Provided by: Mark III Employee Benefits

EMPLOYEE BENEFITS HANDBOOK

April 1, 2024 - March 31, 2025

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

DISCLAIMER

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

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

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

Important Points

- ✓ Your plan year runs from April 1, 2024 to March 31, 2025. This means your benefit elections will take effect April 1, 2024 unless otherwise noted.

- ✓ If you wish to add or make changes to your benefit elections, you have the option of speaking with a trusted Mark III Benefits Counselor during your scheduled open enrollment.

- ✓ Once the enrollment period is over, you will not be able to make changes unless you experience a qualifying life event outlined by the IRS.

- ✓ **NOTE!** New benefits now being offered:
  - Manhattan Life Cancer
  - Aflac Group Accident
  - Aflac Group Hospital Indemnity
  - Aflac Group Critical Illness
  - Trustmark Universal Life

- ✓ **Wellness Benefits**: Certain plans have Wellness Benefits for covered screening tests. This means you can get money back for having a qualified screening test and then filing a wellness claim for the qualified screening test. Look for the wellness benefit to better you and your family!

- ✓ This benefits guide is equipped with mobile-friendly barcodes commonly referred to as QR Codes. Use your smartphone to scan the QR codes to view your benefit summaries.

- ✓ All policy information can be found on your employee benefits portal at https://mymarkiii.com/cityofcantonga/

Qualifying Life Events

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

Examples of QLEs

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

marriage

divorce

childbirth/ adoption

death of a family member

loss of parental coverage

spouse gains or loses coverage

Welcome to Your Benefits!

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

Pre-Tax Benefit Information

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

- ✓ Anthem Medical
- ✓ Admin America HSA
- ✓ Anthem Dental
- ✓ Anthem Vision
- ✓ Manhattan Life Group Cancer
- ✓ Aflac Group Accident
- ✓ Aflac Group Hospital Indemnity
- ✓ Anthem Basic Life and AD&D (Employer Paid)
- ✓ Anthem Basic Dependent Life
- ✓ One Source Employee Assistance Program (Employer Paid)

Post-Tax Benefit Information

A "**post-tax basis**" means that the money you pay towards the cost of coverage comes out of your salary after you pay taxes. Although you do not get any savings from taxes, you have the flexibility of dropping your coverage at any time. Please contact your HR Department for information on cancelling post-tax benefits.

- ✓ Aflac Group Critical Illness
- ✓ Anthem Short-Term Disability (Employer Paid)
- ✓ Anthem Long-Term Disability (Employer Paid)
- ✓ Anthem Optional Life and AD&D
- ✓ Trustmark Universal Life

How to Enroll at Open Enrollment

Onsite Enrollment

Our trusted Mark III Benefits Counselors will be available to meet with employees onsite to explain the benefits offered and to help get you enrolled.

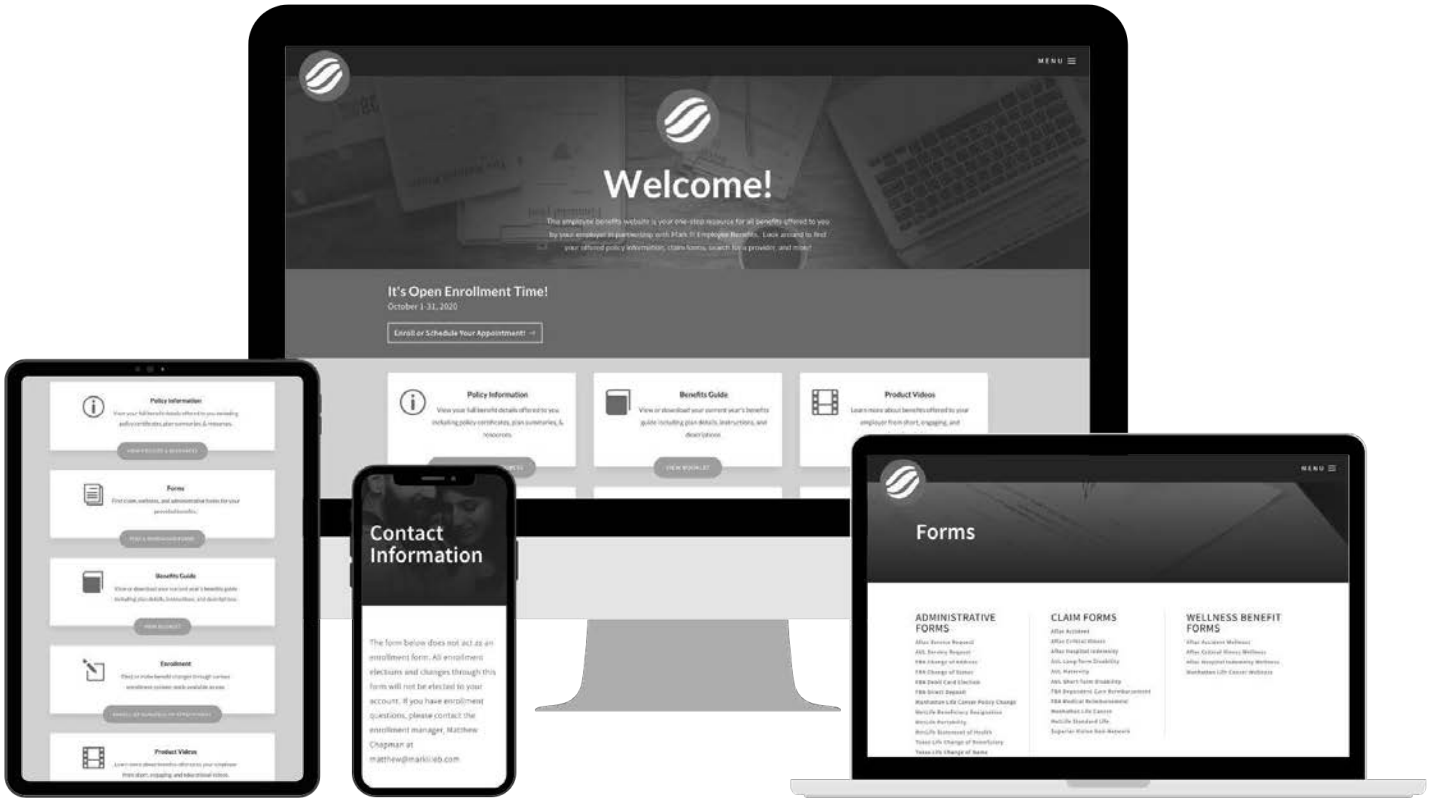
Employee Benefits Portal

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

Scan me!

Employee Benefits Portal

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



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

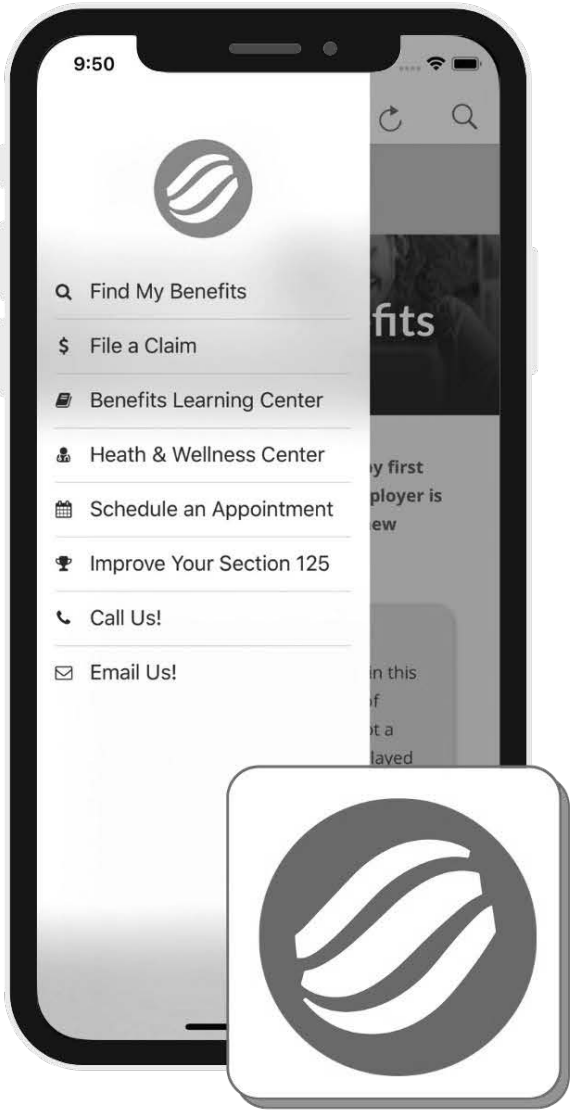
Scan me!

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

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

MyMark III Mobile App

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



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

Scan Me!

Your Trusted Benefits Partners at your fingertips!

Download on the App Store

GET IT ON Google Play

Filing a Claim

Anthem Group Benefits

Visit https://mymarkiii.com/cityofcantonga/forms/ to download your claim form or to file online visit https://www.anthem.com/employer/life-and-disability and click on **Submit a Claim**. Choose your claim form and follow the instructions for digital claims.

Admin America HSA

Visit https://mymarkiii.com/cityofcantonga/forms/ to download your claim form or to file online visit https://adminamerica.com/services/ and click on **HSA** and then choose the form you need. Fill out the form and file it with your plan administrator promptly.

Aflac Group Benefits

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

Manhattan Life Group Cancer

Visit https://mymarkiii.com/cityofcantonga/forms/ to download your claim form. Wellness Benefits can also be called into a Bay Bridge claim's examiner at (800) 845-7519. Mail or fax a copy of the itemized invoice or receipt imprinted with the provider's name and address along with the form to the contact information located on your claim form.

Trustmark Universal Life

Visit https://mymarkiii.com/cityofcantonga/forms/ to download your claim form, or visit www.trustmarkbenefits.com/claims to file your claim online.

Employee Benefits Portal

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

Visit: mymarkiii.com/cityofcantonga

Wellness Benefits

What is a Wellness Benefit?

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

*Qualified Screening Tests**

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

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

Get Paid by Staying Proactive!

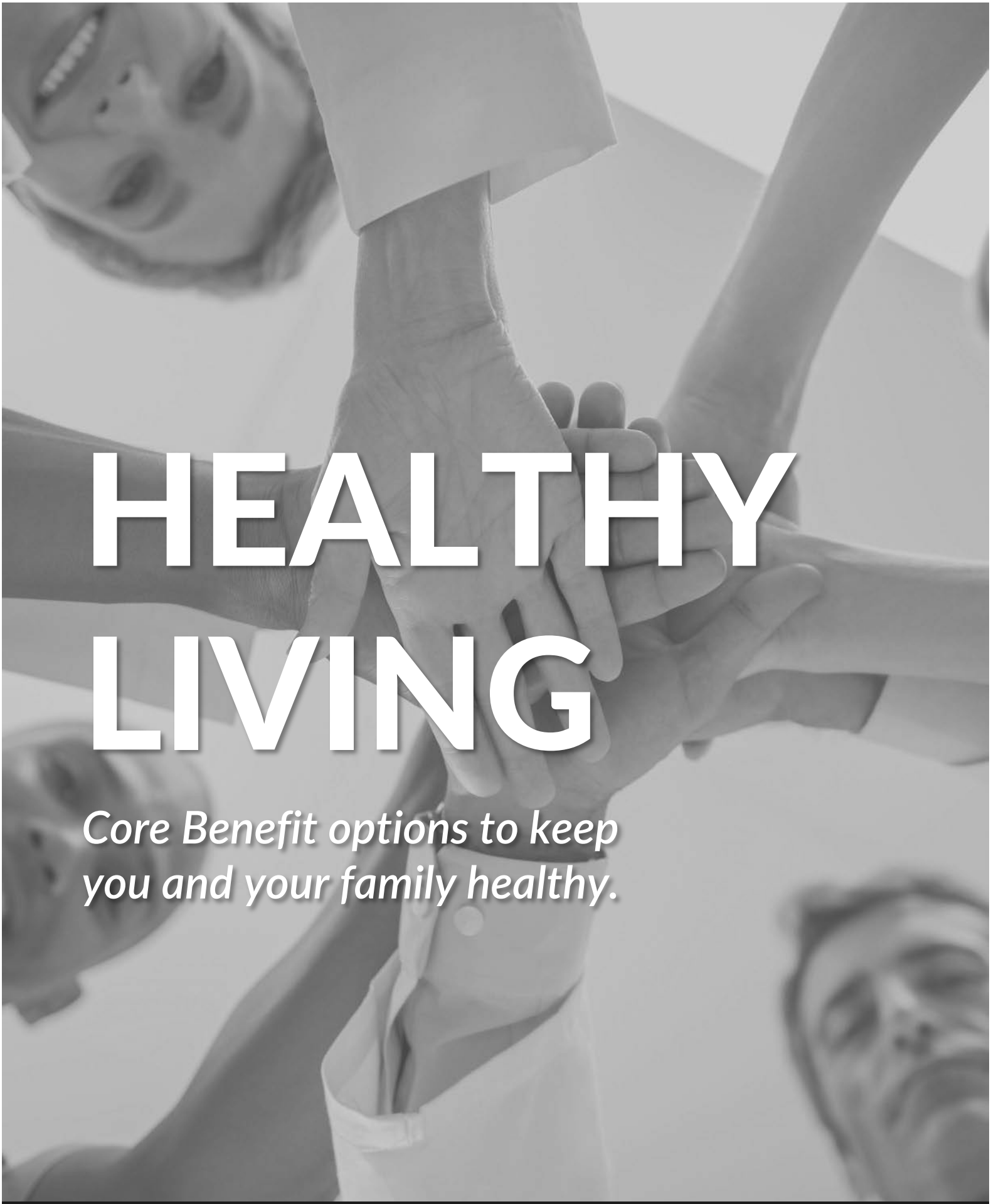
- ✓ Manhattan Life Group Cancer Wellness Benefit Amount - **$100**
- ✓ Aflac Group Accident Wellness Amount - **$75 per person, per calendar year**
- ✓ Aflac Group Critical Illness Wellness Amount **- $100**

Download Your Wellness Claim(s)

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

Employee Benefits Portal: https://mymarkiii.com/cityofcantonga/

Scan me!



HEALTHY LIVING

Core Benefit options to keep you and your family healthy.

Medical Plan Summary

Anthem®

Anthem Medical Benefits Overview

Locate a Provider

To search for a participating provider, contact Anthem's customer service or visit www.anthem.com. When completing search criteria, select Blue Open Access POS plan/network.

Your Plans At-A-Glance

	HSA-HDHP Option	*Anthem Traditional*
In-Network		
Individual Annual Deductible	$3,200	$3,000
Family Annual Deductible	$6,400	$6,000
Co-Insurance *(Member Pays)*	0%	20%
Co-Insurance *(Plan Pays)*	100%	80%
Individual Out-of-Pocket Maximum *(Includes deductible and co-pays)*	$6,900	$6,000
Family Out-of-Pocket Maximum *(Includes deductible and co-pays)*	$13,800	$12,000
The family deductible and out-of-pocket limit are embedded, meaning the cost shares of one family member will be applied to the per member deductible and per member out-of-pocket limit; in addition, amounts for all covered family members apply to both the family deductible and family out-of-pocket limit. No one member will pay more than the per member deductible or per member out-of-pocket limit. *Your copays, coinsurance and deductible count toward your out of pocket limit(s).* *In-Network and Non-Network deductibles and out-of-pocket limit amounts are separate and do not accumulate toward each other.*		
Doctor Visits (virtual and office) You are encouraged to select a Primary Care Physician (PCP).		
Primary Care (PCP) and Mental Health and Substance Abuse Care Copay	Deductible + 0%	$30 copay
Specialist Physician Copay	Deductible + 0%	$60 copay
Urgent Care Copay	Deductible + 0%	$60 copay
Emergency Room Copay	Deductible + 0%	$500 copay + 20%
OUT-OF-NETWORK		
Individual Annual Deductible	$10,000	$6,000
Family Annual Deductible	$20,000	$12,000
Co-Insurance *(Member Pays)*	50%	40%
Co-Insurance *(Plan Pays)*	50%	60%
Individual Out-of-Pocket Maximum *(Includes deductible)*	$20,000	$12,000
Family Out-of-Pocket Maximum *(Includes deductible)*	$40,000	$24,000

Your Plans At-A-Glance Cont.

	HSA-HDHP Option	*Anthem Traditional*
PRESCRIPTION DRUG COPAYMENTS		
Pharmacy Deductible	Combined with In-Network medical deductible	Not applicable
Retail Prescription Drugs and Oral Contraceptives - 30 day supply		
Retail Drug - Tier 1 *(30 day supply)*	$10 after deductible is met	$20
Retail Drug - Tier 2 *(30 day supply)*	$30 after deductible is met	$50
Retail Drug - Tier 3 *(30 day supply)*	$60 after deductible is met	$90
Retail Drug - Tier 4 *(30 day supply)*	25% up to $350 after deductible is met	25% up to $350
Mail Order - Prescription Drugs and Oral Contraceptives - 90 day supply		
Home Delivery *(Mail-Order)* **Maintenance Drug - Tier 1** *(90 day supply)*	$25 after deductible is met	$50
Home Delivery *(Mail-Order)* **Maintenance Drug - Tier 2** *(90 day supply)*	$75 after deductible is met	$125
Home Delivery *(Mail-Order)* **Maintenance Drug - Tier 3** *(90 day supply)*	$150 after deductible is met	$225
Home Delivery *(Mail-Order)* **Maintenance Drug - Tier 4** *(30 day supply)*	25% up to $350 after deductible is met	25% up to $350

Anthem Medical Plan Monthly and Bi-Weekly Rates

HSA-HDHP	*Bi-Weekly Rate*	*Anthem Traditional*	*Bi-Weekly Rate*
Employee Only	$31.96	Employee Only	$33.50
Employee + Spouse	$128.59	Employee + Spouse	$134.78
Employee + Child(ren)	$102.66	Employee + Child(ren)	$107.61
Employee + Family	$196.94	Employee + Family	$206.42

Anthem®

Questions? Contact Anthem Phone: 1-800-331-1476

This summary of benefits is a brief outline of coverage, designed to help you with the selection process. This summary does not reflect each and every benefit, exclusion and limitation which may apply to the coverage. For more details, important limitations and exclusions, please review the formal Certificate of Coverage. If there is a difference between this summary and the Certificate of Coverage the Certificate of Coverage will prevail.

