



*Plan Year:*  
*July 1, 2020 – June 30, 2021*

# Employee Benefits Guide

# Table of Contents

Disclaimer .....	Page 2
Important Points for 2020 .....	Page 3
Qualifying Life Events .....	Page 4
Pre-Tax vs. Post-Tax .....	Page 5
How to Enroll .....	Page 6
View Your Benefits .....	Page 7
Filing a Claim .....	Page 8
FBA Flexible Spending Accounts .....	Page 10
Ameritas Dental .....	Page 17
Superior Vision .....	Page 19
Manhattan Life Cancer .....	Page 23
Aflac Group Accident .....	Page 28
Aflac Group Hospital Indemnity .....	Page 34
Aflac Group Critical Illness .....	Page 37
AUL Short-Term Disability .....	Page 42
MetLife Term Life .....	Page 44
Texas Life Whole Life .....	Page 47
Continuation of Benefits .....	Page 55
Contact Information .....	Page 56

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

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



# DISCLAIMER

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

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

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



# Important Points for 2020



Your plan year runs from July 1, 2020 to June 30, 2021. This means your benefit elections will take effect July 1, 2020 unless otherwise noted.



If you wish to add or make changes to your benefit elections, please consult with a Mark III Benefits Representative during your scheduled enrollment period.



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



**REMEMBER:** Employees **MUST re-enroll** in their Flexible Spending Account and Dependent Care Account each year! It will not automatically renew. **The FSA maximum contribution has increased to \$2,750.**



Your employer has elected to add ***Aflac Group Hospital Indemnity*** to your benefit options. ***This policy does not take the place of your Health Plan Coverage.*** For more information about the plan, you can consult with a Mark III Benefits Representative during your scheduled enrollment period.

# 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.”

## Examples of QLEs

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



marriage



divorce



childbirth/  
adoption



death of a  
family  
member



loss of  
parental  
coverage



spouse gains  
or loses  
coverage



# Hi, Watauga County Schools Employee!

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

**Cheryl Bradley**  
**(800) 532-1044 (toll-free)**  
**(704) 365-4280 x 202**  
**[cheryl@markiiiieb.com](mailto:cheryl@markiiiieb.com)**

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

## Pre-Tax

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

### Pre-Tax Plans Offered:

- FBA Flexible Spending Accounts
- Ameritas Dental
- Superior Vision
- Manhattan Life Cancer
- Aflac Group Accident
- Aflac Group Hospital Indemnity

**VS.**

## Post-Tax

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

### Post-Tax Plans Offered:

- Aflac Group Critical Illness
- AUL Short-Term Disability
- MetLife Term Life
- Texas Life Whole Life

# How to Enroll

No matter what your schedule holds or which location you work, a Mark III Benefits Representative will be there to help enroll or elect changes to your benefits.



## On-Site

Our trusted non-commissioned, salaried Benefits Representatives are available to meet with employees like yourself, on-site to explain the benefits offered and help you enroll.



# View Your Benefits

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



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

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

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



# Filing a Claim



## Ameritas Dental

Visit <https://mymarkiii.com/wataugacountyschoolsnc/> to download your dental claim form, or simply logon to <https://www.Ameritas.com> to file an electronic claim, or you can download a claim form and submit to:

P.O. Box 82520 | Lincoln, NE 68501-2520

---



## Superior Vision

Visit <https://mymarkiii.com/wataugacountyschoolsnc/> to download your vision claim form. 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 below. Fax your claim to 916-852-2277 or mail to:

Superior Vision Services, Inc.  
Attn: Claims Processing  
P.O. Box 967  
Rancho Cordova, CA 95741

---



## Manhattan Life Cancer

Visit <https://mymarkiii.com/wataugacountyschoolsnc/> to download your cancer claim form, or simply logon to <https://www.manhattanlife.com> and click on **Contract/Policy Holders**. Then click on **File a Claim or Download Forms**. You can either submit your claim online, or you can mail your completed form to:

Claims Department  
P.O. Box 925309  
Houston, TX 77292-5309

---



## Group Aflac

Visit <https://mymarkiii.com/wataugacountyschoolsnc/> to download your group Aflac claim form, or simply logon to <https://www.aflacgroupinsurance.com> and click on **Customer Service** and then **File a Claim**. Choose from accident, hospital, critical illness or wellness and follow the instructions. Complete and upload your HIPAA authorization, claim details and documents, and direct deposit information. That's it!

---



## AUL Disability

Visit <https://mymarkiii.com/wataugacountyschoolsnc/> to download your disability claim form. There are four options for submitting your Disability claim:

1. Call the disability claim team at 1-855-517-6365. You should have all information available before calling the disability claim team
  2. Email to [Disability.claims@oneamerica.com](mailto:Disability.claims@oneamerica.com)
  3. Fax to 1-844-287-9499
  4. Mail to American United Life Insurance Company, P.O. Box 9060, Portland, ME 04104.
- 



## MetLife Term Life

Visit <https://mymarkiii.com/wataugacountyschoolsnc/> to download your term life claim form. Submit the completed Employer's Statement, the Claimant's Statement(s), a copy of the death certificate, and any other pertinent claim information to:

MetLife  
Attn: Group Life Claims  
P.O. Box 6100  
Scranton, PA 18505-6100



# HEALTHY LIVING

Core Benefit  
options to keep you  
and your family  
healthy.



# Flexible Spending Account



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

## **Maximize your Income**

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

## **Eligibility**

Participation in the plan Begins on July 1, 2020 and ends on June 30, 2021. You will be eligible to join the plan the first of the month following your date of hire if you are classified as a full-time employee who works at least 30 hours or more per week. Those employees having a qualifying event are eligible to enroll within 30 days of the qualifying event. Deductions begin on the first pay period following your plan start date. You must complete an enrollment to participate in the Flexible Spending Accounts each year during the enrollment period. If an enrollment is not completed during open enrollment, you will not be enrolled in the plan and you will not be able to join until the next Plan Year or if you have a qualifying event.

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

This means that you can submit a claim for medical expenses in excess of your account balance. You will be reimbursed your total eligible expense up to your annual election. The funds that you are pre-funded will be recovered as deductions are deposited into your account throughout the Plan Year.

**Contribution Limits: The maximum you may place in this account for the Plan Year is \$2,750.**

## **Election Changes**

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

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

## **Reimbursement Schedule**

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

## **Online Access**

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

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

## Health Care Reimbursement

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

## Examples of Eligible Health Care Expenses

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

- Acupuncture | Prescription Eye glasses/Reading glasses/Contact lens and supplies | Eye Exams/Laser Eye Surgery | Physician | Ambulance | Psychiatrist | Psychologist | Anesthetist | Hospital | Chiropractor | Laboratory/Diagnostic | Fertility Treatments | Surgery | Dental/Orthodontic Fees | Obstetrician | X-Rays | Eye Exams | Prescription Drugs | Artificial limbs & teeth | Birth control pills/patches | Orthopedic shoes/inserts | Therapeutic care for drug & alcohol addiction | Vaccinations & Immunizations | Mileage | Take-home screening kits | Diabetic supplies | Routine Physicals | Oxygen | Physical Therapy | Hearing aids & batteries | Medical equipment

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

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

## Day Care/Aged Adult Care Reimbursement

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

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

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

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

## How to Receive Reimbursement

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

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

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

## Eligible Day Care/Aged Adult Expenses

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

### Ineligible Expenses:

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

## Forfeiting Funds

Plan carefully! Unused funds will be forfeited back to your employer as governed by the IRS's "use-it-or-lose-it" rule. Your employer has elected to add the **\$500 roll-over provision** to the Medical FSA. Please see the Employee Guide for more information.

