Rhea County Government & Schools

2026

Employee

Benefit Guide

RHEA COUNTY TENNESSEE

2026 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.

To get us started, please see the chart below for all customer service contact information:

Customer Service Contact Info			
	Carrier	Phone	Website
Dental Insurance	MetLife	800-438-6388	www.metlife.com
Vision Insurance	Standard Insurance Company	800-877-7195	www.vsp.com/eye-doctor www.eyemed.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	Gallagher	844-305-6135 Ext. 2	www.ajg.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.

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:

Benefits 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 2026 are set by the IRS at $3,300.

- **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 $7,500 per year per family, which saves a lot on taxes.

Dental

	Dental Plan	
	In Network	**Out of Network**
Calendar Year Deductible (Individual/Family)	$50/$150	$50/$150
Calendar Year Maximum (Per Person)	$1,500	$1,500
Preventive Care (Routine Cleaning and X-rays)	100%	100%
Basic Services (Fillings, Basic Root Canals)	100% after deductible	100% after deductible
Major Services (Extractions, Crowns)	50% after deductible	50% after deductible
Orthodontia (Children up to age 26)	50%	50%
Orthodontia Lifetime Maximum (Per Person)	$1,500	$1,500

Note: There are no dental waiting periods for any dental services, including major services.

Vision

	Vision Plan Plan 1: VSP Network	
	In Network	**Out of Network**
Eye Exam (Once every 12 months)	$10 copay	Up to $45
Lenses (Once every 12 months) Single Vision Bifocal Trifocal	 $10 copay $10 copay $10 copay	 Up to $30 Up to $50 Up to $65
Frames (Once every 24 months)	$10 Copay; Up to $150 plus 20% off	Up to $75
Contact Lenses (Once every 12 months) Fitting and Evaluation Elective Medically Necessary	 Up to $60 copay $150 allowance Covered in full	 N/A Up to $120 Up to $210

Vision

	Vision Plan Plan 2: EyeMed network	
	In Network	**Out of Network**
Eye Exam (Once every 12 months)	$10 copay	Up to $35
Lenses (Once every 12 months) Single Vision Bifocal Trifocal	 $10 copay $10 copay $10 copay	 Up to $25 Up to $40 Up to $55
Frames (Once every 24 months)	Up to $150 plus 20% off	Up to $75
Contact Lenses (Once every 12 months) Fitting and Evaluation Elective Medically Necessary	 Standard: Up to $40 Premium: 10% off of retail Conventional: Up to $150 plus 15% off Covered in full	 N/A Up to $120 Up to $200

2026 Dental & Vision Rates

Dental Insurance	
	Monthly Rates
Employee Only	$37.04
Employee + Spouse	$72.93
Employee + Child(ren)	$86.82
Employee + Family	$121.55

Vision Insurance Plan 1: VSP Network	
	Monthly Rates
Employee Only	$8.51
Employee + One	$16.77
Employee + Family	$25.03

Vision Insurance Plan 2: EyeMed network	
	Monthly Rates
Employee Only	$8.51
Employee + One	$16.77
Employee + Family	$25.03

Flexible Spending Account

EMPLOYEE EDUCATION FSA Participant Benefits

TASC

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	With FSA
($600 spent using post-tax dollars)	($600 spent using pretax dollars)
$1,932	$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!

GET IT ON Google Play | Download on the App Store | Search for "TASC" (green icon)

Questions? Ask your employer or contact your Plan Administrator.
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FX-4245-080519

TASC

Flexible Spending Account

EMPLOYEE EDUCATION

FSA Eligible Expenses

TASC®

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 (LPFSA). The eligible expenses under an LPFSA 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
- **Feminine care products** (tampons, pads, etc)
- Eye exams
- Eyeglasses, contacts, or safety glasses (prescription)
- First aid kits & supplies
- 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
- **Personal Protection Equipment (PPE)** (facial masks, hand santizer, sanitizing wipes)*

**PPE expenses must be used for the purpose of preventing the spread of coronavirus; eligible purchases made on or after 1/1/20 are available for reimbursement.*

- Physical exams
- Physical therapy (as medical treatment)
- Physician's fee and hospital services
- Pregnancy tests
- 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 & Flu Shots
- X-ray fees

Eligible OTC Medicines and Drugs

Over-the-counter (OTC) medicines and drugs are 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 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.)
- Foot care (corn/wart medication, antifungal treatments, etc.)
- Hemorrhoid creams & treatments
- Itch relief (calamine lotion, Cortizone cream, etc.)
- 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...