HDHP / HSA Plan Benefits

Covered Medical Benefits	*In-Network Cost*	*Out-of-Network Cost*
Overall Deductible	$3,200 Individual $6,400 Family	$10,000 Individual $20,000 Family
Overall Out-of-Pocket Limit	$6,900 Individual $13,800 Family	$20,000 Individual $40,000 Family
Medical Chats and Virtual Visits for Primary Care from our Online Provider K Health, through its affiliated Provider groups are covered at No charge after deductible is met.		
Virtual Visits from online provider LiveHealth Online for urgent/acute medical and mental health and substance abuse care via www.livehealthonline.com are covered at approximately $59 per visit, and no charge after deductible is met; and 0% coinsurance after deductible is met for covered care.		
Primary Care (PCP) and Mental Health and Substance Abuse Care virtual and office	0% coinsurance after deductible is met	50% coinsurance after deductible is met
Specialist Care virtual and office	0% coinsurance after deductible is met	50% coinsurance after deductible is met
Other Practitioner Visits		
Routine Maternity Care *(Prenatal and Postnatal)*	0% coinsurance after deductible is met	50% coinsurance after deductible is met
Retail Health Clinic Visit for routine care and treatment of common illnesses *(usually found in major pharmacies or retail stores)*	0% coinsurance after deductible is met	50% coinsurance after deductible is met
Manipulation Therapy Coverage is limited to 20 visits per year.	0% coinsurance after deductible is met	50% coinsurance after deductible is met
Acupuncture	Not Covered	Not Covered
Other Services in an Office		
Allergy Testing	0% coinsurance after deductible is met	50% coinsurance after deductible is met
Prescription Drugs (*Dispensed in the office)*	0% coinsurance after deductible is met	50% coinsurance after deductible is met
Surgery	0% coinsurance after deductible is met	50% coinsurance after deductible is met
Preventative care / screenings / immunizations	No charge	50% coinsurance after deductible is met
Preventative Care for Chronic Conditions per IRS Guidelines	No charge	50% coinsurance after deductible is met
Diagnostic Services Lab		
Office	0% coinsurance after deductible is met	50% coinsurance after deductible is met
Freestanding Lab/Reference Lab	0% coinsurance after deductible is met	50% coinsurance after deductible is met
Outpatient Hospital	0% coinsurance after deductible is met	50% coinsurance after deductible is met
X-Ray		
Office	0% coinsurance after deductible is met	50% coinsurance after deductible is met
Freestanding Radiology Center	0% coinsurance after deductible is met	50% coinsurance after deductible is met

HDHP / HSA Plan Benefits Cont.

Covered Medical Benefits	*In-Network Cost*	*Out-of-Network Cost*
X-Ray		
Outpatient Hospital	0% coinsurance after deductible is met	50% coinsurance after deductible is met
Advanced Diagnostic Imaging for example: MRI, PET and CAT scans		
Office	0% coinsurance after deductible is met	50% coinsurance after deductible is met
Freestanding Radiology Center	0% coinsurance after deductible is met	50% coinsurance after deductible is met
Outpatient Hospital	0% coinsurance after deductible is met	50% coinsurance after deductible is met
Emergency and Urgent Care		
Urgent Care	0% coinsurance after deductible is met	50% coinsurance after deductible is met
Emergency Room Facility Services (*Cost share waived if admitted)*	0% coinsurance after deductible is met	Covered as In-Network
Emergency Room Doctor and Other Services	0% coinsurance after deductible is met	Covered as In-Network
Ambulance	0% coinsurance after deductible is met	Covered as In-Network
Outpatient Mental Health and Substance Abuse Care at a Facility		
Facility Fees	0% coinsurance after deductible is met	50% coinsurance after deductible is met
Doctor Services	0% coinsurance after deductible is met	50% coinsurance after deductible is met
Outpatient Surgery Facility Fees		
Hospital	0% coinsurance after deductible is met	50% coinsurance after deductible is met
Ambulatory Surgical Center	0% coinsurance after deductible is met	50% coinsurance after deductible is met
Doctor and Other Services: Hospital	0% coinsurance after deductible is met	50% coinsurance after deductible is met
Ambulatory Surgical Center	0% coinsurance after deductible is met	50% coinsurance after deductible is met
Hospital *(Including Maternity, Mental Health and Substance Abuse)*		
Facility Fees	0% coinsurance after deductible is met	50% coinsurance after deductible is met
Physician and other services *(including surgeon fees)*	0% coinsurance after deductible is met	50% coinsurance after deductible is met
Home Health Care *(Coverage is limited to 100 visits per benefit period. Limits are combined for all home health services)*	0% coinsurance after deductible is met	50% coinsurance after deductible is met
Rehabilitation and Habilitation services (*including physical, occupational and speech therapies. Coverage for physical and occupational therapies is limited to 20 visits combined per year. Coverage speech therapy is limited to 20 visits per year)*		
Office	0% coinsurance after deductible is met	50% coinsurance after deductible is met

HDHP / HSA Plan Benefits Cont.

Covered Medical Benefits	*In-Network Cost*	*Out-of-Network Cost*
Rehabilitation and Habilitation services (*including physical, occupational and speech therapies. Coverage for physical and occupational therapies is limited to 20 visits combined per year. Coverage speech therapy is limited to 20 visits per year)*		
Outpatient Hospital	0% coinsurance after deductible is met	50% coinsurance after deductible is met
Pulmonary rehabilitation *(office and outpatient hospital)*	0% coinsurance after deductible is met	50% coinsurance after deductible is met
Cardiac rehabilitation *(office and outpatient hospital)*	0% coinsurance after deductible is met	50% coinsurance after deductible is met
Dialysis/Hemodialysis *(office and outpatient hospital)*	0% coinsurance after deductible is met	50% coinsurance after deductible is met
Chemo/Radiation Therapy *(office and outpatient hospital)*	0% coinsurance after deductible is met	50% coinsurance after deductible is met
Skilled Nursing Care (facility) (*Coverage for Inpatient rehabilitation and skilled nursing services is limited to 60 days combined per benefit period)*	0% coinsurance after deductible is met	50% coinsurance after deductible is met
Inpatient Hospice	0% coinsurance after deductible is met	50% coinsurance after deductible is met
Durable Medical Equipment	0% coinsurance after deductible is met	50% coinsurance after deductible is met
Prosthetic Devices *(Coverage for wigs is limited to 1 item after cancer treatment per benefits period)*	0% coinsurance after deductible is met	50% coinsurance after deductible is met
Hearing Aids *(Coverage is limited to 1 item per hearing-impaired ear up to $3,000 per ear, every 48 months for members through age 18)*	0% coinsurance after deductible is met	50% coinsurance after deductible is met
Covered Prescription Drug Benefits	*In-network Cost*	*Out-of-network Cost*
Pharmacy Deductible	Combined with In-Network medical deductible	Combined with Out-of-Network medical deductible
Pharmacy Out-of-Pocket Limit	Combined with In-Network medical out-of-pocket limit	Combined with Out-of-Network medical out-of-pocket limit
Prescription Drug Coverage **Network:** Base Network **Drug List:** Essential Drugs not included on the Essential drug list will not be covered		
Day Supply Limits: **Retail Pharmacy** *30 day supply (cost shares noted below)* **Retail 90 Pharmacy** *90 day supply (cost shares noted below)* **Home Delivery Pharmacy** *90 day supply (maximum cost shares noted below)* • Maintenance medications are available through CarelonRx Mail (IngenioRx became CarelonRx on January 1, 2023). You will need to call the number on your ID card to sign up when you first use the service. **Specialty Pharmacy** *30 day supply (cost shares noted below for retail and home delivery apply*). • Anthem may require certain drugs with special handling, provider coordination or patient education be filled by its designation specialty pharmacy or an In-Network Pharmacy that carries your specialty drug.		
Tier 1—Typically Generic each 90 day supply script filled at Retail 90 pharmacies is subject to one 30 day supply cost share charged at In-Network Retail Pharmacies.	**Retail:** $10 copay per prescription after deductible is met **Home Delivery:** $25 copay per prescription after deductible is met	**Retail Only:** $15 copay per prescription after deductible is met

HDHP / HSA Plan Prescription Drug Benefits Cont.

Covered Prescription Drug Benefits	*In-network Cost*	*Out-of-network Cost*
Tier 2—Typically Preferred Brand each 90 day supply script filled at Retail 90 pharmacies is subject to two times the 30 day supply cost share charged at In-Network Retail Pharmacies.	**Retail:** $30 copay per prescription after deductible is met **Home Delivery:** $75 copay per prescription after deductible is met	**Retail Only:** $35 copay per prescription after deductible is met
Tier 3—Typically Non-Preferred Brand each 90 day supply script filled at Retail 90 pharmacies is subject to three times the 30 day supply cost share charged at In-Network Retail Pharmacies.	**Retail:** $60 copay per prescription after deductible is met **Home Delivery:** $150 copay per prescription after deductible is met	**Retail Only:** $60 copay per prescription after deductible is met
Tier 4—Typically Specialty (brand and generic)	**Retail and Home Delivery**: 25% coinsurance up to $350 per prescription after deductible is met	**Retail Only:** 25% coinsurance up to $350 per prescription after deductible is met

Notes:

- If you have an office visit with your Primary Care Physician or Specialist at an Outpatient Facility (e.g., Hospital or Ambulatory Surgical Facility), benefits for Covered Services will be paid under "Outpatient Facility Services".
- Costs may vary by the site of service. Other cost shares may apply depending on services provided. Check your Certificate of Coverage for details.
- When using a non-network pharmacy, members are responsible for the stated copay & costs in excess of the prescription drug maximum allowed amount. Members will pay upfront and submit a claim form.

Anthem Traditional Plan Benefits

Covered Medical Benefits	*In-Network Cost*	*Out-of-Network Cost*
Overall Deductible	$3,000 Individual $6,000 Family	$6,000 Individual $12,000 Family
Overall Out-of-Pocket Limit	$6,000 Individual $12,000 Family	$12,000 Individual $24,000 Family
Medical Chats and Virtual Visits for Primary Care from our Online Provider K Health, through its affiliated Provider groups are covered at $0 copay per visit deductible does not apply.		
Virtual Visits from online provider LiveHealth Online for urgent/acute medical and mental health and substance abuse care via www.livehealthonline.com are covered at $0 copay per visit deductible does not apply; and $50 copay per visit deductible does not apply for covered Specialist Care.		
Primary Care (PCP) and Mental Health and Substance Abuse Care *(virtual and office)*	$30 copay per visit deductible does not apply	40% coinsurance after deductible is met
Specialist Care *(virtual and office)*	$60 copay per visit deductible does not apply	40% coinsurance after deductible is met
Other Practitioner Visits		
Routine Maternity Care (Prenatal and Postnatal)	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Retail Health Clinic Visit for routine care and treatment of common illnesses; usually found in major pharmacies or retail stores.	$30 copay per visit deductible does not apply	40% coinsurance after deductible is met
Manipulation Therapy *(Coverage is limited to 20 visits per year)*	$30 copay per visit deductible does not apply	40% coinsurance after deductible is met
Acupuncture	$30 copay per visit deductible does not apply	40% coinsurance after deductible is met
Other Services in an Office		
Allergy Testing	$60 copay per visit deductible does not apply‡	40% coinsurance after deductible is met
Prescription Drugs Dispensed in the office	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Surgery	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Preventative care / screenings / immunizations	No charge	40% coinsurance after deductible is met
Preventative Care for Chronic Conditions *per IRS Guidelines*	No charge	40% coinsurance after deductible is met
Diagnostic Services Lab		
Office	$60 copay per visit deductible does not apply‡	40% coinsurance after deductible is met
Freestanding Lab/Reference Lab	No Charge	40% coinsurance after deductible is met
Outpatient Hospital	20% coinsurance after deductible is met	40% coinsurance after deductible is met
X-Ray		
Office	$60 copay per visit deductible does not apply‡	40% coinsurance after deductible is met
Freestanding Radiology Center	20% coinsurance deductible does not apply	40% coinsurance after deductible is met
Outpatient Hospital	20% coinsurance after deductible is met	40% coinsurance after deductible is met

Anthem Traditional Plan Benefits

Covered Medical Benefits	*In-Network Cost*	*Out-of-Network Cost*
Advanced Diagnostic Imaging for example: MRI, PET and CAT scans		
Office	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Freestanding Radiology Center	20% coinsurance deductible does not apply	40% coinsurance after deductible is met
Outpatient Hospital	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Emergency and Urgent Care		
Urgent Care *(includes doctor services. Additional charges may apply depending on the care provided)*	$60 copay per visit Deductible does not apply	40% coinsurance after deductible is met
Emergency Room Facility Services *(Cost share waived if admitted)*	$500 copay per visit and 20% coinsurance deductible does not apply	Covered as In-Network
Emergency Room Doctor and Other Services	20% coinsurance deductible does not apply	Covered as In-Network
Ambulance	20% coinsurance after deductible is met	Covered as In-Network
Outpatient Mental Health and Substance Abuse Care at a Facility		
Facility Fees	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Doctor Services	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Outpatient Surgery		
• Facility Fees		
• Hospital	20% coinsurance after deductible is met	40% coinsurance after deductible is met
• Ambulatory Surgical Center	$200 copay per visit deductible does not apply	40% coinsurance after deductible is met
• Doctor and Other Services		
• Hospital	20% coinsurance after deductible is met	40% coinsurance after deductible is met
• Ambulatory Surgical Center	20% coinsurance deductible does not apply	40% coinsurance after deductible is met
Hospital (Including Maternity, Mental Health and Substance Abuse)		
Facility Fees	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Physician and other services (*including surgeon fees)*	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Home Health Care *(Coverage is limited to 100 visits per benefit period. Limits are combined for all home health services)*	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Rehabilitation and Habilitation services *(including physical, occupational and speech therapies. Coverage for physical and occupational therapies is limited to 20 visits combined per year. Coverage speech therapy is limited to 20 visits per year)*		
Office	$30 copay per visit deductible does not apply	40% coinsurance after deductible is met

Anthem Traditional Plan Benefits

Covered Medical Benefits	*In-Network Cost*	*Out-of-Network Cost*
Rehabilitation and Habilitation services *(including physical, occupational and speech therapies. Coverage for physical and occupational therapies is limited to 20 visits combined per year. Coverage speech therapy is limited to 20 visits per year)*		
Outpatient Hospital	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Pulmonary rehabilitation (*office and outpatient hospital)*	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Cardiac rehabilitation (*office and outpatient hospital)*	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Dialysis/Hemodialysis (*office and outpatient hospital)*	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Chemo/Radiation Therapy (*office and outpatient hospital)*	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Skilled Nursing Care *(facility) (Coverage for Inpatient rehabilitation and skilled nursing services is limited to 60 days combined per benefit period)*	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Inpatient Hospice	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Durable Medical Equipment	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Prosthetic Devices *(Coverage for wigs is limited to 1 item after cancer treatment per benefits period)*	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Hearing Aids *(Coverage is limited to 1 item per hearing-impaired ear up to $3,000 per ear, every 48 months for members through age 18)*	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Covered Prescription Drug Benefits	*In-network Cost*	*Out-of-network Cost*
Pharmacy Deductible	Not applicable	Not applicable
Pharmacy Out-of-Pocket Limit	Combined with In-Network medical out-of-pocket limit	Combined with Out-of-Network medical out-of-pocket limit
Prescription Drug Coverage **Network:** Base Network **Drug List:** Essential Drugs not included on the Essential drug list will not be covered		
Day Supply Limits: **Retail Pharmacy** *30 day supply (cost shares noted below)* **Retail 90 Pharmacy** 90 day supply (cost shares noted below) **Home Delivery Pharmacy** *90 day supply (maximum cost shares noted below)* • Maintenance medications are available through CarelonRx Mail (IngenioRx became CarelonRx on January 1, 2023). You will need to call the number on your ID card to sign up when you first use the service. **Specialty Pharmacy** *30 day supply (cost shares noted below for retail and home delivery apply).* • Anthem may require certain drugs with special handling, provider coordination or patient education be filled by its designation specialty pharmacy or an In-Network Pharmacy that carries your specialty drug.		
Tier 1—Typically Generic each 90 day supply script filled at Retail 90 pharmacies is subject to one 30 day supply cost share charged at In-Network Retail Pharmacies.	**Retail:** $20 copay per prescription **Home Delivery:** $50 copay per prescription	**Retail Only:** $15 copay per prescription
Tier 2—Typically Preferred Brand each 90 day supply script filled at Retail 90 pharmacies is subject to two times the 30 day supply cost share charged at In-Network Retail Pharmacies.	**Retail:** $50 copay per prescription **Home Delivery:** $125 copay per prescription	**Retail Only:** $35 copay per prescription
Tier 3—Typically Non-Preferred Brand each 90 day supply script filled at Retail 90 pharmacies is subject to three times the 30 day supply cost share charged at In-Network Retail Pharmacies.	**Retail:** $90 copay per prescription **Home Delivery:** $225 copay per prescription	**Retail Only:** $65 copay per prescription
Tier 4—Typically Specialty (brand and generic)	**Retail and Home Delivery:** 25% coinsurance up to $350 per prescription	**Retail Only:** 25% coinsurance up to $350 per prescription

See a doctor on your phone, tablet or computer, 24/7

Using LiveHealth Online, you can have a private video visit from home or on the go.

