



Plan Year: January 1, 2022 – December 31, 2022

Employee Benefits Guide

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



DISCLAIMER

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

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

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



Important Points

- ✓ Your plan year runs from January 1, 2022 to December 31, 2022. This means your benefit elections will take effect **January 1, 2022** unless otherwise noted.
- ✓ If you wish to add or make changes to your benefit elections, you have the option of speaking with a trusted Mark III Benefits Counselor during your scheduled open enrollment. For more details, see '**How to Enroll at Open Enrollment**'.
- ✓ Once the enrollment period is over, you will not be able to make changes unless you experience a qualifying life event as outlined by the IRS.
- ✓ **REMEMBER: Employees MUST re-enroll in their Flexible Spending Account and Dependent Care Account each year! It will not automatically renew.**
- ✓ **Texas Life Whole Life will be coming off payroll.** To continue your Texas Life Whole Life coverage with direct bill or to cancel coverage, contact Texas Life at 1-800-283-9233. For more information, consult with a Mark III Benefits Counselor during your scheduled open enrollment.
- ✓ **Boston Mutual Whole Life has been added as part of your benefits package.** This does not replace your current Texas Life Whole Life coverage if you wish to keep it. For more information, consult with a Mark III Benefits Counselor during your scheduled open enrollment.
- ✓ Over the past few years, the Long-Term Disability product offered has seen a significant increase in claims, which in turn has caused the price to increase. Since disability is so important and a much-needed benefit for employees, **Grainger County Schools has decided to make an adjustment to the LTD plan design to continue to offer this coverage at an affordable rate.** The prior disability plan had no offsets, which means you would draw your full benefit regardless of any other income such as sick pay, social security disability, workers comp, etc. The new plan will have all the same benefits **EXCEPT** it will now include offsets. This means any other income you receive while disabled will offset dollar for dollar against your disability benefit. This change will go into effect on 1/1/2022. Please consult with a Mark III Benefits Counselor during open enrollment to review your current plan and new deduction amount.
- ✓ This benefits guide is equipped with mobile-friendly barcodes commonly referred to as QR Codes. Use your smartphone to scan the QR codes to view your benefit summaries.
- ✓ Policy information can also be found at mymarkiii.com/graingercountyschoolstn/.

Qualifying Life Events

Open Enrollment selections are generally locked for the plan year, but certain exceptions called Qualifying Life Events (QLEs) can grant you a special enrollment period in which to make midyear changes. You are permitted to change benefit elections if you have a “change in status” and you make an election change that is consistent with the “change in status.”

Examples of QLEs

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



marriage



divorce



**childbirth/
adoption**



**death of a
family
member**



**loss of
parental
coverage**



**spouse gains
or loses
coverage**



Welcome to Your Benefits!

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

Mark III Employee Benefits
(800) 532-1044 (toll-free)

Ginger Durbin, Account Manager
(704) 365-4280 ext. 207

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

Pre-Tax

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

- ✓ FBA Flexible Spending Accounts
- ✓ Ameritas Dental
- ✓ Superior Vision
- ✓ MetLife Group Cancer
- ✓ Aflac Group Accident

Post-Tax

A "post-tax basis" means that the money you pay towards the cost of coverage comes out of your salary after you pay taxes. You **WILL NOT** be able to make any changes once the enrollment period is over unless you experience a qualified event outlined by the IRS (i.e. birth of a child, divorce, separation, reduction in hours, etc.).

- ✓ Aflac Group Critical Illness
- ✓ AUL Short-Term Disability
- ✓ AUL Long-Term Disability
- ✓ MetLife Term Life
- ✓ Boston Mutual Whole Life

How to Enroll at Open Enrollment

We have the following open enrollment option available to you!

On-Site Enrollment

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

Mark III is committed to maintaining a safe and healthy work environment for all employees. We follow recommendations and guidelines set by the Center for Disease Control and our local, state, and federal governments.



