**
 - Biopsy
 - Excision of lesion
- **Thyroid**
 - Biopsy
- **Urologic**
 - Cystoscopy

The procedures listed below are only a sampling of the procedures that may be covered if the outpatient surgical procedure benefit is selected. Procedures must be performed by a doctor in a hospital or ambulatory surgical center. For complete details and definitions, refer to your certificate.

Tier 1 outpatient surgical procedures

- **Breast**
 - Axillary node dissection
 - Breast capsulotomy
 - Lumpectomy
- **Cardiac**
 - Pacemaker insertion
- **Digestive**
 - Colonoscopy*
 - Fistulotomy
 - Hemorrhoidectomy
 - Lysis of adhesions
- **Ear, nose, throat, mouth**
 - Adenoidectomy
 - Removal of oral lesions
 - Myringotomy
 - Tonsillectomy
 - Tracheostomy
 - Tympanotomy
- **Gynecological**
 - Dilation and curettage (D&C)
 - Endometrial ablation
 - Lysis of adhesions
- **Liver**
 - Paracentesis
- **Musculoskeletal system**
 - Carpal/cubital repair or release
 - Foot surgery (bunionectomy, exostectomy, arthroplasty, hammertoe repair)
 - Removal of orthopedic hardware
 - Removal of tendon lesion
- **Skin**
 - Laparoscopic hernia repair
 - Skin grafting

Tier 2 outpatient surgical procedures

- **Breast**
 - Breast reconstruction
 - Breast reduction
- **Cardiac**
 - Angioplasty
 - Cardiac catheterization
- **Digestive**
 - Exploratory laparoscopy
 - Laparoscopic appendectomy
 - Laparoscopic cholecystectomy
- **Ear, nose, throat, mouth**
 - Ethmoidectomy
 - Mastoidectomy
 - Septoplasty
 - Stapedectomy
 - Tympanoplasty
- **Eye**
 - Cataract surgery
 - Corneal surgery (penetrating keratoplasty)
 - Glaucoma surgery (trabeculectomy)
 - Vitrectomy
- **Gynecological**
 - Hysterectomy
 - Myomectomy
- **Musculoskeletal system**
 - Arthroscopic knee surgery with meniscectomy (knee cartilage repair)
 - Arthroscopic shoulder surgery
 - Clavicle resection
 - Dislocations (open reduction with internal fixation)
 - Fracture (open reduction with internal fixation)
 - Removal or implantation of cartilage
 - Tendon/ligament repair
- **Thyroid**
 - Excision of a mass
- **Urologic**
 - Lithotripsy

KS: "Surgical Procedure" benefit replaces "Outpatient Surgical Procedure." Diagnostic Procedures must be performed in a hospital or an ambulatory surgical center.

PA: "Hospital Confinement Admission" benefit replaces the "Hospital Confinement" benefit

*Colonoscopy must result in polyp removal or be recommended by a physician for the purposes of treating or diagnosing a sickness.

If a covered family member has a qualified high deductible health plan (HDHP) and actively contributes to a health savings account (HSA), their HSA can be disqualified with this coverage.

THIS INSURANCE PROVIDES LIMITED BENEFITS.

EXCLUSIONS

We will not pay any benefits for injuries received in accidents or for sicknesses which are caused by, contributed to by or occur as a result of the following exclusions and limitations. (a) alcoholism or drug addiction; (b) dental procedures; (c) elective procedures and cosmetic surgery; (d) felonies or illegal occupations; (e) mental or nervous disorders; (f) pregnancy of a dependent child; (g) suicide or injuries which any covered person intentionally does to himself or herself; (h) war or armed forces service. We will not pay benefits for hospital confinement (i) due to giving birth within the first nine months after the effective date of the policy or (j) for a newborn who is neither injured nor sick. (k) The policy may have additional exclusions and limitations which may affect any benefits payable.

PRE-EXISTING CONDITION LIMITATIONS

(l) We will not pay benefits for loss during the first 12 months after the certificate effective date due to a pre-existing condition. (m) A pre-existing condition is a sickness or physical condition, whether diagnosed or not, for which a covered person was treated, had medical testing, received medical advice or had taken medication within the 12 months before the certificate effective date. (n) This limitation applies to the following benefits, if applicable: Hospital Confinement, Daily Hospital Confinement, Inpatient Mental and Nervous, Rehabilitation Unit Confinement, Specified Critical Illness, Diagnostic Procedure, and Outpatient Surgical Procedure.

This information is not intended to be a complete description of the insurance coverage available. The insurance or its provisions may vary or be unavailable in some states. The insurance has exclusions and limitations which may affect any benefits payable. Applicable to policy form GMB7000-P and certificate form GMB7000-C (including state abbreviations where used, for example: GMB7000-C-TX). For cost and complete details of coverage, call or write your Colonial Life benefits counselor or the company.

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STATE-SPECIFIC EXCLUSIONS

AK: (a) Replaced by intoxicants and narcotics
CA: (k) Additional exclusions include intoxicants and controlled substances
CT: (a) Replaced by intoxication or drug addiction; (d) Replaced by felonies; (f) Exclusion does not apply
DE: (a) Exclusion does not apply
IL: (a) Replaced by alcoholism, intoxication, or drug addiction; (f) Exclusion does not apply; (g) Exclusion does not apply
KS: (a) Replaced by intoxicants and narcotics; (h) Replaced by war or armed conflict; (i) Exclusion does not apply
KY: (a) Replaced by intoxicants, narcotics and hallucinogenics
LA: (a) Replaced by intoxicants and narcotics
MI: (g) Exclusion does not apply
MO: (a) Replaced by drug addiction; (d) Replaced by illegal activities
MS: (a) Replaced by intoxicants and narcotics
NC: (i) Exclusion does not apply
ND: (a) Exclusion does not apply; (e) Exclusion does not apply
NV: (a) Exclusion does not apply
OH: (f) Exclusion does not apply; (i) Replaced by 270 days
PA: (a) Replaced by intoxicants and narcotics; (c) Replaced by cosmetic surgery; (e) Replaced by mental, nervous or emotional disorders; (h) Replaced by war or armed conflict
SD: (a) Exclusion does not apply
TN: (f) Exclusion does not apply
TX: (a) Replaced by intoxicants and narcotics
VA: (i) Pregnancy resulting from the rape of any covered person, which was reported to the police within seven days following its occurrence, will be covered to the same extent as any other covered accident. The seven-day requirement will be extended to 180 days in the case of an act of rape or incest of a female under 13 years of age.
WA: (a) Applies to sicknesses which are caused by, contributed to by, or occur as a result of alcoholism or drug addiction