When you need care, LiveHealth Online is ready to help. No need to make an appointment. Just log in at livehealthonline.com or use the app, and see a board-certified doctor in a few minutes.

When your own doctor isn't available, use LiveHealth Online if you have:

- Pinkeye
- A cold
- The flu
- A fever
- Allergies
- A sinus infection
- And more

A doctor can assess your condition, provide a treatment plan and even send a prescription to your pharmacy, if it's needed.*

What will a visit cost?

Your Anthem plan includes benefits for video visits using LiveHealth Online, so you'll just pay your share of the costs — usually $59 or less.

Sign up for LiveHealth Online today – it's quick and easy

Go to **livehealthonline.com** or download the app and register on your phone or tablet.

Download on the App Store

ANDROID APP ON Google play

Anthem

LiveHealth ONLINE

Expanding your virtual care options

Anthem®

Find complete care support, on your time, through the **Sydney Health app**

Visit with a doctor at your convenience

Accessing the care you need, when you need it, matters. That's why our Sydney℠ Health mobile app connects you to a team of doctors ready to help you on your time. There are two secure ways to find no- or low-cost care through our app:

1 Chat with a doctor 24/7 without an appointment

- Urgent care support for health issues, such as allergies, a cold, or the flu.
- New prescriptions for concerns such as a cough or a sinus infection.

2 Schedule a virtual primary care appointment

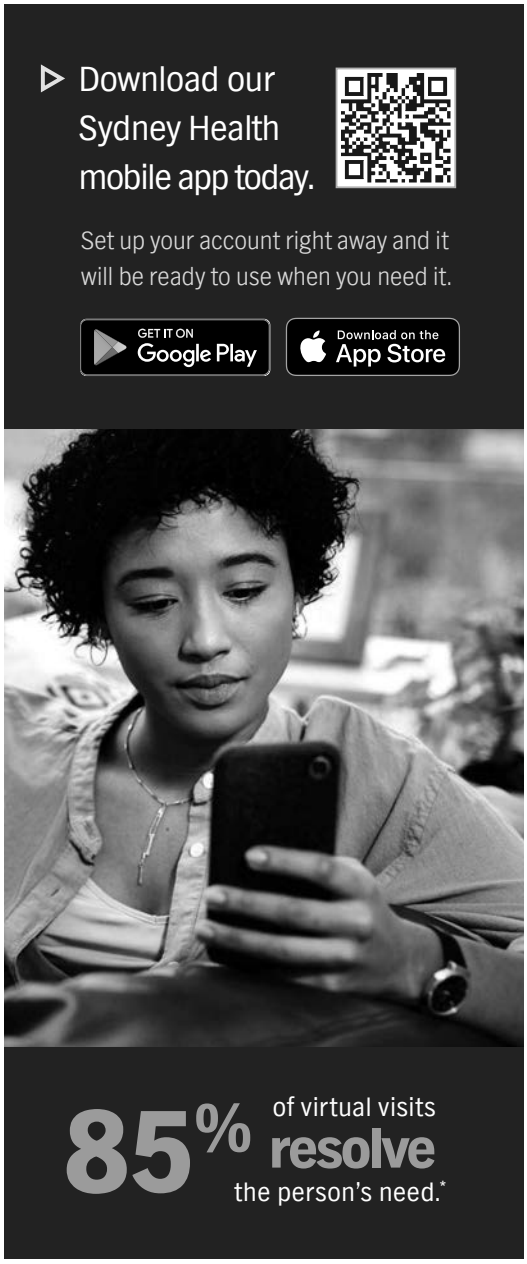
- Routine care, including wellness check-ins and prescription refills.
- Personalized care plans for chronic conditions, such as asthma or diabetes.

Assess your symptoms with the Symptom Checker

When you're sick, you can use the Symptom Checker on Sydney Health to answer a few questions about how you're feeling. That information is run against millions of medical data points to provide care advice tailored to you.

Save money and time with virtual care

Sydney Health brings care to you anywhere, anytime. The Symptom Checker is always free to use, while virtual primary care visits and on-demand urgent care through the app are available at no or low cost.



* K Health analysis of Q4 2020 visit dispositions.

Sydney Health is offered through an arrangement with CareMarket, Inc., a separate company offering mobile application services on behalf of Anthem Blue Cross and Blue Shield. ©2021-2022.

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Health Savings Account (HSA)

Health Savings Account (HSA)

Using a Health Savings Account (HSA) is great way to stretch your benefit dollars. You use before-tax dollars in your HSA to reimburse yourself or someone else for eligible out-of-pocket medical care expenses. That means you can enjoy tax savings and increased spendable income — It's your money. — Why not keep more of it? — With an HSA you can!

What is a Health Savings Account?

An HSA is a tax-advantaged savings account that is used in combination with a High Deductible Health Plan (HDHP) and gives you a new way to manage healthcare costs. You can use the HSA funds to cover qualified medical expenses—from copayments at the doctor's office to pharmacy bills, dental care, vision care, and more. In order to be eligible to make contributions to your HSA you must be enrolled in an eligible HDHP plan either independently or through your employer, and you cannot have any other disqualifying healthcare coverage, such as entitlement to any part of Medicare, or access to FSA or HRA funds through your employer or another individual's employer. More information on HSAs can be found through the IRS publications website at the link listed below http://www.irs.gov/publications/p969/ar02.html.

How it Works

You and your employer can deposit money into your HSA account, up to an annual per-person or family limit set by the IRS. When you enroll, an account will be created for you at HealthcareBank (a sponsor online bank). You'll be given access to a secure, easy-to-use web portal (accessed via computer or mobile phone app) where you can track your account balance, view your investment accounts and submit requests for disbursements. Unlike a flexible spending account (FSA), there is no "use it or lose it" condition.

In addition, you'll receive a convenient prepaid benefits card to make it easy to access the money in your HSA. The card only contains the current value of your HSA account (i.e., the amount you have contributed less any amount you have used). When you use the card, payments are automatically withdrawn from your HSA account and you won't have to submit receipts to verify the purchase. Just swipe the card and go. It's that easy!

With An HSA You Can:

- **Enjoy significant tax savings** with pre-tax contributions and tax-free reimbursements for qualified plan expenses
- **Quickly and easily access funds** using the prepaid benefits card at point of sale, or request to have funds directly deposited into your bank account via computer online or mobile app
- **Reduce filing hassles and paperwork** by using your prepaid benefits card (*HINT:You will still need to save all detailed receipts and the online portal is a great place to do that – just upload via computer or snap a picture with your smartphone mobile app to upload. Please note, the receipts can't be seen by Admin America.)*
- **Enjoy secure access** to accounts using a convenient Participant Portal available 24/7/365. When you enroll you will receive a "Next Steps Document" via email that includes detailed login instructions or call Admin America for assistance. You may access the portal via www.adminamerica.com. Please click on "Login" and then "Participant".
- **Manage your HSA** "on the go" with an easy-to-use mobile app *(see next page for more mobile app info)*
- **Request a distribution or enter an expense easily online** and let the system help you keep track of your out-of pocket healthcare expenses. You may request that an expense be paid to you or someone else whenever you are ready and have sufficient funds in your HSA account.
- **Stay up to date on balances** and action required with automated email alerts and convenient portal and mobile home page messages

Benefits to You:

- **An HSA is yours.** Funds in your HSA account stay with you, even if you change jobs.
- **Contribute tax free.** An HSA reduces your taxable income. The money is tax free both when you put it in and when you take it out to cover qualified medical expenses.
- **Grow funds tax free**. An HSA grows with you. If you maintain a minimum balance of $2,000 your additional funds in excess of the minimum may be invested in mutual funds yielding tax-free earnings.
- **Spend tax free.** Withdrawals used for eligible expenses are tax free.

Plan for the future. Until you turn 65, withdrawals you use for non-eligible expenses will be taxed at your regular income tax rate and are subject to additional penalties (20% penalty for 2022). After you turn 65, or if you become disabled, your HSAaccount becomes similar to a regular IRA . . . withdrawals for non-eligible healthcare expenses are still subject to income tax but not subject to any penalties.

You can use your HSA dollars and your prepaid benefits card to pay for:

- Routine health care: office visits, X-rays, lab work
- Hospital expenses: room and board, surgery
- Medications: prescription and over-the- counter (OTC)drugs when prescribed by a physician
- Dental care: cleanings, fillings, crowns
- Vision care: eye exams, glasses, contacts
- Copays and coinsurance (the portions of health care bills paid by you)
- Eligible over-the-counter (OTC) items* such as:
    - First Aid Dressings and Supplies – bandages, rubbing alcohol
    - Contact Lens Solutions/Supplies
    - Insulin and Diabetic Testing Supplies

**The list of eligible OTC items changed per the Patient Protection and Affordable Care Act of 2010. Contact Admin America, Inc. for more information or visit www.irs.gov for details.*

The amount you save in taxes with a Health Savings Account will vary depending on the amount you set aside in the account, your annual earnings, whether or not you pay Social Security taxes, the number of exemptions and deductions you claim on your tax return, your tax bracket and your state and local tax regulations. Check with your tax advisor for information on how your participation will affect your tax savings.

	Medical Insurance Tier	
	2024: Employee Only	*2024: Family*
HSA Contribution Limits (employee + employer)	$4,150.00	$8,300.00
HSA Catch Up Contribution (employee 55 yrs +)	$1,000.00	$1,000.00

Be sure to check out the NEW Mobile App available for your Android or iOS smartphone! The Mobile App makes account access and healthcare expense management easy and quick.

With the convenience of a mobile device, you can see your available balance anywhere, anytime as well as file expenses and receipts using your phone's camera.

Install the mobile app on your mobile phone in one of the following ways:

- **iPhone App**
    - Search the App Store for "Benefits by Admin America" Or, via the following link: http://itunes.apple.com/us/app/benefits-by-admin-america/id475793441?mt=8&uo=4

- **Android App**
    - Search the Android Market for "Benefits by Admin America" Or, via the following link: https://market.android.com/details?id=com.lighthouse1.mobilebenefits.aam

Admin America

Dental Plan

Anthem

Essential Choice Dental Plan

Regular dental checkups can help find early warning signs of certain health problems, which means you can get the care you need to get healthy. So, don't skimp on your dental care, good oral care can mean better overall health!

Powerful and Easily Accessible Member Tools

- **Ask a Hygienist:** Dental members can simply email their dental questions to a team of licensed dental professionals who in turn will respond in about 24 hours.
- **Dental Health Risk Assessment:** We want our dental members to better understand their oral health and their risk factors for tooth decay, gum disease and oral cancer. This easy to use online tool can help them do this.
- **Dental Care Cost Estimator:** In order to help our dental member better understand the cost of their dental care, we offer access to a user-friendly, web-based tool that provides estimates on common dental procedures and treatments when using a network dentist.
- **More Capabilities:** With our latest mobile application, members can find a network dentist as well as view their claims. Our application is available for both Android and Apple phones.

Dentists in Your Plan Network

You'll save money when you visit a dentist in your plan network because Anthem and the dentist have agreed on pricing for covered services. Dentists who are not in your plan network have not agreed to pricing, and may bill you for the difference between what Anthem pays them and what the dentist usually charges.

To find a dentist by name or location, go to anthem.com or call dental customer service at the number listed on the back of your ID card.

Ready to use your dental benefits?

- Choose a dentist from the network
- Make an appointment
- Show the office staff your member ID card
- Pay any deductible or copay that is part of your plan

Need to contact Anthem? See the back of your ID card for who to call, write or email.

Your Dental Benefits at a Glance

The following benefit summary outlines how your dental plan works and provides you with a quick reference of your dental plan benefits. For complete coverage details, please refer to your policy.

	Participating Dentist	*Nonparticipating Dentist*
Type 1 - Preventive	100%	
Annual Benefit Maximum (Calendar Year) Per insured person	$2,000	$2,000
D&P applies to Annual Maximum Annual Maximum	Yes	Yes
Carryover/Carry in	No/No	No/No
Orthodontic Lifetime Benefit Maximum • Per eligible insured person	• $1,000	• $1,000
Annual Deductible (Does not apply to Orthodontic Services) • Per insured person/Family maximum (Calendar Year) • **Deductible Waived for Diagnostic/Preventive Services**	• $50/3X Individual • Yes	• $50/3X Individual • Yes
Nonparticipating Provider Reimbursement:	90th percentile	

Dental Services	*Participating Dentist*	*Nonparticipating Dentist*	*Waiting Period*
Diagnostic and Preventive Services • **Periodic oral exam:** 2 per 12 months • **Teeth cleaning (prophylaxis):** 2 per 12 months; w/periodontal maintenance • **Bitewing X-rays:** 1 set per 12 months • **Full-mouth or Panoramic X-rays:** 1 per 60 months • **Fluoride application:** 1 per 12 months through age 18 • **Sealants:** 1 per 60 months; through age 18 • **Space Maintainers:** 1 per lifetime through age 18; posterior teeth	100% Coinsurance	100% Coinsurance	No Waiting Period
Basic Services • **Consultation (second opinion):** 1 per 12 months • **Amalgam (silver-colored) Filling:** 1 per tooth per 24 months • **Composite (tooth-colored) Filling:** 1 per tooth per 24 months • **posterior (back) fillings alternated to amalgam benefit (silver-colored filling)** • **Brush Biopsy (cancer test) Covered:** 1 per 12 months; all ages	100% Coinsurance	100% Coinsurance	No Waiting Period
Endodontics (Non-Surgical) • Root Canal 1 per tooth per lifetime	50% Coinsurance	50% Coinsurance	No Waiting Period
Endodontics (Surgical) • Apicoectomy and apexification 1 per tooth per lifetime	50% Coinsurance	50% Coinsurance	No Waiting Period
Periodontics (Non-Surgical) • Periodontal Maintenance 2 per 12 months; w/teeth cleaning scaling and root planning 1 per quadrant per 24 months	50% Coinsurance	50% Coinsurance	No Waiting Period
Periodontics (Surgical) 1 per quadrant per 36 months • Periodontal Surgery (osseous, gingivectomy, graft procedures)	50% Coinsurance	50% Coinsurance	No Waiting Period
Oral Surgery (Simple) • Simple Extractions 1 per tooth per lifetime	100% Coinsurance	100% Coinsurance	No Waiting Period
Oral Surgery (Complex) • Surgical Extractions 1 per tooth per lifetime	100% Coinsurance	100% Coinsurance	No Waiting Period
Major (Restorative) Services • Crowns, onlays, veneers 1 per tooth per 84 months • Cosmetic teeth whitening Not Covered	50% Coinsurance	50% Coinsurance	No Waiting Period
Temporomandibular Joint Disorder (TMJ) • X-rays, splints, and surgical procedures including arthroscopy and orthotic devices	Not Covered	Not Covered	N/A
Prosthodontics • Dentures and bridges 1 per tooth per 84 months • Dental Implants Limited to one per tooth per 84 months	50% Coinsurance	50% Coinsurance	No Waiting Period

Dental Services	*Participating Dentist*	*Non-Participating Dentist*	*Waiting Period*
Prosthodontic Repairs/Adjustments • Crown, denture, bridge repairs 1 per 12 months; 6 months after placement • Denture and bridge adjustments: 2 per 12 months; 6 months after placement	50% Coinsurance	50% Coinsurance	No Waiting Period
Orthodontic Services • Adults & Dependent Children	50% Coinsurance	50% Coinsurance	No Waiting Periods

Additional Services and Programs

Anthem Whole Health Connection - Dental®

- For members with certain health conditions, additional dental benefits are available without a deductible or waiting periods. Eligible services are paid at 100% and won't reduce your coverage year annual maximum (if applicable)

Accidental Dental Injury Benefit

- Provides members 100% coverage for accidental injuries to teeth up to the coverage year annual maximum (if applicable). No deductibles, member coinsurance, or waiting periods apply

Extension of Benefits

- Following termination of coverage, members are provided up to 60 days to complete treatment started prior to their termination of coverage under the plan and eligible services will be covered

International Emergency Dental Program

- Provides emergency dental benefits while working or traveling abroad from licensed, English-speaking dentists. Eligible covered services will be paid 100% with no deductibles, member coinsurance, or waiting periods and won't reduce the member coverage year annual maximum (if applicable)

Additional Limitations & Exclusions

Below is a partial listing of non-covered services under your dental plan. Please see your policy for a full list.

- **Services provided before or after the term of this coverage** - Services received before your effective date or after your coverage ends, unless otherwise specified in the dental plan certificate .
- **Orthodontics** (unless included as part of your dental plan benefits) including orthodontic braces, appliances and all related services
- Cosmetic dentistry (unless included as part of your dental plan benefits) provided by dentists solely for the purpose of improving the appearance of the tooth when tooth structure and function are satisfactory and no pathologic conditions (cavities) exist.
- **Drugs and medications** including intravenous conscious sedation, IV sedation and general anesthesia when performed with nonsurgical dental care
- **Analgesia, analgesic agents, and anxiolysis nitrous oxide**, therapeutic drug injections, medicines or drugs for nonsurgical or surgical dental care except that intravenous conscious sedation is eligible as a separate benefit when performed in conjunction with complex surgical services.
- **Waiting periods** for endodontic, periodontic and oral surgery services may differ from other Basic Services or Major Services under the same dental plan.
- Missing tooth clause of 24 months applies for the replacement of congenitally missing teeth or teeth lost prior to the coverage effective date for this plan

Anthem Dental Essential Choice Premiums

Coverage Tier	*Monthly Rate*	*Bi-Weekly Rate*
Employee Only	$0	$0
Employee + One	$33.91	$15.65
Employee + Family	$82.83	$38.23

Vision Plan

Anthem®

Welcome to your Blue View Vision Plan!

