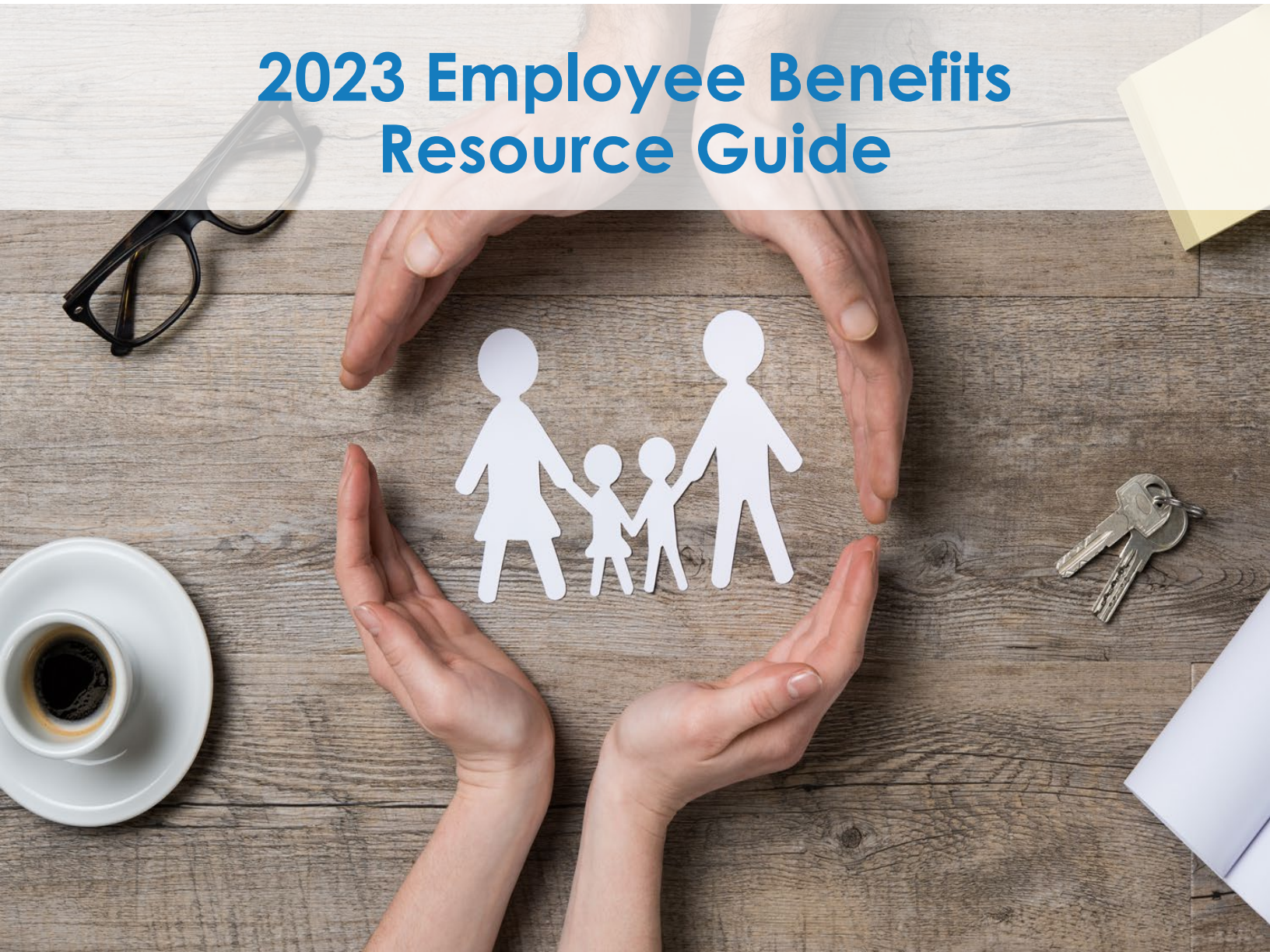




2023 Employee Benefits Resource Guide



2023 Benefits Enrollment Guide

At **Rhea County Government & Schools**, our goal is to offer the best employee benefits options possible. This includes benefits such as Health, Dental, Vision, Life, Disability, and many other supplemental insurance plans. This booklet is designed to provide you with an overview of the District's plan options. Should you need more detailed information, governing plan documents are located on your MyBenefitsChannel portal.

When am I eligible to enroll?

New hires will be eligible to make benefit elections within 30 days of receiving their checklist. However, it's important to remember that you can only make changes (add, change or terminate coverage) during annual enrollment. If you have a qualifying event or qualified family status change (Marriage, Birth, Divorce, Loss/Gain of coverage, etc.), please reach out to HR for specific guidelines pertaining to your situation. The State holds annual enrollment each October for all active fulltime employees. The benefit choices you elect during annual enrollment will be effective January 1 –December 31.

Who is eligible?

Each product may have different eligibility rules based on factors such as Full Time or Part Time status. More specific information will be provided on plan overview pages later in this Employee Benefits Resource Guideline.

Customer Service Contact Info			
	Carrier	Phone	Website
Dental Insurance	MetLife	800-438-6388	www.metlife.com
Vision Insurance	VSP	800-844-7195	www.vsp.com
Group Life and AD&D	USABLE Life	800-370-5856	www.usablelife.com
Supplemental Plans	USABLE Life	800-370-5856	www.usablelife.com
Section-125	TASC	800-422-4661	www.tasconline.com
Universal Life Insurance	Trustmark	800-918-8877	www.trustmarkcompanies.com
Cancer	Bay Bridge Administrators	800-845-7519	www.bbadmin.com
Insurance Broker	Five Points Benefit Solutions	844-305-6135 Ext. 2	www.MyBenefitsChannel.com

This Guide is intended to provide an outline of benefits for informational purposes only. It does not create any contractual rights to benefits, or otherwise, and is subject to change at any time without notice. To the extent there are any differences between this Guide and the applicable policies, plan documents, and/or laws relating to the benefits described herein, the applicable policies, plan documents, and/or laws shall take precedence. Please contact your Human Resource Department for further information. © Five Points Benefits Solutions, LLC.

Benefits Library on MyBenefitsChannel



Accessing Your MyBenefitsChannel Account

Step 1: Go to MyBenefitsChannel.com

- From any computer, visit www.mybenefitschannel.com
- To register and create your username and password, click **Register Here**.
- Your username and password are secure and are not shared with anyone, even your employer.

Step 2: Register & Create your Account

- Enter your Last Name, Date of Birth, and Last 4 digits of your SSN or Unique ID (Member ID).
- Click **Continue**.
- On the next screen, you will need to review the Terms & Conditions: check the box indicating your agreement, and click **Submit Agreement**.

Step 3: Create your username and password

- Be sure to enter the email address you use most frequently. When you have secure messages or employer-sponsored activities to do you will receive a notification to the email address you enter on this page. Your email address is **secure and will not be shared** or sold, and will only be used for employer-related business.
- Your username and password must be at least 8 characters and cannot contain special characters like <, >, ', ", and &. Using your email address as your username is recommended.
- Password must be at least 8 characters with at least 1 upper case letter (A-Z), at least one lower case letter (a-z), and at least 1 digit (0-9).
- Cannot contain special characters, your first name, last name or username. Cannot contain certain common passwords or any of your previous 3 passwords.
- Choose a security question and answer to use if you need to recover your username and password.
- You will use the same username and password to log-in to MyBenefitsChannel and the My Wellness Station biometric data upload application (if applicable).
- Click **Save**.

After logging in to MBC, Click on the Benefits & HR Library icon, then Benefits Library:



Benefit Eligibility

New Hire Benefits

Full-Time Employees are eligible for the following benefits, 1st of the month following date of hire:

Medical

Dental

Vision

Group Term Life: \$20K

Employees can enroll in additional Voluntary Benefits at the next Open Enrollment period.

Open Enrollment is typically held in October, and new enrollments/changes are effective January 1st.

Cancer

Accident

Critical Illness

Short Term Disability

Long Term Disability

Voluntary Group Term Life & AD&D

Flexible Spending Account

(Medical & Dependent Care)

Section 125 Benefits

Section-125 is also referred to as the “Cafeteria Plan”. This has nothing to do with food, rather it refers to the “choices” you can make within the Section 125 guidelines. It is a program that allows employees to have certain eligible benefits deducted from your paycheck tax free. You can choose to participate in all, part, or non of the options available.

Once elections are made, you must remain in the plan until the end of the plan year, or an eligible qualifying event occurs that would give you a 30 day window to make certain changes. Qualifying events include but are not limited to:

- Marriage / Divorce
- Dependent eligibility change
- Loss of coverage
- Change in spouse or employee employment

Below is additional information on the Premium Only Plan (POP), Medical Reimbursement FSA, Dependent Care Reimbursement.

- **Premium Only Plan (POP)** – This is the part of the Section-125 plan that allows you to have certain eligible plans deducted from your check before taxes are taken. Deductions such as Health, Dental, Vision, and certain supplemental benefits like Accident and Cancer plans are eligible to be run through the Section-125 POP plan. By lowering your taxable income, you are able to pay your premiums, but save on taxes!
- **FSA** – Flexible Spending Accounts are a great way to put money aside, tax free, to cover eligible medical, dental, and vision expenses. The total annual election is available on the first day of the new plan year and the IRS has even added a carry over provision that allows you to rollover up to a max of \$500. If you have out of pocket medical, dental, or vision expenses that are not covered by insurance, this could be a great program for you and your family. Annual contribution limits for 2019 are set by the IRS at \$2,650.
- **Dependent Care** – This part of the Section-125 plan allows employees with certain dependent care expenses, such as daycare to be run through payroll tax free. Funds are only available after they have been deducted and posted to your account. The advantage is that the deduction comes out tax free, up to \$5,000 per year per family, which saves a lot on taxes.

Dental



Dental

Metropolitan Life Insurance Company

Plan Design for: Rhea County

Original Plan Effective Date: January 1, 2022

Network: PDP Plus

The Preferred Dentist Program was designed to help you get the dental care you need and help lower your costs. You get benefits for a wide range of covered services — both in and out of the network. The goal is to deliver affordable protection for a healthier smile and a healthier you.

Coverage Type:	In-Network ¹ % of Negotiated Fee ²	Out-of-Network ¹ % of R&C Fee ⁴
Type A - Preventive	100%	100%
Type B - Basic Restorative	100%	100%
Type C - Major Restorative	50%	50%
Type D - Orthodontia	50%	50%
Deductible³		
Individual	\$50	\$50
Family	\$150	\$150
Annual Maximum Benefit:		
Per Individual	\$1500	\$1500
Orthodontia Lifetime Maximum - Ortho applies to Adult and Child	Up to dependent age limit	
	\$1500 per Person	\$1500 per Person
Dependent Age:	Eligible for benefits until the day that he or she turns 26.	