STATE-SPECIFIC PRE-EXISTING CONDITION LIMITATIONS

IN, SD, and WY: (m) Applies within the six months before the certificate effective date.
CA: (m) A pre-existing condition is a sickness or physical condition for which a covered person was diagnosed or treated within 12 months before the coverage effective date.
FL: (m) A pre-existing condition is a sickness or physical condition for which a covered person was treated, had medical testing, received medical advice or had taken medication within six months before the coverage effective date. Genetic information is not a pre-existing condition in the absence of a diagnosis of the condition related to such information.
IL: (m) A pre-existing condition is a sickness or physical condition, whether diagnosed or not, for which a covered person was treated, had medical testing by a legally qualified physician or, received medical advice, produced symptoms or had taken medication within 12 months before the coverage effective date.
KS: (n) Surgical Procedure replaces Outpatient Surgical Procedure
ME: (m) A pre-existing condition is a sickness or physical condition, whether diagnosed or not, for which a covered person was treated, had medical testing, or received medical advice within 12 months before the coverage effective date.
MI: (l) Applies during the first six months after the certificate effective date; (m) applies within the six months before the certificate effective date.
MO: (m) A pre-existing condition means having a sickness or physical condition, whether diagnosed or not, for which a covered person was treated, had medical testing, received medical advice or had taken medication within 12 months before the coverage effective date of this certificate.
NC: (m) A pre-existing condition is those conditions, whether diagnosed or not, for which a covered person received medical advice, diagnosis, care or treatment that was received or recommended within the one-year period immediately preceding the coverage effective date. If you are 65 or older when this certificate is issued, pre-existing conditions will include only conditions specifically eliminated by a rider.
ND: (m) A pre-existing condition is a sickness or physical condition for which a covered person was treated, had medical testing, received medical advice or had taken medication within 12 months before the coverage effective date.
NV: (m) Applies within the six months before the certificate effective date. Additionally, pre-existing condition does not include genetic information in the absence of a diagnosis of the condition related to such information.
OR: (m) A pre-existing condition is a sickness or physical condition, whether diagnosed or not, for which a covered person was treated by a doctor, received advice from a physician or had taken medication prescribed by a doctor within the 12 months period immediately preceding the coverage effective date.
PA: (m) A pre-existing condition is a disease or physical condition for which you received medical advice or treatment within 90 days before the coverage effective date. (n) Hospital Confinement Admission replaces Hospital Confinement.

CA Lic # (if applicable): _____

Insureds in California must be covered by comprehensive health insurance before applying for Hospital Confinement Indemnity Insurance.

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Trustmark Paycheck Protect[®] Insurance

Preserving your active lifestyle, whatever may happen.

You want to keep on living your best life

Your family, hobbies, dreams – these are the things that you live for each day. And being able to enjoy that life **depends on your income**, and having the peace of mind that it will always be there for you and for those who count on you. **Paycheck Protect insurance can help.**

Paycheck Protect **helps to insure your livability and lifestyle**, ensuring that nothing gets in the way or keeps you down. With it, you can go about life knowing if something happens and you can't do your regular job, Paycheck Protect will **replace part of your paycheck**. That cash can be used for whatever helps keep you going.

Paycheck Protect **goes to work** when you can't, so your life can keep running smoothly even when you are off your feet due to a covered disability or condition.

Paycheck Protect sample rates

Sample ranges of weekly rates for 3-month coverage with a 14-day elimination period for disability due to either injury or illness, for lower-risk occupations.

Issue Age	\$1,000 monthly benefit
18-49	\$4.81 - \$8.14
50-59	\$5.69 - \$9.32
60-70*	\$5.86 - \$10.61

*Maximum issue age may vary by state.

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

Note: once you have a policy, your rates will not increase due to age!

¹Benefit payment is subject to terms and conditions of coverage. Pre-existing condition limitations may apply. ²Maternity benefit duration varies by delivery type. ³Benefit not available in all states. ⁴After meeting elimination period or minimum of 14 days total disability; not payable with maternity claims. ⁵Benefits paid may vary. See your policy/certificate for details.



Covered conditions

Paycheck Protect insurance kicks in when you can't work due to¹:

- **Sickness**
- **Injury**
- **Maternity** (6-8 weeks of benefits after delivery 10 months after effective date).²
- **Complications of pregnancy**

PLUS:

\$500

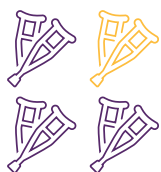
Extra cash to help with early expenses

An **extra one-time \$500 payment**³ for each approved claim can help with your bills and "Jump Start" your recovery.⁴

Example of benefits

\$1,000/month policy, 2½ months unable to work, following elimination period:

First month (with Jump Start):	\$1,500
Second month:	\$1,000
Last 15 days	\$500
Total benefits paid: ⁵	\$3,000



1 in 4 20-year-olds
will experience a
disability before
reaching age 67.⁶

Additional advantages

- **Benefits can be paid weekly**, providing quick access to your money.
- **Premium deductions are waived** if you remain unable to work after 90 consecutive days during your benefit period.
- **Keep your coverage** at the same price and benefits if you change jobs or retire. Coverage ends at age 70, or after 5 years if you purchase at age 66 or older.

Total disability defined

Paycheck Protect insurance pays **benefits for total disability**, meaning you are:

- **Unable to work** in your regular occupation and not working for profit.
- **Under a doctor's care** for the injury or covered sickness causing your disability.

Benefit and elimination periods

Your **maximum benefit period** is the length of time for which you are able to collect benefits. There may be a period after you become unable to work before your benefits begin, known as the **elimination period**.

Pre-existing condition limitation

No benefit will be paid for any condition caused by or resulting from a pre-existing condition.

**You care.
We listen.**

This is a brief description of benefits under DI 516 and applicable riders CFR 516 and JSB 516. This insurance policy/group certificate provides coverage for disabilities resulting from covered accidents or covered sicknesses. It is not a substitute for medical expense insurance, major medical expense insurance or a health benefit plan alternative. It is also not a Medicare Supplement policy, nor is it a policy of worker's compensation. Please refer to your policy/group certificate and outline of coverage, if applicable, for complete information. Limitations on pre-existing conditions may apply. A waiting period may apply before benefits are payable. Benefits, definitions, exclusions, form numbers and limitations may vary by state. For costs and coverage detail, including exclusions, limitations and terms, see your agent or write the company. Underwriting conditions may vary, and determine eligibility for the offer of insurance. For exclusions and limitations that may apply, visit www.trustmarksolutions.com/disclosures/P2/.

⁶Social Security Administration, "Disability Planner: Social Security Protection If You Become Disabled." ⁹An A.M. Best rating is an independent opinion of an insurer's financial strength and ability to meet its ongoing insurance policy and contract obligations. Trustmark is rated A- (4th out of 16 possible ratings ranging from A++ to Suspended).

Underwritten by Trustmark Insurance Company

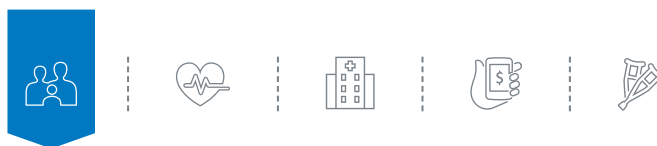
Rated A- (EXCELLENT) A.M. Best⁹

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Trustmark
benefits beyond benefits



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

Two choices for combined coverage and lifelong protection.

Financial security even after a loss

Protecting your loved ones is one of life's greatest responsibilities. When a family loses someone, in addition to grief, survivors may suddenly be faced with costly expenses and debts, and even a loss of income.