You have many choices when it comes to using your benefits. As a Blue View Vision plan member, you have access to one of the nation's largest vision networks. You may choose from many private practice doctors, local optical stores, and national retail stores including LensCrafters®, Target Optical®, and most Pearle Vision® locations. You may also use your in-network benefits to order eyewear online at Glasses.com and ContactsDirect.com.

To locate a participating network eye care doctor or location, log in at anthem.com, or from the home page menu under Care, select Find a Doctor.

You may also call member services for assistance at 1-866-723-0515.

Out-of-Network – If you choose to, you may instead receive covered benefits outside of the Blue View Vision network. Just pay in full at the time of service, obtain an itemized receipt, and file a claim for reimbursement up to your maximum out-of-network allowance.

Benefit Overview

Your Blue View Vision Plan Benefits	*In-Network*	*Out-of-Network*	*Frequency*
Routine Eye Exam A comprehensive eye examination	$10 Copay	Reimbursed Up To $42	Once every calendar year
Eyeglass Frames One pair of eyeglass frames	$130 Allowance, then 20% off any remaining balance	Reimbursed Up To $45	Once every other calendar year
Eyeglass Lenses (instead of contact lenses) One pair of standard plastic prescription lenses 1. Single vision lenses 2. Bifocal lenses 3. Trifocal lenses	1. $20 Copay 2. $20 Copay 3. $20 Copay	1. Reimbursed Up To $40 2. Reimbursed Up To $60 3. Reimbursed Up To $80	Once every calendar year
Eyeglass Lens Enhancements When obtaining covered eyewear from a Blue View Vision provider, you may choose to add any of the following lens enhancements at no extra cost			
1. Transitions Lenses (for a child under age 19) 2. Standard polycarbonate (for a child under age 19) 3. Factory Scratch Coating	1. $0 Copay 2. $0 Copay 3. $0 Copay	No allowance when obtained out-of-network	Same as covered eyeglass lenses
Contact Lenses (instead of eyeglass lenses) Contact lens allowance will only be applied toward the first purchase of contacts made during a benefit period. Any unused amount remaining cannot be used for subsequent purchases in the same benefit period, nor can any unused amount be carried over to the following benefit period.			
Elective conventional (non-disposable)	$130 Allowance, then 15% off any remaining balance	Reimbursed Up To $105	Once every calendar year
Elective disposable	$130 Allowance (no additional discount)	Reimbursed Up To $105	Once every calendar year
Non-elective (medically necessary)	Covered in full	Reimbursed Up To $210	Once every calendar year

This is a primary vision care benefit intended to cover only routine eye examinations and corrective eyewear. Blue View Vision is for routine eye care only. If you need medical treatment for your eyes, visit a participating eye care doctor from your medical network. Benefits are payable only for expenses incurred while the group and insured person's coverage is in force. This information is intended to be a brief outline of coverage. All terms and conditions of coverage, including benefits and exclusions, are contained in the member's policy, which shall control in the event of a conflict with this overview. This benefit overview is only one piece of your entire enrollment package.

Additional Savings Available to You

Optional Savings Available from Blue View Vision In-Network Providers Only		*In-Network Member Cost (after any applicable copay)*
Retinal Imaging – at member's option, can be performed a time of eye exam	Not more than $39	

Eyeglass lens upgrades
When obtaining eyewear from a Blue View Vision provider, you may choose to upgrade your new eyeglass lenses at a discounted cost. Eyeglass lens copayment applies.
	1. Transitions lenses (Adults)
	2. Standard Polycarbonate (Adults)
	3. Tint (Solid and Gradient)
	4. UV Coating
	5. Progressive Lenses[1]
	  1. Standard
	  2. Premium Tier 1
	  3. Premium Tier 2
	  4. Premium Tier 3
	  5. Premium Tier 4
	6. Anti-Reflective Coating[2]
	  1. Standard
	  2. Premium Tier 1
	  3. Premium Tier 2
	  4. Premium Tier 3
	7. Other Add-ons
		1. $75
		2. $40
		3. $15
		4. $15
		5. Progressive Lenses
		  1. $55
		  2. $85
		  3. $95
		  4. $110
		  5. $175
		6. Anti-Reflective Coating
		  1. $45
		  2. $57
		  3. $68
		  4. $85
		7. 20% off retail price

Additional Pairs of Eyeglasses Anytime from any Blue View Vision network provider	1. Complete Pair 2. Eyeglass materials purchased separately	1. 40% off retail price 2. 20% off retail price
Eyewear Accessories	Items such as non-prescription sunglasses, lens cleaning supplies, contact lens solutions, eyeglass cases, etc.	20% off retail
Contact lens fit and follow-up A contact lens fitting and up to two follow-up visits are available to you once a comprehensive eye exam has been completed.	1. Standard contact lens fitting[3] 2. Premium contact lens fitting[4]	1. Up to $55 2. 10% off retail price
Conventional Contact Lenses	Discount applies to materials only	15% off retail price
Additional Savings Available through Anthem's Special Offers Program Savings on items like additional eyewear after your benefits have been used, non-prescription sunglasses, hearing aids and even LASIK laser vision correction surgery are available through a variety of vendors. Just log in at anthem.com, select discounts, then Vision, Hearing & Dental.		

[1]Please ask your provider for his/her recommendation as well as the available progressive brands by tier.
[2]Please ask your provider for his/her recommendation as well as the available anti-reflective brands by tier.
[3]Standard fitting includes spherical clear lenses for conventional wear and planned replacement. Examples include but are not limited to disposable and frequent replacement.
[4]Premium fitting includes all lens designs, materials and specialty fittings other than standard contact lenses. Examples include but are not limited to toric and multifocal.

Cannot be combined with any other offer. Discounts are subject to change without notice. Discounts are not covered benefits under your vision plan and will not be listed in your certificate of coverage. Discounts will be offered from in-network providers except where State law prevents discounting of products and services that are not covered benefits under this plan. Discounts on frames will not apply if the manufacturer has imposed a no discount on sales at retail and independent provider locations.

Exclusions & Limitations

(Not a comprehensive list – please refer to the member Certificate of Coverage for a complete list)

Combined Offers. Not to be combined with any offer, coupon, or in-store advertisement.
Excess Amounts. Amounts in excess of covered vision expense.
Sunglasses. Plano sunglasses and accompanying frames.
Safety Glasses. Safety glasses and accompanying frames.
Not Specifically Listed. Services not specifically listed in this plan as covered services.

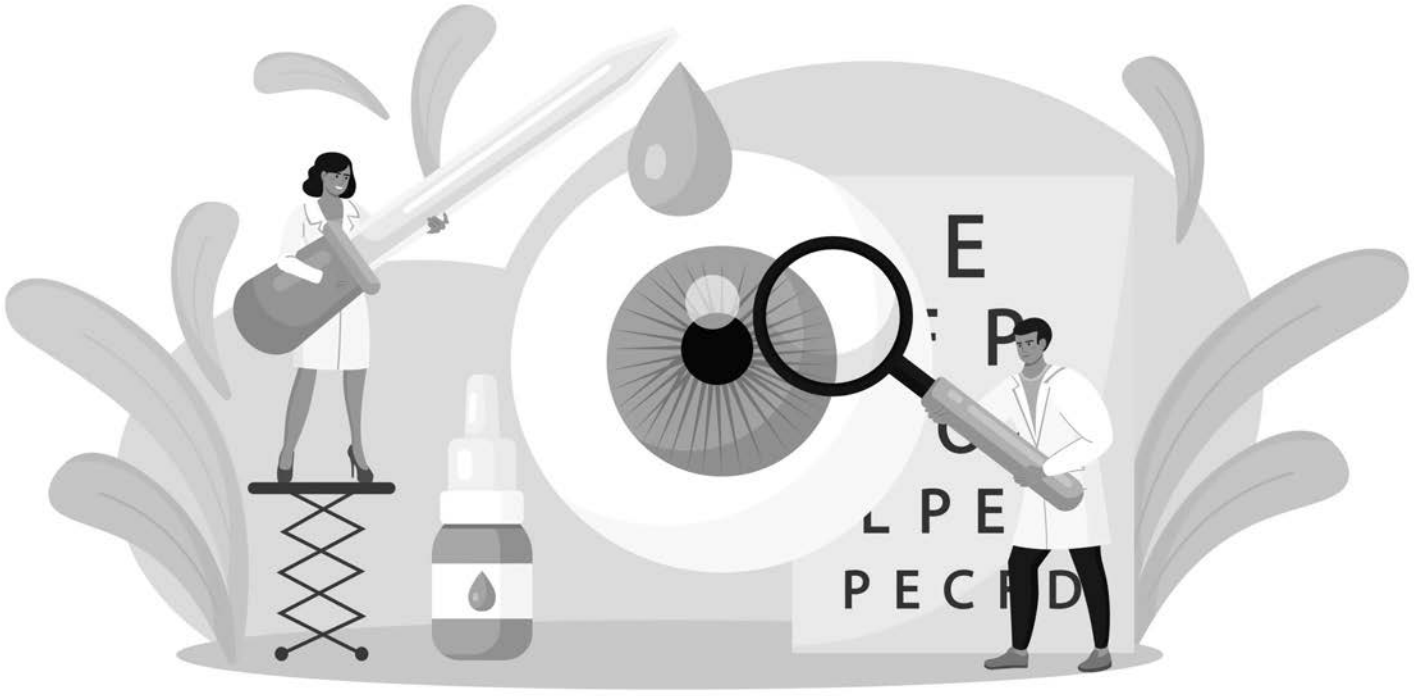
Exclusions & Limitations

Lost or Broken Lenses or Frames. Any lost or broken lenses or frames are not eligible for replacement unless the insured person has reached his or her normal service interval as indicated in the plan design.

Non-Prescription Lenses. Any non-prescription lenses, eyeglasses or contacts. Plano lenses or lenses that have no refractive power. Orthoptics. Orthoptics or vision training and any associated supplemental testing.

Blue View Vision Bi-Weekly Rates

Coverage Tier	*Bi-Weekly Rate*
Employee Only	$2.76
Employee + Spouse	$5.22
Employee + Child(ren)	$5.50
Employee + Family	$8.09



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Questions? Contact Anthem! Phone: 1-866-723-0515 Anthem.com

STAY WELL

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

Cancer Plan

THE MANHATTAN LIFE INSURANCE COMPANY SM

BAY BRIDGE ADMINISTRATORS

"Your solutions begin at the Bridge"®

Plan Features

- ✓ Donor Benefits
- ✓ Wellness Benefits
- ✓ Many Benefits have No Lifetime Maximum
- ✓ Covers certain Lodging & Transportation
- ✓ Portable (take it with you)
- ✓ In & Out of hospital benefits
- ✓ Pays regardless of other coverage

Benefit	*Benefit Option*
Wellness Benefit. For Cancer screening tests such as mammogram, flexible sigmoidoscopy, pap smear, chest X-ray, Hemocult stool specimen, or prostate screen. No Lifetime Maximum	$100 per calendar year
Positive Diagnosis Test. Payable for a test that leads to positive diagnosis of Cancer or Specified Disease within 90 days. This benefit is not payable if the same Cancer or Specified Disease recurs.	Up to $300 per calendar year
First Diagnosis Benefit. One-time benefit payable when a Covered Person is first diagnosed with Cancer (other than Skin Cancer) or a Specified Disease. Must occur after the Certificate Effective Date.	1. $0 2. $2,500 3. $0 4. $5,000
Second and Third Surgical Opinions. Covers written opinions received after a Positive Diagnosis and before surgery. No Lifetime Maximum	Incurred Expenses
Non-Local Transportation. Payable for transportation to a Hospital, clinic or treatment center which is more than 60 miles and less than 700 miles from a Covered Person's home. No Lifetime Maximum	Actual billed charges by a common carrier or 50 cents per mile if a personal vehicle is used.
Adult Companion Lodging and Transportation. Payable for one adult companion to stay with a Covered Person who is confined in a Hospital that is more than 60 miles and less than 700 miles from his or her home. Covered expenses include a single room in a motel or hotel up to 60 days per confinement; and the actual billed charges of round trip coach fare by a common carrier or a mileage allowance for the use of a personal vehicle. This benefit is not payable for lodging expense incurred more than 24 hours before the treatment nor for lodging expense incurred more than 24 hours following treatment. No Lifetime Maximum	Up to $75 per day for lodging. 50 cents per mile if a personal vehicle is used.
Ambulance. For ambulance service if the Covered Person is taken to a Hospital and admitted as an inpatient. No Lifetime Maximum	Incurred Expenses
Surgery. Covers actual surgeon's fee for an operation up to the amount listed on the schedule. Benefits for surgery performed on an outpatient basis will be 150% of the schedule benefit amount, not to exceed the actual surgeon's fees. No Lifetime Maximum	Up to $3,000
Donor Benefit Bone Marrow and Stem Cell Transplant. We will pay the following benefit for the Covered Person and his or her live donor: (a) Medical expense allowance of two times the selected Hospital Confinement benefit. (b) Actual billed charges for round trip coach fare on a Common Carrier to the city where the transplant is performed; or personal automobile expense allowance of 50 cents per mile. Mileage is measured from the home of the Donor or Covered Person to the Hospital in which the Covered Person is staying. We will pay for up to 700 miles per Hospital stay. (c) Actual billed charges up to $50 per day for lodging and meals expense for donor to remain near Hospital.	(a) $200 (b) Actual Billed Charges for round trip coach fare; or personal automobile expense of 50 cents per mile. (c) Actual Billed Charges up to $50 per day
Bone Marrow and Stem Cell Transplant. We will pay incurred expenses per Covered Person for surgical and anesthetic charges associated with bone marrow transplant and/or peripheral stem cell transplant	Incurred Expenses to a combined lifetime maximum of $15,000
Anesthesia. For services of an anesthesiologist during a Covered Person's surgery. No Lifetime Maximum For anesthesia in connection with the treatment of skin Cancer that is not invasive melanoma. No Lifetime Maximum	Up to 25% of surgical benefit paid. $100 maximum per Covered Person for skin Cancer
Ambulatory Surgical Center. We will pay the actual billed charges incurred at an Ambulatory Surgical Center. No Lifetime Maximum	$250 Per Day
Drugs and Medicines. Payable for drugs and medicine received while the Covered Person is Hospital confined. No Lifetime Maximum	Up to $25 per day, $600 per calendar year
Outpatient Anti-Nausea Drugs. Payable for drugs prescribed by a Physician to suppress nausea due to Cancer or Specified Disease. No Lifetime Maximum	Up to $250 per calendar year
Radiation, Radioactive Isotopes Therapy, Chemotherapy, or Immunotherapy. Covers treatment administered by a Radiologist, Chemotherapist or Oncologist on an inpatient or outpatient basis. No Lifetime Maximum	Incurred Expenses up to $2,500 per month (Options 1 & 2) Incurred Expenses up to $5,000 per month Options 3 & 4)

Benefit	*Benefit Option*
Miscellaneous Diagnostic Charges. Covers charges for lab work or x-rays in connection with radiation and chemotherapy treatment. Service must be performed while receiving Radiation, Radioactive Isotopes Therapy, Chemotherapy or Immunotherapy, or within 30 days following a covered treatment.	Incurred Expenses up to a lifetime maximum of $10,000
Self-Administered Drugs. We will pay the incurred expenses for self-administered chemotherapy, including hormone therapy, or immunotherapy agents. This benefit is not payable for planning, monitoring, or other agents used to treat or prevent side effects, or other procedures related to this therapy treatment. No Lifetime Maximum	Incurred Expenses up to $4,000 per month
Colony Stimulating Factors. We will pay incurred expenses for: [a] cost of the chemical substances and [b] their administration to stimulate the production of blood cells. Treatment must be administered by an Oncologist or Chemotherapist. No Lifetime Maximum	Incurred Expenses up to $500 per month
Blood, Plasma and Platelets. For blood, plasma and platelets, and transfusions: including administration. No Lifetime Maximum	Incurred Expenses up to $200 per day
Physician's Attendance. For one visit per day while Hospital confined. No Lifetime Maximum	$35 per day
Private Duty Nursing Service. For private nursing services ordered by the Physician while Hospital confined. No Lifetime Maximum	$100 per day
National Cancer Institute Designated Comprehensive Cancer Treatment Center Evaluation/Consultation Benefit. We will pay the actual billed charges if a Covered Person is diagnosed with Internal Cancer and seeks evaluation or consultation from a National Cancer Institute designated Comprehensive Cancer Treatment Center. If the Comprehensive Cancer Treatment Center is located more than 30 miles from the Covered Person's place of residence, We will also pay the transportation and lodging actual billed charges. This benefit is not payable on the same day a Second or Third Surgical Opinion Benefit is payable and is in lieu of the Non-Local Transportation Benefits of the policy.	Actual Billed Charges limited to a lifetime maximum up to $750 for evaluation. Actual Billed Charges limited to a lifetime maximum up to $350 for transportation and lodging.
Breast Prosthesis. Covers the prosthesis and its implantation if it is required due to breast cancer. No Lifetime Maximum	Incurred Expenses
Artificial Limb or Prosthesis. Covers implantation of an artificial limb or prosthesis when an amputation is performed.	Up to $1,500 lifetime maximum per amputation.
Physical or Speech Therapy. Payable when therapy is needed to restore normal bodily function. No Lifetime Maximum	$35 per session
Extended Benefits. If a Covered Person is confined in a Hospital for 60 continuous days We will pay three times the selected Hospital Confinement Benefit beginning on the 61st day for Hospital Confinement. This benefit is payable in place of the Hospital Confinement Benefit. No Lifetime Maximum	$300 per day
Extended Care Facility. Limited to number of days of prior Hospital confinement. Must begin within 14 days after Hospital confinement, and be at the direction of the attending Physician. No Lifetime Maximum	$50 per day
At Home Nursing. Limited to number of days of prior Hospital confinement. Must begin immediately following a Hospital confinement, and be authorized by the attending Physician. No Lifetime Maximum	$100 per day
New or Experimental Treatment. We will pay the actual billed charges incurred by a Covered Person for New or Experimental Treatment judged necessary by the attending Physician and received in the United States or in its territories. No Lifetime Maximum	Up to $7,500 per calendar year
Hospice Care. If a Covered Person elects to receive hospice care, We will pay the actual billed charges for care received in a Free Standing Hospice Care Center. No Lifetime Maximum	$50 per day
Government or Charity Hospital. Payable if the Covered Person is confined in a U. S. Government Hospital or a Hospital that does not charge for its services. Paid in place of all other benefits under the Policy. No Lifetime Maximum	$200 per day
Hairpiece. We will pay the actual billed charges per Covered Person for a hairpiece when hair loss is a result of Cancer Treatment.	Actual billed charges up to a lifetime maximum of $150
Rental or Purchase of Durable Goods. We will pay the incurred expenses for the rental or purchase of the following pieces of durable medical equipment: a respirator or similar mechanical device, brace, crutches, Hospital bed, or wheelchair. No Lifetime Maximum	Incurred Expenses up to $1,500 per calendar year
Waiver of Premium. After 60 continuous days of disability due to Cancer or Specified Disease, We will waive premiums starting on the first day of policy renewal.	After 60 days
Hospital Confinement. Payable for each day a Covered Person is charged the daily room rate by a Hospital, for up to 60 days of continuous stay. The benefit for covered children under age 21 is two times the Covered Person's daily benefit. No Lifetime Maximum	$100 per day