## How to Enroll in our FSA Plan

### Step 1

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

### Step 2

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

## How the Flexible Benefit Plan Works

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

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



# The FBA Benefits Card

## The easy way to access all of your benefits

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

### Start Saving Money by Participating in Benefit Accounts

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

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

### Access to Funds

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

Your benefits debit card virtually eliminates:

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

### Multiple Benefit Accounts, One Card

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

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

#### 1. Check your account balance

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

#### 2. Swipe your benefits debit card

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

#### 3. Keep all your receipts

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

### How long is my card valid?

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



For more information, please call 800-437-3539

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



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

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

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



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

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

## Getting Started is Easy!

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





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

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



## Features

Download on  
iTunes



Download on  
Google Play



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



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



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



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



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



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

## Get Started Today!

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





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

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



## Features



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



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



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



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



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

## Get Started Today!

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





# Dental Plan



**Benefit period runs January - December**

Dental Plan Summary	
Type 1	100%
Type 2	80%
Type 3	50%
Deductible	\$50   Calendar Year Type 2 & 3 Waived Type 1   \$150 Family
Maximum (per person)	\$1,500 per calendar year
Allowance	90 <sup>th</sup> Usual & Customary (U&C)
Dental Rewards®	Included
Waiting Period	None
Annual Open Enrollment	None

Orthodontia Summary – Child Only Coverage	
Allowance	U&C
Plan Benefit	50%
Lifetime Maximum (per person)	\$1,500
Waiting Period	None

## Sample Procedure Listing (Current Dental Terminology® American Dental Association)

### Type 1

- Routine Exam (2 per benefit period)
- Bitewing X-rays (2 per benefit period)
- Full Mouth/Panoramic X-rays (1 in 3 years)
- Fluoride for Children 18 & under (1 per benefit period)
- Cleaning (2 per benefit period)
- Periapical X-rays
- Space Maintainers
- Sealants (age 16 & under)

### Type 2

- Restorative Amalgams
- Restorative Composites
- Simple Extractions

### Type 3

- Periodontics (nonsurgical & surgical)
- Crowns (1 in 5 years per tooth)
- Endodontics (nonsurgical & surgical)
- Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years)
- Onlays
- Crown Repair
- Denture Repair
- Complex Extractions
- Anesthesia

## Ameritas Dental Rates

	Tenthly (10 Pay)	Monthly (12 Pay)
Employee Only	\$53.18	\$44.32
Employee + Spouse	\$107.95	\$89.96
Employee + Child(ren)	\$145.25	\$121.04
Employee + Family	\$214.18	\$178.48

## Dental Rewards

This dental plan includes a valuable feature that allows qualifying plan members to carryover part of their unused annual maximum. A member earns dental rewards by submitting at least one claim for dental expenses incurred during the benefit year, while staying at or under the threshold amount for benefits received for that year. In addition, a person earning dental rewards who submits a claim for services received through the dental network earns an extra reward, called the PPO Bonus. Employees and their covered dependents may accumulate rewards up to the stated maximum carryover amount, and then use those rewards for any covered dental procedures subject to applicable coinsurance and plan provisions. If a plan member doesn't submit a dental claim during a benefit year, all accumulated rewards are lost. But he or she can begin earning rewards again the very next year.

<b>Benefit Threshold</b>	\$700	Dental benefits received for the year cannot exceed this amount
<b>Annual Carryover Amount</b>	\$350	Dental Rewards amount is added to the following year's maximum
<b>Maximum Carryover</b>	\$1,250	Maximum possible accumulation for Dental Rewards & PPO Bonus combined

## Dental Network Information

To find a provider, visit [ameritas.com](http://ameritas.com) and select FIND A PROVIDER, then DENTAL. Enter your criteria to search by location or for a specific dentist or practice. California Residents: When prompted to select your network, choose the Ameritas Network found on your ID Card or contact Customer Connections at 800-487-5553.

## Pretreatment

While we don't require a pretreatment authorization form for any procedure, we recommend them for any dental work you consider expensive. As a smart consumer, it's best for you to know your share of the cost up front. Simply ask your dentist to submit the information for a pretreatment estimate to our customer relations department. We'll inform both you and your dentist of the exact amount your insurance will cover and the amount that you will be responsible for. That way, there won't be any surprises once the work has been completed.

## Late Entrant Provision

We strongly encourage you to sign up for coverage when you are initially eligible. If you choose not to sign up during this initial enrollment period, you will become a late entrant. Late entrants will be eligible for only exams, cleanings, and fluoride applications for the first 12 months they are covered.

## Ameritas Information

**We're Here to Help!** This plan was designed specifically for the associates of WATAUGA COUNTY SCHOOLS. At Ameritas Group, we do more than provide coverage -we make sure there's always a friendly voice to explain your benefits, listen to your concerns, and answer your questions. Our customer relations associates will be pleased to assist you 7 a.m. to midnight (Central Time) Monday through Thursday, and 7 a.m. to 6:30 p.m. on Friday. You can speak to them by calling toll-free: 800-487-5553. For plan information any time, access our automated voice response system or go online to [ameritas.com](http://ameritas.com).

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

**If you have any questions about PPO or the plan, please call:  
Ameritas Group Claims Department at 1-800-487-5553**

**Or, visit the Ameritas website at [www.AmeritasGroup.com](http://www.AmeritasGroup.com)**





# Vision Plan



Exam & Material Plan	
<b>Co-Pays</b>	
Exam	\$10
Materials <sup>1</sup>	\$10
Contact Lens Fitting	\$25
<b>Services/Frequency</b>	
Exams	12 month
Frames	24 month
Contact Lens Fitting	12 month
Lenses	12 month
Contact Lenses	12 month

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

Benefits	In-Network	Out-of-Network
Exam (MD)	Covered in full	Up to \$44
Exam (OD)	Covered in full	Up to \$39
Frames	\$150 retail allowance	Up to \$77
Contact Lens Fitting (standard <sup>2</sup> )	Covered in full	Not covered
Contact Lens Fitting (specialty <sup>2</sup> )	\$50 retail allowance	Not covered
Lenses (standard) per pair		
Single Vision	Covered in full	Up to \$34
Bifocal	Covered in full	Up to \$48
Trifocal	Covered in full	Up to \$64
Progressive (standard)	Covered in full <sup>3</sup>	Up to \$64
Factory Scratch Coat	Covered in full	Not covered
Contact Lenses <sup>4</sup>	\$150 retail allowance	Up to \$100

In-Network	Out-of-Network
N/A	N/A
N/A	N/A
\$150 retail allowance	Up to \$77
Covered in full	Not covered
\$50 retail allowance	Not covered
Covered in full	Up to \$34
Covered in full	Up to \$48
Covered in full	Up to \$64
Covered in full <sup>3</sup>	Up to \$48
Covered in full	Not covered
\$150 retail allowance	Up to \$100

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

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

<sup>2</sup> See your benefits materials for definitions of standard and specialty contact lens fittings

<sup>3</sup> If premium progressive lenses are selected, members receive an allowance based on the provider's charges for standard progressive lenses

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

## Discount Features

Look for providers in the Provider Directory who accept discounts, as some do not; please verify their services and discounts (range from 10% - 40%) prior to service as they vary.

### Discounts on Covered Materials

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

The following options have out-of-pocket maximums<sup>5</sup> on standard plastic single vision lenses, and select options are available on standard bifocal and trifocal lenses. Out-of-Pocket maximums are not available on premium options or progressives.

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

### Discounts on Non-Covered Exams & Materials

We offer discounts on unlimited materials after the initial benefit is utilized.

Discounts on Non-Covered Exam & Materials	
Exams, Frames, and prescription lenses	30% off retail
Lens options, contacts, other prescription materials	20% off retail
Disposable contact lenses	10% off retail

### Refractive Surgery

Superior Vision has a nationwide network of refractive surgeons and leading LASIK networks who offer members a discount. These discounts range from 5% - 50%, and are the best possible discounts available to Superior Vision.

*The Plan discount features are not insurance. All allowances are retail; the member is responsible for paying the provider directly for all non-covered items and/or any amount over the allowances, minus available discounts. These are not covered by the plan. Discounts are subject to change without notice.*

**Disclaimer:** All final determinations of benefits, administrative duties, and definitions are governed by the Certificate of Insurance for your vision plan. Please check with your Human Resources department if you have any questions.