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Flexible Spending Account

FSA Eligible Expenses

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 autoette (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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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	✗

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

BAY BRIDGE ADMINISTRATORS

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

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.

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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

GP-CAN-SB-TN

Cancer Rates

Variable Benefit Elections				
Benefit	**Option 1**	**Option 2**	**Option 3**	**Option 4**
Hospital Confinement	$100	$100	$100	$100
Surgical	$3,000	$3,000	$3000	$3000
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				
Benefit	**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

Life and AD&D Insurance

	How it Works	**Basic Life and AD&D** (Company-paid benefit)
Life	Your beneficiaries receive this benefit if you pass away	Class I and II: 20,000
AD&D	You (or your beneficiaries) receive this benefit if you pass away or are seriously injured in an accident	Class I and II: 20,000

Class I: All Full-time Active Government Employees
Class II: All Full-time Active School Employees

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
- Childcare
- Critical burn
- Felonious assault
- Special education
- Home and vehicle modification
- Rehabilitation
- Respite
- Spouse training and 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 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.[2]

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.

[1] Dignity 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.

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

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

INTENDED FOR EMPLOYER USE

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Rated "A" (excellent) by A.M. Best for ten consecutive years

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Recognized as one of the "Ward's 50" L&H Top Performers

USAble Life℠

Voluntary Group Term Life & AD&D

Voluntary Life and AD&D Insurance

	How it Works	Voluntary Life and AD&D (Employee-paid benefit)
Life	Your beneficiaries receive this benefit if you pass away	(Class I and II) **You:** Increments of $10,000 up to 5 times annual salary to max $300,000. **Your spouse:** Increments of $5,000 up to $150,000 **Your child(ren):** Age live birth to 6 months: $1,000; Age 6 months and over: $5,000, $10,000, $15,000, $20,000 or $25,000
AD&D	You (or your beneficiaries) receive this benefit if you pass away or are seriously injured in an accident	(Class I and II) **You:** Increments of $10,000 up to 5 times annual salary to max $300,000. **Your spouse:** Increments of $5,000 up to $150,000 **Your child(ren):** Age live birth to 6 months: $1,000; Age 6 months and over: $5,000, $10,000, $15,000, $20,000 or $25,000

Class I: All Full-time Active Government Employees
Class II: All Full-time Active School Employees

USAble Life℠

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.

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Voluntary Group Term Life & AD&D Rates

PREMIUMS BASED ON 12 PAYROLL DEDUCTIONS PER YEAR						
Applying for coverage over Guaranteed Issue will require evidence of medical insurability						
Employee's (new hires) Guaranteed Issue is $200,000 through age 69						
Spouse's Guaranteed Issue is $10,000 through age 69, Spouse Premiums are determined by Employee's age						
VGH + 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	VGH + 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	VGH + 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	$2.43	$3.53	$5.33	$10.28	$13.23	$31.23	$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	$169.26

Accident

USAble Life

ACCIDENT

Supplemental Benefits

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.

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.®

Accident

ACCIDENT TREATMENT	BASIC	SELECT	ULTRA
Physician Office Visit *(per visit, up to two per year)*	$125	$150	$225
Emergency Treatment[4]	$125	$150	$225
Emergency Dental (crown)[4]	$250	$300	$450
Major Diagnostic Exam[4]	$200	$240	$360
Lacerations	$450	$540	$810
Burns[4]	up to $2,500	up to $3,000	up to $4,500
Eye Injury (surgical repair)[4]	$200	$240	$360
Brain Injury[4]	$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
Fracture (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 (one per year)	$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) [4]	$1,250	$1,500	$2,000
Ambulance (air/ground) [4]	$1,250/$200	$1,500/$240	$2,000/$320
Blood, Plasma, Platelets[4]	$200	$240	$320
FOLLOW-UP	**BASIC**	**SELECT**	**ULTRA**
Physician Follow-up *(per visit, up to six)* [4]	$50	$70	$80
Physical Therapy *(per visit, up to six)* [4]	$100	$140	$160
Rehabilitation Unit *(per day, up to 30)* [4]	$125	$175	$200
Appliance *(for locomotion)*	$100	$140	$160
Prosthetic Device *(per device, up to two)*	$375	$525	$600
Family Lodging *(per day, up to 30)* [4]	$100	$150	$175
Transportation *(per round trip, up to five per year)*	$400	$600	$700
Post Transportation	$200	$300	$350
SURGERY	**BASIC**	**SELECT**	**ULTRA**
Tendon/Ligament	$500	$600	$800
Torn Knee *(surgical repair)* [4]	$500	$600	$800
Ruptured Disc [4]	$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.