Other Specified Diseases Covered:

- Addison's Disease
- Amyotrophic Lateral Sclerosis
- Cystic Fibrosis
- Diphtheria
- Encephalitis
- Epilepsy
- Hansen's Disease
- Legionnaire's Disease
- Lupus Erythematosus
- Lyme Disease
- Malaria
- Meningitis (epidemic cerebrospinal)
- Multiple Sclerosis
- Muscular Dystrophy
- Myasthenia Gravis
- Niemann-Pick Disease
- Osteomyelitis
- Poliomyelitis
- Rabies
- Reye's Syndrome
- Rheumatic Fever
- Rocky Mountain Spotted Fever
- Scarlet Fever
- Sickle Cell Anemia
- Tay-Sachs Disease
- Tetanus
- Toxic Epidermal Necrolysis
- Tuberculosis
- Tularemia
- Typhoid Fever
- Undulant Fever
- Whipple's Disease

Payment of Benefits

Benefits are payable for a Covered Person's Positive Diagnosis, subject to the Pre-Existing Condition Limitation, unless coverage replaces a prior plan of similar coverage that was in force when the Policy was issued.

Pre-Existing Condition Limitation

During the first 12 months of a Covered Person's insurance, losses incurred for Pre-Existing Conditions are not covered. During the first 12 months following the date a Covered Person makes a change in coverage that increases his or her benefits, the increase will not be paid for Pre-Existing Conditions. After this 12 month period, however, benefits for such conditions will be payable unless specifically excluded from coverage. This 12 month period is measured from the Certificate Effective Date for each Covered Person.

Pre-Existing Condition means Cancer or a Specified Disease, for which a Covered Person has received medical consultation, treatment, care, services, or for which diagnostic test(s) have been recommended or for which medication has been prescribed during the 12 months immediately preceding the Certificate Effective Date of coverage for each Covered Person.

Exceptions and Other Limitations

The Policy pays benefits only for diagnoses resulting from Cancer or Specified Diseases, as defined in the Policy. It does not cover:

1. any other disease or sickness;
2. injuries;
3. any disease, condition, or incapacity that has been caused, complicated, worsened, or affected by:
    1. Specified Disease or Specified Disease treatment; or
    2. Cancer or Cancer treatment, or unless otherwise defined in the Policy
4. care and treatment received outside the United States or its territories;
5. treatment not approved by a Physician as medically necessary; and
6. Experimental Treatment by any program that does not qualify as Experimental Treatment as defined in the Policy.

Termination of Coverage

A Covered Person's insurance under the Policy will automatically terminate on the earliest of the following dates:

1. the date that the Policy terminates.
2. the date of termination of any section or part of the Policy with respect to insurance under such section or part.
3. the date the Policy is amended to terminate the eligibility of the Employee class.
4. any premium due date, if premium remains unpaid by the end of the grace period.
5. the premium due date coinciding with or next following the date the Covered Person ceases to be a member of an eligible class.
6. the date the Policyholder no longer meets participation requirements.

Portability

On the date the Policy terminates or the date the Named Insured ceases to be a member of an eligible class, Named Insureds and their covered dependents will be eligible to exercise the portability privilege. Portability coverage may continue beyond the termination date of the Policy, subject to the timely payment of premiums. Portability coverage will be effective on the day after insurance under the Policy terminates.

The benefits, terms and conditions of the portability coverage will be the same as those provided under the Policy when the insurance terminated. The initial portability premium rate is the rate in effect under the Policy for active employees who have the same coverage. The premium rate for portability coverage may change for the class of Covered Persons on portability on any premium due date.

Covered Persons

Covered Person means any of the following:

A. the Named Insured; or
B. any eligible Spouse or Child, as defined and as indicated on the Certificate Schedule whose coverage has become effective;
C. any eligible Spouse or Child, as defined and added to this Certificate by endorsement after the Certificate Effective Date whose coverage has become effective; or
D. a newborn child (as described in the Eligibility Section).

Child (Children) means the Named Insured's unmarried child, including a natural child from the moment of birth, stepchild, foster or legally adopted child, or child in the process of adoption (including a child while the Named Insured is a party to a proceeding in which the adoption of such child by the Named Insured is sought); a child for whom the Named Insured is required by a court order to provide medical support, and grandchildren who are dependent on the Named Insured for federal income tax purposes at the time of application, who is not yet age 26.

Option to Add Additional Benefits Hospital Intensive Care Insurance Rider *Form Number M-BBR01*

In consideration of additional premium, this coverage will provide you with benefits if you go into a Hospital Intensive Care Unit (ICU).
Benefits - Your benefits start the first day you go into ICU. The benefit is payable for up to 45 days per ICU stay.
Hospital Intensive Care Confinement Benefit - You may choose the benefit of $325 (Option 2) or $625 (Option 4) per day. It is reduced by one-half at age 75.
Double Benefits - We will double the daily benefits for each day you are in an ICU as a result of Cancer or a Specified Disease. We will also double the benefit for an injury that results from: being struck by an automobile, bus, truck, motorcycle, train, or airplane; or being involved in an accident in which the named insured was the operator or was a passenger in such vehicle. ICU confinement must occur within 48 hours of the accident.
Emergency Hospitalization and Subsequent Transfer to an ICU - We will pay the benefit selected by you for the highest level of care in a hospital that does not have an ICU, if you are admitted on an emergency basis, and you are transferred within 48 hours to the ICU of another Hospital.
Step Down Unit - We will pay a benefit equal to one half the chosen daily benefit for confinement in a Step Down Unit.

Exceptions and Other Limitations

Except as provided in Step Down Unit and Emergency Hospitalization and Subsequent Transfer to an ICU, coverage does not provide benefits for: surgical recovery rooms; progressive care; intermediate care; private monitored rooms; observation units; telemetry units; or other facilities which do not meet the standards for a Hospital Intensive Care Unit. Benefits are not payable: if you go into an ICU before the Certificate Effective Date; if you go into an ICU for intentionally self-inflicted injury or suicide attempts; if you go into an ICU due to being intoxicated or under the influence of alcohol, drugs or any narcotics, unless administered on the advice of a Physician and taken according to the Physician's instructions. The term "intoxicated" refers to that condition as defined by law in the jurisdiction where the accident or cause of loss occurred.

Group Cancer Rate Quote

Bi-Weekly Rates				
Coverage Tier	**Option 1**	**Option 2**	**Option 3**	**Option 4**
Employee	$8.15	$10.79	$9.06	$14.26
Employee + Spouse	$16.42	$21.97	$18.20	$29.02
Employee + Child(ren)	$11.63	$15.32	$12.76	$20.01
Family	$19.89	$26.51	$21.90	$34.77

Variable Benefit Elections				
Benefit	**Option 1**	**Option 2**	**Option 3**	**Option 4**
Hospital Confinement	$100	$100	$100	$100
Surgical	$3,000	$3,000	$3,000	$3,000
Radiation/ Chemotherapy	$2,500 per month	$2,500 per month	$5,000 per month	$5,000 per month
First Diagnosis	$0	$2,500	$0	$5,000
Colony Stimulating Factors	$500 per month	$500 per month	$500 per month	$500 per month
Wellness	$100	$100	$100	$100
Intensive Care Rider	$0	$325	$0	$625

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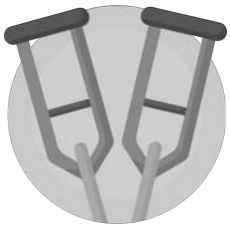
"Your solutions begin at the Bridge"®

This is not a Medicare Supplement Policy. If you are eligible for Medicare, see the Medicare Supplement Buyer's Guide available from the Company. This policy only covers cancer and the diseases specified above, unless the hospital intensive care rider is selected. Upon receipt of your policy, please review it and your application. If any information is incorrect, please contact: Bay Bridge Administrators P.O. Box 161690 | Austin, Texas 78716 | 1-800-845-7519



Group Accident Plan

Aflac®

Protection for the Unexpected

Accidents can happen in an instant affecting you or a loved one. Aflac is designed to help families plan for the health care bumps ahead and take some of the uncertainty and financial insecurity out of getting better.

After an accident, you may have expenses you've never thought about. Can your finances handle them? It's reassuring to know that an accident insurance plan can be there for you in your time of need to help cover expenses such as:

- Ambulance rides
- Emergency room visits
- Surgery and anesthesia
- Major Diagnostic Testing
- Burns

Plan Features

- Benefits are paid directly to you, unless otherwise assigned and you can use that cash any way you see fit
- Coverage is guaranteed-issue (which means you may qualify for coverage without having to answer health questions).
- Benefits are paid regardless of any other medical insurance.

Benefits Overview

	Benefit Amounts
Initial Treatment *(once per accident, within 7 days after the accident, not payable for telemedicine services)* Payable when an insured receives initial treatment for a covered accidental injury. This benefit is payable for initial treatment received under the care of a doctor when an insured visits the following:	
• **Hospital emergency room with X-Ray / without X-Ray** • **Urgent care facility with X-Ray / without X-Ray** • **Doctor's office or facility** *(other than a hospital emergency room or urgent care)* **with X-Ray / without X-Ray**	• $175/$100 • $175/$100 • $175/$100
Ambulance *(within 90 days after the accident)* Payable when an insured receives transportation by a professional ambulance service due to a covered accidental injury.	$200 Ground $600 Air
Major Diagnostic Testing *(once per accident, within 6 months after the accident)* Payable when an insured requires one of the following exams: Computerized Tomography (CT/CAT scan), Magnetic Resonance Imaging (MRI), or Electroencephalography (EEG) due to a covered accidental injury. These exams must be performed in a hospital, a doctor's office, a medical diagnostic imaging center or an ambulatory surgical center.	$75
Blood/Plasma/Platelets *(2 times per accident, within 6 months after the accident)* Payable for each day that an insured receives blood, plasma or platelets due to a covered accidental injury.	$100
Concussion *(once per accident, within 6 months after the accident)* Payable when an insured is diagnosed by a doctor with a concussion due to a covered accident.	$200
Coma *(once per accident)* Payable when an insured is in a coma lasting 30 days or more as the result of a covered accident. For the purposes of this benefit, Coma means a profound state of unconsciousness caused by a covered accident.	$2,000
Emergency Dental Work *(once per accident, within 6 months after the accident)* Payable when an insured's natural teeth are injured as a result of a covered accident.	$25 Extraction $100 Repair with a crown
Burns *(once per accident, within 6 months after the accident)* Payable when an insured is burned in a covered accident and is treated by a doctor. We will pay according to the percentage of body surface burned. First degree burns are not covered.	
Second Degree • Less than 10% • At least 10% but less than 25% • At least 25% but less than 35% • 35% or more	• $25 • $50 • $125 • $250
Third Degree • Less than 10% • At least 10% but less than 25% • At least 25% but less than 35% • 35% or more	• $250 • $1,250 • $2,500 • $5,000

	Benefit Amounts
Eye Injuries Payable for eye injuries if, because of a covered accident, a doctor removes a foreign body from the eye, with or without anesthesia.	$125
Fractures *(once per accident, within 90 days after the accident)* Payable when an insured fractures a bone because of a covered accident and is treated by a doctor. If the fracture requires open reduction, 200% of the benefit is payable for that bone. For multiple fractures (more than one fracture in one accident), we will pay a maximum of 200% of the benefit amount for the bone fractured that has the highest dollar amount. For a chip fracture (a piece of bone that is completely broken off near a joint), we will pay 25% of the amount for the affected bone. This benefit is not payable for stress fractures.	Up to $2,500 based on a schedule
Dislocations *(once per accident, within 90 days after the accident)* Payable when an insured dislocates a joint because of a covered accident and is treated by a doctor. If the dislocation requires open reduction, 200% of the benefit for that joint is payable. We will pay benefits only for the first dislocation of a joint. We will not pay for recurring dislocations of the same joint. If the insured dislocated a joint before the effective date of his certificate and then dislocates the same joint again, it will not be covered by the plan. For multiple dislocations (more than one dislocated joint in one accident), we will pay a maximum of 200% of the benefit amount for the joint dislocated that has the highest dollar amount. For a partial dislocation (joint is not completely separated, including subluxation), we will pay 25% of the amount for the affected joint.	Up to $1,000 based on a schedule
Lacerations *(once per accident, within 7 days after the accident)* Payable when an insured receives a laceration in a covered accident and the laceration is repaired by a doctor. For multiple lacerations, we will pay a maximum of 200% of the benefit for the largest single laceration requiring stitches. Lacerations requiring stitches (including liquid skin adhesive): • Over 15 centimeters • 5-15 centimeters • Under 5 centimeters • Lacerations not requiring stitches	• $200 • $100 • $50 • $25
Outpatient Surgery and Anesthesia *(per day / performed in hospital or ambulatory surgical center, maximum of two procedures per accident, within one year after the accident)* Payable for each day that, due to a covered accidental injury, an insured has an outpatient surgical procedure performed by a doctor in a hospital or ambulatory surgical center. Surgical procedure does not include laceration repair. If an outpatient surgical procedure is covered under another benefit in the plan, we will pay the higher benefit amount.	$150
Inpatient Surgery and Anesthesia *(per day / maximum of two procedures per accident, within one year after the accident)* Payable for each day that, due to a covered accidental injury, an insured has an inpatient surgical procedure performed by a doctor. The surgery must be performed while the insured is confined to a hospital as an inpatient. If an inpatient surgical procedure is covered under another benefit in the plan, we will pay the higher benefit amount.	$550
Transportation *(greater than 100 miles from the insured's residence, 3 times per accident, within 6 months after the accident)* Payable for transportation if, because of a covered accident, an insured is injured and requires doctor-recommended hospital treatment or diagnostic study that is not available in the insured's resident city.	$250 Plane $125 Any ground transportation
Successor Insured Benefit If spouse coverage is in force at the time of the employee's death, the surviving spouse may elect to continue coverage. Coverage would continue according to the existing plan and would also include any dependent child coverage in force at the time.	

Surgical Procedures may include, but are not limited to, surgical repair of: ruptured disc, tendons/ligaments, hernia, rotator cuff, torn knee cartilage, skin grafts, joint replacement, internal injuries requiring open abdominal or thoracic surgery, exploratory surgery (with or without repair), etc., unless otherwise noted due to an accidental injury.

After Care Benefits Overview

	Benefit Amounts
Appliances *(maximum of 2 per accident, within 6 months after the accident)* Payable if, as a result of an injury received in a covered accident, a doctor advises the insured to use a listed medical appliance as an aid in personal locomotion.	
Cane, Ankle Brace, Walking Boot, Walker, Crutches, Leg Brace, Cervical Collar, Wheelchair, Knee Scooter, Body Jacket, Back Brace	$100

After Care Benefits Overview Cont.