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

Employee Benefits Portal

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



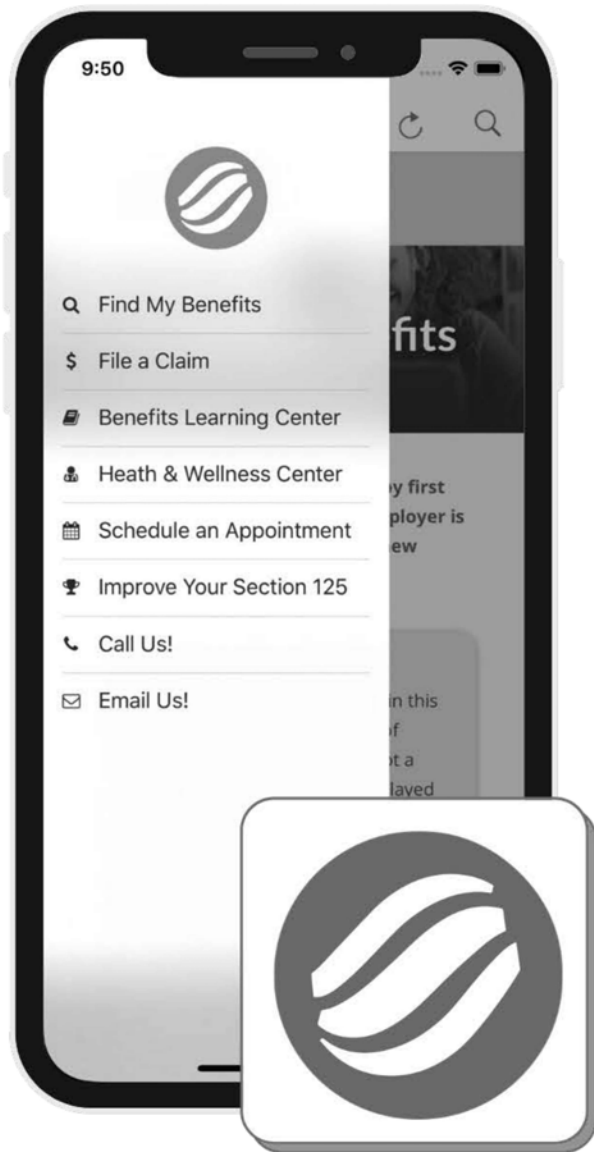
- ✓ Benefits Guide
- ✓ Plan Forms
- ✓ Product Videos
- ✓ Contact Info
- ✓ Policy Certificates
- ✓ Enrollment Info

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

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

MyMark III Mobile App

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



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

Scan Me!



*Your Trusted Benefits
Partners at your fingertips!*



Filing a Claim

MetLife Group Cancer

Visit <https://mymarkiii.com/graingercountyschoolstn/forms/> to download your claim form. MetLife Wellness Benefits can also be called in to a Bay Bridge claim's examiner at (800) 845-7519. Please have the following information available:

- ✓ Claimant Name
- ✓ Date of Service
- ✓ Name of Service/Screening
- ✓ Provider Name & Phone Number

Group Aflac

Simply log onto <https://www.aflacgroupinsurance.com> and click on **Customer Service** and then **File a Claim**. Choose your claim form and follow the instructions. Complete and upload your HIPAA authorization, claim details and documents, and direct deposit information.

AUL Disability

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

1. Call the disability claim team at 1-855-517-6365. You should have all information available before calling the disability claim team
2. Email to Disability.claims@oneamerica.com
3. Fax to 1-844-287-9499
4. Mail to American United Life Insurance Company, P.O. Box 7003, Indianapolis, IN 46207

Wellness Benefit Amounts

Manhattan Life Group Cancer	\$100
Aflac Group Accident	\$60
Aflac Group Critical Illness (<i>Employee/Spouse Only</i>)	\$100





HEALTHY LIVING

Core Benefit options to keep
you and your family healthy.



Flexible Spending Account



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

Maximize Your Income

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

Eligibility

Participation in the Plan Begins on January 1, 2022 and ends on December 31, 2022. You will be able to join the Plan on the first of the month following your first pay date if you are a full-time employee working at least 30 or more hours per week. Those employees having a qualifying event are eligible to enroll within 30 days of the qualifying event. Deductions begin on the first pay period following your plan start date. You must complete an enrollment to participate in the Flexible Spending Accounts each year during the enrollment period. If an enrollment is not completed during open enrollment, you will not be enrolled in the plan and you will not be able to join until the next Plan Year or if you have a qualifying event.