Universal Life/LifeEvents can help.

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

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

Universal Life/LifeEvents sample rates

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

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

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

Note: your rate is "locked in" at your age at purchase!

Once you have a policy, your rate will never increase due to age.



Solving the long-term care issue

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

Here's how it works:

4%

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

Flexible features available:

2x

PLUS: if you collect a benefit for LTC, your **full death benefit** is still available for your beneficiaries, as much as **doubling** your benefit.

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



Universal Life/LifeEvents is **flexible permanent** life insurance designed to last a lifetime.



The younger you are when you enroll, the **more benefit** you receive for the same premium.



No medical exams or blood work – just answer a few simple questions.



What would happen if you weren't around?



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



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



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

How the Universal LifeEvents option works

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

Example: \$25,000 policy

Before age 70

Death benefit	\$25,000
LTC benefits	\$25,000

After age 70

Death benefit	\$8,333
LTC benefits	\$25,000

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

Benefit for terminal illness

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

Additional advantages

- **Keep your coverage** at the same price and benefits if you change jobs or retire.
- **Apply for coverage for family members:** spouse, children and grandchildren.

**You care.
We listen.**

¹2018 Insurance Barometer Study LIMRA/Life Happens. ²nielsen.com/us/en/insights/news/2015/savingspending-and-living-paycheck-to-paycheck-in-america.html. ³gobankingrates.com/retirement/1-3-americans-0-saved-retirement. ⁵An A.M. Best rating is an independent opinion of an insurer's financial strength and ability to meet its ongoing insurance policy and contract obligations. Trustmark is rated A- (4th out of 16 possible ratings ranging from A++ to Suspended).

This provides a brief description of your benefits under GUL.205/IUL.205 and applicable riders HH/LTC.205, BRR.205, BXR.205, ABR.205, ADB.205, CT.205 and WP.205. Benefits, definitions, exclusions, form numbers and limitations may vary by state. This policy contains a provision that guarantees against lapse for a period of 10 years (14 years in OR; 15 years for Universal LifeEvents) as long as premiums are paid as planned. If you make changes to your coverage during this period, or pay only the minimum premium, you may prevent cash value accumulation or reduce your death benefit amount. If there is negative cash value at the end of the no-lapse period, you must pay enough premium to establish positive cash value. You may also need to maintain your policy with a higher premium than the one you paid to satisfy the no-lapse guarantee or coverage may expire prior to age 100 even if the premium shown is paid as scheduled. A policy illustration will be delivered with your policy. Your policy will contain complete information. For costs and further details of the coverage, including exclusions, any reductions or limitations and terms under which the policy may be continued in force, see your agent or write to the company. For exclusions and limitations that may apply, visit www.trustmarksolutions.com/disclosures/UL/ (A112-2216-UL). In California, review "A Consumer's Guide to Long-term Care from the Department of Aging" at: http://www.aging.ca.gov/aboutcda/publications/Taking_Care_of_Tomorrow_English/. Underwriting conditions may vary, and determine eligibility for the offer of insurance. Trustmark® and LifeEvents® are registered trademarks of Trustmark Insurance Company.

Products underwritten by Trustmark Insurance Company
Rated A- (Excellent) for financial strength by A.M. Best.⁵

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Trustmark
benefits beyond benefits

How to apply for a pet insurance policy

Nationwide® pet insurance provides coverage for veterinary expenses related to accidents and illnesses. Policies are available for dogs, cats, birds, reptiles and other exotic pets.

Pet-owning employees can choose reimbursement up to 70% on eligible veterinary bills. All plans have a \$250 annual deductible and include \$7,500 in annual benefits.

Signing up for Nationwide pet insurance is easy

Employees can enroll any time at **PetsNationwide.com** or by calling **877-738-7874**. New enrollees will need to provide the name of their employer in order to access preferred pricing.

During enrollment, employees may be asked for the following information:



- Name
- Address
- Home or primary telephone number
- E-mail address
- Name and age of your pet
- Pet's species (canine, feline, etc.)
- Payment information/plan*

*Applications approved between the 1st and the 15th of the month become effective on the 1st of the following month. Applications approved from the 16th through the end of the month become effective on the 1st of not the following month, but the month thereafter.

Example: May 1 approval = June 1 effective date
May 16 approval = July 1 effective date



Learn more today at **PetsVoluntaryBenefits.com • 855-874-4944**



Pet insurance

from Nationwide®



America's #1 pet insurance is a paw-pular voluntary benefit for employees of all generations. There's never been a better time to offer My Pet Protection®, available only through workplace benefits programs.

- ✓ **Get cash back on eligible vet bills:** Choose 50% or 70% reimbursement^[1]
- ✓ **Easy to use:** Low \$250 annual deductible and \$7,500 in annual benefits
- ✓ **Just for employees:** Preferred pricing offered only through their company
- ✓ **Use any vet, anywhere:** No networks, no pre-approvals

Did you know? Nationwide is the first provider with coverage plans for birds and exotic pets.



How pet insurance works

- 1 Visit any vet, anywhere.
- 2 Submit claim.
- 3 Get reimbursed for eligible expenses.



Learn more today at **PetsVoluntaryBenefits.com • 855-874-4944**

[1] Some exclusions may apply. Certain coverages may be subject to pre-existing exclusion. See policy documents for a complete list of exclusions. Reimbursement options may not be available in all states.

Products underwritten by Veterinary Pet Insurance Company (CA), Columbus, OH; National Casualty Company (all other states), Columbus, OH. Agency of Record: DVM Insurance Agency. All are subsidiaries of Nationwide Mutual Insurance Company. Subject to underwriting guidelines, review and approval. Products and discounts not available to all persons in all states. Insurance terms, definitions and explanations are intended for informational purposes only and do not in any way replace or modify the definitions and information contained in individual insurance contracts, policies or declaration pages, which are controlling. Nationwide, the Nationwide N and Eagle, and Nationwide is on your side are service marks of Nationwide Mutual Insurance Company. ©2023 Nationwide. 22GRP9056A



Nationwide® is the first provider with coverage plans for birds and exotic pets



Owners of birds, reptiles and exotic pets can get 50% or 70% reimbursement on eligible veterinary expenses with pet health coverage from Nationwide®.^[1]

- Includes veterinary exams, surgeries, diagnostic testing, prescriptions and more
- Low \$250 annual deductible, not per-incident
- Use any vet, anywhere

Coverage available for:

- Amphibians
- Birds
- Chameleons
- Chinchillas
- Ferrets
- Geckos
- Gerbils
- Guinea pigs
- Hamsters
- Iguanas
- Lizards
- Mice
- Rats
- Rabbits
- Snakes
- Tortoises
- Turtles
- And more



Learn more today about avian and exotic pet coverage from Nationwide. **855-874-4944**



Nationwide®

Here's how coverage works for common avian and exotic medical conditions^[2]

Rabbit: Intestinal obstruction



Oreo, a 9-year-old male rabbit, was brought to the veterinarian after several days of abdominal pain, lethargy and loss of appetite.

He was diagnosed with an intestinal obstruction.