	Benefit Amounts
Accident Follow-up Treatment *(maximum of 3 per accident, within 6 months after the accident provided initial treatment is within 7 days of the accident)* Payable for doctor-prescribed follow-up treatment for injuries received in a covered accident. Follow-up treatments do not include physical, occupational or speech therapy. Chiropractic or acupuncture procedures are also not considered follow-up treatment.	$40
Rehabilitation Unit *(maximum of 31 days per confinement, no more than 62 days total per calendar year for each insured)* Payable for each day that, due to a covered accidental injury, an insured receives treatment as an inpatient at a rehabilitation facility. For this benefit to be payable, the insured must be transferred to the rehabilitation facility for treatment following an inpatient hospital confinement. We will not pay the rehabilitation facility benefit for the same days that the hospital confinement benefit is paid. We will pay the highest eligible benefit.	$40 per day
Therapy *(maximum of 6 per accident, beginning within 90 days after the accident provided initial treatment is within 7 days after the accident)* Payable if because of injuries received in a covered accident, an insured has doctor-prescribed therapy treatment in one of the following categories: physical therapy provided by a licensed physical therapist, occupational therapy provided by a licensed occupational therapist, or speech therapy provided by a licensed speech therapist.	$40
Chiropractic or Alternative Therapy *(maximum of 3 per accident, beginning within 90 days after the accident provided initial treatment is within 7 days after the accident)* Payable if because of injuries received in a covered accident, an insured receives acupuncture or chiropractic treatment.	$25

Hospitalization Benefits Overview

	Benefit Amounts
Hospital Admission *(once per accident, within 6 months after the accident)* Payable when an insured is admitted to a hospital and confined as an inpatient because of a covered accidental injury. This benefit is not payable for confinement to an observation unit, for emergency room treatment or for outpatient treatment.	$1,500 per confinement
Hospital Confinement *(maximum of 365 days per accident, within 6 months after the accident)* Payable for each day that an insured is confined to a hospital as an inpatient because of a covered accidental injury. If we pay benefits for confinement and the insured is confined again within 6 months because of the same accidental injury, we will treat this confinement as the same period of confinement. This benefit is payable for only one hospital confinement at a time even if caused by more than one covered accidental injury. This benefit is not payable for confinement to an observation unit or a rehabilitation facility.	$225 per day
Hospital Intensive cCare *(maximum of 31 days per accident, within 6 months after the accident)* Payable for each day an insured is confined in a hospital intensive care unit because of a covered accidental injury. We will pay benefits for only one confinement in a hospital intensive care unit at a time, even if it is caused by more than one covered accidental injury. If we pay benefits for confinement in a hospital intensive care unit and an insured becomes confined to a hospital intensive care unit again within 6 months because of the same accidental injury, we will treat this confinement as the same period of confinement. This benefit is payable in addition to the Hospital Confinement Benefit.	$350 per day
Family Member Lodging *(greater than 100 miles from the insured's residence, maximum of 30 days per accident, within 6 months after the accident)* Payable for each night's lodging in a motel/hotel/rental property for an adult member of the insured's immediate family. For this benefit to be payable: • The insured must be confined to a hospital for treatment of a covered accidental injury; • The hospital and motel/hotel must be more than 100 miles from the insured's residence; and • The treatment must be prescribed by the insured's treating doctor.	$100 per day

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Life Changing Events Benefits Overview

	Benefit Amounts
Dismemberment *(once per accident, within 6 months after the accident)* Payable if an insured loses a hand or foot or experiences loss of sight as the result of a covered accident. Dismemberment means: • Loss of a hand -The hand is removed at or above the wrist joint; • Loss of a foot -The foot is removed at or above the ankle; • Loss of a finger/toe - The finger or toe is removed at or above the joint where it is attached to the hand or foot; or • Loss of sight - At least 80% of the vision in one eye is lost (such loss of sight must be permanent and irrecoverable). If the Dismemberment Benefit is paid and the insured later dies as a result of the same covered accident, we will pay the appropriate death benefit (if available), less any amounts paid under this benefit.	
Single Loss *(the loss of one hand, one foot, or the sight of one eye)* • Employee • Spouse • Child(ren)	• $5,000 • $3,000 • $1,500
Double Loss *(the loss of both hands, both feet, the sight of both eyes, or a combination of any two)* • Employee • Spouse • Child(ren)	• $10,000 • $6,000 • $3,000
Loss of One or More Fingers or Toes • Employee • Spouse • Child(ren)	• $500 • $200 • $100
Partial Dismemberment *(includes at least one joint of a finger or a toe)* • Employee • Spouse • Child(ren)	• $50 • $50 • $50
Paralysis *(once per accident, diagnosed by a doctor within six months after the accident)* Payable if an insured has permanent loss of movement of two or more limbs for more than 90 days (in Utah, 30 days) as the result of a covered accidental injury. • **Paraplegia**: $1,500 Employee / $750 Spouse / $250 Child(ren) • **Quadriplegia**: $3,000 Employee / $1,500 Spouse / $500 Child(ren)	
Prosthesis *(once per accident, up to 2 prosthetic devices and one replacement per device per insured)** Payable when an insured receives a prosthetic device, prescribed by a doctor, as a result of a covered accidental injury. Prosthetic Device/Prosthesis means an artificial device designed to replace a missing part of the body. This benefit is not payable for hearing aids, wigs, or dental aids (to include false teeth), repair or replacement of prosthetic devices* and /or joint replacements. ** We will pay this benefit again once to cover the replacement of a prosthesis for which a benefit has been paid, provided the replacement takes place within three years of the initial benefit payment.*	$500
Residence/ Vehicle Modification *(once per accident, within one year after the accident)* Payable for a permanent structural modification to an insured's primary residence or vehicle when the insured suffers total and permanent or irrevocable loss of one of the following, due to a covered accidental injury: • The sight of one eye; • The use of one hand/arm; or • The use of one foot/leg.	$500

Wellness Rider and Accidental Death Rider Benefits Overview

	Benefit Amounts
Wellness Benefit *(once per covered person, per calendar year)* Payable for wellness tests performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations.	$75 First year of certificate and thereafter
Accidental death benefit *(within 90 days after the accident*)* Payable if a covered accidental injury causes the insured to die.	$60,000 Employee $30,000 Spouse $15,000 Child(ren)
Accidental Common-Carrier Death Benefit Payable if the insured: • Is a fare-paying passenger on a common carrier; • Is injured in a covered accident; and • Dies within 90 days* after the covered accident. **In Oregon and Utah, within 180 days after the accident; in Pennsylvania, there is no limitation on the number of days.*	$60,000 Employee $30,000 Spouse $15,000 Child(ren)

Exclusions

State references refer to the state of your group and not your resident state. Plan exclusions apply to all riders unless otherwise noted. We will not pay benefits for accidental injury, disability or death contributed to, caused by, or resulting from*:

War – voluntarily participating in war, any act of war, or military conflicts, declared or undeclared, or voluntarily participating or serving in the military, armed forces or an auxiliary unit thereto, or contracting with any country or international authority. (We will return the prorated premium for any period not covered by the certificate when the insured is in such service.)

War also includes voluntary participation in an insurrection, riot, civil commotion or civil state of belligerence.

War does not include acts of terrorism.

Suicide – committing or attempting to commit suicide, while sane or insane.

Sickness – having any disease or bodily/mental illness or degenerative process.

We also will not pay benefits for:

− Allergic reactions

− Any bacterial, viral, or microorganism infection or infestation or any condition resulting from insect, arachnid or other arthropod bites or stings.

− An error, mishap or malpractice during medical, diagnostic, or surgical

treatment or procedure for any sickness

− Any related medical/surgical treatment or diagnostic procedures for such illness

Self-Inflicted Injuries – injuring or attempting to injure oneself intentionally.

Racing – riding in or driving any motor-driven vehicle in a race, stunt show or speed test in a professional or semi-professional capacity.

Illegal Occupation – voluntarily participating in, committing or attempting to commit a felony or illegal act or activity, or voluntarily working at or being engaged in, an illegal occupation or job.

Sports – participating in any organized sport in a professional or semiprofessional capacity for pay or profit.

Cosmetic Surgery – having cosmetic surgery or other elective procedures that are not medically necessary or having dental treatment except as a result of a covered accident.

accident.

For 24-Hour Coverage, the following exclusions will not apply:

An injury arising from any employment.

Definitions

Accidental Injury means accidental bodily damage to an insured resulting from an unforeseen and unexpected traumatic event. This must be the direct result of an accident and not the result of disease or bodily infirmity.

A **Covered Accidental Injury** is an accidental injury that occurs while coverage is in force.

A **Covered Accident** is an accident that occurs on or after an insured's effective date while coverage is in force, and that is not specifically excluded by the plan.

Ambulatory Surgical Center is defined as a licensed surgical center consisting of an operating room; facilities for the administration of general anesthesia; and a post-surgery recovery room in which the patient is admitted and discharged within a period of less than 24 hours.

Dependent Child or Dependent Children means your or your spouse's natural children, step-children, grandchildren who are in your legal custody and residing with you, foster children, children subject to legal guardianship, legally adopted children, or children placed for adoption, who are younger than age 26. Newborn children may be automatically covered from the moment of birth for 60 days.

Doctor is a person who is duly qualified as a practitioner of the healing arts acting within the scope of his license, and is licensed to practice medicine; prescribe and administer drugs; or to perform surgery, or is a duly qualified medical practitioner according to the laws and regulations in the state in which treatment is made.

A Doctor does not include the insured or an insured's family member.

The term **Hospital** specifically excludes any facility not meeting the definition of hospital as defined in this plan, including but not limited to:

- A nursing home,
- An extended-care facility,
- A skilled nursing facility,
- A rest home or home for the aged,
- A rehabilitation facility,
- A facility for the treatment of alcoholism or drug addiction, or
- An assisted living facility.

Spouse is your legal wife, husband, or partner in a legally recognized union. Refer to your certificate for details.

Telemedicine Service means a medical inquiry with a doctor via audio or video communication that assists with a patient's assessment, diagnosis, and consultation.

Treatment is the consultation, care, or services provided by a doctor. This includes receiving any diagnostic measures and taking prescribed drugs and medicines. Treatment does not include telemedicine services.

Urgent Care is a walk-in clinic that delivers ambulatory, outpatient care in a dedicated medical facility for illnesses or injuries that require immediate care but that are not serious enough to require a visit to an emergency room.

Hospitalization Benefits

Hospital Intensive Care Unit means a place that meets all of the following criteria:

• Is a specifically designated area of the hospital called a hospital intensive care unit;

• Provides the highest level of medical care;

• Is restricted to patients who are critically ill or injured and who require intensive comprehensive observation and care;

• Is separate and apart from the surgical recovery room and from rooms, beds and wards customarily used for patient confinement;

• Is permanently equipped with special life-saving equipment for the care of the critically ill or injured;

• Is under close observation by a specially trained nursing staff assigned exclusively to the hospital intensive care unit 24 hours a day and

• Has a doctor assigned to the hospital intensive care unit on a full-time basis.

The term Hospital Intensive Care Unit specifically excludes any type of facility not meeting the definition of hospital intensive care unit as defined in this plan, including but not limited to private monitored rooms, surgical recovery rooms, observation units and the following step-down units:

- A progressive care unit;
- A sub-acute intensive care unit; or
- An intermediate care unit.

Intermediate Intensive Care Step-Down Unit means any of the following:

- A progressive care unit;
- A sub-acute intensive care unit;
- An intermediate care unit; or
- A pre- or post-intensive care unit.

An intermediate intensive care step-down unit is not a hospital intensive care unit as defined in this plan.

After Care Benefits

Psychiatrist is a doctor of medicine who specializes in the diagnosis and treatment of mental disorders.
Psychologist is a clinical, mental health professional who works with patients. A psychologist is not a doctor of medicine who typically provides medical interventions and drug therapies, but provides analysis and counseling.
Rehabilitation Facility is a unit or facility providing coordinated multidisciplinary physical restorative services. These services must be provided to inpatients under a doctor's direction. The doctor must be knowledgeable and experienced in rehabilitative medicine. Beds must be set up in a unit or facility specifically
designated and staffed for this service. This is not a facility for the treatment of alcoholism or drug addiction.

Accidental Death Rider

Common Carrier means:

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

You May Continue Your Coverage

Your coverage may be continued with certain stipulations. See certificate for details.

Termination of Coverage

Your insurance may terminate when the plan is terminated; the 31st day after the premium due date if the premium has not been paid; or the date you no longer belong to an eligible class. If your coverage terminates, we will provide benefits for valid claims that arose while your coverage was in force. See certificate for details.

If this coverage will replace any existing individual policy, please be aware that it may be in your best interest to maintain your individual guaranteed-renewable policy.

Notice to Consumer: The coverages provided by Continental American Insurance Company (CAIC) represent supplemental benefits only. They do not constitute comprehensive health insurance coverage and do not satisfy the requirement of minimum essential coverage under the Affordable Care Act. CAIC coverage is not intended to replace or be issued in lieu of major medical coverage. It is designed to supplement a major medical program.

Group Accident Bi-Weekly Rates

Coverage Tier	*Bi-Weekly Rate*
Employee Only	$5.93
Employee + Spouse	$10.11
Employee + Child(ren)	$12.72
Employee + Family	$16.91

Aflac®

For more information, call 1.800.433.3036, or visit aflacgroupinsurance.com.

Group Hospital Indemnity Plan

Hospital Indemnity Insurance

The plan that can help with expenses and protect your savings.
Does your major medical insurance cover all of your bills? Even a minor trip to the hospital can present you with unexpected expenses and medical bills. And even with major medical insurance, your plan may only pay a portion of your entire stay.

That's how the Aflac Group Hospital Indemnity plan can help.
It provides financial assistance to enhance your current coverage. It may help avoid dipping into savings or having to borrow to address out-of-pocket-expenses major medical insurance was never intended to cover. Like transportation and meals for family members, help with child care, or time away from work, for instance.

The Aflac Group Hospital Indemnity plan benefits include the following:

- Hospital Confinement Benefit
- Hospital Admission Benefit
- Hospital Intensive Care Benefit and more

Features

- Guaranteed Issue coverage for initial enrollment
- No waiting period
- No pre-existing condition exclusion
- No pregnancy limitation
- No benefit reduction at any age

How It Works	
Aflac Group Hospital Indemnity coverage is selected.	Aflac Group Hospital Indemnity plan pays: $1,400
The insured has a high fever and goes to the emergency room	
The physician admits the insured into the hospital.	
The insured is released after two days.	
Amount payable was generated based on benefit amounts for: Hospital Admission ($1,100) and Hospital Confinement ($150 per day).	

Benefits Overview

	Benefit Amount
Hospital Admission Benefit per confinement *(once per covered sickness or accident per calendar year for each insured)* Payable when an insured is admitted to a hospital and confined as an inpatient because of a covered accidental injury or covered sickness. We will not pay benefits for confinement to an observation unit, or for emergency room treatment or outpatient treatment. We will not pay benefits for admission of a newborn child following his birth; however, we will pay for a newborn's admission to a Hospital Intensive Care Unit if, following birth, he is confined as an inpatient as a result of a covered accidental injury or covered sickness *(including congenital defects, birth abnormalities, and/or premature birth*).	$1,100
Hospital Confinement per day *(maximum of 30 days per confinement for each covered sickness or accident for each insured)* Payable for each day that an insured is confined to a hospital as an inpatient as the result of a covered accidental injury or covered sickness. If we pay benefits for confinement and the insured becomes confined again within six months because of the same or related condition, we will treat this confinement as the same period of confinement. This benefit is payable for only one hospital confinement at a time even if caused by more than one covered accidental injury, more than one covered sickness, or a covered accidental injury and a covered sickness.	$150
Hospital Intensive Care Benefit per day *(maximum of 15 days per confinement for each covered sickness or accident for each insured)* Payable for each day when an insured is confined in a Hospital Intensive Care Unit because of a covered accidental injury or covered sickness. We will pay benefits for only one confinement in a Hospital's Intensive Care Unit at a time. Once benefits are paid, if an insured becomes confined to a Hospital's Intensive Care Unit again within six months because of the same or related condition, we will treat this confinement as the same period of confinement. This benefit is payable in addition to the Hospital Confinement Benefit.	$250
Successor Insured Benefit If spouse coverage is in force at the time of the employee's death, the surviving spouse may elect to continue coverage. Coverage would continue according to the existing plan and would also include any dependent child coverage in force at the time. In order to receive benefits for accidental injuries due to a covered accident, an insured must be admitted within six months of the date of the covered accident.	

Surgical Benefits Overview

	Benefit Amount
Outpatient Doctor's Office (maximum of 4 visits per calendar year for each insured) We will pay the amount shown for each day that an insured visits a doctor's office. This benefit is not payable for visits to a chiropractor's office.	$25
Hospital Emergency Room Visit (maximum of 4 visits per calendar year for each insured) We will pay the amount shown for each day that an insured visits a hospital emergency room due to a covered accidental injury or for treatment due to a covered sickness.	$50

Group Hospital Indemnity Bi-Weekly Rates

Coverage Tier	*Bi-Weekly Rate*
Employee Only	$10.75
Employee + Spouse	$21.35
Employee + Child(ren)	$18.63
Employee + Family	$29.22

For more information, call 1.800.433.3036, or visit aflacgroupinsurance.com.

Limitations and Exclusions

We will not pay for loss due to:

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

Terms You Need to Know

A **Covered Accident** is an accident that occurs on or after an insured's effective date while coverage is in force, and that is not specifically excluded by the plan.

Dependent means your spouse or dependent children, as defined in the applicable rider, who have been accepted for coverage. Spouse is your legal wife, husband, or partner in a legally recognized union. Refer to your certificate for details.

Dependent Children are your or your spouse's natural children, stepchildren, grandchildren who are in your legal custody and residing with you, foster children, children subject to legal guardianship, legally adopted children or children placed for adoption. Newborn children are automatically covered from the moment of birth for 60 days. Newly adopted children are automatically covered for 60 days also. See certificate for details. Dependent children must be younger than age 26 See certificate for details.

Doctor is a person who is duly qualified as a practitioner of the healing arts acting within the scope of his license, and: is licensed to practice medicine; prescribe and administer drugs; or to perform surgery, or is a duly qualified medical practitioner according to the laws and regulations in the state in which treatment is made.

A Doctor does not include you or any of your Family Members. For the purposes of this definition, Family Member includes your spouse as well as the following members of your immediate family: son, daughter mother, father, sister, or brother.

A **Hospital** is not a nursing home; an extended care facility; a skilled nursing facility; a rest home or home for the aged; a rehabilitation facility; a facility for the treatment of alcoholism or drug addiction an assisted living facility; or any facility not meeting the definition of a Hospital as defined in the certificate.