*North Carolina residents: If you do not have access to an in-network provider within 30 driving miles or 30 days of your appointment request, you may use the services of an out-of-network provider at in-network reimbursement rates*

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

#### Exam & Materials Rates

	10 Pay	12 Pay
Employee Only	\$12.59	\$10.49
Employee + 1 Dependent	\$24.40	\$20.33
Employee + Family	\$35.82	\$29.85

#### Materials Only Rates

	10 Pay	12 Pay
Employee Only	\$6.64	\$5.53
Employee + 1 Dependent	\$12.88	\$10.73
Employee + Family	\$18.90	\$15.75

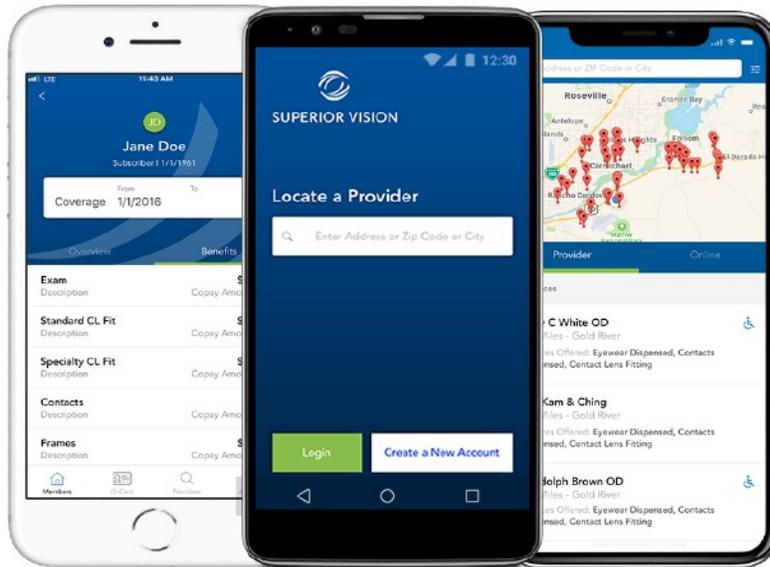


Superior Vision Services, Inc. P.O. Box 967 Rancho Cordova, CA 95741 800-507-3800 SuperiorVision.com The Superior Vision Plan is underwritten by National Guardian Life Insurance Company. National Guardian Life Insurance Company is not affiliated with The Guardian Life Insurance Company of America, AKA The Guardian or Guardian Life

# INTRODUCING THE SUPERIOR VISION MOBILE APP



## DOWNLOAD THE SUPERIOR VISION APP TO YOUR PHONE



### CREATE AN ONLINE ACCOUNT

Log in with the username and password you use to access your Member account on SuperiorVision.com, or you can create an account in the app.

### VIEW YOUR VISION BENEFITS

- Review your vision benefits and the benefits for any dependents
- See when you are eligible for services

### LOCATE A PROVIDER

- Find a provider in your network
- Get directions
- Call the provider

### GET YOUR MEMBER ID CARD

- View your ID card full screen
- Print or email your ID card



SuperiorVision.com



**SUPERIOR VISION**

See yourself healthy.



# STAY WELL

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



# Cancer Plan



## 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
<b>Wellness Benefit.</b> 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
<b>Positive Diagnosis Test.</b> 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
<b>First Diagnosis Benefit.</b> 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.	<ol style="list-style-type: none"> <li>1. \$0</li> <li>2. \$2,500</li> <li>3. \$0</li> <li>4. \$5,000</li> </ol>
<b>Second and Third Surgical Opinions.</b> Covers written opinions received after a Positive Diagnosis and before surgery. No Lifetime Maximum	Incurred Expenses
<b>Non-Local Transportation.</b> 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¢ per mile if a personal vehicle is used
<b>Adult Companion Lodging and Transportation.</b> 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 charge 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¢ per mile if a personal vehicle is used
<b>Ambulance.</b> For ambulance service if the Covered Person is taken to a Hospital and admitted as an inpatient. No Lifetime Maximum	Incurred Expenses
<b>Surgery.</b> 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
<b>Donor Benefit Bone Marrow and Stem Cell Transplant.</b> 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.	<ol style="list-style-type: none"> <li>a. \$200</li> <li>b. Actual billed charges from round trip coach fare; or personal automobile expense of .50¢ per mile</li> <li>c. Actual billed charges up to \$50 per day</li> </ol>
<b>Bone Marrow and Stem Cell Transplant.</b> 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
<b>Anesthesia.</b> 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 max per covered person for skin cancer

Benefit	Benefit Option
<b>Ambulatory Surgical Center.</b> We will pay the actual billed charges at an Ambulatory Surgical Center. No Lifetime Maximum	\$250 per day
<b>Drugs and Medicines.</b> 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
<b>Outpatient Anti-Nausea Drugs.</b> 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
<b>Radiation, Radioactive Isotopes Therapy, Chemotherapy, or Immunotherapy.</b> Covers treatment administered by a Radiologist, Chemotherapist or Oncologist on an inpatient or outpatient basis. No Lifetime Maximum	1 & 2: Incurred Expenses up to \$2,500 per month 3 & 4: Incurred Expenses up to \$5,000 per month
<b>Miscellaneous Diagnostic Charges.</b> Covers charges for lab work or x-rays in connection with radiation and chemotherapy treatment. Service must be performed while receiving treatment(s) in Radiation, Radioactive Isotopes Therapy, Chemotherapy, or Immunotherapy or within 30 days following a covered treatment.	Incurred Expenses up to a lifetime max of \$10,000
<b>Self-Administered Drugs.</b> 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
<b>Colony Stimulating Factors.</b> 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
<b>Blood, Plasma and Platelets.</b> For blood, plasma and platelets, and transfusions: including administration. No Lifetime Maximum	Incurred Expenses up to \$200 per month
<b>Physician's Attendance.</b> For one visit per day while Hospital confined. No Lifetime Maximum	Up to \$35 per day
<b>Private Duty Nursing Service.</b> For private nursing services ordered by the Physician while Hospital confined. No Lifetime Maximum	Up to \$100 per day
<b>National Cancer Institute Designated Comprehensive Cancer Treatment Center Evaluation/Consultation Benefit.</b> 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 max up to \$750 for evaluation. Actual billed charges limited to a lifetime max up to \$350 for transportation & lodging.
<b>Breast Prosthesis.</b> Covers the prosthesis and its implantation if it is required due to breast cancer. No Lifetime Maximum	Incurred Expenses
<b>Artificial Limb or Prosthesis.</b> Covers implantation of an artificial limb or prosthesis when an amputation is performed.	Up to \$1,500 lifetime max per amputation
<b>Physical or Speech Therapy.</b> Payable when therapy is needed to restore normal bodily function. No Lifetime Maximum	Up to \$35 per session
<b>Extended Benefits.</b> 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
<b>Extended Care Facility.</b> 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	Up to \$50 per day
<b>At Home Nursing.</b> 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	Up to \$100 per day
<b>New or Experimental Treatment.</b> We will pay the actual billed charges 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

Benefit	Benefit Option
<b>Hospice Care.</b> 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	Up to \$50 per day
<b>Government or Charity Hospital.</b> 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
<b>Hairpiece.</b> 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 max of \$150
<b>Rental or Purchase of Durable Goods.</b> 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
<b>Waiver of Premium.</b> 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
<b>Hospital Confinement.</b> 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. 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 & Other Limitations

The policy pays benefits only for diagnoses resulting from Cancer of 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: Specified Disease or Specified Disease Treatment; or 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; or
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**

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

Tenthly (10 Pay) Rates				
Coverage Tier	Option 1	Option 2	Option 3	Option 4
Individual	\$21.18	\$28.06	\$23.56	\$37.07
Individual + Spouse	\$42.68	\$57.12	\$47.33	\$75.44
Individual + Child(ren)	\$30.23	\$39.84	\$33.17	\$52.03
Family	\$51.72	\$68.92	\$56.94	\$90.41

Monthly (12 Pay) Rates				
Coverage Tier	Option 1	Option 2	Option 3	Option 4
Individual	\$17.65	\$23.38	\$19.63	\$30.89
Individual + Spouse	\$35.57	\$47.60	\$39.44	\$62.87
Individual + Child(ren)	\$25.19	\$33.20	\$27.64	\$43.36
Family	\$43.10	\$57.43	\$47.45	\$75.34

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

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.

**NO RECOVERY FOR PRE-EXISTING DIAGNOSED CANCER- READ CAREFULLY.**

The Certificate contains a Pre-Existing Conditions Limitation.