The Health Care Account is a Pre-Funded Account

This means that you can submit a claim for medical expenses on the first day of the Plan Year and you will be reimbursed your total claim amount up to your annual election. The funds that you are pre-funded will be recovered as deductions which are taken from your paycheck on a pre-tax basis. **Contribution Limits: The maximum you may place in this account for the Plan Year is \$2,750.00.**

Election Changes

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

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

Reimbursement Schedule

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

Online Access

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

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

Health Care Reimbursement

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

Examples of Eligible Health Care Expenses

Fees/Co-Pays/Deductibles for:

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

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

- Acne Treatment | Humidifiers | Multivitamins | Herbal Supplements | Baby Formula | Fiber Supplements

Day Care/Aged Adult Care Reimbursement

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

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

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

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

How to Receive Reimbursement

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

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

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

Eligible Day Care/Aged Adult Expenses

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

Ineligible Expenses:

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

Forfeiting Funds

Plan carefully! Unused funds will be forfeited back to your employer as governed by the IRS's "use-it-or-lose-it" rule. Please see the Employee Guide for more information.

How to Enroll in our FSA Plan

Step 1

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

Step 2

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

How the Flexible Benefit Plan Works

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

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

Online Wealthcare Portal

View your account status, submit claims and report your benefits card lost/stolen right from your computer. Once your account is established, you can use the same user name and password to access your account via our Mobile App!

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

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

FBA Participant Portal, Mobile App, Benefits Card & Claim Submission

Scan the QR code with your smartphone to view the FBA Participant Portal, FBA Mobile App, FBA Benefits Card, and Claim submission information. The Participant Portal provides powerful self-service account access, plus education and decision-support tools that help put you in the driver's seat when it comes to your healthcare finances. The Mobile App offers a personalized, real-time and self-guided experience that allows you to easily manage your Benefit Account and delivers tools to help save you money. The benefits debit card eliminates the hassles of claim submission and waiting for a reimbursement check.



For more information, please call 800-437-3539
P.O. Box 8188 • Virginia Beach, VA 23450
www.flex-admin.com



Dental Plan



Calendar Year Deductible

\$50.00 per individual for Type 2 (Basic) and Type 3 (Major) Procedures (3 times family limit). After the date that 3 members of a family have each satisfied their individual deductible, the entire deductible or any remaining portion of the deductible for any family member will be waived for the rest of that calendar year.

Type 1 – Preventive and Diagnostic

Type I benefits are payable at 100%. U & C*. **No deductible applies.**

- Exams (Two per benefit period)
- Cleanings (Two per benefit period)
- Fluoride for Children (Under age 18)
- Space Maintainers
- Radiographs (X-rays)
- Bitewings (Two per benefit period)

Type 2 – Basic Procedures

Type II benefits are payable at 80% U & C*. **\$50.00 deductible applies.**

- Sealants (Under age 16)
- Limited Exams – problem focused
- Restorative Amalgam & Resin
- Anesthesia
- Bridge/Denture Repair
- Oral Surgery – Simple & Complex Extractions

Type 3 – Major Procedures

Type III benefits are payable at 50% U & C*. **\$50.00 deductible applies.**

- Endodontics (Root Canal)
- Restorative – Crowns
- Periodontics (Gum Disease)
- Prosthodontics – Fixed Pontics
- Crowns & Crown Repair
- Partial & Dentures
- Implants

Orthodontia - For Adults and Children

Paid at 50% U&C* with a \$1,000 lifetime maximum per person. **No deductible applies.**

Annual Maximum Benefit

- Type 1, 2, and Type 3 Procedures - \$1,000 per calendar year per person.

Annual Maximum Carryover

Each insured (employee and/or dependent) will qualify for a dental maximum carryover if they:

1. Visit a dentist between January 1 and December 31 of the plan year.
2. Submit a claim for payment prior to March 1 of the following year.
3. Total benefits paid for the Calendar Year must be less than \$500.

If you meet all 3 requirements, you will be eligible for the Annual Maximum Carryover benefits. This benefit will provide you with an additional \$250 towards your annual dental maximum for the following year. In future years, if you continue to meet these requirements, you will continue to see an added "banked" amount of \$250 until you have reached a maximum carry over of \$1,000. This benefit can allow you to accumulate up to \$1,000 in addition to your \$1,000 annual maximum.