Veterinary bill: \$3,330

● **Nationwide reimbursed: \$2,156**

● **Owner's net cost: \$1,174**
(after \$250 annual deductible and co-pay)

Cockatiel: Excessive egg laying



Sunny, a 12-year-old cockatiel, suffered from excessive egg laying. Due to the chronic depletion of calcium to produce eggshells, she was malnourished.

After exhausting all other treatment options, Sunny's owner agreed to spay her.



Veterinary bill: \$2,332

● **Nationwide reimbursed: \$1,458**

● **Owner's net cost: \$874**
(after \$250 annual deductible and co-pay)

Bearded dragon: Gout



Elliott, a 2-year-old male bearded dragon, stopped moving and had enlarged, painful joints. He was diagnosed with gout.

His owner agreed to hospitalization for pain management and supportive care.



Veterinary bill: \$1,182

● **Nationwide reimbursed: \$653**

● **Owner's net cost: \$529**
(after \$250 annual deductible and co-pay)

Learn more today about avian and exotic pet coverage from Nationwide. **855-874-4944**

[1] Some exclusions may apply. Certain coverages may be excluded due to pre-existing conditions. See policy documents for a complete list of exclusions. Plans may not be available in all states. Policy eligibility may vary. Some species of avian and exotic pets are not eligible for coverage.

[2] These examples are based on actual pet insurance claims from Nationwide members who were enrolled prior to the introduction of the new Avian & Exotic Pet plan. Their claims were reimbursed according to the plan in which each respective member was enrolled at the time. Amounts shown here reflect how reimbursement would be calculated with the Avian & Exotic pet plan with a 70% reimbursement and a \$250 annual deductible not met on prior claims. Nationwide does not determine the amount a veterinarian may charge; that amount will vary by region and veterinary practice.

Products underwritten by Veterinary Pet Insurance Company (CA), Columbus, OH; National Casualty Company (all other states), Columbus, OH. Agency of Record: DVM Insurance Agency. All are subsidiaries of Nationwide Mutual Insurance Company. Subject to underwriting guidelines, review and approval. Products and discounts not available to all persons in all states. Insurance terms, definitions and explanations are intended for informational purposes only and do not in any way replace or modify the definitions and information contained in individual insurance contracts, policies or declaration pages, which are controlling. Nationwide, the Nationwide N and Eagle, and Nationwide is on your side are service marks of Nationwide Mutual Insurance Company. ©2023 Nationwide. 23GRP9298



Nationwide®

Nationwide® My Pet Protection®

PLAN SUMMARY

Adding Nationwide pet insurance to your voluntary benefits package offers valuable support to pet-owning employees—which improves workplace attraction, retention and engagement.

My Pet Protection coverage highlights

My Pet Protection is available in two reimbursement options (50% and 70%) so employees can find coverage that fits their budget. All plans have a \$250 annual deductible and \$7,500 annual benefit.

Coverage include¹:

- Accidents
- Illnesses
- Hereditary and congenital conditions
- Cancer
- Behavioral treatments
- Rx therapeutic diets and supplements
- And more

My Pet Protection includes these additional benefits for cats and dogs:

- Lost pet advertising and reward expense
- Emergency boarding
- Loss due to theft
- Mortality benefit

What makes My Pet Protection different?

My Pet Protection is available only through your voluntary benefits package, which includes preferred pricing and is guaranteed issuance. It also includes additional benefits like lost pet advertising, emergency boarding and more.

It's no surprise that My Pet Protection is the most paw-pular coverage plan from America's #1 pet insurer.



Did you know? Nationwide is the first provider with coverage plans for birds and exotic pets.

Nationwide offers more than great coverage

vethelpline®

- 24/7 access to veterinary experts
- Available via phone, chat and email
- Unlimited help for everything from general pet questions to identifying urgent care needs

**Nationwide
PetRxExpress™**

- Save time and money by filling pet prescriptions at participating in-store retail pharmacies across the U.S.
- Rx claims submitted directly to Nationwide
- More than 4,700 pharmacy locations



Learn more today at **PetsVoluntaryBenefits.com • 855-874-4944**

¹These are examples of general coverage; please review plan document for specific coverages. Some exclusions may apply. Certain coverages may be excluded due to pre-existing conditions. See policy documents for a complete list of exclusions.

Products underwritten by Veterinary Pet Insurance Company (CA), Columbus, OH; National Casualty Company (all other states), Columbus, OH. Agency of Record: DVM Insurance Agency. All are subsidiaries of Nationwide Mutual Insurance Company. Nationwide, the Nationwide N and Eagle, Nationwide is on your side, **vethelpline®** and **Nationwide PetRxExpress™** are service marks of Nationwide Mutual Insurance Company. ©2023 Nationwide. 22GRP9056B





Nationwide® pet insurance

FAQ

Do I need to re-enroll for this benefit every year?

No. Once enrolled, the policy will renew automatically each year at your renewal.

How can I make changes to my policy?

You can make changes to your policy during your policy renewal period. All changes are subject to underwriting approval.

When is the policy renewal period?

The renewal period starts 60 days before the policy's current 12-month term expires. The policy's effective date and expiration date can be found on the Declarations Page, which is included with the policy packet that is mailed to you at each new term.

What happens to my pet insurance policy if I am no longer with the company?

You will be notified and asked to update billing information in order to keep the policy active.

Will pre-existing conditions be covered?

Unfortunately, no. Like all pet insurers, we don't cover pre-existing conditions on any of our plans.

Can I still use my veterinarian?

Absolutely. You're free to visit any licensed veterinarian, anywhere in the world—even specialists and emergency providers.

If I have a pet other than a dog or cat, can I enroll?

Yes! If you want coverage for your bird, rabbit, reptile or other exotic pet, you'll find it with Nationwide®. To enroll in the Avian & Exotic Pet Plan, please call 877-738-7874.

What is *vethelpline*® and how does it work?

Veterinary experts are available 24/7 through *vethelpline*®, a service provided exclusively for Nationwide® pet insurance members. You can get live help with any pet health concern, including identifying urgent care needs. Please note, a *vethelpline* consultation is not a substitute for a visit to your primary veterinarian.

How do I file a claim?

It's easy. Simply pay your vet bill and then send us a claim for reimbursement via mail, email or online.

Mail: Nationwide Claims Dept., P. O. Box 2344, Brea, CA 92822-2344

Email: submitmyclaim@petinsurance.com

Online: Submit claims through your Nationwide Pet Account Access page at my.petinsurance.com. Please allow 48 hours from the time you submit your claim for it to appear online.



Get a quote at **PetsNationwide.com • 877-738-7874**



Providing justice
for all since 1974



Driver and spouse are covered in both their personal cars and professional vehicles.

*Discounted coverage for Non-CDL, personal legal matters available to driver, driver's spouse, and eligible dependent children.

 **No Deductibles**

 **No Co-Pays**

 **No Claim Forms**

Financial Wellness Suite
now powered by



Once you enroll in coverage, you will receive a certificate describing the exact coverage benefit purchased. This flyer explains the general purposes of the insurance, but in no way changes or affects the insurance afforded under the policy issued. All coverage is to be subject to actual policy conditions and exclusions. Not sponsored or approved by the United States Government or any Department or Agency thereof.