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



## Plan Features

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

## Eligibility

### Issue Ages

Employee at least age 18

Spouse at least age 18

Children under age 26

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

## Guaranteed-Issue

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

## Portability

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

## Accident Benefits – High Option

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

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

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

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

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

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

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

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

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

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

### Injuries Requiring Surgery

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

### Burns (treatment within 14 days, first degree burns not covered)

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

### Medical Fees (for each accident)

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

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

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

### Emergency Room Treatment

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

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

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

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

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

### Emergency Room Observation Benefit

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

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

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

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

### Accident Follow-Up Treatment \$25

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

### Physical Therapy \$25

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

Air Ambulance	\$500
Ambulance	\$100

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

### Transportation (within 90 days)

Train or Plan	\$300
Bus	\$150

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

### Blood/Plasma \$100

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

### Prosthesis \$500

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

### Appliance \$100

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

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

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

**Wellness \$60**

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

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

**Hospital Admission \$1,000**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Dismemberment means:

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

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

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

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

Common carrier means:

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

## Limitations & Exclusions

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

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

## Aflac Group Accident Rates

High Option - 24 Hour Plan	Tenthly (10) Rates	Monthly (12) Rates
Employee	\$19.44	\$16.20
Employee & Spouse	\$27.79	\$23.16
Employee & Dependent Children	\$37.08	\$30.90
Family	\$45.43	\$37.86

*Wellness Benefit included in rates.*





# Group Hospital Indemnity Plan (Non-HSA)



## Plan Description

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

## Plan Features

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

## Additional Rider Available

- Waiver of Premium

## Underwriting Guidelines – Guaranteed-Issue

### Guaranteed-Issue

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

### Late Enrollee Eligibility

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

## Individual Eligibility

### Issue Ages:

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

## Spouse or Domestic Partner Coverage Available

To apply for spouse or domestic partner coverage, **you must also apply** and be issued coverage. **Spouse/Domestic Partner-only coverage is not available.**

## Dependent Children Coverage Available

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

## Successor Insured Benefit

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

## Portability

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

## Group Hospital Indemnity Benefits

### Hospitalization Benefits – Base Plan

Benefits	Low	High
<p><b>Hospital Admission (per confinement) – once per covered sickness or accident per calendar year for each insured</b></p> <p>We will pay the amount shown when an insured is admitted to a hospital and confined as an in-patient because of a covered accidental injury or because of a covered sickness. In order to receive this benefit for accidental injuries received in a covered accident, an insured must be admitted to a hospital within six months of the date of the covered accident. We will not pay benefits for confinement to an observation unit, or for emergency room treatment or outpatient treatment. 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).</p>	<b>\$500</b>	<b>\$1,500</b>
<p><b>Hospital Confinement (per day) – maximum of 180 days per confinement for each covered sickness or accident for each insured</b></p> <p>We will pay this benefit in the amount shown for each day that an insured is confined to a hospital as an in-patient as the result of a covered accidental injury or because of a covered sickness. In order to receive this benefit for accidental injuries received in a covered accident, the insured must be confined to a hospital within six months of the date of the covered accident. If we pay benefits for confinement and the insured becomes confined again within six months because of the same or related condition, we will treat this confinement as the same period of confinement. This benefit is payable for only one hospital confinement at a time even if caused by more than one covered accidental injury, more than one covered sickness, or a covered accidental injury and a covered sickness.</p>	<b>\$100</b>	<b>\$150</b>

\*Residents of Massachusetts are eligible for Hospital Admission, Hospital Confinement only.

## Health Screening Benefit – Once per calendar year for each insured

Benefit	Benefit Amount
<b>Health Screening Benefit</b>	<b>\$50 per calendar year</b>

The Health Screening Benefit is payable once per calendar year for health screening tests performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations.

## Surgical Benefits

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

## Treatment Benefits

Benefit	Low	High
<b>Major Diagnostic Exams – once per covered sickness or accident per calendar year</b> We will pay the amount shown for each day that, due to a covered accidental injury or covered sickness, an insured requires one of the following exams: <ul style="list-style-type: none"> <li>• Computerized Tomography (CT/CAT scan)</li> <li>• Magnetic Resonance Imaging (MRI)</li> <li>• Electroencephalography (EEG)</li> </ul>	<b>\$125</b>	<b>\$250</b>

### Waiver of Premium Rider

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

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

#### Exclusions

We will not pay for loss due to:

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

### Aflac Non-HSA Rates

Covered	Tenthly (10) Rates Low Option	Tenthly (10) Rates High Option	Monthly (12) Rates Low Option	Monthly (12) Rates High Option
Employee	\$25.15	\$50.78	\$20.96	\$42.32
Employee + Spouse	\$50.30	\$101.95	\$41.92	\$84.96
Employee + Child(ren)	\$37.15	\$74.11	\$30.96	\$61.76
Family	\$62.30	\$125.28	\$51.92	\$104.40





# Group Critical Illness Plan

without Cancer



## Plan Features

- Benefits are paid directly to you, unless otherwise assigned
- Benefit amounts are available up to \$50,000 for employees and up to \$30,000 for spouses
- Dependent children are covered at 50% of the primary insured's amount at no additional charge
- Guaranteed-Issue coverage is available (which means you may qualify for coverage without having to answer health questions).
- There are no pre-existing condition limitations
- The plan doesn't have a waiting period for benefits
- Benefits do not reduce as insureds get older
- Coverage is portable, with certain stipulations
- Annual health screening benefit is included
- Premiums are paid through convenient payroll deduction

## Underwriting Guidelines – Guaranteed-Issue

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

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

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

## Individual Eligibility

Issue Ages:

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

Benefit-eligible employees who work at least **30 hours** weekly are eligible. If an employee is eligible, his spouse is also eligible to apply for coverage. Dependent children under the age of 26 are automatically covered. Seasonal and temporary workers are not eligible to participate.

## Spouse Coverage Available

Spouse coverage is available up to **100%** of the employee's face amount, subject to the minimum face amount of \$5,000. To apply for spouse coverage, **the employee must also apply**. To be eligible, the spouse must not be disabled or unable to work at the time of application.

If the employee does not meet the underwriting requirements necessary to participate in the plan, the spouse can still obtain coverage. The spouse would then become the primary insured and be limited to face amounts between \$5,000 and \$30,000.

## Dependent Children Coverage

Dependent children under the age of 26 are automatically covered at 50% of the primary insured's face amount at no additional charge. **Children-only coverage is not available.**

## Waiver of Premium

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

## 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.

## Portability

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

## Group Critical Illness Benefits

Where applicable, covered conditions must be caused by underlying diseases as defined in the plan.

### Initial Diagnosis

An insured may receive up to 100% of his face amount upon the diagnosis of a covered critical illness.

Covered Critical Illnesses and Additional Benefits	Percentage of Face Amount/Benefit
Heart Attack	100%
Major Organ Transplant (25% of this benefit is payable for insureds placed on a transplant list for a major organ transplant)	100%
Kidney Failure (End-Stage Renal Failure)	100%
Stroke	100%
Bone Marrow Transplant (Stem Cell Transplant)	100%
Sudden Cardiac Arrest	100%
Coronary Artery Bypass Surgery	50%
Coma**	100%
Severe Burns*	100%
Paralysis**	100%
Loss of Sight**	100%
Loss of Hearing**	100%
Loss of Speech**	100%
Transient Ischemic Attack (TIA)	\$250 (once per calendar year/insured)

Benefits will be based on the face amount in effect on the critical illness date of diagnosis.

*\*This benefit is only payable for burns due to, caused by, and attributed to, a covered accident.*

*\*\*These benefits are payable for loss due to a covered underlying disease or a covered accident.*

### Additional Diagnosis

Once benefits have been paid for a covered critical illness, we will pay benefits for each different critical illness when the date of diagnosis is separated by at least 6 consecutive months.

### Reoccurrence

Once benefits have been paid for a covered critical illness, benefits are payable for that same critical illness when the date of diagnosis is separated by at least 6 consecutive months.

## Health Screening Benefit

Benefit	Benefit Amount
Health Screening Benefit	\$100 per calendar year

The Health Screening Benefit is payable once per calendar year for health screening tests performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations. This benefit is payable for the covered employee and spouse. This benefit is not paid for dependent children.