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	$ia,7so
Other Accidental Death	$50,000	$50,000	$6,250
■ OPTION 2	**EMPLOYEE**	**SPOUSE**	**CHILD**
Common Carrier Accidental Death	5150,000	$ 150,000	537,500
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 it a seatbelt was worn or airbag deployed at the time ot 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

Critical Illness

USAble Life℠

CRITICAL ILLNESS

Supplemental Benefits

Live life. You're covered.®

If you're faced with a serious illness, USAble Life's Critical Illness Plan offers you an additional layer of financial protection. Whether it's a stroke, or a heart attack, this plan provides lump-sum payments directly to you if a covered critical illness is diagnosed. You also gain the peace of mind knowing that USAble Life delivers on its promise to process and pay claims with the greatest care and integrity. You can feel secure when you purchase insurance from us, that's exactly what you'll get. It's our assurance — our pledge — that we'll be there when you need us the most.

How it works

For example, you purchase the **$15,000 Critical Illness** and later suffer a heart attack. The following year, have a stroke. In addition to what your health insurance pays, USAble Life's Critical Illness Plan will pay:

- **$15,000** for a heart attack diagnosis (initial payout)
- **$15,000** for a stroke diagnosis

$30,000 in total cash benefits paid directly to YOU.

PRODUCT HIGHLIGHTS

You can choose policy amounts in $5,000 increments up to $50,000. A recurrent benefit is included that extends coverage to a second covered diagnosis, enabling insured employees to receive benefits up to 200% of the plan's value.

- *Coverage is available for **you**, **your spouse**, and **eligible dependents***
- *This plan is **portable** — take it with you even if you leave your place of employment*
- *Premiums are **payroll deducted** for your convenience*
- *This plan **pays you directly** in the event of a covered diagnosis or treatment*

LIVE LIFE.
YOU'RE COVERED.®

Critical Illness

COVERAGE	PERCENTAGE OF POLICY AMOUNT
Heart Attack	100%
Stroke	100%
Major Organ Transplant	100%
Bone Marrow Transplant	100%
End-Stage Renal Failure	100%
Burns *(3rd degree, 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.

**ATS (Lou Gehrig's Disease); Anthrax; Cholera, Encephalitis, Meningitis; Rocky Mountain Spotted and typhoid fevers Tuberculosis; Primary Sclerosing Cholangitis (Walter Panton'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
Upto 29	$3.12	$3.74	$4.35	$4.97	$5.59	$8.68
30-39	$3.97	5.4	$6.92	$8.40	$9.87	$17.24
40-49	$5.74	$8.99	$12.23	$15.47	$18.71	$34.92
SO-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
Upto 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

EMPLOYEE AGE	$5,000	$10,000	$15,000	$20,000	$25,000	$50,000
Upto 29	$3.02	$3.53	$4.64	$4.56	$5.07	$7.65
30-39	$3.92	$5.34	$6.77	$8.15	$9.61	$16.72
40-49	$5.63	$8.77	$11.90	$15.04	$18.17	$83.84
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

EMPLOYEE AGE	$5,000	$10,000	$15,000	$20,000	$25,000	$50,000
Upto 29	$3.74	$4.97	$6.21	$7.44	$8.63	$14.35
30-39	$5.37	$9.24	$12.61	$13.93	$19.35	$36.20
40-49	$10.23	$17.96	$25,63	$33.41	$41.14	$79.78
$50-59	$16.92	$31.35	$45.77	$60.20	$74.62	$146.74
60-69	$30.41	$63.33	$36.24	$114.16	$142.07	$281.64

CHILD

NON-TOBACCO

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

TOBACCO

EMPLOYEE AGE	$5,000	$10,000
Upto 29	$0.41	$0.82
30-39	$0.37	$0.74
40-49	$0.27	$0.54
SO-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, you actual monthly cost may vary slightly.