Protect your license and your livelihood with the CDL Defender®

Covered citations include, but are not limited to:

- Speeding
- Reckless Driving
- Careless Driving
- Improper Lane Use
- Failure to Yield
- Improper Passing
- Incomplete Logbook
- Inaccurate Logbook
- Exceeding Hours of Service
- Tire Tread
- Inoperative Headlamps
- Inadequate Brake System
- Windshield Conditions
- Driver Vehicle Inspection Reports
- No Medical Card
- Driver Disqualified
- Driving Without CDL
- Invalid Placard
- Unsecure Load
- Container Leakage
- Overweight
- Overlength
- Negligent Driving
- Failure to Control
- Following Too Closely
- Major Accident Representation

Value Added Services

- DataQ Challenges
- Online Legal Library
- DIY Legal Forms
- 24/7 Emergency Line
- Financial & Tax Coaching
- Financial Wellness Dashboard
- Discounted Tax Preparation
- Mobile App
- Identity Theft Restoration Program

Personal Legal Matters*

- Divorce
- Child Support or Custody Issues
- Creating a Will
- Wage Garnishment
- Bankruptcy
- Foreclosure
- Immigration
- Misdemeanors and Expungement
- And Much More

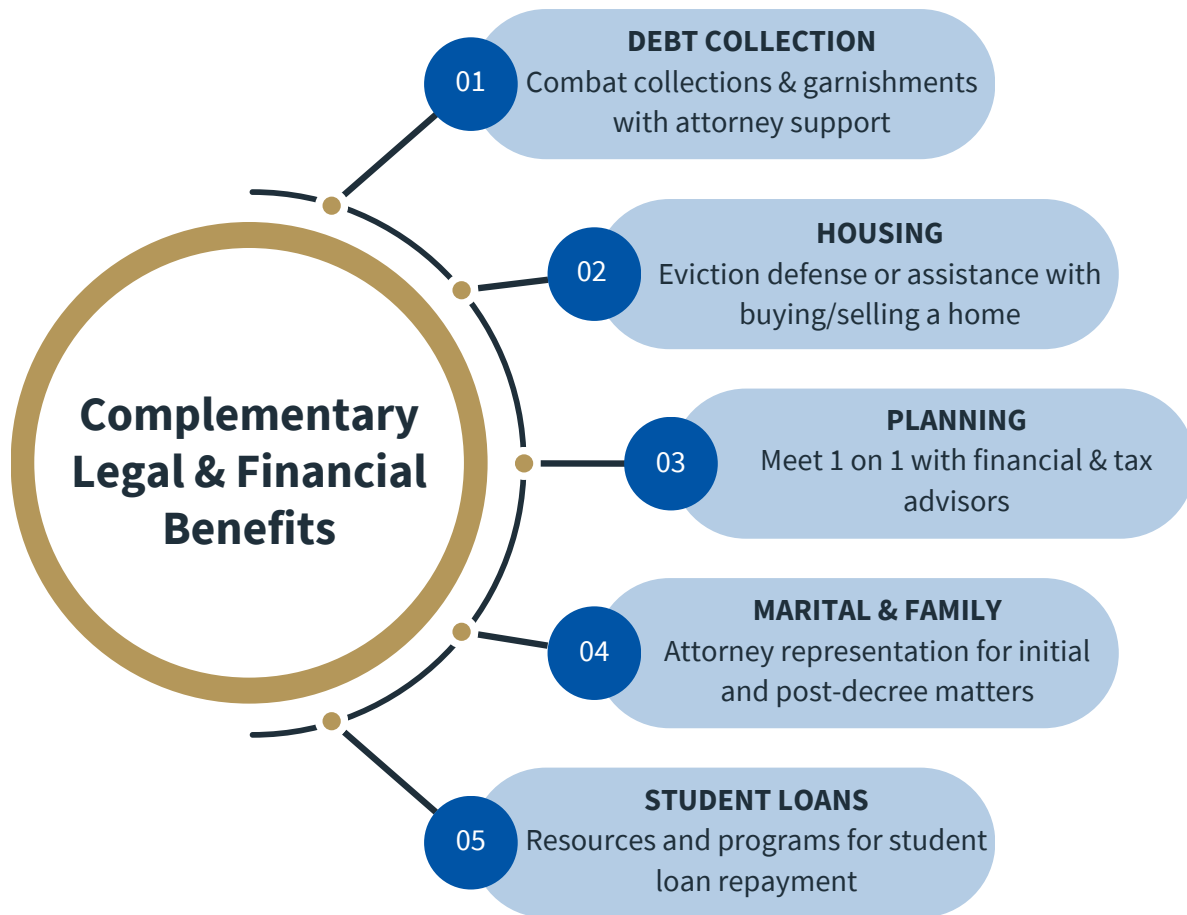
Attorney's fees are paid in full for all covered citations when you utilize a Network Attorney. Coverage does not include fines, court costs, or other incidentals relating to the legal matter. Out-of-network benefits available.

*Driver, spouse, and dependent children up to age 18, 23 if a full-time student, receive a consultation and 33.3% discount off attorney's fees for non-CDL, personal legal matters. Pre-existing and non-covered, non-excluded CDL matters also covered at the 33.3% discounted rate.

CDL Defender®

\$32.95 per month

5 Ways Enrolling in U.S. Legal Services Helps You Achieve Legal & Financial Success



Financial wellness dashboard included at no cost within your legal plan.

1 What is it?

A confidential, personalized online financial wellness dashboard located within the U.S. Legal Member Portal.

Set and track your financial well-being score, and review personalized content, resources, and tools based on your unique interactions.

2 How does it work?

Start with a 3-5 minute financial wellness assessment which will provide insight into your financial circumstances.

After the assessment, book a telephone or Zoom meeting with a financial advisor to review and address questions and areas of concern.

Advanced algorithms work to personalize your dashboard providing you tools and resources to meet your individual financial needs.

3 What does it cost?

These resources and consultations are included in the cost of the legal plan - one low premium for comprehensive holistic legal and financial wellness.

Have your personal tax returns prepared for a \$195 flat fee, plus a free review of your prior year's return.

4 Who can use it?

Along with the enrolled employee, up to three additional people in the employee's family can access the online content and resources.

800.356.LAWS | uslegalservices.net | info@uslegalservices.net



Providing justice
for all since 1974



Employees and their families - coverage stops when dependent child reaches age 26 - are covered for all their personal legal needs.

 **No Deductibles**

 **No Co-Pays**

 **No Claim Forms**

Financial Wellness Suite
now powered by



Once you enroll in coverage, you will receive a certificate describing the exact coverage benefit purchased. This flyer explains the general purposes of the insurance, but in no way changes or affects the insurance afforded under the policy issued. All coverage is to be subject to actual policy conditions and exclusions. Not sponsored or approved by the United States Government or any Department or Agency thereof.