- "In-Network Benefits" refers to benefits provided under this plan for covered dental services that are provided by a participating dentist. "Out-of-Network Benefits" refers to benefits provided under this plan for covered dental services that are not provided by a participating dentist.
- Negotiated fees refer to the fees that participating dentists have agreed to accept as payment in full for covered services, subject to any copayments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change.
- Applies to Type B and C services only.
- Out-of-network benefits are payable for services rendered by a dentist who is not a participating provider. The Reasonable and Customary charge is based on the lowest of:
 - the dentist's actual charge (the 'Actual Charge'),
 - the dentist's usual charge for the same or similar services (the 'Usual Charge') or
 - the usual charge of most dentists in the same geographic area for the same or similar services as determined by MetLife (the 'Customary Charge'). For your plan, the Customary Charge is based on the 90th percentile. Services must be necessary in terms of generally accepted dental standards.

Vision



YOUR VSP VISION BENEFITS SUMMARY

RHEA COUNTY and VSP provide you with an affordable vision plan.

PROVIDER NETWORK:

VSP Choice

EFFECTIVE DATE:

01/01/2022



BENEFIT	DESCRIPTION	COPAY	FREQUENCY
YOUR COVERAGE WITH A VSP PROVIDER			
WELLVISION EXAM	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness 	\$10	Every calendar year
PRESCRIPTION GLASSES		\$10	See frame and lenses
FRAME	<ul style="list-style-type: none"> \$170 featured frame brands allowance \$150 frame allowance 20% savings on the amount over your allowance \$150 Walmart®/Sam's Club® frame allowance \$80 Costco® frame allowance 	Included In Prescription Glasses	Every other calendar year
LENSES	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children 	Included In Prescription Glasses	Every calendar year
LENS ENHANCEMENTS	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 30% on other lens enhancements 	\$0 \$95 - \$105 \$150 - \$175	Every calendar year
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"> \$150 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) 	Up to \$60	Every calendar year
PRIMARY EYECARESM	<ul style="list-style-type: none"> Retinal screening for members with diabetes Additional exams and services for members with diabetes, glaucoma, or age-related macular degeneration. Treatment and diagnoses of eye conditions, including pink eye, vision loss, and cataracts available for all members. Limitations and coordination with your medical coverage may apply. Ask your VSP doctor for details. 	\$0 \$20 per exam	As needed
EXTRA SAVINGS	Glasses and Sunglasses <ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. Go to vsp.com/offers for details. 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam. 		
	Routine Retinal Screening <ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam 		
	Laser Vision Correction <ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities 		

YOUR COVERAGE WITH OUT-OF-NETWORK PROVIDERS

Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network plan details.

Coverage with a retail chain may be different or not apply. Log in to vsp.com to check your benefits for eligibility and to confirm in-network locations based on your plan type. VSP guarantees coverage from VSP network providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.

Log in to vsp.com to find an in-network provider based on your plan type.

Dental & Vision Rates



2023 Dental & Vision Rates



Dental Insurance

Monthly Rates

Employee Only	\$33.60
Employee + Spouse	\$66.15
Employee + Child(ren)	\$78.75
Employee + Family	\$110.25



Vision Insurance

Monthly Rates

Employee Only	\$8.82
Employee + One	\$17.38
Employee + Family	\$25.94

Flexible Spending Account

EMPLOYEE EDUCATION

FSA Participant Benefits



Save money with FSA pretax benefit accounts.

A Flexible Spending Account (FSA) puts more money in your pocket by reducing your taxable income when you contribute pretax dollars to pay for common expenses like these:



HEALTHCARE

- Medical/dental office visit co-pays
- Dental/orthodontic care services
- Prescriptions and vaccinations
- Eye exams; prescription glasses/lenses

DEPENDENT CARE

- Daycare expenses
- Before & after school care
- Nanny/nursery school
- Elder care

TIPS

- You can choose to enroll in a Healthcare FSA, Dependent Care FSA, and more
- Your employer may offer other types of Benefit Accounts too; ask for details
- For a complete list of eligible expenses, see IRS Publications 502 & 503 at Irs.gov

Increase your take-home pay by reducing your taxable income.

Each \$1 you contribute to your FSA reduces your taxable income by \$1.
With less tax taken, your take-home pay increases!

Consider this example:
(For illustration only)



Richard has:

- Gross monthly pay of \$3,500
- \$600 per month in eligible expenses

Here is his net monthly take-home pay.

Without FSA

(\$600 spent using post-tax dollars)

\$1,932

With FSA

(\$600 spent using pretax dollars)

\$2,098

That's a net increase in take-home pay of **\$166 every month!**

To estimate potential savings based on your income and expenses, use the Tax Savings Calculator at www.tasconline.com/tasc-calculators/tasc-fsa-calculator/

See how easy it is to start saving with a TASC Benefit Account. See details on reverse.

Flexible Spending Account

How to participate.

It's easy to start saving with an FSA. Just follow 3 simple steps:

1. DECIDE how much you want to contribute for the upcoming plan year

The more you contribute, the lower your taxable income will be. In spite of this, it's important to be conservative when choosing your annual contribution based on your anticipated qualified expenses since:

- The money you contribute to your benefit account can only be used for eligible FSA expenses.
- Any unused FSA funds at the close of the plan year are not refundable to you. (Note: If your employer offers a **Carryover** option, up to \$500 in unused contributions to a Healthcare FSA can carry over to the next year.)

PLANNING TIPS

START by making a conservative estimate of how much you expect to spend on eligible out-of-pocket expenses for the year.



COMPARE your estimate to the IRS limits at www.tasconline.com/benefits-limits. If your estimate is higher than these annual contribution limits, consider making the maximum contribution allowed.

2. ENROLL by completing the enrollment process

Your contribution will be deducted in equal amounts from each paycheck, pretax, throughout the plan year.

Your total annual contribution to a Healthcare FSA will be available to you immediately at the start of the plan year. Alternatively, your **Dependent Care FSA** funds are only available as payroll contributions are made.

SPECIAL FEATURES

-  **Individual Giving Account:** Every participant receives a complimentary TASC giving account.
-  **Identify Theft Protection:** All active participants receive TASC Identity Theft Protection.

3. ACCESS your funds easily using the TASC Card

This convenient card automatically approves and deducts most eligible purchases from your benefit account with no paperwork required. Plus, for purchases made without the card, you can request reimbursement online, by mobile app, or using a paper form.

Reimbursements happen fast – within 12 hours – when you request to have them added to the MyCash balance on your TASC Card. You can use the MyCash balance on your card to get cash at ATMs or to buy anything you want anywhere Mastercard is accepted!



Track and manage all TASC benefits and access numerous helpful tools, anywhere and anytime—with just one app!



Search for "TASC" (green icon)

Questions? Ask your employer or contact your Plan Administrator.
Total Administration Services Corporation • www.tasconline.com • 1-800-422-4661

FX-4245-080519



Flexible Spending Account

EMPLOYEE EDUCATION

FSA Eligible Expenses



Save up to 30% on eligible expenses

Enroll in a TASC Flexible Spending Account (FSA) so you can use pretax dollars to pay for common, everyday expenses and reduce your taxable income.

Below is a partial list of reimbursable expenses that may be incurred by you, your spouse, or qualified dependents.

NOTE: If you (or your spouse) enroll in an HSA Plan, you may only enroll in a Limited-Purpose Healthcare FSA (LPHSA). The eligible expenses under an LPHSA are limited to Dental and Vision expenses only.



Eligible Medical Expenses

- Acupuncture
- Artificial limbs
- Bandages & dressings
- Birth control, contraceptive devices
- Birthing classes/Lamaze – only the mother's portion (not the coach/spouse) and the class must be only for birthing instruction, not child rearing
- Blood pressure monitor
- Chiropractic therapy/exams/adjustments
- Contact lens and contact lens solutions
- Co-payments
- Crutches (purchased or rented)
- Deductibles & co-insurance
- Diabetic care & supplies
- Eye exams
- Eyeglasses, contacts, or safety glasses (prescription)
- First aid kits & supplies
- Flu shots
- Hearing aids & hearing aid batteries
- Heating pad
- Incontinence supplies
- Infertility treatments
- Insulin
- Lactation expenses (breast pumps, etc.)
- Laser eye surgery; LASIK
- Legal sterilization
- Medical supplies to treat an injury or illness
- Mileage to and from doctor appointments
- Optometrist's or ophthalmologist's fees
- Orthopedic inserts
- Physical exams
- Physical therapy (as medical treatment)
- Physician's fee and hospital services

- Pregnancy test
- Prescription drugs and medications
- Psychotherapy, psychiatric and psychological service
- Sales tax on eligible expenses
- Sleep apnea services/products (as prescribed)
- Smoking cessation programs & deterrents (gum, patch)
- Treatment for alcoholism or drug dependency
- Vaccinations
- X-ray fees

Eligible OTC Medicines and Drugs

Over-the-counter (OTC) medicines and drugs are now reimbursable via FSA, HRA, and HSA without a prescription or physician's note if purchased on or after 01/01/2020.

Eligible OTC products include items that are for medical care and are primarily for a medical purpose, and are compliant with federal tax rules under IRS Code Section 213(d).

- Allergy, cough, cold, flu & sinus medications
- Anti-diarrheals, anti-gas medications & digestive aids
- Canker/cold sore relievers & lip care
- Family planning items (contraceptives, pregnancy tests, etc.)
- Feminine care products (tampons, pads, etc.)
- Foot care (corn/wart medication, antifungal treatments, etc.)
- Hemorrhoid creams & treatments
- Hydrogen peroxide & rubbing alcohol
- Itch relief (calamine lotion, Cortizone cream, etc.)
- Nasal spray
- Oral care (denture cream, pain reliever, teething gel, etc.)
- Pain relievers - internal/external (Tylenol, Advil, Bengay, etc.)
- Skin care (sunscreen w/SPF15+, acne medication, etc.)
- Sleep aids & stimulants (nasal strips, etc.)
- Stomach & nausea remedies (antacids, Dramamine, etc.)
- Wound Treatments/Washes (Hydrogen Peroxide, Iodine)

Continued on next page...

Flexible Spending Account

FSA Eligible Expenses

Page 2



Use your TASC Card to pay for eligible expenses at the point of purchase instead of paying out-of-pocket and requesting a reimbursement.



Eligible Dental Expenses

- Braces and orthodontic services
- Cleanings
- Crowns
- Deductibles, co-insurance
- Dental implants
- Dentures, adhesives
- Fillings

Eligible Dependent Care Expenses

- Fees for licensed day care or adult care facilities
- Before and after school care programs for dependents under age 13
- Amounts paid for services (including babysitters or nursery school) provided in or outside of your home
- Nanny expenses attributed to dependent care
- Nursery school (preschool) fees
- Summer Day Camp – primary purpose must be custodial care and not educational in nature
- Late pick-up fees
- Does not cover medical costs; use Healthcare FSA for medical expenses incurred by you or your dependents

For more information regarding eligible expenses, please review IRS Publication 502/503 at irs.gov or ask your employer for a copy of your Summary Plan Description (SPD).

Eligible Disability Expenses

- Automobile equipment and installation costs for a disabled person in excess of the cost of an ordinary automobile; device for lifting a mobility impaired person into an automobile
- Braille books/magazines in excess of cost of regular editions
- Note-taker for a hearing impaired child in school
- Seeing eye dog (buying, training, and maintaining)
- Special devices, such as a tape recorder or typewriter for a visually impaired person
- Visual alert system in the home or other items such as a special phone required for a hearing impaired person
- Wheelchair or autoeette (cost of operating/maintaining)

Requiring Additional Documentation

The following expenses are eligible only when incurred to treat a diagnosed medical condition. Such expenses require a *Letter of Medical Necessity* from your physician, containing the medical necessity of the expense, diagnosed condition, onset of condition, and physician's signature.