Dental Exclusions (Deferment Period)

During the first 36 months following your or your dependent's Dental Coverage Effective Date, the initial placement of dentures, partial dentures, or bridges, if it includes the replacement of teeth all of which are missing prior to the effective date. (For currently covered insureds, Ameritas will use the employee's Date of Hire to determine the 36 month period.) This exclusion will not apply if the prosthesis replaces a sound natural tooth which is extracted while the patient is insured under this Dental Coverage and which is replaced within 12 months of the extraction.

EXCEPTIONS to this exclusion will be made if the replacement is made necessary by:

- a) accidental bodily injury to sound natural teeth (chewing injuries are not considered accidental bodily injuries), or
- b) the extraction of a sound natural tooth provided the replacement is completed within 12 months of the date of the injury or extraction.

**Usual & Customary charge*

Eligible Employees

You are eligible for insurance if you are a full-time active employee working at least 30 hours per week.

Eligible Dependents

Provides Coverage On:

- Your Spouse
- Children up to age 26 years of age, for whom the Insured or the Insured's spouse is legally responsible, or is eligible under the federal laws identified below, including:
 - Natural born children
 - Adopted children, eligible from the date of placement for adoption
 - Children covered under the Qualified Medical Child Support Order as defined by applicable Federal and State laws.

Late Entrant Provision

There is a 12 month waiting period on all services except for cleanings, exams, and fluoride applications for employees who do not enroll when first eligible for coverage. The waiting period will be waived for employees who enroll when first eligible.

Predetermination of Benefits

A treatment plan MAY be filed if a proposed course of treatment will exceed \$200.00. With this information, Ameritas can determine the benefits payable under this policy prior to the work actually being done. It will give the insured the amount payable, along with an idea of the out of pocket expense.

Coordination of Benefits

If you or any of your dependents incur charges which are covered by any other group plan, the benefits of this plan will be coordinated with the benefits of the other plan so that the total benefits received are not greater than the charges incurred.

Certificate of Insurance

The Certificate of Insurance issued to you describes in detail the benefits and limitations of this plan. This brochure is for general information only.

Section 125

This policy is provided as part of the Policyholder's Section 125 Plan. Each member has the option under the Section 125 Plan of participating or not participating in this policy. A member may change their election only during an annual election period, except for a change in family status. Examples of such events would be marriage, divorce, birth of a child, death of a spouse or child or termination of employment. Please see your plan administrator for details.

Orthodontia Limitations (This is Not a Complete List)

No benefit is payable for expenses incurred:

- In connection with a Treatment Program which was begun before the individual became insured for orthodontic benefits.
- During any quarter of a Treatment Program if the individual was not continuously insured for orthodontic benefits for the entire quarter.
- After the individual's insurance for orthodontic benefits terminates.

Limitations/Exclusions (This is Not a Complete List)

- For any treatment which is for cosmetic purposes. Facings on crowns or pontics behind the 2nd bicuspid are considered cosmetic.
- Charges incurred prior to the date the individual became insured under this plan, or following the date of termination of coverage.
- Services which are not recommended by a dentist or which are not required for necessary care and treatment.
- Expenses incurred to replace lost or stolen appliances.
- Expenses incurred by an insured because of a sickness for which he /she is eligible for benefits under Workers' Compensation Act or similar laws.

Ameritas Dental Monthly Rates

Insured	Rates
Employee Only	\$35.40
Employee + Spouse	\$70.68
Employee + Children	\$79.32
Employee + Family	\$119.96



For Claims/Customer Service call Ameritas: 1.800.487.5553 | Website: www.Ameritas.com



Vision Plan



Outline of Benefits – Gold Preferred Plan w/ Materials Discount

Vision Plan – Preferred Provider (PPO/Indemnity)

Copayment: \$10 Exam
\$10 Materials¹
\$25 Contact Lens Fitting Fee

How to Use the Plan

Welcome to Superior Vision's vision plan. Superior Vision provides primary vision care benefits including eye examinations, prescription eyewear, and contact lenses through a broad-based provider network consisting of ophthalmologist, optometrists, and opticians. The plan also contract with a large number of national and regional optometric chain locations.

Your first step should be to choose an eye care provider, or ensure that your current provider is part of the Superior Vision network. Go to www.superiorvision.com and click on "Locate a Provider" for an updated list. You will learn about "in-network" and "out-of-network" providers - it is an important distinction when receiving benefits. You will also learn more about how to use your benefits, as well as the discounts that are available to you.