A **Hospital Intensive Care Unit** is not any of the following step-down units: a progressive care unit; a sub-acute intensive care unit; an intermediate care unit; a private monitored room; a surgical recovery room; an observation unit; or any facility not meeting the definition of a Hospital Intensive Care Unit as defined in the certificate

Sickness means an illness, infection, disease, or any other abnormal physical condition or pregnancy that is not caused solely by, or the result of, any injury.

A Covered Sickness is one that is not excluded by name, specific description, or any other provision in this plan. For a benefit to be payable, loss arising from the covered sickness must occur while the applicable insured's coverage is in force.

Treatment is the consultation, care, or services provided by a doctor. This includes receiving any diagnostic measures and taking prescribed drugs and medicines. Treatment does not include telemedicine services

You May Continue Your Coverage

Your coverage may be continued with certain stipulations. See certificate for details.

Termination of Coverage

Your insurance may terminate when the plan is terminated; the 31st day after the premium due date if the premium has not been paid; or the date you no longer belong to an eligible class. If your coverage terminates, we will provide benefits for valid claims that arose while your coverage was in force. See certificate for details.

NOTICES

If this coverage will replace any existing individual policy, please be aware that it may be in your best interest to maintain your individual guaranteed-renewable policy.

Notice to Consumer: The coverages provided by Continental American Insurance Company (CAIC) represent supplemental benefits only. They do not constitute comprehensive health insurance coverage and do not satisfy the requirement of minimum essential coverage under the Affordable Care Act. CAIC coverage is not intended to replace or be issued in lieu of major medical coverage. It is designed to supplement a major medical program.

For more information, call 1.800.433.3036, or visit aflacgroupinsurance.com.

Group Critical Illness Plan

An Extra Layer of Protection

Chances are you may know someone who's been diagnosed with a critical illness. You can't help notice the difference in the person's life—both physically and emotionally. What's not so obvious is the impact a critical illness may have on someone's personal finances.

That's because while a major medical plan may pay for a good portion of the costs associated with a critical illness, there are a lot of expenses that may not be covered. And, during recovery, having to worry about out-of-pocket expenses is the last thing anyone needs.

That's the benefit of an Aflac Group Critical Illness plan.
It can help with the treatment costs of covered critical illnesses, such as a heart attack or stroke.
More importantly, the plan helps you focus on recuperation instead of the distraction of out-of-pocket costs. With the Critical Illness plan, you receive cash benefits directly (unless otherwise assigned)—giving you the flexibility to help pay bills related to treatment or to help with everyday living expenses.
But it doesn't stop there. Having group critical illness insurance from Aflac means that you may have added financial resources to help with medical costs or ongoing living expenses.

Features:

- Coverage is available for you, your spouse, and dependent children.
  - **Guaranteed Issue Amounts for Employee and Spouse: Up to $30,000 during initial enrollment**
- No waiting period
- No pre-existing condition exclusion
- No benefit reduction at any age
- Benefits are paid directly to you, unless otherwise assigned.
- Coverage may be continued (with certain stipulations). That means you can take it with you if you change jobs or retire

How It Works	
Aflac Group Critical Illness coverage is selected.	Aflac Group Critical Illness pays an Initial Diagnosis Benefit of: $10,000
You experience chest pains and numbness in the left arm.	
You visit the emergency room.	
A physician determines that you have suffered a heart attack.	
Amount payable based on $10,000 Initial Diagnosis Benefit.	

Covered Critical Illness Benefits Overview

	Coverage Amount
Cancer (internal or invasive)	100%
Heart Attack (myocardial infarction)	100%
Stroke (ischemic or hemorrhagic)	100%
Kidney Failure (end-stage renal failure)	100%
Sudden Cardiac Arrest	100%
Major Organ Transplant (25% of this benefit is payable for insureds placed on a transplant list for a major organ transplant)	100%
Coma	100%
Paralysis	100%
Loss Of Sight	100%
Loss Of Hearing	100%
Loss Of Speech	100%
Benign Brain Tumor	100%
Coronary Artery Bypass Surgery	25%
Non-invasive Cancer	25%
Metastatic Cancer	25%

Progressive Diseases Rider Overview

	Percentage of Face Amount
Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig's Disease)	100%
Sustained Multiple Sclerosis	100%
Advanced Alzheimer's Disease	100%
Advanced Parkinson's Disease	100%
These benefits will be paid based on the face amount in effect on the critical illness date of diagnosis. We will pay the benefit shown upon diagnosis of one of the covered diseases if the date of diagnosis is while the rider is in force. *The Progressive Disease benefit is payable only once per disease.* *For any subsequent Progressive Disease to be covered, the date of diagnosis of the subsequent Progressive Disease must satisfy the Additional Diagnosis separation period outlined in the brochure.*	

Childhood Conditions Rider Overview

	Percentage of Face Amount
Cystic Fibrosis	50%
Cerebral Palsy	50%
Cleft Lip or Cleft Palate	50%
Down Syndrome	50%
Phenylalanine Hydroxylase Deficiency Disease (PKU)	50%
Spina Bifida	50% One-time benefit amount
Autism Spectrum Disorder	$3,000
For any subsequent Childhood Condition to be covered, the date of diagnosis of the subsequent Childhood Condition must satisfy the Additional Diagnosis separation period outlined in the brochure. *These benefits will be paid based on the face amount in effect on the critical illness date of diagnosis.*	

Additional Benefits

Initial Diagnosis Benefit
We will pay a lump sum benefit upon initial diagnosis of a covered critical illness when such diagnoses is caused by or solely attributed to an underlying disease. Benefits will be based on the face amount in effect on the critical illness date of diagnosis.

Additional Diagnosis Benefit
We will pay benefits for each different critical illness after the first when the two dates of diagnoses are separated by at least three consecutive months.

Reoccurrence Benefit
We will pay benefits for the same critical illness after the first when the two dates of diagnoses are separated by at least three consecutive months.

Skin Cancer Benefit
We will pay $250 for the diagnosis of skin cancer. We will pay this benefit once per calendar year.

Accident Benefit - 100%
Payable if an insured sustains a covered accident and suffers any of the following, which is solely due to, caused by, and attributed to, the covered accident: Coma / Loss of Sight / Loss of Speech / Loss of Hearing / Severe Burn / Paralysis

Waiver Of Premium
If you become totally disabled due to a covered critical illness prior to age 65, after 90 continuous days of total disability, we will waive premiums for you and any of your covered dependents. As long as you remain totally disabled, premiums will be waived up to 24 months, subject to the terms of the plan.

Successor Insured Benefit
If spouse coverage is in force at the time of the primary insured's death, the surviving spouse may elect to continue coverage. Coverage would continue at the existing spouse face amount and would also include any dependent child coverage in force at the time. See certificate for details.

Child Coverage At No Additional Cost
Each dependent child is covered at 50 percent of the primary insured's benefit amount at no additional charge. Children-only coverage is not available.

Health Screening Benefit / $100 Per Calendar Year
Payable for health screening tests performed while an insured's coverage is in force. We will pay this benefit once per calendar year, per insured. This benefit is only payable for health screening tests performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations.

Group Critical Illness Monthly Rates

Employee Non-Tobacco Monthly Rates						
18-29	$3.10	$6.19	$9.29	$12.39	$15.48	$18.58
30-39	$4.95	$9.91	$14.86	$19.81	$24.76	$29.72
40-49	$8.56	$17.12	$25.67	$34.23	$42.79	$51.35
50-59	$13.87	$27.75	$41.62	$55.49	$69.36	$83.24
60-69	$24.29	$48.58	$72.86	$97.15	$121.44	$145.73
70+	$26.92	$53.84	$80.76	$107.68	$134.60	$161.52

Spouse Non-Tobacco Monthly Rates						
18-29	$3.10	$6.19	$9.29	$12.39	$15.48	$18.58
30-39	$4.95	$9.91	$14.86	$19.81	$24.76	$29.72
40-49	$8.56	$17.12	$25.67	$34.23	$42.79	$51.35
50-59	$13.87	$27.75	$41.62	$55.49	$69.36	$83.24
60-69	$24.29	$48.58	$72.86	$97.15	$121.44	$145.73
70+	$26.92	$53.84	$80.76	$107.68	$134.60	$161.52

Employee Tobacco Monthly Rates						
18-29	$3.83	$7.66	$11.48	$15.31	$19.14	$22.97
30-39	$7.27	14.54	$21.81	$29.08	$36.34	$43.61
40-49	$13.75	$27.50	$41.25	$55.00	$68.74	$82.49
50-59	$25.62	$51.24	$76.85	$102.47	$128.09	$153.71
60-69	$45.07	$90.15	$135.22	$180.30	$225.37	$270.44
70+	$49.11	$98.23	$147.34	$196.46	$245.57	$294.69

Spouse Tobacco Monthly Rates						
18-29	$3.83	$7.66	$11.48	$15.31	$19.14	$22.97
30-39	$7.27	14.54	$21.81	$29.08	$36.34	$43.61
40-49	$13.75	$27.50	$41.25	$55.00	$68.74	$82.49
50-59	$25.62	$51.24	$76.85	$102.47	$128.09	$153.71
60-69	$45.07	$90.15	$135.22	$180.30	$225.37	$270.44
70+	$49.11	$98.23	$147.34	$196.46	$245.57	$294.69

Aflac

For more information, call 1.800.433.3036, or visit aflacgroupinsurance.com.

Exclusions

We will not pay for loss due to any of the following:

- Self-Inflicted Injuries – injuring or attempting to injure oneself intentionally or taking action that causes oneself to become injured.
- Suicide – committing or attempting to commit suicide, while sane or insane.
- Illegal Acts – participating or attempting to participate in an illegal activity, or working at an illegal job.
- Participation in aggressive conflict of any kind
- Insurrection or riot
- Civil commotion or civil state of belligerence
- Illegal substance abuse which includes the following:
    - Abuse of legally-obtained prescription medication
    - Illegal use of non-prescription drugs
- An error, mishap, or malpractice during medical, diagnostic, or surgical

treatment or procedure.

Diagnosis must be made and treatment must be received in the United States or its territories.

All benefits under the plan, including benefits for diagnoses, treatment, confinement and covered tests, are payable only while coverage is in force.

Terms You Need to Know

Benign Brain Tumor must be caused by Multiple Endocrine Neoplasia, Neurofibromatosis, or Von Hippel-Lindau Syndrome.

The following are not considered internal or invasive cancers:

- Pre-malignant tumors or polyps
- Carcinomas in Situ
- Any superficial, non-invasive skin cancers including basal cell and squamous cell carcinoma of the skin (In Maryland, this exclusion will not apply when the skin cancer metastasizes and leads to internal cancer.)
- Melanoma in Situ
- Melanoma that is diagnosed as
    - Clark's Level I or II,
    - Breslow depth less than 0.77mm, or
    - Stage 1A melanomas under TNM Staging

A Non-Invasive Cancer is:

- Internal Carcinoma in Situ
- Myelodysplastic Syndrome - RA (refractory anemia)
- Myelodysplastic Syndrome - RARS (refractory anemia with ring sideroblasts)
- Myeloproliferative Blood Disorder

Premalignant conditions or conditions with malignant potential, other than those specifically named above, are not considered non-invasive cancer.

Skin cancers are not payable under the Cancer (internal or invasive) Benefit or the Non-Invasive Cancer Benefit. The following are considered skin cancers:

- Basal cell carcinoma
- Squamous cell carcinoma of the skin
- Melanoma in Situ
- Melanoma that is diagnosed as
    - Clark's Level I or II,
    - Breslow depth less than 0.77mm, or
    - Stage 1A melanomas under TNM Staging

Coma means a state of continuous, profound unconsciousness, lasting at least seven consecutive days (In Pennsylvania, three consecutive days), and characterized by the absence of:

- Spontaneous eye movements,
- Response to painful stimuli, and
- Vocalization.

Coma does not include a medically-induced coma.

To be payable as an accident benefit, the coma must be caused solely by or be solely attributed to a covered accident. To be considered a critical illness, the coma must be caused solely by or be solely attributed to one of the following diseases:

- Brain Aneurysm
- Diabetes
- Encephalitis
- Epilepsy
- Hyperglycemia
- Hypoglycemia
- Meningitis

Critical Illness is a disease or a sickness as defined in the plan that first manifests while your coverage is in force. In Pennsylvania, a disease or sickness as defined in the plan that is diagnosed or first treated while your coverage is in force.

Date of Diagnosis is defined as follows:

- Benign Brain Tumor: The date a doctor determines a benign brain tumor is present based on examination of tissue (biopsy or surgical excision) or specific neuroradiological examination
- Cancer: The day tissue specimens, blood samples, or titer(s) are taken (diagnosis of cancer and/or carcinoma in situ is based on such specimens).
- Non-Invasive Cancer: The day tissue specimens, blood samples, or titer(s) are taken (diagnosis of cancer and/or carcinoma in situ is based on such specimens).
- Skin Cancer: The date the skin biopsy samples are taken for microscopic examination.
- Coma: The first day of the period for which a doctor confirms a coma that is due to one of the underlying diseases and that has lasted for at least seven consecutive days.

Heart Attack (Myocardial Infarction) does not include:

- Any other disease or injury involving the cardiovascular system.
- Cardiac Arrest not caused by a Heart Attack (Myocardial Infarction).

Diagnosis of a Heart Attack (Myocardial Infarction) must include the following:

- New and serial electrocardiographic (ECG) findings consistent with heart attack (myocardial infarction), and
- Elevation of cardiac enzymes above generally accepted laboratory levels of normal. (In the case of creatine physphokinase (CPK) a CPKMB measurement must be used.) Confirmatory imaging studies, such as thallium scans, MUGA scans, or stress echocardiograms may also be used.

Kidney Failure (End-Stage Renal Failure) is covered only under the following conditions:

- A doctor advises that regular renal dialysis, hemo-dialysis, or peritoneal dialysis (at least weekly) is necessary to treat the kidney failure (endstage renal failure); or
- The kidney failure (end-stage renal failure) results in kidney transplantation.

Loss of Hearing means the total and irreversible loss of hearing in both

ears. Loss of hearing does not include hearing loss that can be corrected

by the use of a hearing aid or device. To be payable as an accident benefit, loss of hearing must be caused solely by or be solely attributed to a covered accident.

To be considered a critical illness, loss of hearing must be caused solely by or be solely attributed to one of the following diseases:

- Alport syndrome
- Autoimmune inner ear disease

Terms You Need to Know Cont.

- Chicken pox
- Diabetes
- Goldenhar syndrome
- Meniere's disease
- Meningitis
- Mumps

Loss of Sight means the total and irreversible loss of all sight in both eyes.
To be payable as an accident benefit, loss of sight must be caused solely
by or be solely attributed to a covered accident. To be considered a critical illness, loss of sight must be caused solely by or be solely attributed to one of the following diseases:

- Retinal disease
- Optic nerve disease
- Hypoxia

Loss of Speech means the total and permanent loss of the ability to speak. To be payable as an accident benefit, loss of speech must be caused solely by or be solely attributed to a covered accident. To be considered a critical illness, loss of speech must be caused solely by or be solely attributable to one of the following diseases:

- Alzheimer's disease
- Arteriovenous malformation

Maintenance Drug Therapy is meant to decrease the risk of cancer
recurrence; it is not meant to treat a cancer that is still present.

A Major Organ Transplant benefit is not payable if the major organ transplant results from a covered critical illness for which a benefit has
been paid.

Paralysis or Paralyzed means the permanent, total, and irreversible loss of muscle function to the whole of at least two limbs. To be payable as an accident benefit, the paralysis must be caused solely by or be solely attributed to a covered accident. To be considered a critical illness, paralysis must be caused solely by or be solely attributed to one or more of the following diseases:

- Amyotrophic lateral sclerosis
- Cerebral palsy
- Parkinson's disease,
- Poliomyelitis

The diagnosis of paralysis must be supported by neurological evidence. Severe Burn or Severely Burned means a burn resulting from fire, heat,
caustics, electricity, or radiation. The burn must:

- Be a full-thickness or third-degree burn, as determined by a doctor. A Full-Thickness Burn or Third-Degree Burn is the destruction of the skin through the entire thickness or depth of the dermis (or possibly into underlying tissues). This results in loss of fluid and sometimes shock.
- Cause cosmetic disfigurement to the body's surface area of at least 35 square inches.
- Be caused solely by or be solely attributed to a covered accident.

Stroke does not include:

- Transient Ischemic Attacks (TIAs)
- Head injury
- Chronic cerebrovascular insufficiency
- Reversible ischemic neurological deficits unless brain tissue damage is confirmed by neurological imaging

Sudden Cardiac Arrest is not a heart attack (myocardial infarction). A sudden cardiac arrest benefit is not payable if the sudden cardiac arrest is caused by or contributed to by a heart attack (myocardial infarction).
Treatment does not include maintenance drug therapy or routine follow-up visits to verify whether cancer or carcinoma in situ has returned.

Progressive Diseases Rider

All limitations and exclusions that apply to the critical illness plan also
apply to the rider unless amended by the rider.
Date of Diagnosis is defined for each specified critical illness as follows:

- Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig's Disease): The date a doctor diagnoses an insured as having ALS and where such diagnosis is supported by medical records.
- Sustained Multiple Sclerosis: The date a doctor diagnoses an Insured as having Multiple Sclerosis and where such diagnosis is supported by medical records.
- Advanced Alzheimer's Disease: The date a doctor diagnoses the insured as incapacitated due to Alzheimer's disease.
- Advanced Parkinson's Disease: The date a doctor diagnoses the insured as incapacitated due to Parkinson's disease.