Say 'No' to Expensive Attorney Fees With the Family Defender®

Covered services include, but are not limited to:

Family Law**

- Uncontested Divorce
- Contested Divorce
- Annulments
- Spousal Support
- Paternity Action
- Child Support/Custody
- Post-Decree Enforcement Action
- Post-Decree Modification Action
- Equitable Distribution of Marital Assets

Other Family Law

- Prenuptial Agreements
- Postnuptial Agreements
- Domestic Adoption
- Domestic Violence

Financial Matters

- Debt Collection
- Garnishment Defense
- IRS Audit Protection
- Foreclosure+
- Limiting Creditor Harassment
- Ch. 7 & 13 Bankruptcy+

Immigration Matters

- Visa Extension
- Naturalization
- Deportation (Removal)

Traffic Violations

- Moving Traffic Violations
- First Offense DUI
- License Revocation & Suspension

Criminal Law

- Misdemeanor Defense
- Juvenile Defense
- Habeas Corpus

Consumer-Seller Protection

- Consumer Protection Matters
- Personal Property Protection
- Trial Coverage up to \$15,000

Contingency Matters**

- Personal Injury
- Auto Accidents
- Slip and Fall
- Medical Malpractice

Document Preparation & Review

- Demand Letters
- Quit Claim Deeds
- Personal Affidavit
- Promissory Note
- Bill of Sale
- Personal Contract
- Lease Agreement

Real Estate Transactions

- Review and/or Preparation of Purchase Agreement, Mortgage, and Deed
- Purchase of Primary Residence
- Sale of Primary Residence
- Refinancing of Primary Residence
- Attorney Attendance at Closing
- Real Estate Disputes
- Neighbor Disputes

Estate Planning

- Living Will
- Powers of Attorney
- Wills & Testamentary Trusts for Minors
- Codicils
- Estate Administration
- Probate
- Uncontested Guardianship or Conservatorship

Civil Litigation

- Plaintiff or Defendant
- Administrative Hearings
- Trial Coverage up to \$15,000
- Small Claims
- Name Change
- Civil Injunctions
- Landlord/Tenant Matters as Tenant

Other Legal Matters

- Insurance Law
- Standard Business Incorporation
- Elder Law Matters

Added Value Services

- Online Legal Library
- Fillable DIY Forms
- 24/7 Emergency Line
- Financial & Tax Coaching
- Discounted Tax Return Preparation
- Financial Wellness Dashboard
- Mobile App

*Contested matters subject to 12-hour limitation, discount thereafter.

**First \$1,000 exempt from fee. Subject to State and Federal Statutes.

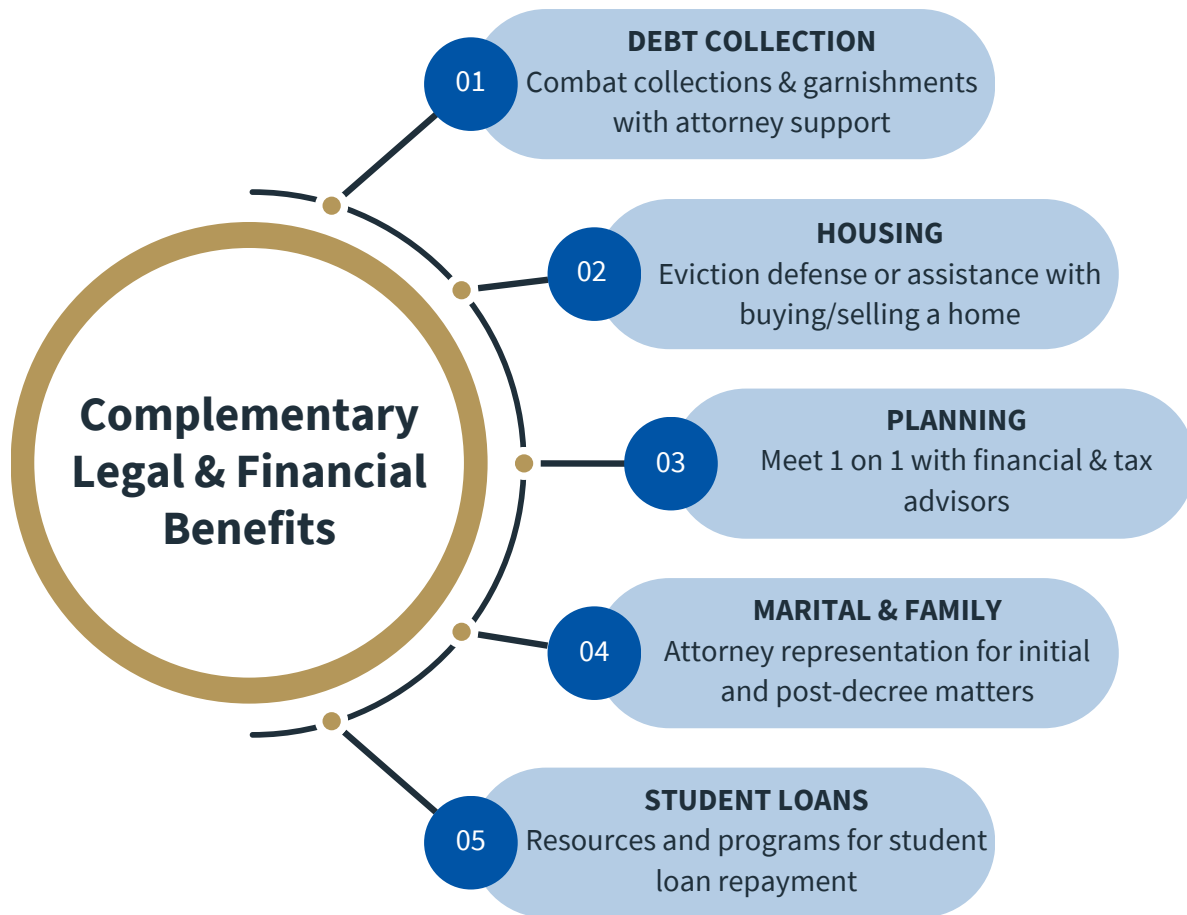
+Subject to 120-day waiting period.

Attorney's fees are paid in full for all covered legal matters when you utilize a Network Attorney. Receive a 33.3% discount off attorney's fees for pre-existing and other non-excluded legal matters. Coverage does not include fines, court costs, or other incidentals relating to the legal matter. Out-of-network benefits available.

Family Defender®

\$18.75 per month

5 Ways Enrolling in U.S. Legal Services Helps You Achieve Legal & Financial Success



Financial wellness dashboard included at no cost within your legal plan.

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800.356.LAWS | uslegalservices.net | info@uslegalservices.net

TOP 4 REASONS

to become a MASA MTS Member

2

MASA MTS protects our members and their families from the gaps in group health benefits for emergency transport expenses within the continental **United States, Alaska, Hawaii, and while traveling in Canada, regardless of in or out-of-network.** Worldwide coverage is available with a Platinum Membership for lifesaving transportation at home and far away.