Remember that a routine eye exam is important not only for correcting vision problems, but for maintaining healthy eyes and overall health wellness. Superior Vision eye care providers are trained to test for and diagnose a variety of health issues - not just eye problems. Take the time to get to know your vision plan, and start experiencing healthy eyes and healthy living.

Benefits	Frequency	In-Network	Non-Network
Comprehensive Exam (by an Ophthalmologist)	12 Months	Covered in Full	Up to \$34.00
Comprehensive Exam (by a Optometrist)	12 Months	Covered in Full	Up to \$26.00
Lenses (Standard) per pair Single Bifocal Trifocal Lenticular	12 Months	Covered in Full Covered in Full Covered in Full Covered in Full	Up to \$32.00 Up to \$46.00 Up to \$57.00 Up to 90.00
Contact Lenses (per pair)² Medically Necessary Cosmetic (Elective) ³	12 Months	Covered in Full Up to \$150.00	Up to \$210.00 Up to \$100.00
Contact Lens Fitting Fee⁴ Standard Specialty	12 Months	Covered in Full Up to \$50.00	Not Covered Not Covered
Frames (Standard)³	24 Months	Up to \$150.00	Up to \$78.00

1. All in-network and out-of-network allowances are at the retail value.

2. Contact lenses are in lieu of eyeglass lenses and frames benefits.

3. The insured is responsible for paying any charges in excess of this amount.

4. Standard contact lens fitting applies to an existing contact lens user who wears disposable, daily wear or extended wear lenses only. The specialty contact lens fitting fee applies to new contact lens wearers and/or a member who wears toric, gas permeable, or multifocal lenses.

Discounts on Covered Materials ¹	
Frames	20% off amount over allowance
Conventional Contacts	20% off amount over allowance
Disposable Contacts	10% off amount over allowance

These discounts apply to the glasses and contacts that are covered under the vision benefits.

Discounts on Non-Covered Exam & Materials¹

Exams, Frames, and prescription lenses	30% off retail
Contacts, miscellaneous options	20% off retail
Disposable	10% off retail
Retinal Imaging	\$39 maximum member out-of-pocket

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

Lens Type*	Member out-of-pocket ¹
Scratch coat	\$15
Ultraviolet coat	\$12
Tints, solid	\$15
Tints, gradients	\$18
Polycarbonate	\$40
Blue light filtering	\$15
Digital single vision	\$30
Progressives lenses • Standard Premium Ultra Unlimited	\$55 \$110 \$150 \$225
Anti-Reflective coating • Standard Premium Ultra Unlimited	\$50 \$70 \$85 \$120
Polarized lenses	\$75
Plastic photochromic lenses	\$80
High index (1.67 1.74)	\$80 \$120

*The above table highlights some of the most popular lens types and is not a complete listing. This table outlines member out-of-pocket costs¹ and are not available for premium/upgraded options unless otherwise noted.

Laser Vision Correction (LASIK)¹

A National LASIK Network of laser vision correction providers, featuring QualSight, offers Superior Vision members a discount on services. These discounts should be verified prior to service.

Hearing Discounts¹

A National Hearing Network of hearing care professionals, featuring Your Hearing Network, offers Superior Vision members discounts on services, hearing aids and accessories. These discounts should be verified prior to service.

¹Not all providers participate in Superior Vision Discounts, including the member out-of-pocket features. Call your provider prior to scheduling an appointment to confirm if he/she offers the discount and member out-of-pocket features. The discount and member out-of-pocket features are not insurance. Discounts and member out-of-pocket are subject to change without notice and do not apply if prohibited by the manufacturer. Lens options may not be available from all Superior Vision providers/all locations.

Superior Vision Rates

Monthly Cost – Full Service Plan	
Emp. Only	\$9.70
Emp. + 1 Dependent	\$18.80
Emp. + Family	\$27.60