- Ear plugs
- Massage treatments
- Nursing services for care of a special medical ailment
- Orthopedic shoes (excess cost of ordinary shoes)
- Oxygen equipment and oxygen
- Support hose (non-compression)
- Varicose vein treatment
- Veneers
- Vitamins & dietary supplements
- Wigs (for mental health condition of individual who loses hair because of a disease)

Questions? Ask your employer or contact your Plan Administrator.
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FX-4248-061720



Flexible Spending Account



Child & Dependent Care Eligible Expenses

Here is a list of the most common dependent care expenses. Every family situation is different so we recommend consulting with a tax advisor if your specific expense does not fit into one of these categories.

KEY = Eligible expenses occur when you and your spouse are working, looking for work or attending school full-time.

CHILD CARE EXPENSE	ELIGIBLE?
Activity Fees (Piano Lessons, Dance Class)	
Au pair	
Babysitting, in your home or someone else's	
Babysitting by your relative who is not a tax dependent	
Babysitting while you or your spouse are NOT working, looking for work, or attending school	
Babysitting by your tax dependent	
Before or after school program	
Child care	
Child care supplies (diapers, formula, clothing)	
Child Care Provider discount or coupon	
Day Camp	
Educational, learning or study skills services	
Extended care that is a supervised program before or after regular school hours	
Field trips	
Household services (housekeeper, maid, cook, etc.)	
Housekeeper who cares for child (only portion of payment attributable to work-related child care)	
Kindergarten tuition	
Language classes	
Late payment fees	
Meals, food or snacks	
Medical care	
Nanny	
Nursery School	
Incidental Fees (eligible only when incidental to and inseparable from the fee for care)	
Indirect Fees (may be eligible when the expense is required to obtain care and the care has been received such as agency fee, application fee, hold-the-spot fee, placement fee or deposit)	
Late pickup fees when attributed to care of a child	
Preschool	
Private school tuition for kindergarten and up	
Registration fees (required for eligible care, after actual services are received)	
Registration fees (required for eligible care, prior to actual services being received)	
Summer Day Camp	
School tuition	
Sick child care	
Transportation to and from eligible care provided by your care provider	
Tutoring	

Cancer



Group Cancer and Specified Disease Insurance

POLICY FORM M-9012-TN

Underwritten by ManhattanLife Assurance Company of America

▶ Plan Features

- Donor Benefits
- Wellness Benefits
- Many Benefits have No Lifetime Maximum
- Covers Certain Lodging and Transportation
- Portable (take it with You)
- In and Out of Hospital benefits
- Pays regardless of other coverage

Benefit	Amount
<p>Wellness Benefit. For Cancer screening tests such as mammogram, flexible sigmoidoscopy, pap smear, chest X-ray, hemocult stool specimen, or prostate screen. No Lifetime Maximum</p>	<p>\$0 - \$100 per calendar year <i>See Rate Quote for Benefit Amount</i></p>
<p>Positive Diagnosis Test. Payable for a test that leads to positive diagnosis of Cancer or Specified Disease within 90 days. This benefit is not payable if the same Cancer or Specified Disease recurs.</p>	<p>Up to \$300 per calendar year</p>
<p>First Diagnosis Benefit. One-time benefit payable when a Covered Person is first diagnosed with Cancer (other than Skin Cancer) or a Specified Disease. Must occur after the Certificate Effective Date.</p>	<p>\$0 - \$10,000 <i>See Rate Quote for Benefit Amount</i></p>
<p>Second and Third Surgical Opinions. Covers written opinions received after a Positive Diagnosis and before surgery. No Lifetime Maximum</p>	<p>Incurred Expenses</p>
<p>Non-Local Transportation. Payable for transportation to a Hospital, clinic or treatment center which is more than 60 miles and less than 700 miles from a Covered Person's home. No Lifetime Maximum</p>	<p>Actual billed charges by a common carrier or 50 cents per mile if a personal vehicle is used.</p>
<p>Adult Companion Lodging and Transportation. Payable for one adult companion to stay with a Covered Person who is confined in a Hospital that is more than 60 miles and less than 700 miles from his or her home. Covered expenses include a single room in a motel or hotel up to 60 days per confinement; and the actual billed charges for 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</p>	<p>Up to \$75 per day for lodging. 50 cents per mile if a personal vehicle is used.</p>
<p>Ambulance. For ambulance service if the Covered Person is taken to a Hospital and admitted as an inpatient. No Lifetime Maximum</p>	<p>Incurred Expenses</p>
<p>Surgery. Covers actual surgeon's fee for an operation up to the amount listed on the schedule. Benefits for surgery performed on an outpatient basis will be 150% of the schedule benefit amount, not to exceed the actual surgeon's fees. No Lifetime Maximum</p>	<p>\$1,500 - \$9,000 <i>See Rate Quote for Benefit Amount</i></p>
<p>Donor Benefit Bone Marrow and Stem Cell Transplant. We will pay the following benefit for the Covered Person and his or her live donor: (a) Medical expense allowance of two times the selected Hospital Confinement benefit. (b) Actual billed charges for round trip coach fare on a Common Carrier to the city where the transplant is performed; or personal automobile expense allowance of 50 cents per mile. Mileage is measured from the home of the Donor or Covered Person to the Hospital in which the Covered Person is staying. We will pay for up to 700 miles per Hospital stay. (c) Actual billed charges up to \$50 per day for lodging and meals expense for donor to remain near Hospital.</p>	<p>a) Two (2) times the elected Hospital Confinement benefit. <i>See Rate Quote for Benefit Amount</i></p> <p>(b) Actual billed charges for round trip coach fare; or personal automobile expense of 50 cents per mile.</p> <p>(c) Actual billed charges up to \$50 per day</p>
<p>Bone Marrow and Stem Cell Transplant. We will pay incurred expenses per Covered Person for surgical and anesthetic charges associated with bone marrow transplant and/or peripheral stem cell transplant</p>	<p>Incurred Expenses to a combined lifetime maximum of \$15,000</p>



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GP-CAN-SB-TN

Cancer

Benefit	Amount
Anesthesia. For services of an anesthesiologist during a Covered Person's surgery. No Lifetime Maximum	Up to 25% of surgical benefit paid.
For anesthesia in connection with the treatment of skin Cancer that is not invasive melanoma. No Lifetime Maximum	\$100 maximum per Covered Person for skin Cancer
Ambulatory Surgical Center. We will pay the actual billed charges at an Ambulatory Surgical Center. No Lifetime Maximum	\$250 Per Day
Drugs and Medicines. Payable for drugs and medicine received while the Covered Person is Hospital confined. No Lifetime Maximum	Up to \$25 per day, \$600 per calendar year
Outpatient Anti-Nausea Drugs. Payable for drugs prescribed by a Physician to suppress nausea due to Cancer or Specified Disease. No Lifetime Maximum	Up to \$250 per calendar year
Radiation, Radioactive Isotopes Therapy, Chemotherapy, or Immunotherapy. Covers treatment administered by a Radiologist, Chemotherapist or Oncologist on an inpatient or outpatient basis. No Lifetime Maximum	Incurred Expenses up to \$200 - \$1,000 per day OR \$2,500 - \$5,000 per month <i>See Rate Quote for Benefit Amount</i>
Miscellaneous Diagnostic Charges. Covers charges for lab work or x-rays in connection with radiation and chemotherapy treatment. Service must be performed while receiving Radiation, Radioactive Isotopes Therapy, Chemotherapy or Immunotherapy, or within 30 days following a covered treatment.	Incurred Expenses up to a lifetime maximum of \$10,000
Self-Administered Drugs. We will pay the incurred expenses for self-administered chemotherapy, including hormone therapy, or immunotherapy agents. This benefit is not payable for planning, monitoring, or other agents used to treat or prevent side effects, or other procedures related to this therapy treatment. No Lifetime Maximum	Incurred Expenses up to \$4,000 per month
Colony Stimulating Factors. We will pay incurred expenses for: [a] cost of the chemical substances and [b] their administration to stimulate the production of blood cells. Treatment must be administered by an Oncologist or Chemotherapist. No Lifetime Maximum	Incurred Expenses up to \$0 - \$4,000 per month <i>See Rate Quote for Benefit Amount</i>
Blood, Plasma and Platelets. For blood, plasma and platelets, and transfusions: including administration. No Lifetime Maximum	Incurred Expenses up to \$200 per day
Physician's Attendance. For one visit per day while Hospital confined. No Lifetime Maximum	Up to \$35 per day
Private Duty Nursing Service. For private nursing services ordered by the Physician while Hospital confined. No Lifetime Maximum	Up to \$100 per day
National Cancer Institute Designated Comprehensive Cancer Treatment Center Evaluation/Consultation Benefit. We will pay the actual billed charges if a Covered Person is diagnosed with Internal Cancer and seeks evaluation or consultation from a National Cancer Institute designated Comprehensive Cancer Treatment Center. If the Comprehensive Cancer Treatment Center is located more than 30 miles from the Covered Person's place of residence, We will also pay the transportation and lodging actual billed charges. This benefit is not payable on the same day a Second or Third Surgical Opinion Benefit is payable and is in lieu of the Non-Local Transportation Benefits of the policy.	Actual billed charges limited to a lifetime maximum up to \$750 for evaluation. Actual billed charges limited to a lifetime maximum up to \$350 for transportation and lodging.
Breast Prosthesis. Covers the prosthesis and its implantation if it is required due to breast cancer. No Lifetime Maximum	Incurred Expenses
Artificial Limb or Prosthesis. Covers implantation of an artificial limb or prosthesis when an amputation is performed.	Actual billed charges up to \$1,500 lifetime maximum per amputation.
Physical or Speech Therapy. Payable when therapy is needed to restore normal bodily function. No Lifetime Maximum	\$35 per session
Extended Benefits. If a Covered Person is confined in a Hospital for 60 continuous days We will pay three times the selected Hospital Confinement Benefit beginning on the 61st day for Hospital Confinement. This benefit is payable in place of the Hospital Confinement Benefit. No Lifetime Maximum	Three (3) times the elected Hospital Confinement benefit. See Rate Quote for Benefit Amount
Extended Care Facility. Limited to number of days of prior Hospital confinement. Must begin within 14 days after Hospital confinement, and be at the direction of the attending Physician. No Lifetime Maximum	\$50 per day
At Home Nursing. Limited to number of days of prior Hospital confinement. Must begin immediately following a Hospital confinement, and be authorized by the attending Physician. No Lifetime Maximum	\$100 per day
New or Experimental Treatment. We will pay the actual billed charges incurred by a Covered Person for New or Experimental Treatment judged necessary by the attending Physician and received in the United States or in its territories. No Lifetime Maximum	Up to \$7,500 per calendar year
Hospice Care. If a Covered Person elects to receive hospice care, We will pay the actual billed charges for care received in a Free Standing Hospice Care Center. No Lifetime Maximum	\$50 per day
Government or Charity Hospital. Payable if the Covered Person is confined in a U. S. Government Hospital or a Hospital that does not charge for its services. Paid in place of all other benefits under the Policy. No Lifetime Maximum	\$200 per day
Hairpiece. We will pay the benefit per Covered Person for a hairpiece when hair loss is a result of Cancer Treatment.	Actual billed charges up to a lifetime maximum of \$150

Cancer

Benefit	Amount
<p>Rental or Purchase of Durable Goods. We will pay 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</p>	<p>Incurred Expenses up to \$1,500 per calendar year</p>
<p>Waiver of Premium. After 60 continuous days of disability due to Cancer or Specified Disease, We will waive premiums starting on the first day of policy renewal.</p>	<p>After 60 days</p>
<p>Hospital Confinement. Payable for each day a Covered Person is charged the daily room rate by a Hospital, for up to 60 days of continuous stay. The benefit for covered children under age 21 is two times the Covered Person's daily benefit. No Lifetime Maximum</p>	<p>\$100 - \$600 per day See Rate Quote for Benefit Amount</p>

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 of a Cancer or Specified Disease, subject to the Pre-Existing Condition Limitation, and while this Certificate has remained in force.