## Optional Benefits Rider

Illnesses Covered Under Plan	Percentage of Face Amount
Benign Brain Tumor	100%
Advanced Alzheimer's Disease	25%
Advanced Parkinson's Disease	25%

Benefits are payable if an insured is diagnosed with one of the conditions listed.

## Heart Event Rider

Surgeries and Procedures Covered Under Plan	Percentage of Maximum Benefit
<b>Category 1 – Specified Surgeries of the Heart</b>	
Coronary Artery Bypass Surgery	75%
Mitral Valve Replacement or Repair	100%
Aortic Valve Replacement or Repair	100%
Surgical Treatment of Abdominal Aortic Aneurysm	100%
<b>Category 2 – Invasive Procedures and Techniques of the Heart</b>	
AngioJet Clot Busting	10%
Balloon Angioplasty (or Balloon valvuloplasty)	10%
Laser Angioplasty	10%
Atherectomy	10%
Stent Implantation	10%
Cardiac Catheterization	10%
Automatic Implantable (or Internal) Cardioverter Defibrillator (AICD)	10%
Pacemakers	10%

\*The 75% benefit available in the rider, combined with the partial benefit available in the certificate, equals a 100% benefit for coronary artery bypass surgery.

Benefits are payable for the specified surgeries and procedures listed above. Benefits from each category are payable once per calendar year, per insured.

If Category I and Category II procedures are performed at the same time, benefits will be payable only at the highest benefit level and will not exceed the percentage shown above.

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

### Exclusions

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

- **Self-Inflicted Injuries** – injuring or attempting to injure oneself intentionally.
- **Suicide** – committing or attempting to commit suicide, while sane or insane.
- **Illegal Acts** – participating or attempting to participate in an illegal activity or working at an illegal job.
- **Participation in Aggressive Conflict** of any kind, including:
  - War (declared or undeclared) or military conflicts. This does not include acts of terrorism.
  - Insurrection or riot.
  - Civil commotion or civil state of belligerence.
- **Illegal substance abuse, which includes the following:**
  - Abuse of legally-obtained prescription medication.
  - Illegal use of non-prescription drugs.

Diagnosis, treatment, testing, and confinement must be in the United States or its territories.

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

## Notices

This booklet is a brief description of coverage, not a contract. Read your certificate carefully for exact plan language, terms, and conditions. If this coverage will replace any existing individual policy, please be aware that it may be in your best interest to maintain your individual guaranteed-renewable policy.

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

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

AGC1903291 R1 IV (2/20)

# Watauga County Schools – Tenthly Rates (10 Pay)

## NON-TOBACCO: Employee

	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$5.43	\$7.19	\$8.95	\$10.71	\$12.47	\$14.23	\$15.99	\$17.75	\$19.50	\$21.26
30-39	\$6.40	\$9.13	\$11.86	\$14.58	\$17.31	\$20.04	\$22.77	\$25.50	\$28.23	\$30.95
40-49	\$9.94	\$16.21	\$22.48	\$28.75	\$35.02	\$41.29	\$47.56	\$53.83	\$60.10	\$66.37
50-59	\$13.97	\$24.27	\$34.56	\$44.86	\$55.16	\$65.46	\$75.76	\$86.05	\$96.35	\$106.65
60 - 69	\$20.52	\$37.37	\$54.22	\$71.07	\$87.92	\$104.77	\$121.61	\$138.46	\$155.31	\$172.16

## NON-TOBACCO: Spouse

	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000
18-29	\$5.43	\$7.19	\$8.95	\$10.71	\$12.47	\$14.23
30-39	\$6.40	\$9.13	\$11.86	\$14.58	\$17.31	\$20.04
40-49	\$9.94	\$16.21	\$22.48	\$28.75	\$35.02	\$41.29
50-59	\$13.97	\$24.27	\$34.56	\$44.86	\$55.16	\$65.46
60 - 69	\$20.52	\$37.37	\$54.22	\$71.07	\$87.92	\$104.77

## TOBACCO: Employee

	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$6.99	\$10.31	\$13.63	\$16.95	\$20.28	\$23.60	\$26.92	\$30.24	\$33.56	\$36.88
30-39	\$10.13	\$16.59	\$23.05	\$29.51	\$35.97	\$42.43	\$48.89	\$55.35	\$61.81	\$68.27
40-49	\$17.32	\$30.97	\$44.62	\$58.27	\$71.92	\$85.57	\$99.22	\$112.87	\$126.52	\$140.17
50-59	\$25.10	\$46.53	\$67.97	\$89.40	\$110.83	\$132.26	\$153.69	\$175.13	\$196.56	\$217.99
60 - 69	\$40.06	\$76.44	\$112.83	\$149.21	\$185.60	\$221.98	\$258.37	\$294.75	\$331.14	\$367.52

## TOBACCO: Spouse

	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000
18-29	\$6.99	\$10.31	\$13.63	\$16.95	\$20.28	\$23.60
30-39	\$10.13	\$16.59	\$23.05	\$29.51	\$35.97	\$42.43
40-49	\$17.32	\$30.97	\$44.62	\$58.27	\$71.92	\$85.57
50-59	\$25.10	\$46.53	\$67.97	\$89.40	\$110.83	\$132.26
60 - 69	\$40.06	\$76.44	\$112.83	\$149.21	\$185.60	\$221.98

Aflac

Continental American Insurance Company

Columbia, South Carolina

Toll Free: 800.433.3036

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



# Watauga County Schools - Monthly Rates (12 Pay)

## NON-TOBACCO: Employee

	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$4.53	\$5.99	\$7.46	\$8.92	\$10.39	\$11.86	\$13.32	\$14.79	\$16.26	\$17.72
30-39	\$5.33	\$7.61	\$9.88	\$12.15	\$14.43	\$16.70	\$18.98	\$21.25	\$23.52	\$25.80
40-49	\$8.29	\$13.51	\$18.74	\$23.96	\$29.19	\$34.41	\$39.64	\$44.86	\$50.09	\$55.31
50-59	\$11.64	\$20.22	\$28.80	\$37.39	\$45.97	\$54.55	\$63.13	\$71.71	\$80.29	\$88.88
60 - 69	\$17.10	\$31.14	\$45.18	\$59.22	\$73.27	\$87.31	\$101.35	\$115.39	\$129.43	\$143.47

## NON-TOBACCO: Spouse

	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000
18-29	\$4.53	\$5.99	\$7.46	\$8.92	\$10.39	\$11.86
30-39	\$5.33	\$7.61	\$9.88	\$12.15	\$14.43	\$16.70
40-49	\$8.29	\$13.51	\$18.74	\$23.96	\$29.19	\$34.41
50-59	\$11.64	\$20.22	\$28.80	\$37.39	\$45.97	\$54.55
60 - 69	\$17.10	\$31.14	\$45.18	\$59.22	\$73.27	\$87.31

## TOBACCO: Employee

	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$5.83	\$8.60	\$11.36	\$14.13	\$16.90	\$19.67	\$22.43	\$25.20	\$27.97	\$30.74
30-39	\$8.44	\$13.83	\$19.21	\$24.59	\$29.98	\$35.36	\$40.74	\$46.13	\$51.51	\$56.89
40-49	\$14.43	\$25.81	\$37.18	\$48.56	\$59.93	\$71.31	\$82.68	\$94.06	\$105.43	\$116.81
50-59	\$20.92	\$38.78	\$56.64	\$74.50	\$92.36	\$110.22	\$128.08	\$145.94	\$163.80	\$181.66
60 - 69	\$33.38	\$63.70	\$94.02	\$124.34	\$154.66	\$184.99	\$215.31	\$245.63	\$275.95	\$306.27

## TOBACCO: Spouse

	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000
18-29	\$5.83	\$8.60	\$11.36	\$14.13	\$16.90	\$19.67
30-39	\$8.44	\$13.83	\$19.21	\$24.59	\$29.98	\$35.36
40-49	\$14.43	\$25.81	\$37.18	\$48.56	\$59.93	\$71.31
50-59	\$20.92	\$38.78	\$56.64	\$74.50	\$92.36	\$110.22
60 - 69	\$33.38	\$63.70	\$94.02	\$124.34	\$154.66	\$184.99

Aflac

Continental American Insurance Company

Columbia, South Carolina

Toll Free: 800.433.3036

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





# Short-Term Disability Plan



## **Class Description**

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

## **Disability**

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

## **Monthly Benefit**

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

## **Elimination Period**

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

## **Benefit Duration**

The is the period of time that benefits will be payable for disability. You can choose a maximum STD benefit duration, if continually disabled, of thirteen (13) weeks, twenty-six (26) weeks or fifty-two (52) weeks.