Childhood Conditions Rider

All limitations and exclusions that apply to the critical illness plan also apply to these benefits. No benefits will be paid for loss which occurred prior to the effective date of the rider.
Date of Diagnosis is defined as follows:

- Cystic Fibrosis: The date a doctor diagnoses a dependent child as having Cystic Fibrosis and where such diagnosis is supported by medical records.
- Cerebral Palsy: The date a doctor diagnoses a dependent child as having Cerebral Palsy and where such diagnosis is supported by medical records.
- Cleft Lip or Cleft Palate: The date a doctor diagnoses a dependent child as having Cleft Lip or Cleft Palate and where such diagnosis is supported by medical records.
- Down Syndrome: The date a doctor diagnoses a dependent child as having Down Syndrome and where such diagnosis is supported by medical records.
- Phenylalanine Hydroxylase Deficiency Disease (PKU): The date a doctor diagnoses a dependent child as having PKU and where such diagnosis is supported by medical records.
- Spina Bifida: The date a doctor diagnoses a dependent child as having Spina Bifida and where such diagnosis is supported by medical records.
- Autism Spectrum Disorder: The date a doctor diagnoses a dependent child as having Autism Spectrum Disorder and where such diagnosis is supported by medical records.

If a dependent child has both a Cleft Lip and Cleft Palate or has one on each side of the face, we will pay this benefit only once.
A doctor must diagnose Phenylalanine Hydroxylase Deficiency Disease (PKU) based on a PKU test.
A doctor must diagnose Autism Spectrum Disorder based on the diagnostic criteria stipulated in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) at the time the loss occurs. The diagnosis must include the DSM severity level specifier for both major domains listed above. An Autism Spectrum Disorder diagnosis must include more than one DSM severity level specifiers. No benefit is payable if the DSM severity level specifier is less than Level 1.

You May Continue your Coverage

Your coverage may be continued with certain stipulations. See certificate for details.

Termination of Coverage

Your insurance may terminate when the plan is terminated; the 31st day after the premium due date if the premium has not been paid; or the date you no longer belong to an eligible class. If your coverage terminates, we will provide benefits for valid claims that arose while your coverage was in force. See certificate for details.

NOTICES

If this coverage will replace any existing individual policy, please be aware that it may be in your best interest to maintain your individual guaranteed renewable policy.

Notice to Consumer: The coverages provided by Continental American Insurance Company (CAIC) represent supplemental benefits only. They do not constitute comprehensive health insurance coverage and do not satisfy the requirement of minimum essential coverage under the Affordable Care Act. CAIC coverage is not intended to replace or be issued in lieu of major medical coverage. It is designed to supplement a major medical program.

Short-Term Disability Plan

Anthem

Benefits Overview

See your benefit certificate for specific plan details, eligibility definitions, limitations, and exclusions.

Short-Term Disability Benefit Summary
Voluntary group short term disability benefit amount: 60% of weekly earnings to a maximum weekly benefit of $1,000
How benefits are paid: Payments begin for disabilities resulting from accidents and illnesses as follows: 15th day for accident, 15th day for illness The maximum benefit period determines how long benefits will be paid. The maximum benefit period is 13 weeks.
Partial disability benefits: If you are able to return to work part-time, you may still receive a portion of your short term disability benefit to help fill the gap in your income.
Maternity benefit: Short term disability benefits for pregnancy are provided the same as for a disability caused by an illness.
Resource Advisor: This value-added support program gives you and your family access to work/life resources, at no additional cost to you, including: face-to-face visits with a counselor or online visits via LiveHealth Online; identity monitoring and identity theft victim recovery services; legal and financial consultations; toll-free, 24/7 phone counseling from anywhere in the United States; and unlimited access to Resource Advisor online resources at www.resourceadvisor.anthem.com, program name "AnthemResourceAdvisor". To access Resource Advisor call (888) 209-7840 and ask for Resource Advisor.
Pre-existing conditions: A pre-existing condition is an illness or injury for which you received treatment or where symptoms were present within 3 months prior to your effective date of coverage. A disability that begins in the first 12 months after your effective date will not be covered if it results from a pre-existing condition.

This is not a contract. It is a partial listing of benefits and services that is dependent on the Plan Options chosen. This benefit overview is only one piece of your entire enrollment package. All benefits and services are subject to the conditions, limitations, exclusions and provisions listed in the contract documents: the Certificate, Policy, and/or Trust Agreement for this product. In the event of a conflict between the contract documents and this benefits description, the contract documents will prevail. If you have any questions, please contact your Human Resources/Benefits manager.

Exclusions and limitations are listed in detail in the certificate, policy or trust agreement that applies to this product.

The Value Added additional services are not a part of the certificate, policy or trust agreement and do not modify any insured benefits. The Value Added additional services are provided based on negotiated agreements between the insurance company and certain service providers. Although the insurance company endeavors to make these services available to all policyholders and certificateholders as described, modifications to our agreements with service providers may require that services be periodically modified or terminated. Such modification or termination of services may be made based on cost to the insurer, availability of services, or other business reasons at the discretion of the insurer or service providers.

Long-Term Disability Plan

Anthem

Benefits Overview

See your benefit certificate for specific plan details, eligibility definitions, limitations, and exclusions.

Long-Term Disability Benefits
Group long term disability benefit amount: 60% of monthly earnings up to a maximum monthly benefit of $6,000.
Elimination period The number of days you must be unable to work due to an approved qualifying disability before benefits begin: 90 days
Maximum Benefit period: to normal Social Security retirement age See your certificate for specific maximum payment durations based on age at the time of disability. Benefits paid at the time of an approved qualifying disability may vary from the benefit duration period shown.
Partial disability benefits If you are able to return to work part-time, you may still receive a portion of your long term disability benefit to help fill the gap in your income.
Survivor benefit If you pass away while receiving Long Term Disability benefits, a lump-sum payment benefit will be paid to your beneficiary. The Survivor Benefit is equal to three times your monthly benefit.
Vocational rehabilitation We may provide services, such as vocational testing and training, job modifications and job placement to help you return to active employment if you suffer a disability. You may also receive an additional rehabilitation incentive benefit.
Social Security assistance If you are receiving long term disability benefits, we will help you apply for Social Security and offer guidance through the appeal process.
Resource Advisor This value-added support program gives you and your family access to work/life resources, at no additional cost to you, including: face-to-face visits with a counselor or online visits via LiveHealth Online; identity monitoring and identity theft victim recovery services, legal and financial consultations; toll-free, 24/7 phone counseling from anywhere in the United States; and unlimited access to Resource Advisor online resources at www.resourceadvisor.anthem.com, program name "AnthemResourceAdvisor". To access Resource Advisor call (888) 209-7840 and ask for Resource Advisor.
Pre-existing conditions A pre-existing condition is an illness or injury for which you received treatment or where symptoms were present within 3 months prior to your effective date of coverage. A disability that begins in the first 12 months after your effective date will not be covered if it results from a pre-existing condition.

This is not a contract. It is a partial listing of benefits and services that is dependent on the Plan Options chosen. This benefit overview is only one piece of your entire enrollment package. All benefits and services are subject to the conditions, limitations, exclusions and provisions listed in the contract documents: the Certificate, Policy, and/or Trust Agreement for this product. In the event of a conflict between the contract documents and this benefits description, the contract documents will prevail. If you have any questions, please contact your Human Resources/Benefits manager.

Exclusions and limitations are listed in detail in the certificate, policy or trust agreement that applies to this product.

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Anthem

Questions? Contact Anthem! Phone: 1-800-331-1476 Anthem.com

Term Life Plan (Employer Paid)

Anthem®

Basic Life and AD&D Insurance

Your employer offers life insurance plus 24-hour accidental death and dismemberment coverage at no cost to you.

- The guaranteed issue for all full-time employees is $50,000.
- AD&D amount is equal to your basic life insurance amount in force

Basic Dependent Life Insurance

Provides **$2,000** of coverage on:

- **Spouse**
  - Coverage will end on the first premium due date following spouse's 70th birthday
- **Child(ren)**
  - Child(ren) eligible from 15 days of age up to the end of the month in which the child turns 26. Coverage will not terminate at age 26 if the child is:
    - Incapable of self-support by reason of mental or physical handicap; and
    - Unmarried and dependent on You for support and maintenance.
  - Coverage for the Child will terminate under this provision if:
    - The Child ceases to meet the above conditions; or
    - The Child's coverage would cease under the Policy for a reason other than the limiting age.
- Proof that the Child meets the required conditions must be given to Anthem within 31 days of its request. Proof shall not be required more than once a year after such Dependent attains the age of 27. Any required premium payment must be paid in accordance with the terms of the Policy.

Additional AD&D Benefits

- Child Education
- Coma
- Common Carrier
- Repatriation
- Seat Belt and Air Bag

Please see certificate of insurance for further information on AD&D benefits.

Eligibility

You will be eligible for this program if you are a full-time active employee.

When Your Insurance Starts

Your insurance will begin on the first day of the Policy month coinciding with or next following the date You become eligible for such insurance and that first premium is paid. If You are not Actively at Work on the date Your insurance would otherwise begin, Your insurance will be deferred until You return to full-time active work.

Delayed Effective Date for Dependent Insurance

If any Eligible Dependent, other than a newborn child is confined at home or in a hospital or other medical facility on the date insurance would otherwise begin, the insurance will be deferred until the end of the Eligible Dependent's confinement.

Reductions at Age 65 & Over

If you remain in active service beyond age 65 your amount of Basic Employee Life Insurance will be as follows:

Attained Age	Percent of Original Amount
65	65%
70	50%

Termination of Coverage

All insurance under this plan will terminate with the earliest of the following events. The events include: termination upon retirement, termination of employment, death, plan cessation or withdrawal from the plan. Dependent insurance will terminate when they are no longer defined as an eligible dependent, you withdraw yours or dependent(s) coverage, dependent begins full-time active duty with the U.S. armed forces, or you die.

Basic Term Life Insurance Premium Rates (per pay period)

Employee	
Coverage Amount	**Bi-Weekly Rates**
$50,000	$0
Spouse	
Coverage Amount	**Rate**
$2,000	$0.39
Children (15 days to 26 years)	
Coverage Amount	**Rate**
$2,000	$0.39

Anthem®

If you have any questions regarding your statement of health or life insurance claim, please call 1-800-331-1476.

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

Voluntary Term Life Plan

Anthem®

Optional Employee Life and AD&D Insurance

You now have the opportunity to elect group term life insurance coverage at low group rates and through payroll deductions. You can elect up to $100,000 of coverage without answering health questions. Your Optional Life Benefit may be purchased in **$10,000** increments to a maximum benefit of the **lesser of $500,000, or 5 times Annual Earnings.**

Optional Dependent Life Insurance

Provides coverage on:

- **Spouse**
  - Increments of **$5,000 up to $250,000 (no more than 50% of employee amount in force)**
  - Up to **$30,000** without answering health questions
  - Coverage ends upon employee's retirement
- **Child(ren)**
  - Increments of **$5,000 up to $10,000 (no more than 50% of employee amount in force)**
  - Child(ren) eligible from 15 days of age up to the end of the month in which the child turns 26. Coverage will not terminate at age 26 if the child is:
    - Incapable of self-support by reason of mental or physical handicap; and
    - Unmarried and dependent on You for support and maintenance.
  - Coverage for the Child will terminate under this provision if:
    - The Child ceases to meet the above conditions; or
    - The Child's coverage would cease under the Policy for a reason other than the limiting age.
- Proof that the Child meets the required conditions must be given to Anthem within 31 days of its request. Proof shall not be required more than once a year after such Dependent attains the age of 27. Any required premium payment must be paid in accordance with the terms of the Policy.

Features

The plan features easy eligibility and simple enrollment procedures. Furthermore, automatic payroll deductions simplify paperwork. This means less bookkeeping for you and no worries about a lapse in coverage due to missed payments.

Eligibility

You will be eligible for this program if you are a full-time active employee.

Enrollment

Enrollment is simple - just fill out the election card provided by your employer. Make sure you supply all the required information and return the form where you work for your HR department to submit. If proof of insurability is required for any coverage, the completed proof of insurability statement must be sent with your application.

When Your Insurance Starts

If You are an Eligible Employee on the Effective Date of the Policy, You are eligible for Basic and Optional Life insurance on the date provided You have completed the Eligibility Waiting Period. Otherwise, You become eligible on the first day of the calendar month coinciding with or next following the date You become an Eligible Employee and complete Your Eligibility Waiting Period.

Reductions at Age 65 & Over

If you remain in active service beyond age 65 your combined amount of Basic and Optional Employee Life Insurance will be as follows:

Attained Age	Percent of Original Amount
65	65%
70	50%

Termination of Coverage

All insurance under this plan will terminate with the earliest of the following events. The events include: termination upon retirement, termination of employment, death, plan cessation or withdrawal from the plan. Dependent insurance will terminate when they are no longer defined as an eligible dependent, you withdraw yours or dependent(s) coverage, dependent begins full-time active duty with the U.S. armed forces, or you die.

Employee Optional Term Life Insurance Bi-Weekly Rates

Age	EE Rate per $1,000
<25	$0.076
25 - 29	$0.076
30 - 34	$0.085
35-39	$0.126
40-44	$0.195
45-49	$0.314
50-54	$0.529
55-59	$0.854
60-64	$1.138
65-69	$1.79
70-74	$3.122
75-79	$5.428
80-84	$5.428

Dependent Optional Term Life Insurance Bi-Weekly Rates

Spouse	
Age	**EE Rate per $1,000**
<25	$0.076
25 - 29	$0.076
30 - 34	$0.085
35-39	$0.126
40-44	$0.195
45-49	$0.314
50-54	$0.529
55-59	$0.854
60-64	$1.138
65-69	$1.79

Child(ren)	
Coverage Tier	**Employee Cost**
Child	$0.207

Anthem®

If you have any questions regarding your statement of health or life insurance claim, please call 1-800-331-1476.

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

Universal Life Plan

Trustmark
benefits beyond benefits

Trustmark Universal Life

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 can help. Whether you are married, a parent or single and starting out, Universal Life helps take care of the people important to you if tragedy happens. You can choose a plan and benefit amount that provides the right protection for you. Universal Life 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.

Plan Features

- ✓ Universal Life 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.

Long-Term Care

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

How it Works: You can collect 4% of your Universal Life death benefit per month for up to 25 months to help pay for long-term care services, **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.

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.
- ✓ Convenient payroll deduction; pay via direct bill, bank draft or credit card if you leave your employer.
- ✓ Buy term life insurance for your children. They can later simply convert this rider to a permanent Universal Life policy.
- ✓ Benefits for terminal illness – use part of your death benefit to help manage cost if you're diagnosed with a terminal illness.

What Can Universal Life Benefits Help Pay For?

- ✓ Funeral and burial costs
- ✓ Tuition and loans
- ✓ Rent or mortgage payments
- ✓ Credit card bills
- ✓ Retirement savings
- ✓ Medical expenses

Universal Life 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*
30	From $5.06 - $6.27
40	From $7.42 - $9.44
50	From $11.92 - $15.44

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.

Employee Assistance Program (EAP)

Personal issues, planning for life events or simply managing daily life can affect your work, health and family. Your GuidanceResources program provides support, resources and information for personal and work-life issues. The program is company-sponsored, confidential and provided at no charge to you and your dependents.

Timely, Confidential Help Through Streamlined Services

6 Session Plan

One Source offers 6 sessions to all employees and family members at no charge per issue.

- Sessions available in-person or virtual.
- Be matched with a counselor whose expertise aligns with your problem or issue.
- Specialty counseling for children, grief and bereavement, or other areas available.

Assistance for A Number of Difficult Issues

- Marriage/Relationship Issues
- Family Issues
- Anxiety
- Depression
- Emotional Stress
- Financial and Legal Problems
- Alcohol and Substance Abuse

Reach out for Help

One Source Counseling and Employee Assistant Services
Phone: (770) 683-1327

Continuation of Benefits

If You Leave Employment

Anthem Core Benefits (Medical, Dental, Vision)
Under the group medical, dental and vision plan, you and your covered dependents are eligible to continue coverage through COBRA through "qualifying events". If you and your dependents are enrolled in these plans, you will be eligible to continue coverage through COBRA after you leave your employment for a specified period. In addition, while covered under the plans, if you should die, become divorced or legally separated, or become eligible for Medicare, your covered dependents may also be eligible to continue coverage through COBRA. Also, while you are covered under the plans, your covered children who no longer qualify as an eligible dependent may continue coverage through COBRA. For more information, please call **AdminAmerica at 770-992-5959.**

Anthem Group Benefits
Your voluntary benefits may be continued after you leave employment. Visit anthem.com/forms to locate portability and conversion forms. For more information, contact Anthem at : 800-801-6142

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

Manhattan Life Group Cancer
You may continue your Manhattan Life Group Cancer policy for yourself and eligible dependents who are covered when you terminate employment. For more information, contact **Bay Bridge Administrators (TPA) at 1-800-845-7519.**

Trustmark Universal Life
When you leave employment, you may continue your Universal Life coverage by having the premiums that are currently deducted from your paycheck billed to your home address or drafted from your bank account. You may do that by contacting **Trustmark at 1-800-918-8877.**

Contact Information

Admin America
Phone: 770-992-5959 (8:30am – 5pm EST)
800-366-2961 (Afterhours)
https://adminamerica.com/

Aflac
Phone: 1-800-433-3036
www.aflacgroupinsurance.com

Anthem
Phone: 1-800-331-1476
https://www.anthem.com/

Manhattan Life
Bay Bridge Administrators, LLC.
Phone: 1-800-845-7519
Fax: 512-275-9350
www.bbadmin.com

Mark III Employee Benefits (Broker)
Phone: 704-365-4280
Toll-Free: 1-800-532-1044
www.markiiieb.com

One Source
Phone: 770-683-1327

Trustmark Insurance Company
Phone: 1-800-918-8877
Fax: 847-615-4943
www.trustmarkbenefits.com

View additional benefits information
or download forms at: mymarkiii.com

Arranged and Enrolled by Mark III Brokerage, Inc.

Mark III
Employee Benefits

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