Pre-Existing Condition Limitation

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

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

Exceptions and Other Limitations

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

1. any other disease or sickness;
2. injuries;
3. any disease, condition, or incapacity that has been caused, complicated, worsened, or affected by: a. Specified Disease or Specified Disease treatment; or b. 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;
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 premium due date coinciding with or next following the date the Covered Person ceases to be a member of an eligible class.
4. any premium due date, if premium remains unpaid by the end of the grace period.
5. the date the Policyholder no longer meets participation requirements.

Portability

On 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 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.

Cancer

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 who is not yet age 26.

Option To Add Additional Benefits Hospital Intensive Care Insurance Rider

Form Number M-BBR01-TN

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 a benefit ranging from \$325 to \$825 per day. It is reduced by one-half at age 75.

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. Step Down Unit includes: progressive care units; subacute intensive care units; and intermediate care units. This does not include treatment units such as: private or semi-private rooms; private monitored rooms; observation units; or surgical recovery units.

Exceptions and Other Limitations

This benefit does not cover ICU or Step Down Unit confinements which occur during a Period of Confinement that began before the Certificate Effective Date.

We will not pay benefits under the Intensive Care Unit Benefit Rider for a Period of Confinement for a Covered Person's confinement caused or contributed to by:

- an intentionally self-inflicted injury or suicide attempt.
- the Covered Person's being intoxicated or under the influence of alcohol, drugs or any narcotic unless administered on the advice of a Physician and taken according to the Physician's advice. The term 'intoxicated' refers to that condition as defined by law or the legal decisions of the jurisdiction in which the accident, or the cause of the loss or losses occurred.

This is not a Medicare Supplement Policy. If you are eligible for Medicare, see the Medicare Supplement Buyer's Guide available from the Company.

**This policy only covers cancer and the diseases specified above, unless the hospital intensive care rider is selected.
Upon receipt of your policy, please review it and your application.
If any information is incorrect, please contact:**

**Bay Bridge Administrators
P.O. Box 161690 | Austin, Texas 78716 | 1-800-845-7519**

Cancer Rates



**BAY BRIDGE
ADMINISTRATORS**

*"Your solutions begin
at the Bridge"®*

Rhea County Schools & Government

Group Cancer Monthly Rates

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

Monthly Rates

Coverage Tier	Option 1	Option 2	Option 3	Option 4
Individual	\$17.65	\$23.38	\$19.63	\$30.89
Employee & 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

Underwritten by:
ManhattanLife Assurance Company of America



**BAY BRIDGE
ADMINISTRATORS**

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at the Bridge"®*

P.O. Box 161690 - Austin, Texas 78716 - (800) 845-7519

Group Term Life & AD&D

USable Life

GROUP TERM LIFE INSURANCE



PRODUCT HIGHLIGHTS

- Foundation of a **competitive** employee benefit plan
- **Easy** to enroll
- **Easy** to administer
- Provides **essential coverage** to your employees

Financial security for your employees and their families when they need it most

Live life. You're covered.*

For almost 40 years, USable Life has been a trusted name among elite carriers in life insurance. Our financial strength and stability provides you with the security you need in an insurance partner. We offer the advanced expertise and capabilities of a major carrier without treating you like just another number.

We work hard to deliver the highest quality of financial security to our customers when they need us the most, and can be relied upon to pay claims quickly and accurately. It is our top priority to make a meaningful difference and provide an exceptional customer experience for you and your employees.

You are our priority

We know that protecting your company and its employees is a critical responsibility. Taking care of employees is more than providing a safe place to work; it's also about offering employees and their families protection outside the workplace. While helping recruit and retain the talent you need to succeed, Term Life insurance protects your employee investment.

Flexible plan designs

No two companies are alike; neither are employees. USable Life offers the protection you want for the company you're running and the lives your employees are living.

With USable Life's flexible contribution options, you can offer employees tailored financial security. You can provide a set level of coverage at no cost to employees and give them the opportunity to obtain more coverage based on individual needs.

Group Term Life AD&D

You can trust us with your benefit needs

Choose an insurance company that has your best interests in mind. USABLE Life is financially strong and takes pride in its ability to deliver on its promise to help secure your employees' financial future and protect your corporate investments.

Family coverage options

Employee protection goes beyond employee coverage. An employee may need coverage for a dependent whose loss would result in financial strain. You can give your employees the opportunity to protect dependents by offering optional coverage for spouses and children.

Accidental Death and Dismemberment coverage

Accidents can happen anytime, anywhere. For pennies on the dollar, Accidental Death and Dismemberment (AD&D) coverage provides an additional layer of protection for employees and their loved ones in the event of an accidental injury or death. Standard benefits include coma, seatbelt, airbag, helmet, disappearance, and repatriation.

Optional benefit enhancements include:

- Common carrier
- Home and vehicle modification
- Childcare
- Rehabilitation
- Critical burn
- Respite
- Felonious assault
- Spouse training and education
- Special education
- HIV/Hepatitis

The Dignity Planner™

USABLE Life is proud to provide The Dignity Planner, which allows your employees to create personalized funeral plans for themselves and their loved ones through a network of more than 2,000 providers.¹ Employees choose a location for a memorial and specify their desire for burial, cremation, memorial services, charitable donations, flowers, obituaries and death notices. After building a complete plan, it can be shared with loved ones.

Global travel assistance

USABLE Life understands that unexpected events can occur whether your employees are traveling on business or for pleasure. That's why we've partnered with AXA Assistance USA, Inc., to provide global emergency response and everyday travel assistance to our members, their spouse, and dependent children at no additional cost. Available 24 hours a day, year-round when you travel 100 or more miles from home, AXA services include emergency medical transportation, lost document and luggage tracking, emergency cash advances, multilingual translation, legal referrals, and more. AXA also provides helpful information for travelers through an extensive Travel Web Portal, including medical and security alerts, an online global medical provider directory, and vaccination recommendations.²

Identity theft assistance

Each year, an estimated nine million Americans become victims of Identity Theft.³ Too many of us are vulnerable to this potentially devastating crime. That's why USABLE Life has added AXA's Identity Theft Assistance to your USABLE Life Group Term Policy. This new service will be available to all of your employees, their spouses, and dependent children.

Although it does not provide ID theft protection, the service offers educational information that can help reduce the risk of becoming a victim of identity theft. It also offers step-by-step guidance as to what members can do if they become a victim of identity theft.⁴

This document provides a brief description of USABLE Life's Term Life and Accidental Death & Dismemberment coverage. This is not an insurance policy. Limitations and exclusions may apply and coverage may be reduced or terminated due to lack of eligibility. Please read the insurance policy carefully.

¹Dignity Planner site provided by SCI Shared Resources, LLC. The Dignity Memorial Network is comprised of funeral, cremation, and cemetery providers, which are affiliates of Service Corporation International, with corporate offices at 1929 Allen Parkway, Houston, TX 77019. Availability of services, merchandise and pricing may vary by area and location.

²USABLE Life has contracted with AXA Assistance USA, Inc. to offer the service to our group term life policyholders.

³Federal Trade Commission (2009), Retrieved from ftc.gov

INTENDED FOR EMPLOYER USE



Group Term Life & AD&D

GROUP TERM LIFE AND AD&D BENEFITS RHEA COUNTY SCHOOLS AND GOVERNMENT



GROUP TERM LIFE

	Class 1
BENEFIT AMOUNT	\$20,000.00
GUARANTEED ISSUE	\$20,000.00
REDUCTION SCHEDULE	By 35% @ Age 65, 50% @ Age 70
WAIVER OF PREMIUM	Limiting Age 60/Elimination Period 6 Months/Termination Age 65
ACCELERATED DEATH BENEFIT	75% of Life Benefit to Max of \$250,000
GROUP TERM LIFE RATES	Paid for by Rhea County

AD&D

	Class 1
BENEFIT AMOUNT	\$20,000.00
REDUCTION SCHEDULE	By 35% @ Age 65, 50% @ Age 70

Voluntary Group Term Life & AD&D



VOLUNTARY GROUP TERM LIFE INSURANCE

Live life. You're covered.®

For almost 40 years, USABLE Life has been a trusted name among elite carriers in life insurance. Our financial strength and stability provides you the security you need in an insurance partner. We offer the advanced expertise and capabilities of a major carrier without treating you like just another number.

We work hard to deliver the highest quality of financial security to our customers when they need us the most, and can be relied upon to pay claims quickly and accurately. It is our top priority to make a meaningful difference and provide an exceptional customer experience for you and your employees.

Taking care of business

We provide a dedicated customer relations team and simple online administration. Through our portal, AccessAble™, you can:

- View, print, and pay bills online
- Add or terminate employees' coverage
- Update employee salaries and eligibility
- Update family status
- View online claim payment status
- Conduct member self-enrollment

Changes you make through AccessAble are effective in real time.

Eligibility

Employee must be actively at work for at least the minimum number of hours required, and have satisfied the waiting period for your plan. Eligible dependents include legal spouse (if not legally separated) and children under the age of 26 (may vary by state of issue).

PRODUCT HIGHLIGHTS

USABLE Life's **Voluntary Group Term Life (VGTL) insurance** offers financial security for your employees and their families when they need it most. Give your employees the opportunity to protect their dependents by offering this coverage for eligible dependents to reduce the financial strain that can result from a loss. VGTL is available through payroll deduction, and can be used to pay mortgage payments or cover everyday expenses such as bills, groceries, and more!

VGTL Benefits

Benefit Payments	Employee benefits are paid to named beneficiaries and dependent benefits are paid directly to employees.
Benefit Amount Options	Employees and spouse amount options are in \$10,000 increments (minimum of \$10,000 required), up to a maximum of \$300,000. Children amount options are available in \$5,000 or \$10,000 increments. Benefit payments are subject to 50% of an employee's elected amount.
Accelerated Death Benefit	Up to 75% of the benefit may be accessed if an employee is diagnosis with a terminal illness.
Waiver of Premium	Premiums will be waived after six months of total disability. Dependent coverage will be waived up for up to 12 months if an employee remains disabled.
Portability	Upon employment termination, employee and spouse coverage may be continued with direct payment for coverage.
Conversion	Employee, spouse, and child coverage lost for any reason may be continued by converting to a whole life policy.