Voluntary Short Term Disability

	How it Works	Who Pays for the Benefit
Short-term Disability	Class I and II: You receive $66^{2/3}$% of your income up to $2,000 per week. Benefits begin after 7 calendar days of accident, injury or sickness and absence from work and continue for up to 13 weeks.	Employee

Class I: All Full-time Active Government Employees
Class II: All Full-time Active School Employees

Voluntary Short Term Disability Rates

PREMIUMS BASED ON 12 PAYROLL DEDUCTIONS PER YEAR

Annual Earnings	Weekly Benefit	Monthly Premium
$15,600.00 - $16,379.99	$200	$17.82
$16,360.00 - $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
$21,340.00 - $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 - $3 0,419.99	$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	$499	$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. Oue 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.. USAbie Life's policies set forth the rights and obligations of covered persons and USAble Life. Please be i 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

	How it Works	Who Pays for the Benefit
Long-term Disability	Class I and II: You receive 60% of your income up to $2,000 per month. Benefits begin after 90 days and continue until you reach the Social Security Normal Retirement Age.	Employee

Class I: All Full-time Active Government Employees
Class II: All Full-time Active School Employees

Voluntary Long Term Disability Rates

PREMIUMS BASED ON 12 PAYROLL DEDUCTIONS PER YEAR

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	**$500**	$4.55
$40,000.00 & OVER	**$1,000**	$9.10

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. Oue 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.. USAbie Life's policies set forth the rights and obligations of covered persons and USAble Life. Please be i 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.

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.

Trustmark Voluntary Benefit Solutions
PERSONAL. FLEXIBLE. TRUSTED.®

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.

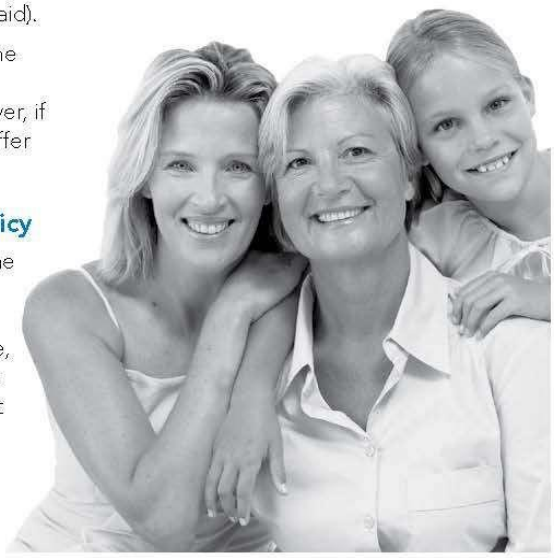
Not a Use-It-or-Lose-It Policy

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
- Adult Day Care
- Assisted Living
- Nursing Home



Permanent Life w/ Long-Term Care Rates

Trustmark universal LifeEvents

No Riders

Non-Smoker Rates - Defined Benefit					
	$25,000	$50,000	$75,000	$100,000	$150,000
Issue Age	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

Non-Smoker Rates - Defined Benefit					
	$25,000	$50,000	$75,000	$100,000	$150,000
Issue Age	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 ore for illustrative purposes only.

Trustmark universal LifeEvents

Long Term care, Benefit Restoration, Extension of Benefits

Non-Smoker Rates - Defined Benefit					
	$25,000	$50,000	$75,000	$100,000	$150,000
Issue Age	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

Non-Smoker Rates - Defined Benefit					
	$25,000	$50,000	$75,000	$100,000	$150,000
Issue Age	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 ore for illustrative purposes only.

LEGAL NOTICES

Women's Health & Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 ("WHCRA"). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the plan.

If you would like more information on WHCRA benefits, please call your Plan Administrator at 423-775-8803 x 128 or watersd@rheacounty.org.

Newborns' And Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Premium Assistance Under Medicaid And The Children's Health Insurance Program (Chip)

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of March 17, 2025. Contact your State for more information on eligibility –

ALABAMA – Medicaid	**ALASKA – Medicaid**
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	**CALIFORNIA – Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	**FLORIDA – Medicaid**
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268

GEORGIA – Medicaid	INDIANA – Medicaid
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2	Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfr/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki)	**KANSAS – Medicaid**
Medicaid Website: Iowa Medicaid | Health & Human Services Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa | Health & Human Services Hawki Phone: 1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) | Health & Human Services (iowa.gov) HIPP Phone: 1-888-346-9562	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
KENTUCKY – Medicaid	**LOUISIANA – Medicaid**
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihip p.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms	Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE – Medicaid	**MASSACHUSETTS – Medicaid and CHIP**
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?langu age=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com
MINNESOTA – Medicaid	**MISSOURI – Medicaid**
Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.ht m Phone: 573-751-2005
MONTANA – Medicaid	**NEBRASKA – Medicaid**
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178

NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
Medicaid Website: http://www.state.nj.us/humanservices/ dmahs/clients/medicaid/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	**NORTH DAKOTA – Medicaid**
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	**OREGON – Medicaid and CHIP**
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	**RHODE ISLAND – Medicaid and CHIP**
Website: https://www.pa.gov/en/services/dhs/apply-for- medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
SOUTH CAROLINA – Medicaid	**SOUTH DAKOTA - Medicaid**
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid	**UTAH – Medicaid and CHIP**
Website: Health Insurance Premium Payment (HIPP) Program | Texas Health and Human Services Phone: 1-800-440-0493	Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/
VERMONT– Medicaid	**VIRGINIA – Medicaid and CHIP**
Website: Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premium- assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp- programs Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	**WEST VIRGINIA – Medicaid and CHIP**
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	**WYOMING – Medicaid**
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/progr ams-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since March 17, 2025, or for more information on special enrollment rights, contact either:

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

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

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)

HIPAA Notice Of Privacy Practices Reminder

Protecting Your Health Information Privacy Rights
Rhea County Government & Schools is committed to the privacy of your health information. The administrators of the Rhea County Government & Schools Health Plan (the "Plan") use strict privacy standards to protect your health information from unauthorized use or disclosure.

The Plan's policies protecting your privacy rights and your rights under the law are described in the Plan's Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting Dena Waters - Payroll/Benefits at 423-775-8803 x 128 or watersd@rheacounty.org.

HIPAA Special Enrollment Rights

Rhea County Government & Schools Health Plan Notice of Your HIPAA Special Enrollment Rights

Our records show that you are eligible to participate in the Rhea County Government & Schools Health Plan (to actually participate, you must complete an enrollment form and pay part of the premium through payroll deduction).

A federal law called HIPAA requires that we notify you about an important provision in the plan - your right to enroll in the plan under its "special enrollment provision" if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

Loss of Other Coverage (Excluding Medicaid or a State Children's Health Insurance Program). If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

Loss of Coverage for Medicaid or a State Children's Health Insurance Program. If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

New Dependent by Marriage, Birth, Adoption, or Placement for Adoption. If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Eligibility for Premium Assistance Under Medicaid or a State Children's Health Insurance Program – If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or to obtain more information about the plan's special enrollment provisions, contact Dena Waters - Payroll/Benefits at 423-775-8803 x 128 or watersd@rheacounty.org.

Important Warning

If you decline enrollment for yourself or for an eligible dependent, you must complete our form to decline coverage. On the form, you are required to state that coverage under another group health plan or other health insurance coverage (including Medicaid or a state children's health insurance program) is the reason for declining enrollment, and you are asked to identify that coverage. If you do not complete the form, you and your dependents will not be entitled to special enrollment rights upon a loss of other coverage as described above, but you will still have special enrollment rights when you have a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, as described above. If you do not gain special enrollment rights upon a loss of other coverage, you cannot enroll yourself or your dependents in the plan at any time other than the plan's annual open enrollment period, unless special enrollment rights apply because of a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan.

COBRA General Notice

Model General Notice of COBRA Continuation Coverage Rights
(For use by single-employer group health plans)

**** Continuation Coverage Rights Under COBRA****

Introduction

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

When is COBRA continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to: Dena Waters.

How is COBRA continuation coverage provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, Children's Health Insurance Program (CHIP), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at **www.healthcare.gov/**.

Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period[1] to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

[1] https://www.medicare.gov/basics/get-started-with-medicare/sign-up/when-does-medicare-coverage-start

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit https://www.medicare.gov/medicare-and-you.

If you have questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit **www.healthcare.gov**.

Keep your Plan informed of address changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan contact information

Rhea County Government & Schools
Dena Waters - Payroll/Benefits
375 Church St Ste 215
Dayton, Tennessee 37321-1338
United States
423-775-8803 x 128

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For questions regarding your benefits:

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

Human Resources
Phone: 423-775-7803 x 131
HR@rheacounty.org

Gallagher

Insurance | Risk Management | Consulting

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.