## **Basis of Coverage**

24 Hour Coverage, on or off the job

## **Maternity Coverage**

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

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

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

## **Recurrent Disability**

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

## **Portability**

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

## **Annual Enrollment**

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

## Exclusions and Limitations

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

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

## AUL Short-Term Disability Rates

Benefit Duration 13 weeks			Benefit Duration 26 weeks			Benefit Duration 52 weeks		
Monthly Benefit	Tenthly Premium	Monthly Premium	Monthly Benefit	Tenthly Premium	Monthly Premium	Monthly Benefit	Tenthly Premium	Monthly Premium
\$500	\$12.43	\$10.36	\$500	\$18.00	\$15.00	\$500	\$23.66	\$19.72
\$600	\$14.92	\$12.43	\$600	\$21.60	\$18.00	\$600	\$28.39	\$23.66
\$700	\$17.40	\$14.50	\$700	\$25.20	\$21.00	\$700	\$33.12	\$27.60
\$800	\$19.88	\$16.57	\$800	\$28.80	\$24.00	\$800	\$37.85	\$31.54
\$900	\$22.37	\$18.64	\$900	\$32.40	\$27.00	\$900	\$42.59	\$35.49
\$1000	\$24.85	\$20.71	\$1000	\$36.00	\$30.00	\$1000	\$47.32	\$39.43
\$1100	\$27.34	\$22.78	\$1100	\$39.60	\$33.00	\$1100	\$52.04	\$43.37
\$1200	\$29.82	\$24.85	\$1200	\$43.20	\$36.00	\$1200	\$56.78	\$47.32
\$1300	\$32.30	\$26.92	\$1300	\$46.80	\$39.00	\$1300	\$61.51	\$51.26
\$1400	\$34.79	\$28.99	\$1400	\$50.40	\$42.00	\$1400	\$66.24	\$55.20
\$1500	\$37.28	\$31.07	\$1500	\$54.00	\$45.00	\$1500	\$70.98	\$59.15
\$1600	\$39.77	\$33.14	\$1600	\$57.60	\$48.00	\$1600	\$75.71	\$63.09
\$1700	\$42.25	\$35.21	\$1700	\$61.20	\$51.00	\$1700	\$80.44	\$67.03
\$1800	\$44.74	\$37.28	\$1800	\$64.80	\$54.00	\$1800	\$85.16	\$70.97
\$1900	\$47.22	\$39.35	\$1900	\$68.40	\$57.00	\$1900	\$89.90	\$74.92
\$2000	\$49.70	\$41.42	\$2000	\$72.00	\$60.00	\$2000	\$94.63	\$78.86

### Customer Service

800-553-5318

### Disability Claims

855-517-6365

Fax: 844-287-9499

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



AMERICAN UNITED LIFE  
 INSURANCE COMPANY®  
 a ONEAMERICA® company



# Term Life Plan



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

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

## ***Optional Employee Life Insurance***

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

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

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

Provides coverage on:

- Your Spouse
- Child(ren) from 14 days of age up to 19; to age 25 if a full time student. For Handicapped Children, they can continue coverage beyond the limited age, however, the employee will need to complete a Continuation of Group Insurance Form to be reviewed by our Statement of Health Unit. Forms can be found on the Mark III website [www.mymarkiii.com](http://www.mymarkiii.com).

## ***Features***

The plan features easy eligibility and simple enrollment procedures. There is no need for a medical exam if you sign up during your eligibility period. Furthermore, automatic payroll deductions simplify paperwork. This means less bookkeeping for you and no worries about a lapse in coverage due to missed payments.

## ***Low Cost***

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

## ***Eligibility***

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

## ***Enrollment***

Enrollment is simple - Meet with a Benefits Representative at the time of open enrollment or contact your HR Department. You have 31 days to enroll yourself and dependents without evidence of insurability, when you are initially eligible. Make sure you supply all the required information and return the form where you work. That's all. You will be notified as to when coverage starts.

## ***Statement of Health***

Increases in coverage amounts over the guaranteed issue limits, and participants who enroll 31 days beyond the eligibility period will be required to provide evidence of insurability satisfactory to MetLife.

## ***Beneficiary***

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

## ***Disability***

Your insurance may be continued during your disability provided the Board of Education continues premium payments on your behalf.

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

Your Optional Employee Life Insurance becomes effective on the date of your eligibility if you are then actively at work; otherwise, on the day you return to active work. If you meet the eligibility requirements described above for date of enrollment and for effective date of coverage, your Optional Employee Life Insurance, if you have enrolled for that coverage, will become effective on the date of your eligibility provided you are then actively at work; otherwise, on the day you return to active work. If you enroll for Optional Dependent Life Insurance, that coverage will become effective on the date your Optional Employee Life Insurance becomes effective, for any dependents who meet the eligibility requirements described above.

**If you or any dependents do not satisfy the eligibility requirements described above for date of enrollment and for effective date of coverage, that person will not become insured for Optional Life Insurance until such person has furnished medical evidence of insurability satisfactory to Metropolitan Life.**

## ***Reductions at Age 70 & Over***

If you remain in active service beyond age 70 your combined amount of Basic and Optional Employee Life Insurance will reduce as follows:

<b>Attained Age</b>	<b>Percent of Original Amount</b>
70	65%
75	45%
80	30%

## ***Termination of Coverage***

All insurance under this plan will terminate with the earliest of the following events. The events include: termination upon retirement, termination of employment, plan cessation or withdrawal from the plan. Nevertheless, if you should die within 31 days thereafter, your life insurance will still be paid to the beneficiary. If any of your covered dependents should die within such 31 day period, the amount of Life Insurance on account of such dependent will be paid to you.

## ***Conversion***

If your employment terminates while you are covered under the plan, you may purchase without medical evidence of insurability, any individual insurance policy, except a term policy, issued by Metropolitan Life in any amount up to the amount of your coverage in effect on your date of termination. You must apply for this policy within 31 days after the date your employment terminates. This privilege applies to Optional Dependent Life Insurance as well.

## ***Portability***

Portability allows employees whose coverage ends due to certain qualifying events to continue their current (or a lesser) amount of insurance. Portability applies to Employee Optional Life Insurance not dependent(s).

### **Qualifying Events Include:**

- Termination of Employment
- Retirement
- Change in employee class which results in the termination of Optional Life Benefits.

The minimum face amount which an employee may elect portability is \$20,000. Portable coverage reduces to 50% on January 1st of the year the insured attains age 70 and terminates on January 1st of the year the insured attains age 80. When portable coverage ends, insured individuals have the right to convert to an individual policy.

## ***Suicide Exclusion***

No Optional Employee Life or Dependent Life Benefits are payable if you commit suicide within two years from the effective date of the coverage.

## ***The Accelerated Benefit Option (ABO)***

Metropolitan Life Insurance Company has included an Accelerated Benefit Option (ABO) as part of your group life benefits. Under this option, if you or your dependent spouse are diagnosed as having a terminal illness, you may be eligible to receive a portion of your group life benefits at such a difficult time. Please refer to your Group Certificate for details.