Limitations and exclusions

- Benefits reduce to 65% at age 65 and 50% at age 70 if an employee or spouse is still actively at work on a full-time basis. Child coverage does not reduce.
- Coverage will terminate when an employee is no longer eligible or retires, whichever occurs first. Dependent coverage terminates when an employee or dependents are no longer eligible.
- In the event of suicide during the first year of initial or increased coverage, benefits will be limited to return of premiums paid.

This document provides a brief description of USABLE Life's Group Voluntary Term Life insurance. This is not an insurance policy. Limitations and exclusions may apply, and coverage may be reduced or terminated due to lack of eligibility. Please read the insurance policy carefully.

AccessAble™ is used with the consent of USABLE Mutual Insurance Company.



Voluntary Group Term Life & AD&D Rates



VOLUNTARY GROUP TERM LIFE AND VOLUNTARY AD&D BENEFITS

PREMIUMS BASED ON 12 PAYROLL DEDUCTIONS PER YEAR						
Applying for coverage over Guaranteed Issue will require evidence of medical insurability						
Employee's Guaranteed Issue is \$50,000 through age 69.						
Spouse's Guaranteed Issue is \$10,000 through age 69. Spouse Premiums are determined by Employee's age						
VGTL + VADD PREMIUMS FOR CHILD	\$5,000	\$0.83	\$15,000	\$2.48	\$25,000	\$4.13
	\$10,000	\$1.65	\$20,000	\$3.30		

Benefit Units	VGTL + VADD Employee										
	UNDER 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$10,000	\$3.80	\$3.80	\$3.80	\$3.80	\$3.80	\$3.80	\$3.80	\$3.80	\$3.80	\$3.80	\$3.80
\$20,000	\$7.60	\$7.60	\$7.60	\$7.60	\$7.60	\$7.60	\$7.60	\$7.60	\$7.60	\$7.60	\$7.60
\$30,000	\$11.40	\$11.40	\$11.40	\$11.40	\$11.40	\$11.40	\$11.40	\$11.40	\$11.40	\$11.40	\$11.40
\$40,000	\$15.20	\$15.20	\$15.20	\$15.20	\$15.20	\$15.20	\$15.20	\$15.20	\$15.20	\$15.20	\$15.20
\$50,000	\$19.00	\$19.00	\$19.00	\$19.00	\$19.00	\$19.00	\$19.00	\$19.00	\$19.00	\$19.00	\$19.00

Benefit Units	VGTL + VADD Spouse										
	UNDER 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$5,000	\$0.43	\$0.53	\$0.63	\$0.68	\$0.83	\$1.18	\$2.13	\$3.43	\$6.08	\$10.43	\$15.93
\$10,000	\$0.85	\$1.05	\$1.25	\$1.35	\$1.65	\$2.35	\$4.25	\$6.85	\$12.15	\$20.85	\$31.85
\$15,000	\$1.28	\$1.58	\$1.88	\$2.03	\$2.48	\$3.53	\$6.38	\$10.28	\$18.23	\$31.28	\$47.78
\$20,000	\$1.70	\$2.10	\$2.50	\$2.70	\$3.30	\$4.70	\$8.50	\$13.70	\$24.30	\$41.70	\$63.70
\$25,000	\$2.13	\$2.63	\$3.13	\$3.38	\$4.13	\$5.88	\$10.63	\$17.13	\$30.38	\$52.13	\$79.63
\$30,000	\$2.55	\$3.15	\$3.75	\$4.05	\$4.95	\$7.05	\$12.75	\$20.55	\$36.45	\$62.55	\$95.55
\$35,000	\$2.98	\$3.68	\$4.38	\$4.73	\$5.78	\$8.23	\$14.88	\$23.98	\$42.53	\$72.98	\$111.48
\$40,000	\$3.40	\$4.20	\$5.00	\$5.40	\$6.60	\$9.40	\$17.00	\$27.40	\$48.60	\$83.40	\$127.40
\$45,000	\$3.83	\$4.73	\$5.63	\$6.08	\$7.43	\$10.58	\$19.13	\$30.83	\$54.68	\$93.83	\$143.33
\$50,000	\$4.25	\$5.25	\$6.25	\$6.75	\$8.25	\$11.75	\$21.25	\$34.25	\$60.75	\$104.25	\$159.25

Voluntary Group Term Life & AD&D

VOLUNTARY GROUP TERM LIFE AND VOLUNTARY AD&D BENEFITS



VOLUNTARY GROUP TERM LIFE

	EMPLOYEE COVERAGE	SPOUSE COVERAGE
ELECTABLE INCREMENTS	\$10,000.00	\$5,000.00
MINIMUM BENEFIT	\$10,000.00	\$5,000.00
MAXIMUM BENEFIT	5 Times Annual Salary Not To Exceed \$50,000.00	100% of Approved Employee Life Benefit Not To Exceed \$50,000.00
GUARANTEED ISSUE¹	\$50,000.00	\$10,000.00
RATE BASIS	Member Age	Spouse Age
REDUCTION SCHEDULE	By 35% @ Age 70, 55% @ Age 75, 70% @ Age 80	By 35% @ Age 70, 55% @ Age 75, 70% @ Age 80
WAIVER OF PREMIUM	Limiting Age 60/Elimination Period 6 Months/Termination Age 65	Limiting Age 60/Elimination Period 6 Months/Termination Age 65
PORTABILITY	Full Portability	Yes
ACCELERATED DEATH BENEFIT	75% of Life to Max of \$250,000	75% of Life to Max of \$250,000
ANNUAL ENROLLMENT OPTION	Included up to an additional \$10,000.00 w/o EOI, up to GI	Included up to an additional \$5,000.00 w/o EOI, up to GI

¹Guaranteed Issue available to covered persons under age 70

VOLUNTARY AD&D

	EMPLOYEE COVERAGE	SPOUSE COVERAGE
ELECTABLE INCREMENTS	\$10,000.00	\$5,000.00
MINIMUM BENEFIT	\$10,000.00	\$5,000.00
MAXIMUM BENEFIT	5 Times Annual Salary Not To Exceed \$50,000.00	100% of Approved Employee Life Benefit Not To Exceed \$50,000.00
REDUCTION SCHEDULE	By 35% @ Age 70, 55% @ Age 75, 70% @ Age 80	By 35% @ Age 70, 55% @ Age 75, 70% @ Age 80

Voluntary Group Term Life & AD&D

VOLUNTARY GROUP TERM LIFE AND VOLUNTARY AD&D BENEFITS



CHILD(REN) COVERAGE

	VGTL	VADD
ELECTABLE INCREMENTS	\$5,000.00	\$5,000.00
MINIMUM BENEFIT	\$5,000.00	\$5,000.00
MAXIMUM BENEFIT	\$25,000.00	\$25,000.00
GUARANTEED ISSUE	\$25,000.00	\$25,000.00
INFANT BENEFIT	\$1,000 for Live Birth to 6 months	\$1,000 for Live Birth to 6 months

Accident

USable Life™

ACCIDENT

Supplemental
Benefits



PRODUCT HIGHLIGHTS

The costs of dealing with a life-altering accident can be overwhelming for those who are unprepared. This plan offers an additional layer of financial protection for you and your family by paying cash when you have an accidental injury.

- This plan is **portable** — take it with you even if you leave your place of employment
- Premiums are **payroll deducted** for your convenience
- Coverage is **guaranteed** — no health questions or underwriting is required
- This plan **pays you directly** for a covered accident in addition to what major medical insurance pays

Live life. You're covered.®

USable Life's Accident Plan can give you peace of mind by preparing you and your family for the unexpected. USable Life will cover you, your spouse, or your children if they suffer an injury from a sports activity or do something as simple as fall off a bike. You can rest assured that USable Life is dedicated to delivering on its promise.

How it works

For example, you purchase our **Accident Select Plan** and complete an annual wellness exam. Later that same year, you fall off a ladder and fracture your leg and sustain internal injuries. In addition to what major medical insurance pays, USable Life's Accident Plan will pay:

- **\$75** for a wellness benefit
- **\$240** for ambulance transportation
- **\$150** for emergency room treatment
- **\$1,440** for a fractured leg
- **\$1,500** for internal injuries
- **\$140** for two follow-up physician visits
- **\$700** for five physical therapy sessions

\$4,245 in total cash benefits paid directly to **YOU.**

LIVE LIFE.
YOU'RE COVERED.®

Accident

COVERAGE & OPTIONS

ACCIDENT TREATMENT	BASIC	SELECT	ULTRA
Physician Office Visit (per visit, up to 2 visits)	\$125	\$150	\$225
Emergency Treatment	\$125	\$150	\$225
Emergency Dental (crown)	\$250	\$300	\$450
Major Diagnostic Exam	\$200	\$240	\$360
Lacerations	\$450	\$540	\$810
Burns	Up to \$2,500	Up to \$3,000	Up to \$4,500
Eye Injury (surgical repair)	\$200	\$240	\$360
Brain Injury	\$500	\$600	\$900
Dislocation (examples, open)			
Hip	\$2,750	\$3,300	\$4,950
Knee or Shoulder	\$600	\$720	\$1,080
Toe or Finger	\$125	\$150	\$225
Fractures (examples, open)			
Hip	\$2,750	\$3,300	\$4,950
Leg	\$1,200	\$1,440	\$2,160
Nose, Heel, or Finger(s)	\$600	\$720	\$1,080
HOSPITAL CARE	BASIC	SELECT	ULTRA
Initial Hospitalization	\$1,000	\$1,200	\$1,600
Hospital Confinement (per day, up to 365 days)	\$250	\$250	\$250
Hospital ICU (per day, up to 15 days)	\$500	\$500	\$500
Surgery (reparation of internal injuries)	\$1,250	\$1,500	\$2,000
Ambulance (air/ground)	\$1,250/\$200	\$1,500/\$240	\$2,000/\$320
Blood, Plasma, Platelets	\$200	\$240	\$320
FOLLOW-UP	BASIC	SELECT	ULTRA
Physician Follow-up (per visit, up to 6 visits)	\$50	\$70	\$80
Physical Therapy (per visit, up to 6 visits)	\$100	\$140	\$160
Rehabilitation Unit (per day, up to 30 days)	\$125	\$175	\$200
Appliance (for locomotion)	\$100	\$140	\$160
Prosthetic Device (per device, up to 2 devices)	\$375	\$525	\$600
Family Lodging (per day, up to 30 days)	\$100	\$150	\$175
Transportation (per round trip, up to 5 round trips)	\$400	\$600	\$700
Post Transportation	\$200	\$300	\$350
SURGERY	BASIC	SELECT	ULTRA
Tendon/Ligament	\$500	\$600	\$800
Torn Knee (surgical repair)	\$500	\$600	\$800
Ruptured Disc	\$500	\$600	\$800
Torn Rotator Cuff	\$500	\$600	\$800
WELLNESS BENEFIT	BASIC	SELECT	ULTRA
Annual benefit amount	\$60	\$75	\$105

To promote healthier routines, insureds can receive an annual payment for having covered health screenings and tests, such as a mammogram, Pap test, PSA (Prostate-Specific Antigen) test, and colonoscopy.