1

MASA MTS provides over 2 million members with coverage for **BOTH** Ground and Air Ambulance transport out-of-pocket costs* regardless of the ambulance provider because **MASA MTS is a PAYER and NOT a provider.**



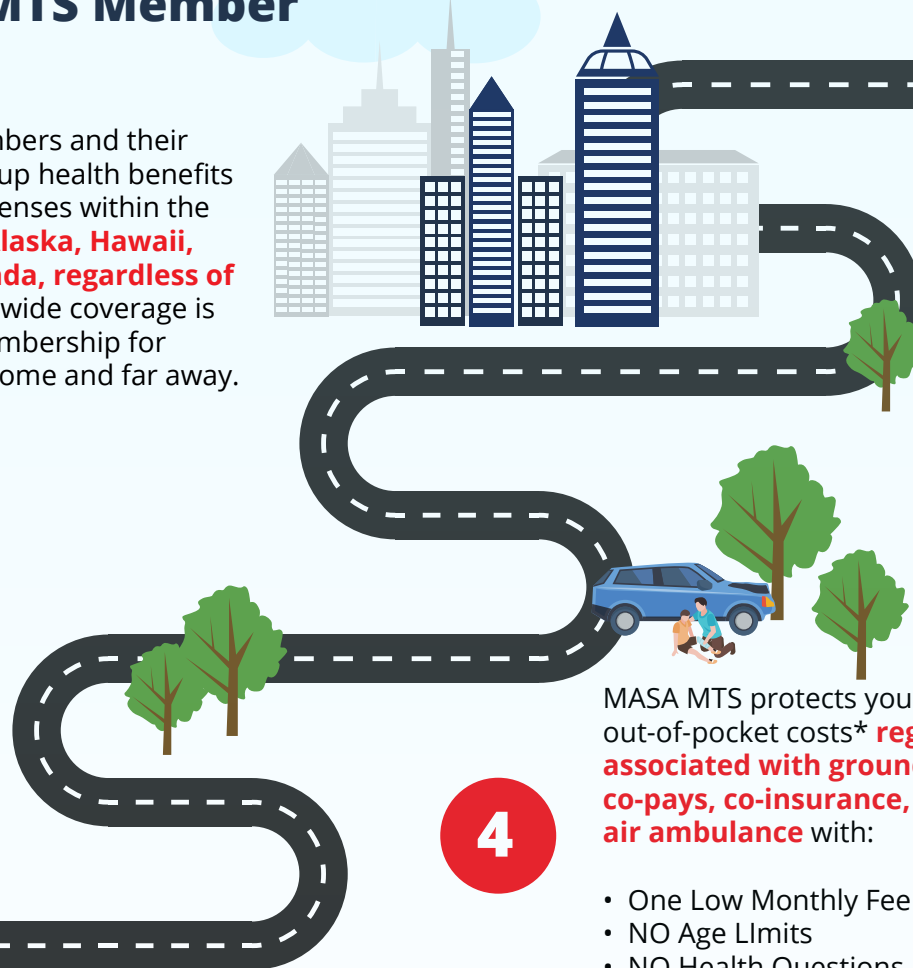
3

MASA MTS gives you the peace of mind knowing **out-of-pocket costs* associated with emergency transport for deductibles, co-pays, or co-insurance are covered.**

MASA MTS protects you and your family from unexpected out-of-pocket costs* **regardless of any balance billing associated with ground ambulance in addition to the co-pays, co-insurance, and deductibles for both ground and air ambulance** with:

- One Low Monthly Fee
- NO Age Limits
- NO Health Questions
- Easy Claims Process

4



MASA Memberships

A MASA MTS Membership provides the ultimate protection at an affordable rate for emergency ground and air transportation expenses.

While our critical benefits are included in the Emergent Plus membership, the Platinum plan includes additional services. Whether you'd like to defend your family from costly emergency ambulance transports or gain peace of mind, MASA MTS has you covered.



Benefit	Emergent Plus	Platinum
Emergency Air Ambulance Coverage	● ³	● ³
Emergency Ground Ambulance Coverage	● ³	● ³
Hospital to Hospital Ambulance Coverage	● ³	● ³
Repatriation Near Home Coverage	● ³	● ¹
Minor Return Transportation Coverage		● ²
Pet Return Transportation Coverage		● ²
Companion Transportation Coverage		● ²
Hospital Visitor Transportation Coverage		● ²
Patient Return Transportation Coverage		● ¹
Mortal Remains Transportation Coverage		● ¹
Vehicle & RV Return Coverage		● ²
Organ Retrieval & Organ Recipient Transportation Coverage		● ⁴
Family Coverage		

Coverage Territories

1: Worldwide Coverage — benefits shall extend Worldwide. Coverage shall automatically extend to the United States, Canada, Mexico, the Caribbean (excluding Cuba), the Bahamas and Bermuda (collectively, “Basic Coverage Area”) (excluding countries referenced on the Office of Foreign Assets Control (“OFAC”) countries, and Antarctica), and extend elsewhere contingent upon ten (10) day prior notice of such travel. Notice may be provided by (i) certified mail, return receipt requested, to the MASA Corporate office; (ii) electronic mail, including delivery confirmation; or (iii) facsimile, including confirmation of delivery, and MASA’s written acknowledgment. Notice must include a travel itinerary of travel destinations and dates. Unless otherwise authorized by MASA MTS in writing, Worldwide coverage shall apply up to ninety (90) days per trip.

2: Basic Coverage Area — benefits shall extend to the United States, Canada, Mexico, the Caribbean (excluding Cuba), the Bahamas and Bermuda. Vehicle & RV Return Coverage shall be limited to only rental day prior notice of such travel. Notice may be provided by (i) certified mail, return receipt requested, to the MASA Corporate office; vehicles in Hawaii, the Caribbean (excluding Cuba), the Bahamas and Bermuda.

3: United States and Canada Only — benefits shall only be provided in the United States and Canada.

4: United States Only — benefits shall only be provided in the United States.

This material is for informational purposes only and does not provide any coverage. The benefits listed, and the descriptions thereof, do not represent the full terms and conditions applicable for usage and may only be offered in some memberships or policies. Premiums and benefits vary depending on the plan selected. For a complete list of benefits, premiums, terms, conditions, and restrictions, please refer to the applicable member services agreement or policy for your state. For additional information and disclosures about MASA MTS plans, visit: <https://info.masamts.com/masa-mts-disclaimers>



Embedded Employee Assistance Program (EAP) with Claimant Assist

Support for Employees* with Life or Disability Insurance Through National Insurance Services



The EAP Program

Everyday life can be stressful and can affect your health, well-being, and performance. Fortunately, our Employee Assistance Program can aid in finding solutions. When facing personal problems, you might struggle with where to turn for help. The first step is usually the hardest, and guidance is often the key. That's why National Insurance Services (NIS) offers an Employee Assistance Program (EAP). An EAP offers a confidential place to find the answers that work for you.

Your EAP Service Provider

LifeWorks is a leader in the field of Employee Assistance and has been providing employee assistance services for over 40 years. LifeWorks has the experience to provide the broad range of services and guidance that is paramount to an EAP – whether it's help with day-to-day concerns or guidance through a challenging crisis. The information you discuss through the EAP is kept confidential in accordance with federal and state laws.