## Schedule of Benefits

### Basic Employee Life Insurance

All eligible employees - \$5,000

### Optional Employee Life Insurance

Your choice of the following amounts:\*

- \$100,000, \$50,000, \$40,000, \$30,000, \$20,000 or \$10,000

### Optional Dependent Life Insurance

Your choice of the following amounts:\*\*

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

You can choose either:

- Employee & Spouse coverage
- Employee & Child(ren) coverage
- Employee & Family coverage

*\*Evidence of Insurability will be required for amounts of coverage over \$10,000 for spouse and over \$50,000 for employees. Evidence of Insurability will be required for any amount of employee or dependent coverage if applied for outside the 31 day initial eligibility period.*

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

Optional Employee Term Life Insurance	Monthly Rates
\$10,000	\$1.80
\$20,000	\$3.60
\$30,000	\$5.40
\$40,000	\$7.20
\$50,000	\$9.00
\$100,000	\$18.00
Optional Spouse Term Life Insurance	Monthly Rates
\$10,000	\$5.60
\$20,000	\$11.20
Optional Child(ren) Term Life Insurance	Monthly Rates
\$5,000	\$1.00

### Claims Procedures

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

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

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





# Whole Life Plan

**TEXASLIFE**  
INSURANCE COMPANY

**Common Issue Date: September 1, 2020**

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

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

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

## Why Voluntary Coverage?

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

## The SOLUTIONS Advantage

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

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

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

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

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

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

## **Additional Policy Benefits**

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

## **SOLUTIONS Review**

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

*Limited payment whole life insurance. Some limitations apply. Texas Life is licensed to do business in the District of Columbia and every state but NY.*

*See the SOLUTIONS brochure for complete details. Policy Form Series WLOTO-NI-11 or ICC11-WLOTO-NI-11*

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

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

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

TIER 1/TIER 2 COMBO — TENTHLY PREMIUMS									
Issue Age (ALB)	Includes additional cost for Waiver of Premium Benefit (ages 17-59) & Chronic Illness (all issue ages)								PAID UP At Attained Age
	\$ 10,000		\$ 15,000		\$ 25,000		\$ 30,000		
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	
17	11.61	13.46	15.44	18.20	23.08	27.69	26.91	32.43	65
18	12.04	13.88	16.07	18.83	24.15	28.74	28.18	33.70	65
19	12.04	14.02	16.07	19.05	24.15	29.10	28.18	34.12	65
20	12.32	14.44	16.50	19.68	24.86	30.16	29.03	35.40	65
21	12.46	14.73	16.71	20.10	25.20	30.87	29.45	36.24	65
22	12.75	15.00	17.13	20.54	25.91	31.58	30.30	37.10	65
23	13.17	15.44	17.78	21.17	26.98	32.64	31.58	38.37	65
24	13.31	15.86	17.98	21.81	27.33	33.70	32.00	39.65	65
25	13.59	16.29	18.41	22.44	28.04	34.77	32.85	40.92	65
26	14.16	16.71	19.25	23.08	29.45	35.82	34.55	42.20	65
27	14.58	17.27	19.90	23.93	30.52	37.24	35.82	43.90	65
28	15.15	17.84	20.75	24.78	31.94	38.66	37.53	45.59	65
29	15.71	18.54	21.60	25.85	33.35	40.43	39.22	47.72	65
30	16.00	19.25	22.02	26.91	34.06	42.20	40.07	49.84	65
31	16.85	20.10	23.30	28.18	36.18	44.32	42.62	52.40	65
32	17.70	20.96	24.57	29.45	38.31	46.44	45.17	54.94	65
33	18.41	21.95	25.62	30.94	40.07	48.93	47.30	57.92	65
34	18.83	22.79	26.27	32.22	41.14	51.05	48.57	60.46	65
35	19.54	23.93	27.33	33.92	42.90	53.88	50.69	63.86	65
36	20.54	25.06	28.82	35.62	45.39	56.72	53.67	67.26	65
37	21.66	26.33	30.52	37.53	48.22	59.90	57.06	71.08	65
38	22.66	27.75	32.00	39.65	50.69	63.44	60.04	75.33	65
39	24.35	29.45	34.55	42.20	54.94	67.68	65.14	80.43	65
40	25.20	30.87	35.82	44.32	57.06	71.22	67.68	84.68	65
41	26.62	32.70	37.95	47.09	60.60	75.83	71.93	90.20	65
42	27.89	34.70	39.87	50.06	63.80	80.79	75.76	96.15	65
43	29.31	36.82	41.99	53.24	67.34	86.09	80.01	102.52	65
44	31.29	39.36	44.97	57.06	72.29	92.46	85.95	110.16	65
45	33.28	42.05	47.93	61.11	77.25	99.20	91.90	118.24	65
46	34.55	43.90	49.84	63.86	80.43	103.79	95.72	123.76	66
47	35.97	45.74	51.96	66.63	83.97	108.40	99.96	129.28	67
48	37.53	47.72	54.30	69.60	87.87	113.36	104.64	135.23	68
49	39.22	49.70	56.86	72.58	92.12	118.31	109.74	141.17	69
50	40.49	50.55	58.77	73.85	95.30	120.44	113.56	143.73	70
51	42.05	52.82	61.11	77.25	99.20	126.10	118.24	150.52	71
52	43.76	54.94	63.65	80.43	103.44	131.40	123.33	156.89	72
53	45.59	57.35	66.41	84.04	108.04	137.43	128.86	164.12	73
54	47.57	60.04	69.39	88.07	113.00	144.15	134.80	172.18	74
55	48.42	61.60	70.66	90.41	115.12	148.05	137.36	176.86	75
56	50.13	64.00	73.20	94.02	119.37	154.06	142.44	184.08	76
57	52.82	66.56	77.25	97.84	126.10	160.43	150.52	191.73	77
58	55.23	69.66	80.85	102.52	132.11	168.22	157.74	201.08	78
59	57.21	73.06	83.82	107.62	137.07	176.72	163.68	211.26	79
60	55.44	70.61	81.36	104.10	133.20	171.11	159.12	204.62	80
61	58.42	74.24	85.84	109.55	140.66	180.18	168.06	215.50	81
62	61.28	78.51	90.11	115.97	147.78	190.88	176.62	228.33	82
63	64.00	83.04	94.19	122.78	154.59	202.22	184.78	241.94	83
64	67.76	87.58	99.83	129.58	163.98	213.56	196.06	255.54	84
65	71.13	92.51	104.88	136.96	172.41	225.87	206.16	270.32	85
66	75.66	98.34	111.69	145.71	183.75	240.45	219.77	287.81	86
67	80.20	104.18	118.49	154.46	195.09	255.03	233.38	305.31	87
68	85.52	110.52	126.46	163.98	208.37	270.90	249.33	324.36	88
69	91.22	118.17	135.02	175.46	222.63	290.02	266.43	347.31	89
70	97.43	126.34	144.35	187.70	238.18	310.43	285.10	371.80	90