Accident

OPTIONAL RIDER

ACCIDENTAL DEATH & DISMEMBERMENT BENEFITS

(EMPLOYER-SELECTED OPTION)

When the employer-selected riders are chosen, they will be included in each employee's policy.

■ OPTION 1	EMPLOYEE	SPOUSE	CHILD
Common Carrier Accidental Death	\$75,000	\$75,000	\$18,750
Other Accidental Death	\$50,000	\$50,000	\$6,250
■ OPTION 2	EMPLOYEE	SPOUSE	CHILD
Common Carrier Accidental Death	\$150,000	\$150,000	\$37,500
Other Accidental Death	\$100,000	\$100,000	\$12,500

THIS RIDER ALSO PROVIDES BENEFITS FOR:

- Accidental Dismemberment
- Child Education
- Paralysis
- Coma
- Child Care Center
- Repatriation
- Spouse's Training
- Additional benefits if a seatbelt was worn or airbag deployed at the time of accidental death

Accident Rates

24-HOUR PLAN

NO RIDERS	BASIC	SELECT	ULTRA
EMPLOYEE	\$11.38	\$13.46	\$16.98
EMPLOYEE + SPOUSE	\$21.09	\$24.91	\$31.41
1 PARENT FAMILY	\$23.05	\$27.63	\$35.13
2 PARENT FAMILY	\$32.76	\$39.08	\$49.56
50K AD&D RIDER	BASIC	SELECT	ULTRA
EMPLOYEE	\$14.41	\$16.49	\$20.01
EMPLOYEE + SPOUSE	\$26.47	\$30.29	\$36.79
1 PARENT FAMILY	\$27.18	\$31.76	\$39.26
2 PARENT FAMILY	\$39.24	\$45.56	\$56.04
100K AD&D RIDER	BASIC	SELECT	ULTRA
EMPLOYEE	\$17.43	\$19.51	\$23.03
EMPLOYEE + SPOUSE	\$31.84	\$35.66	\$42.16
1 PARENT FAMILY	\$31.30	\$35.88	\$43.38
2 PARENT FAMILY	\$45.71	\$52.03	\$62.51

ACCIDENT RECOVERY MONTHLY PREMIUMS & RATES

COVERAGE & OPTIONS

COVERAGE	PERCENTAGE OF POLICY AMOUNT
Heart Attack/Stroke	100%
Major Organ Transplant	100%
End-Stage Renal Failure	100%
Burns (third degree, over at least 50% of body)	100%
Specified Diseases*	100%
Coronary Artery Bypass Surgery	30%
Alzheimer's Disease	30%
Angioplasty/Stent	10%

WELLNESS BENEFIT

To promote healthier routines, insureds can receive an annual payment of \$75 for having covered health screenings and tests, such as a mammogram, Pap test, PSA (Prostate-Specific Antigen) test, and colonoscopy.

**ALS (Lou Gehrig's Disease); Anthrax; Cholera; Encephalitis; Meningitis; Rocky Mountain Spotted and Typhoid Fevers; Tuberculosis; Primary Sclerosing Cholangitis (Walter Payton's Disease)*

OPTIONAL RIDERS

When the employer-selected riders are chosen, they will be included in each employee's policy.

OCCUPATIONAL HIV BENEFIT (EMPLOYER-SELECTED OPTION)

Adds 100% benefit that is payable if an employee contracts HIV on the job. (Not available for spouses or dependents.) Availability of this benefit is limited to specific occupations and industries.

ACCUMULATOR BENEFIT (EMPLOYEE-SELECTED OPTION)

With this option, the employee's coverage amount automatically increases by \$500 per year every year coverage remains in force.

Critical Illness Rates

EMPLOYEE

NON-TOBACCO

EMPLOYEE AGE	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$50,000
Up to 29	\$3.12	\$3.74	\$4.35	\$4.97	\$5.59	\$8.68
30 - 39	\$3.97	\$5.45	\$6.92	\$8.40	\$9.87	\$17.24
40 - 49	\$5.74	\$8.99	\$12.23	\$15.47	\$18.71	\$34.92
50 - 59	\$8.61	\$14.72	\$20.83	\$26.94	\$33.06	\$63.61
60 - 69	\$15.76	\$29.02	\$42.27	\$55.53	\$68.79	\$135.08

TOBACCO

EMPLOYEE AGE	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$50,000
Up to 29	\$3.74	\$4.97	\$6.21	\$7.44	\$8.68	\$14.85
30 - 39	\$5.92	\$9.34	\$12.77	\$16.19	\$19.61	\$36.72
40 - 49	\$10.28	\$18.06	\$25.85	\$33.63	\$41.41	\$80.32
50 - 59	\$16.98	\$31.46	\$45.94	\$60.42	\$74.90	\$147.30
60 - 69	\$30.47	\$58.44	\$86.41	\$114.38	\$142.35	\$282.20

SPOUSE

NON-TOBACCO

SPOUSE AGE	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$50,000
Up to 29	\$3.02	\$3.53	\$4.04	\$4.56	\$5.07	\$7.65
30 - 39	\$3.92	\$5.34	\$6.77	\$8.19	\$9.61	\$16.72
40 - 49	\$5.63	\$8.77	\$11.90	\$15.04	\$18.17	\$33.84
50 - 59	\$8.56	\$14.61	\$20.67	\$26.72	\$32.78	\$63.06
60 - 69	\$15.70	\$28.90	\$42.11	\$55.31	\$68.51	\$134.52

TOBACCO

SPOUSE AGE	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$50,000
Up to 29	\$3.74	\$4.97	\$6.21	\$7.44	\$8.68	\$14.85
30 - 39	\$5.87	\$9.24	\$12.61	\$15.98	\$19.35	\$36.20
40 - 49	\$10.23	\$17.96	\$25.68	\$33.41	\$41.14	\$79.78
50 - 59	\$16.92	\$31.35	\$45.77	\$60.20	\$74.62	\$146.74
60 - 69	\$30.41	\$58.33	\$86.24	\$114.16	\$142.07	\$281.64

CHILD

NON-TOBACCO

EMPLOYEE AGE	\$5,000	\$10,000
Up to 29	\$0.41	\$0.82
30 - 39	\$0.47	\$0.95
40 - 49	\$0.32	\$0.65
50 - 59	\$0.28	\$0.55
60 - 69	\$0.17	\$0.34

TOBACCO

EMPLOYEE AGE	\$5,000	\$10,000
Up to 29	\$0.41	\$0.82
30 - 39	\$0.37	\$0.74
40 - 49	\$0.27	\$0.54
50 - 59	\$0.22	\$0.44
60 - 69	\$0.22	\$0.45

Rates include recurrent benefit. Child premiums are based on employee age and smoker status.

IMPORTANT NOTE: Projected rates shown here are on a monthly basis. Due to rounding rules and frequency of payroll deductions, your actual monthly cost may vary slightly.

Voluntary Short Term Disability



Voluntary Short Term Disability

US Able Life
Live life. You're covered.*

USAL-VSTD-BR (8-14)

Voluntary Short Term Disability

1 in 5 workers

1 in 5 workers will be out of work for at least a year due to illness or accident before age 65.¹

74 percent

74% of households have no disability insurance at all.²

1/3 of Americans

Approximately 1/3 of Americans entering the work force will experience a disability before they retire.³



¹ Life and Health Insurance Foundation for Education. 2005.

² Lifehappens.org

³ Social Security Administration, Fact Sheet 2007

USABLE Life has been helping employees protect their income with disability income for close to 30 years. Voluntary Short Term Disability (VSTD) coverage provides partial income replacement on a voluntary basis in the event you suffer an injury or illness for which you are under the regular care of a physician, which results in your inability to perform one or more of the material duties of your regular occupation with a loss of earnings of 20% or more.

If you lose the ability to earn a paycheck, VSTD will give you peace of mind that you will be able to continue to meet your financial commitments and give your family financial stability. Through the ease of payroll deduction, you can now pay for this affordable protection.

SERVICE YOU CAN COUNT ON

We provide easy filing for claimants. Claims can be submitted by email, mail or fax.

- Fast claim payments – 90% of filed STD claims are processed within 3-5 business days.
- We stay in contact with you, your employer and your physician to determine if your return-to-work status has changed.
- For 2009, Customer Satisfaction for our Claims service exceeded 95%.

EMPLOYEE ELIGIBILITY REQUIREMENTS

You must:

- Be actively at work;
- Work at least 20 hours per week for your employer;
- Be under age 70 on the effective date of coverage; and
- Have satisfied the waiting period set by your employer.

Note: No director or officer of the employer will be considered to be an employee unless he meets the above conditions. Retirees, non-employee directors and part-time or seasonal employees are not eligible for coverage. If the employee is not actively at work on the date his insurance, or any increase in insurance is scheduled to take effect, it will be effective on the date the employee returns to work. Restrictions may apply to employees working outside the United States or foreign nationals.

Voluntary Short Term Disability



Voluntary Short Term Disability

HIGHLIGHTS OF COVERAGE

Coverage	Covers you for non-occupational injuries.
Benefit Payments	Weekly benefits are paid directly to you and begin when you have met the elimination period.
Benefit Amounts	<ul style="list-style-type: none">• Up to 70% of your covered weekly earnings, not to exceed a weekly maximum of \$1,250.• \$100 Minimum Election.• Benefits available in \$10 increments.
Weekly Disability	<p>With a combination of work and weekly disability benefit payments, you may be able to replace all of your pre-disability income:</p> <ul style="list-style-type: none">• If you are disabled and not working or working and earning less than 20% of your covered weekly earnings, your weekly disability benefit will be the eligible amount elected. Your weekly disability benefit may be reduced by other sources of income, not including any income you receive from any form of employment. (Refer to your certificate.)• If you are disabled and working, earning between 20% and 80% of your covered weekly earnings, your weekly disability benefit will be the eligible amount elected. This amount may be reduced by any other sources of income, including any income you receive from any form of employment if this total amount of weekly disability and other sources of income exceeds 100% of your pre-disability earnings. (Refer to your certificate.)
Reductions	If you are still actively at work on a full-time basis, VSTD benefits reduce 33 1/3% when you reach age 65 and will terminate when you are no longer age 70, or your retirement, whichever occurs first.
Waiver of Premium	If you are totally disabled for 90 consecutive days, future premium payments that fall due will be waived as long as you are receiving benefits.

DEFINITIONS

Date of Disability means the first day that you are under the regular care of a physician and meet the definition of disability as defined below.

Disability or Disabled means an injury or sickness that requires you to be under the regular care of a physician, and prevents you from performing one or more of the material duties of your regular occupation with reasonable accommodations, and as a result of which you are earning less than 80% of your covered weekly earnings.

PRE-EXISTING CONDITIONS AND EXCLUSIONS

Benefits will not be paid if your disability begins in the first 12 months following the effective date of your coverage and your disability is caused by, contributed to by, or the result of a pre-existing condition.