The EAP Process

When you access the EAP, LifeWorks counselors listen and take

action toward finding solutions. The next step may include meeting with a mental health counselor for up to three face-to-face visits, negotiating health insurance benefits, or referrals to community resources for legal and financial services.

Referrals and Resources

You can receive information and a listing of childcare and eldercare resources with confirmed vacancies meeting your specifications. If face-to-face mental health counseling sessions are required, LifeWorks counselors will refer you for counseling at a location that is convenient to your home or work. LifeWorks counselors can also refer you to self-help groups such as Alcoholics Anonymous or Gamblers Anonymous and community financial and legal resources for debt management.

Claimant Assist

NIS's Claimant Assist program offers special services to Long Term Disability claimants or Life Insurance beneficiaries at no charge. If you have Disability insurance coverage through NIS, our Long Term Disability Claimant Services are available to guide and counsel claimants and their immediate family

Under our EAP you can receive no-cost, confidential help for a wide variety of needs and concerns:

- Alcohol or Drug Addictions
- Anxiety
- Childcare
- Depression
- Eating Disorders
- Eldercare
- Family Conflict
- Financial or Legal Concerns
- Marital Difficulties
- Parenting Concerns
- Problem Gambling
- Relationship Problems
- Stress Management

EAP Services Are Available to You Two Ways:

Phone: 866.451.5465

Online: www.niseap.com

Login: NISEAP | **Password:** EAP
(Note: Password Is Case-Sensitive)

Claimant Assist Services Are Available:

866.472.2734

members. If you have Life insurance coverage through NIS, our Beneficiary Services Program provides counseling and assistance to beneficiaries when faced with the challenge of coping with loss.

Virtual Fitness

You have access to a virtual fitness platform through the EAP. LIFT session, one of the leading fitness providers, provides you with an easily accessible, effective and affordable way to reach your fitness goals anytime, anywhere for better health and well-being.

You can work out on your own with personalized programs and access coaches if you have questions, or choose to work under the live supervision of a coach online, in 1-1 personal or group sessions.

Access to Masters-Degreed Counselors 24-Hours a Day Through a Toll-Free Number

Up to three in-person assessment and counseling sessions.

- **Legal Assistance:** Counselors may refer you to a telephone and/or one in-person consultation with an attorney.
- **Financial Assistance:** Telephone consultation with a financial consultant to address questions on budgeting, taxes, and debt consolidation.
- **Eldercare Assistance:** Our specialists can help you locate eldercare options, such as residential care or in home care, provide support in dealing with the emotions of retirement, or legal aspects like estate planning. Use our website to find resources on retirement, from financial planning and calculators, to articles on coping with retirement stress, and filing your retirement days with meaningful activities.
- **Childcare Assistance:** Telephone consultation with a work-life professional to provide information, referrals, and resources related to childcare concerns.
- **Memorial Planning Assistance:** Telephone consultation with a work-life specialist to assist with memorial and funeral planning. Services include identifying potential locations, associated costs for services, and providing information to help coordinate logistics (Available to Life insurance beneficiaries only).

Your EAP and Claimant Assist Administrator:



134 North LaSalle Street, Suite 2200
Chicago, IL 60602

Telephone Assistance:

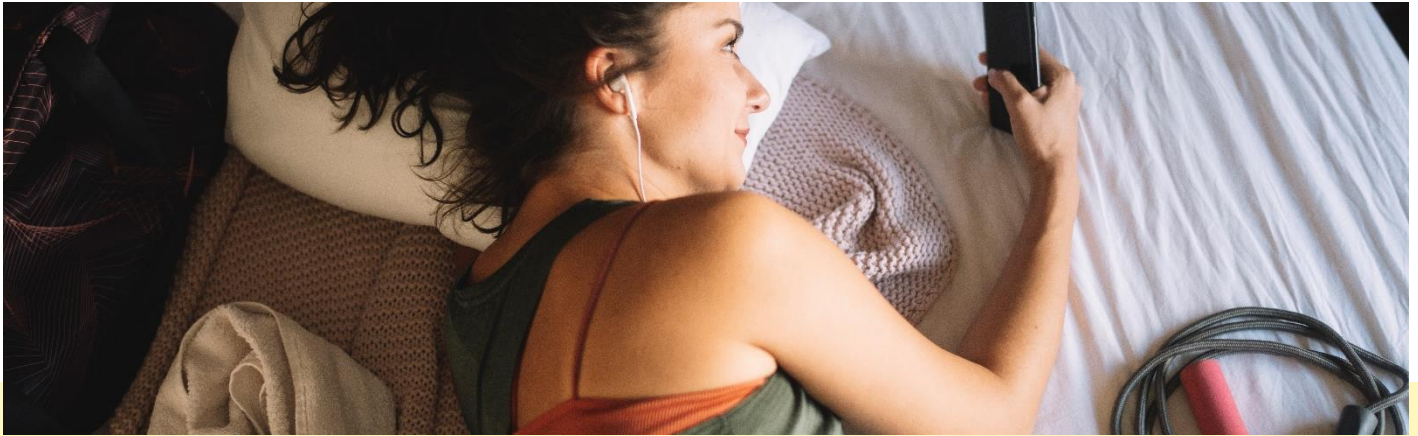
EAP: 866.451.5465
Claimant Assist: 866.472.2734

Online:

www.niseap.com | Login: NISEAP | Password: EAP
(Note: Password Is Case-Sensitive)

***The EAP is for use by the covered employee only. While issues may concern family members, all contacts to the EAP must be made by the employee.**

Achieve your fitness goals with unlimited fitness journeys and chat with fitness coaches



Finding a workout that fits your lifestyle is one of the most important things you can do to get started and stay consistent. With LIFT session virtual fitness through your Employee Assistance Program (EAP), you have access to unlimited fitness journeys that are customized for your goals and current fitness level.

Fitness anytime, anywhere with coach support

LIFT session virtual fitness programs are available on your mobile device, so you can stay active anytime, anywhere. Chat live online with fitness coaches who can help with fitness, nutrition, and recovery questions you have. Each session lasts 30 minutes, and the typical journey is three sessions per week for a total duration of six weeks. No equipment required!

How to get started

Register for LIFT Session through [WorkHealthLife.com](https://workhealthlife.com).

- Find your organization on the splash page.
- Under “My Services” scroll down and click on “LIFT session virtual fitness”.
- Click on the “LIFT session virtual fitness” link.
- This will direct you to a special external site at liftsession.com that will provide you a “Sign Up” link to register for the basic service for FREE!
- Next, download the LIFT session app in Google Play or Apple App Store and sign in to complete your online fitness assessment and start the fitness journey right for you!

The support of live coaches and personalized fitness journeys will keep you engaged, excited, and on track to hit your goals. Kick-start your fitness journey now!

[Watch this video to learn more about LIFT session fitness](#)

To reach your fitness goals, get started with LIFT session fitness today. Visit workhealthlife.com



HUMAN RESOURCES BENEFITS DIVISION

(956) 388-1873

AGENT OF RECORD RJGRS

(956) 380-6475