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

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



TIER 1/TIER 2 COMBO — TENTHLY PREMIUMS									
Issue Age (ALB)	Includes additional cost for Waiver of Premium Benefit (ages 17-59) & Chronic Illness (all issue ages)								PAID UP At Attained Age
	\$ 50,000		\$ 75,000		\$ 100,000		\$ 150,000		
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	
17	42.20	51.40	61.31	75.12	80.43	98.84	118.66	146.27	65
18	44.32	53.52	64.50	78.30	84.68	103.08	125.03	152.64	65
19	44.32	54.23	64.50	79.37	84.68	104.50	125.03	154.77	65
20	45.74	56.36	66.63	82.55	87.51	108.75	129.28	161.14	65
21	46.44	57.77	67.68	84.68	88.92	111.58	131.40	165.39	65
22	47.86	59.19	69.81	86.80	91.76	114.41	135.65	169.64	65
23	49.98	61.31	73.00	89.99	96.00	118.66	142.02	176.01	65
24	50.69	63.44	74.06	93.17	97.42	122.91	144.15	182.38	65
25	52.11	65.56	76.18	96.36	100.25	127.16	148.40	188.75	65
26	54.94	67.68	80.43	99.54	105.92	131.40	156.89	195.12	65
27	57.06	70.52	83.62	103.79	110.16	137.07	163.26	203.62	65
28	59.90	73.35	87.87	108.04	115.83	142.73	171.76	212.12	65
29	62.73	76.89	92.12	113.36	121.49	149.81	180.26	222.74	65
30	64.14	80.43	94.24	118.66	124.32	156.89	184.50	233.36	65
31	68.39	84.68	100.61	125.03	132.82	165.39	197.25	246.10	65
32	72.64	88.92	106.98	131.40	141.32	173.88	209.99	258.84	65
33	76.18	93.88	112.29	138.84	148.40	183.80	220.61	273.71	65
34	78.30	98.13	115.48	145.22	152.64	192.29	226.98	286.46	65
35	81.84	103.79	120.78	153.71	159.72	203.62	237.60	303.45	65
36	86.80	109.46	128.22	162.21	169.64	214.95	252.47	320.44	65
37	92.46	115.83	136.72	171.76	180.96	227.69	269.46	339.56	65
38	97.42	122.91	144.15	182.38	190.88	241.85	284.33	360.80	65
39	105.92	131.40	156.89	195.12	207.87	258.84	309.82	386.28	65
40	110.16	138.48	163.26	205.74	216.36	273.00	322.56	407.52	65
41	117.24	147.69	173.88	219.56	230.52	291.41	343.80	435.14	65
42	123.62	157.60	183.45	234.42	243.27	311.24	362.92	464.87	65
43	130.70	168.22	194.07	250.35	257.43	332.48	384.16	496.73	65
44	140.61	180.96	208.94	269.46	277.25	357.96	413.90	534.96	65
45	150.52	194.42	223.80	289.65	297.08	384.87	443.63	575.32	65
46	156.89	203.62	233.36	303.45	309.82	403.28	462.75	602.93	66
47	163.97	212.82	243.98	317.26	323.98	421.68	483.99	630.54	67
48	171.76	222.74	255.66	332.13	339.56	441.51	507.35	660.28	68
49	180.26	232.65	268.41	347.00	356.55	461.33	532.84	690.02	69
50	186.63	236.90	277.96	353.37	369.29	469.83	551.96	702.76	70
51	194.42	248.22	289.65	370.36	384.87	492.48	575.32	736.74	71
52	202.91	258.84	302.39	386.28	401.86	513.72	600.81	768.60	72
53	212.12	270.88	316.19	404.34	420.27	537.80	628.42	804.71	73
54	222.03	284.33	331.06	424.52	440.09	564.70	658.16	845.07	74
55	226.28	292.12	337.43	436.20	448.59	580.28	670.90	868.43	75
56	234.77	304.16	350.18	454.25	465.58	604.35	696.39	904.54	76
57	248.22	316.90	370.36	473.37	492.48	629.84	736.74	942.77	77
58	260.26	332.48	388.41	496.73	516.56	660.99	772.85	989.50	78
59	270.17	349.47	403.28	522.22	536.38	694.97	802.59	1,040.48	79
60	262.80	338.62	392.40	506.13	522.00	673.64	781.20	1,008.65	80
61	277.71	356.76	414.76	533.34	551.81	709.92	825.92	1,063.08	81
62	291.96	378.15	436.14	565.42	580.32	752.69	868.68	1,127.24	82
63	305.57	400.83	456.56	599.44	607.54	798.05	909.51	1,195.28	83
64	324.36	423.51	484.74	633.46	645.12	843.41	965.88	1,263.32	84
65	341.21	448.13	510.02	670.40	678.82	892.66	1,016.43	1,337.19	85
66	363.89	477.29	544.04	714.14	724.18	950.98	1,084.47	1,424.67	86
67	386.57	506.45	578.06	757.88	769.54	1,009.30	1,152.51	1,512.15	87
68	413.14	538.20	617.91	805.50	822.68	1,072.80	1,232.21	1,607.40	88
69	441.65	576.44	660.68	862.85	879.70	1,149.27	1,317.75	1,722.10	89
70	472.76	617.26	707.33	924.09	941.91	1,230.92	1,411.06	1,844.57	90

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

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

**TEXASLIFE** INSURANCE COMPANY

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

Tentonly Premiums for Life Insurance Coverages Shown Includes Added Cost for Accelerated Death Benefit for Chronic Illness											
Issue Age	\$10,000		\$25,000		Policy is Pd Up at Attained Age	Issue Age	\$10,000		\$25,000		Policy is Pd Up at Attained Age
	Prem	Cash Value At Age 65	Prem	Cash Value At Age 65			Prem	Cash Value At Age 65	Prem	Cash Value At Age 65	
15d-1	\$ 7.62	\$ 4,630	\$ 13.65	\$ 11,575	65	9	\$ 8.66	\$ 4,630	\$ 16.24	\$ 11,575	65
2	7.62	4,630	13.65	11,575	65	10	8.79	4,630	16.56	11,575	65
3	7.76	4,630	13.97	11,575	65	11	9.05	4,630	17.21	11,575	65
4	7.88	4,630	14.30	11,575	65	12	9.30	4,630	17.86	11,575	65
5	8.01	4,630	14.62	11,575	65	13	9.57	4,630	18.51	11,575	65
6	8.14	4,630	14.94	11,575	65	14	9.82	4,630	19.16	11,575	65
7	8.27	4,630	15.27	11,575	65	15	10.08	4,630	19.80	11,575	65
8	8.40	4,630	15.59	11,575	65	16	10.35	4,630	20.45	11,575	65

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

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

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

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

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

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

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

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

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

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

# Continuation of Benefits

## *If you Leave Employment*

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

If you have a positive balance (payroll deductions are greater than the amount you have received in reimbursement) in your Medical Reimbursement Account at the time of your termination, you can file claims for up to 30 days after termination date as long as the date of service is prior to your termination date. For more information, please call Flexible Benefit Administrators (FBA) at 1-800-437-3539.

### ***Ameritas Dental***

Under the group dental plan, you and your covered dependents are eligible to continue dental coverage through COBRA according to the same qualifying events outlined by the IRS. For more detailed information, please call Interactive Medical Systems (IMS) at 1-800-426-8739.

### ***Aflac Group Accident, Hospital Indemnity & Critical Illness***

You may continue your Group Aflac plans by having the premiums currently deducted from your paycheck drafted from your bank account or billed to your home. For more information, contact Aflac at 1-800-433-3036.

### ***AUL Short-Term Disability***

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

### ***Manhattan Life Cancer***

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

### ***MetLife Term Life***

You may continue your MetLife Optional Term Life by having the premiums currently deducted from your paycheck drafted from your bank account or billed to your home. For more information, contact MetLife at 1-888-252-3607 for portability or 1-877-275-6387 for conversion.

### ***Superior Vision***

Under the group vision plan, you and your covered dependents are eligible to continue dental coverage through COBRA according to the same qualifying events outlined by the IRS. For more detailed information, please call Interactive Medical Systems (IMS) at 1-800-426-8739.

### ***Texas Life Whole Life***

When you leave employment, you may continue your Whole Life coverage by having the premiums that are currently deducted from your paycheck billed to your home address or drafted from your bank account. You may do that by contacting Texas Life at 1-800-283-9233 prompt #2.



# Contact Information

## ***Aflac***

Columbia, South Carolina  
Phone: 1-800-433-3036  
Email: [cscmail@Aflac.com](mailto:cscmail@Aflac.com)  
[Aflacgroupinsurance.com](http://Aflacgroupinsurance.com)

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

Claims Toll-Free Number  
1-855-517-6365  
Customer Service  
1-800-553-5318

## ***Ameritas***

Dental Customer Service: 1-800-487-5553  
[www.ameritas.com](http://www.ameritas.com)

## ***Flexible Benefit Administrators, Inc.***

2875 Sabre Street, Suite 300  
Virginia Beach, VA 23450  
Phone: 1-800-437-3539  
Fax: 1-757-431-1155  
[www.flex-admin.com](http://www.flex-admin.com)

## ***Manhattan Life | Bay Bridge Administrators, LLC.***

P.O. Box 161690  
Austin, TX 78716  
1-800-845-7519  
[www.bbadmin.com](http://www.bbadmin.com)

## ***MetLife Term Life***

P.O. Box 6100  
Scranton, PA 18505-6100  
1-800-638-6420 prompt #2

## ***Superior Vision***

P.O. Box 967  
Rancho Cordova, CA 95741  
Phone: 1-800-507-3800  
Fax: 916-852-2277  
[www.superiorvision.com](http://www.superiorvision.com)

## ***Texas Life Insurance Company***

PO Box 830  
Waco, TX 76703-0830  
1-800-283-9233  
[www.texaslife.com](http://www.texaslife.com)





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

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



300 W. Watauga Ave.  
Johnson City, TN 37604

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