Pre-Existing Condition means any condition for which you have done any of the following at any time during the 12 months just prior to your effective date of coverage:

- received medical treatment or consultation;
- taken or were prescribed drugs or medicine; or
- received care of services, including diagnostic measures, whether or not that condition is diagnosed at all or misdiagnosed during that period of time.

At USABLE Life, we instill quality into everything we do to better serve you. Since being established in 1980, we have committed ourselves to improving our customers' lives by uniting excellent customer relations with a vast array of products and product expertise. Flexible products, high-quality customer relations and fast, reliable claims service...that's what you get with USABLE Life.

Voluntary Short Term Disability

EXCLUDED DISABILITIES

We will not pay benefits for any disability caused by:

- war or any act of war, or while serving in the armed forces of any country or international authority;
- attempted suicide or intentionally self-inflicted injuries, while sane or insane;
- your active participation in a riot or insurrection;
- your voluntary commission of, or attempting to commit, an assault or a felony; or participating in an illegal occupation;
- injury arising out of or in the course of any occupation or employment for pay or profit, or any injury or sickness for which you are entitled to benefits under any Worker's Compensation Law, Employer's Liability Law or similar law;
- your voluntary use of any drug, hallucinogen, controlled substance, or narcotic unless taken as prescribed by a physician;
- injury occurring while intoxicated;
- alcoholism or drug addiction;
- elective or cosmetic surgery, except for surgery to repair damage to the natural body caused by an injury or treatment of a sickness; or
- your acting as an organ donor.

No benefits are payable for any period of disability during which you are incarcerated in a penal or correctional facility for a period of 30 or more consecutive days. (May not apply in all states. Refer to your certificate.)

This brochure provides a very brief description of USABLE Life's VSTD product (GRP-P (5-09) contract). This is not an insurance policy and only the actual provisions of an issued policy control. USABLE Life's policies set forth the rights and obligations of covered persons and USABLE Life. Please be aware that certain limitations and exclusions apply and coverage may reduce or terminate due to age or lack of eligibility. If you enroll for coverage, the employer will be furnished with a policy or certificate of insurance for distribution to covered employees. Please read your insurance documents carefully.



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Voluntary Short Term Disability Rates



Short Term Disability Rates

PREMIUMS BASED ON 12 PAYROLL DEDUCTIONS PER YEAR

Note: Employee may select any weekly benefit, in \$10 increments, up to 66.67% of employee's weekly earnings.

Accident & Illness Benefits Begin

8 Days

Pre-Existing Condition

3/12

Benefit Duration

13 Weeks

24 Hour Coverage

Yes

Disability Occupation

Regular

Annual Earnings	Weekly Benefit	Monthly Premium
\$15,600.00 - \$16,379.99	\$200	\$17.82
\$16,380.00 - \$17,159.99	\$210	\$18.71
\$17,160.00 - \$17,939.99	\$220	\$19.60
\$17,940.00 - \$18,719.99	\$230	\$20.49
\$18,720.00 - \$19,499.99	\$240	\$21.38
\$19,500.00 - \$20,279.99	\$250	\$22.27
\$20,280.00 - \$21,059.99	\$260	\$23.16
\$21,060.00 - \$21,839.99	\$270	\$24.05
\$21,840.00 - \$22,619.99	\$280	\$24.94
\$22,620.00 - \$23,399.99	\$290	\$25.83
\$23,400.00 - \$24,179.99	\$300	\$26.73
\$24,180.00 - \$24,959.99	\$310	\$27.62
\$24,960.00 - \$25,739.99	\$320	\$28.51
\$25,740.00 - \$26,519.99	\$330	\$29.40
\$26,520.00 - \$27,299.99	\$340	\$30.29

Annual Earnings	Weekly Benefit	Monthly Premium
\$27,300.00 - \$28,079.99	\$350	\$31.18
\$28,080.00 - \$28,859.99	\$360	\$32.07
\$28,860.00 - \$29,639.99	\$370	\$32.96
\$29,640.00 - \$30,419.99	\$380	\$33.85
\$30,420.00 - \$31,199.99	\$390	\$34.74
\$31,200.00 - \$31,979.99	\$400	\$35.64
\$31,980.00 - \$32,759.99	\$410	\$36.53
\$32,760.00 - \$33,539.99	\$420	\$37.42
\$33,540.00 - \$34,319.99	\$430	\$38.31
\$34,320.00 - \$35,099.99	\$440	\$39.20
\$35,100.00 - \$35,879.99	\$450	\$40.09
\$35,880.00 - \$36,659.99	\$460	\$40.98
\$36,660.00 - \$37,439.99	\$470	\$41.87
\$37,440.00 - \$38,219.99	\$480	\$42.76
\$38,220.00 - \$38,999.99	\$490	\$43.65

Important Note: The above rates are subject to change. The rates shown here are meant as an illustration for you to determine the approximate deduction you may expect to see each paycheck. Due to the rounding of rates, these deductions will vary, though differences should be slight. This is not part of an insurance policy and only the actual provisions of an issued policy control. USable Life's policies set forth the rights and obligations of covered persons and USable Life. Please be aware that certain limitations and exclusions apply and that benefits may reduce or terminate. If you enroll for coverage, you will be provided with a certificate of insurance. Please read your certificate carefully.

Voluntary Long Term Disability



Voluntary Long Term Disability

USAL-VLTD-BR (1-12)

USable Life
Live life. You're covered.™

Voluntary Long Term Disability

1 in 8 workers

1 in 8 workers will be disabled for 5 years or more during their working careers.¹

31.2 months

The average long term disability claim duration is 31.2 months.²

36 million

More than 36 million Americans between the ages of 21 and 64 are disabled.³



¹ Council for Disability Awareness, Commissioner's Disability Insurance Tables A and C, 2010.

² CDA Disability Divide proprietary research, 2010.

³ U.S. Census Bureau, 2012.

Being out of work and without a source of income due to a disability can present an enormous challenge to employees and their families. Voluntary Long Term Disability (VLTD) coverage can provide employees with the income needed to help meet their financial commitments and give their families financial stability.

USABLE Life's VLTD coverage provides partial income protection, through the ease of payroll deduction, if employees lose the ability to earn a paycheck as the result of disability from a covered injury or sickness.

SERVICE YOU CAN COUNT ON

- USABLE Life provides claim filing via mail, email or fax.
- For all disability claims, USABLE Life stays in contact with the claimant and the physician, as well as the employer, to determine if the claimant's return-to-work status has changed.
- 100% of all Long Term Disability (LTD) claims receive clinical review and are acknowledged within 3 business days, making contact with the employer and the claimant.
- Customer Satisfaction for USABLE Life's Claims service exceeds 95%.
- For LTD claims, we have a full array of claims professionals including clinical, vocational and rehabilitation specialists working to devise the best plan for the individual's needs.

EMPLOYEE ELIGIBILITY & EFFECTIVE DATE REQUIREMENTS

Employees must:

- Be actively at work, at least 20 hours per week for the employer; and
- Be under age 70 on the effective date of coverage; and
- Have satisfied the waiting period set by the employer, of not less than 30 days.

No director or officer of the employer will be considered to be an employee unless they meet the above conditions. Retirees, non-employee directors and part-time or seasonal employees are not eligible for coverage. If the employee is not actively at work on the date their insurance, or any increase in insurance is scheduled to take effect, it will be effective on the date the employee returns to work. Restrictions may apply to employees working outside of the United States or foreign nationals.

Voluntary Long Term Disability



Voluntary Long Term Disability

HIGHLIGHTS OF COVERAGE

Coverage	Covers the employee 24 hours a day on or off the job.
Benefit Payments & Premiums	<ul style="list-style-type: none">• Monthly benefits are paid directly to the employee.• The plan is contributory, which means the employee pays all or part of the cost of this protection.• The employee's monthly premiums are processed by the employer through convenient payroll deductions.• Premiums are based on the employee's age and will increase over time.• Premiums are waived during the period the employee is receiving VLTD benefits.
Benefit Amounts	<ul style="list-style-type: none">• The employee may cover up to 60% of their monthly earnings to a maximum of \$5,000 per month.• VLTD can be purchased in increments of \$100 monthly benefit.• Employees have the flexibility to choose how much of their salary they want to protect. (Not to exceed 60%.)
Elimination Period	90 or 180 days.
Partial Disability	Monthly benefits are available if the employee is disabled and returns to work on a part-time basis and suffers a loss of income of 20% or more.
Return to Work Incentive	Allows the employee the ability to receive up to 100% of pre-disability earnings for a limited time while working part-time.
Survivor Benefit	A lump sum equal to three (3) times the employee's last monthly benefit will be paid to the employee's eligible survivor in the event of the employee's death during the disability period.
Rehabilitation Assistance	Our programs will help the employee transition back to work.

At USABLE Life, we instill quality into everything we do to better serve you. Since being established in 1980, we have committed ourselves to improving our customers' lives by uniting excellent customer relations with a vast array of products and product expertise. Flexible products, high-quality customer relations and fast, reliable claims service...that's what you get with USABLE Life.

Voluntary Long Term Disability

DEFINITIONS

Disability

The employee is considered disabled and eligible to receive monthly benefits if, during the elimination period and the next 24 months of disability, an injury, sickness, or pregnancy requires the employee to be under the regular care of a physician, which prevents the employee from performing at least one of the material duties of their regular occupation with reasonable accommodations and are earning less than 80% of their pre-disability earnings.

After 24 months of disability payments, an injury, sickness, or pregnancy requires that the employee be under the regular care of a physician, which prevents the employee from performing at least one of the material duties of any gainful occupation with reasonable accommodations for which their education, training, and experience qualifies them and are earning less than 60% of their pre-disability earnings.

Monthly earnings

Monthly earnings include the employee's base rate of pay from the policyholder, excluding overtime bonuses or expense reimbursements. If part of the employee's monthly earnings are through commissions, they will be included as income and averaged over the 12 month period prior to the disability.

PRE-EXISTING CONDITION EXCLUSION

USABLE Life's VLTD benefits will not be paid if a covered disability begins in the first 24 months following the effective date of the employee's coverage if the disability is caused by, contributed to by, or the result of a pre-existing condition, unless the employee has had no treatment of the pre-existing condition for six (6) consecutive months after the employee's effective date.

A pre-existing condition is any condition for which the employee has received medical treatment or consultation; taken or was prescribed drugs or medicines; or received care of services including diagnostic measures, whether or not that condition is diagnosed or misdiagnosed during the 12 months just prior to the effective date of coverage.

Note: Check the certificate of insurance for the number of months that apply to your plan as benefits may differ by state.

OFFSETS FOR OTHER INCOME

VLTD benefits are subject to offsets for other income that the employee or their dependents may be eligible for as a result of the covered disability. Check the certificate of insurance for a list of offsets. USABLE Life may estimate the amount of offsets that the employee is eligible to receive to avoid an overpayment.

EXCLUDED DISABILITIES

We will not pay benefits for any time the employee is confined to any facility because they were convicted of a crime or public offense.

We will not pay benefits for any disability caused by:

- war or any act of war, or while serving in the armed forces of any country or international authority;
- attempted suicide or intentionally self-inflicted injuries, while sane or insane;
- the employee's active participation in a riot or insurrection;
- the employee's voluntary commission of, or attempting to commit, an assault or a felony; or participating in an illegal occupation;
- injury occurring while intoxicated; or
- elective or cosmetic surgery, except for surgery to repair damage to the natural body caused by an injury or treatment of a sickness.

No benefits are payable for any period of disability during which the employee is incarcerated in a penal or correctional facility for a period of 30 or more consecutive days.

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Voluntary Long Term Disability

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- attempted suicide or intentionally self-inflicted injuries, while sane or insane;
- the employee's active participation in a riot or insurrection;
- the employee's voluntary commission of, or attempting to commit, an assault or a felony; or participating in an illegal occupation;
- injury occurring while intoxicated; or
- elective or cosmetic surgery, except for surgery to repair damage to the natural body caused by an injury or treatment of a sickness.

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Voluntary Long Term Disability Rates



Long Term Disability Rates

PREMIUMS BASED ON 12 PAYROLL DEDUCTIONS PER YEAR

Note: Employee may select any monthly benefit, in \$500 increments, up to 60% of employee's monthly earnings.

Accident & Illness Benefits Begin	90 Days	Pre-Existing Condition	3/12
Benefit Duration	5 Years	24 Hour Coverage	Yes
		Survivor Benefit	3 Months

Annual Earnings	Weekly Benefit	Monthly Premium
UP TO \$19,999.99	\$500	\$4.55
\$20,000.00 - \$29,999.99	\$1,000	\$9.10

Annual Earnings	Weekly Benefit	Monthly Premium
\$30,000.00 - \$39,999.99	\$1,500	\$13.65
\$40,000.00 & OVER	\$2,000	\$18.20

Minimum Benefit	\$500
Maximum Benefit	The lesser of \$2,000 or 60% of basic monthly earnings
Elimination Period	90 days

Important Note: The above rates are subject to change. The rates shown here are meant as an illustration for you to determine the approximate deduction you may expect to see each paycheck. Due to the rounding of rates, these deductions will vary, though differences should be slight. This is not part of an insurance policy and only the actual provisions of an issued policy control. US Able Life's policies set forth the rights and obligations of covered persons and US Able Life. Please be aware that certain limitations and exclusions apply and that benefits may reduce or terminate. If you enroll for coverage, you will be provided with a certificate of insurance. Please read your certificate carefully.

USABLE Wellness Claim Form



WELLNESS BENEFIT REQUEST FORM

SUBMIT YOUR WELLNESS BENEFIT REQUEST

Complete all fields and return to USABLE Life
 Attention: Claims Department
Mail: P.O. Box 1650 | Little Rock | AR | 72203
Email: claims@usablelife.com
Fax: (501) 235-8400
Online: USABLELife.com/claims

CUSTOMER CARE

(800) 370-5856 Monday-Friday, 8 a.m. to 5 p.m. CST

SECTION 1: POLICYHOLDER INFORMATION		
Policyholder Name (last, first, middle)		
Date of Birth	Social Security No.	Email Address
Address (street, city, state, and ZIP) <i>Benefits will be sent to this address.</i>		Telephone No.
Employer Name		Group Policy No.
SECTION 2: PATIENT INFORMATION		
Patient Name (last, first, middle)		
Date of Birth	Social Security No.	Date of Service/Test
Relationship to Policyholder <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent		
Service/Test Performed		
<input type="checkbox"/> Routine Exam/Physical <input type="checkbox"/> Hearing Exam <input type="checkbox"/> Vision Exam <input type="checkbox"/> Dental X-Ray <input type="checkbox"/> Chest X-Ray <input type="checkbox"/> Flexible Sigmoidoscopy <input type="checkbox"/> Hemocult Stool Specimen <input type="checkbox"/> Colonoscopy <input type="checkbox"/> Ultrasound <input type="checkbox"/> EKG <input type="checkbox"/> Echocardiogram <input type="checkbox"/> Fasting Blood Glucose Test <input type="checkbox"/> Stress Test (bicycle or treadmill)	<input type="checkbox"/> Thermography <input type="checkbox"/> Breast MRI <input type="checkbox"/> Mammogram If PA resident, provide cost: \$ <input type="checkbox"/> Pap Smear-ThinPrep If PA resident, provide cost: \$ <input type="checkbox"/> Biopsy <input type="checkbox"/> Bone Marrow Testing <input type="checkbox"/> Vaccine/Immunizations <input type="checkbox"/> Blood Test for Triglycerides <input type="checkbox"/> Blood/Tissue Sample (test for genetic susceptibility risks of cancer)	<input type="checkbox"/> CEA (blood test for colon cancer) <input type="checkbox"/> PSA (blood test for prostate cancer) <input type="checkbox"/> CA 15-3 (blood test for breast cancer) <input type="checkbox"/> CA 125 (blood test for ovarian cancer) <input type="checkbox"/> Serum Cholesterol Test (to determine HDL/LDL levels) <input type="checkbox"/> Serum Protein Electrophoresis (blood test for myeloma) <input type="checkbox"/> Doppler Screening (for carotids) <input type="checkbox"/> Doppler Screening (for peripheral vascular disease)
SECTION 3: PROVIDER INFORMATION		
Medical Facility Name		
Performing Physician's Name		
Address (street, city, state, and ZIP)		Telephone No.
SECTION 4: REQUESTOR INFORMATION		
Requestor Name (last, first, middle)		
Relationship to Policyholder <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent		
Signature of Requestor		Date
FRAUD WARNING: Except as noted in the separate fraud notice, any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.		

Permanent Life w/ Long-Term Care

Solving the Long-Term Care Issue



The need for long-term care (LTC) services is one of the greatest risks people face. Yet few are insured against the rising costs of those services, in the event of an accident, illness or aging.

Not being prepared for the high costs of LTC, could wipeout retirement savings and create financial hardships for surviving families.

For some, LTC insurance is an option, but it can be expensive. In addition, most people don't think about buying it until they get older. By then, it may be more than they can afford.

Introducing An Affordable Way to Pay for Long-Term Care

Trustmark Universal LifeEvents® is an easier and more affordable way to buy LTC coverage.¹ It provides an LTC benefit that's funded by life insurance.

Get Coverage While They Can

Most people don't have LTC coverage because they either can't afford it or can't qualify for it when they realize they need it. That's why working adults are ideal prospects for LifeEvents. They're younger, healthier and qualify easily for coverage. Not only are premiums lower, they can cut costs by buying coverage at work with more accessible underwriting.

¹ Names for the LTC rider may differ by state.

Benefits They'll Appreciate

LifeEvents comes with inflation protection, just like traditional LTC policies. If employees elect inflation protection (EZ Value), benefit increases are automatic, guaranteed and fully portable for both employees and spouses.

Having policies that move with the policyholder is important to us. Employees own the policy, so they can keep the coverage if they leave a job or retire (as long as premiums are paid).

During employment, we offer the policyholder convenient payroll deduction for payments. However, if the employee leaves, we also offer direct billing options.

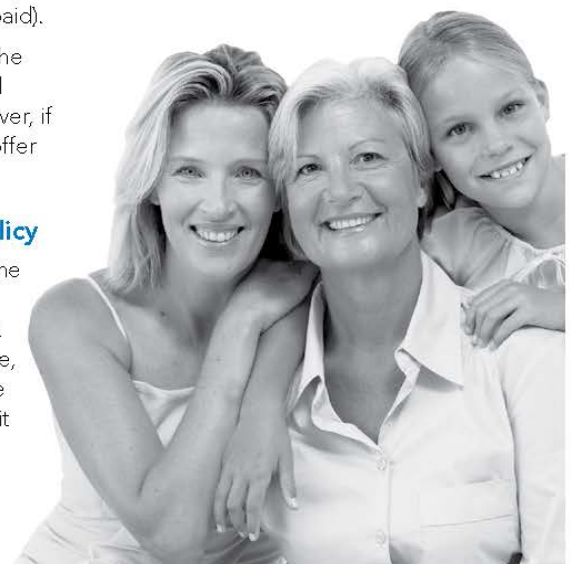
Not a Use-It-or-Lose-It Policy

What if a policyholder never uses the money in the policy for LTC? LifeEvents solves that problem too. Because it's funded by life insurance, LifeEvents gives money back to the family in the form of a death benefit so money invested isn't wasted.

Unrestricted Monthly Cash Benefit

Some LTC policies limit benefits to a type of care or daily benefit. LifeEvents doesn't. It pays benefits directly to the policyholder and provides a choice of care facilities for:

- Home Care
- Assisted Living
- Adult Day Care
- Nursing Home



Trustmark
Voluntary Benefit Solutions
PERSONAL. FLEXIBLE. TRUSTED.®

Permanent Life w/ Long-Term Care Rates

Trustmark Universal LifeEvents®

No Riders

Non-Smoker Rates - Defined Benefit					
Issue Age	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000
	Weekly Premium	Weekly Premium	Weekly Premium	Weekly Premium	Weekly Premium
35	3.53	6.25	8.97	11.69	17.13
45	5.42	10.02	14.61	19.20	28.38
55	8.47	16.10	23.74	31.37	46.64

No Riders

Smoker Rates - Defined Benefit					
Issue Age	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000
	Weekly Premium	Weekly Premium	Weekly Premium	Weekly Premium	Weekly Premium
35	4.66	8.51	12.36	16.21	23.91
45	7.80	14.77	21.73	28.70	42.63
55	14.34	27.84	41.35	54.85	81.86

*Minimum \$5,000 benefit requires premium greater than \$3 per week.
Rates shown above are for illustrative purposes only.

Trustmark Universal LifeEvents®

Long Term Care, Benefit Restoration, Extension of Benefits

Non-Smoker Rates - Defined Benefit					
Issue Age	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000
	Weekly Premium	Weekly Premium	Weekly Premium	Weekly Premium	Weekly Premium
35	4.25	7.70	11.15	14.59	21.49
45	6.73	12.62	18.52	24.41	36.20
55	11.21	21.59	31.97	42.35	63.11

Long Term Care, Benefit Restoration, Extension of Benefits

Smoker Rates - Defined Benefit					
Issue Age	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000
	Weekly Premium	Weekly Premium	Weekly Premium	Weekly Premium	Weekly Premium
35	5.80	10.79	15.78	20.77	30.75
45	10.06	19.28	28.51	37.74	56.19
55	19.02	37.21	55.40	73.58	109.96

*Minimum \$5,000 benefit requires premium greater than \$3 per week.
Rates shown above are for illustrative purposes only.

NOTES:

For questions regarding your benefits:

Rhea County Schools

Dena Waters Hufstetter
Phone: 423-775-7803 x 128
watersd@rheacounty.org

Rhea County Government

Nick Gunter
Phone: 423-775-7803 x 129
GunterN@rheacounty.org



This Guide is intended to provide an outline of benefits for informational purposes only. It does not create any contractual rights to benefits, or otherwise, and is subject to change at any time without notice. To the extent there are any differences between this Guide and the applicable policies, plan documents, and/or laws relating to the benefits described herein, the applicable policies, plan documents, and/or laws shall take precedence. Please contact your Human Resource Department for further information. © Five Points Benefits Solutions, LLC.



Five Points Benefits Solutions, LLC
PO Box 680325
Franklin, TN 37068
800.435.5023 office