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



STAY WELL

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



Cancer Plan



Plan Features

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

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

Benefit	Benefit Option
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	1 & 2: Incurred Expenses up to \$2,500 per month 3 & 4: Incurred Expenses up to \$5,000 per month
Miscellaneous Therapy Charges. Covers charges for lab work or x-rays in connection with radiation and chemotherapy treatment. Service must be performed while receiving treatment(s) in Radiation, Radioactive Isotopes Therapy, Chemotherapy, or Immunotherapy or within 30 days following a covered treatment.	Incurred Expenses up to a lifetime max of \$10,000
Self-Administered Drugs. We will pay the actual expenses incurred 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 expenses incurred for: [a] cost of the chemical substances and [b] their administration to stimulate the production of blood cells. Treatment must be administered by an Oncologist or Chemotherapist. No Lifetime Maximum	Incurred Expenses up to \$500 per month
Blood, Plasma and Platelets. For blood, plasma and platelets, and transfusions: including administration. No Lifetime Maximum	Incurred Expenses up to \$200 per day
Physician's Attendance. For one visit per day while Hospital confined. No Lifetime Maximum	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 expense incurred if an 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 expenses incurred. This benefit is not payable on the same day a Second or Third Surgical Opinion Benefit is payable and is in lieu of the Non- Local Transportation Benefits of the policy.	Actual billed charges limited to a lifetime max up to \$750 for evaluation. Actual billed charges limited to a lifetime max up to \$350 for transportation & lodging.
Breast Prosthesis. Covers the prosthesis and its implantation if it is required due to breast cancer. No Lifetime Maximum	Incurred Expenses
Artificial Limb or Prosthesis. Covers implantation of an artificial limb or prosthesis when an amputation is performed.	Up to \$1,500 lifetime max per amputation
Physical or Speech Therapy. Payable when therapy is needed to restore normal bodily function. No Lifetime Maximum	\$35 per session
Extended Benefits. If a Covered Person is confined in a Hospital for 60 continuous days We will pay three times the selected Hospital Confinement Benefit beginning on the 61st day for Hospital Confinement. This benefit is payable in place of the Hospital Confinement Benefit. No Lifetime Maximum	\$300 per day
Extended Care Facility. Limited to number of days of prior Hospital confinement. Must begin within 14 days after Hospital confinement, and be at the direction of the attending Physician. No Lifetime Maximum	\$50 per day
At Home Nursing. Limited to number of days of prior Hospital confinement. Must begin immediately following a Hospital confinement, and be authorized by the attending Physician. No Lifetime Maximum	\$100 per day
New or Experimental Treatment. We will pay the expenses 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 expenses incurred for care received in a Free Standing Hospice Care Center. No Lifetime Maximum	\$50 per day
Government or Charity Hospital. Payable if the Covered Person is confined in a U. S. Government Hospital or a Hospital that does not charge for its services. Paid in place of all other benefits under the Policy. No Lifetime Maximum	\$200 per day
Hairpiece. We will pay the actual expense incurred per Covered Person for a hairpiece when hair loss is a result of Cancer Treatment.	Incurred Expenses up to a lifetime max of \$150
Rental or Purchase of Durable Goods. We will pay the actual expenses incurred for the rental or purchase of the following pieces of durable medical equipment: a respirator or similar mechanical device, brace, crutches, Hospital bed, or wheelchair. No Lifetime Maximum	Incurred Expenses up to \$1,500 per calendar year
Waiver of Premium. After 60 continuous days of disability due to Cancer or Specified Disease, We will waive premiums starting on the first day of policy renewal.	After 60 days
Hospital Confinement. Payable for each day a Covered Person is charged the daily room rate by a Hospital, for up to 60 days of continuous stay. The benefit for covered children under age 21 is two times the Covered Person's daily benefit. No Lifetime Maximum	\$100 per day

Other Specified Diseases Covered:

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

Payment of Benefits

Benefits are payable for a Covered Person's Positive Diagnosis of a Cancer or Specified Disease that begins after the Certificate Effective Date 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. **A Positive Diagnosis of a Cancer or Specified Disease that occurs prior to the Certificate Effective Date will not be covered under this Policy.**

Exceptions & 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. care and treatment received outside the United States or its territories;
4. treatment not approved by a Physician as medically necessary;
5. Experimental Treatment by any program that does not qualify as Experimental Treatment as defined in the Policy.

Termination of Coverage

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

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

Portability

On the date the Policy terminates or the date the Named Insured ceases to be a member of an eligible class, Named Insureds and their covered dependents will be eligible to exercise the portability privilege. Portability coverage may continue beyond the termination date of the Policy, subject to the timely payment of premiums. Portability coverage will be effective on the day after insurance under the Policy terminates. The benefits, terms and conditions of the portability coverage will be the same as those provided under the Policy when the insurance terminated. The initial portability premium rate is the rate in effect under the Policy for active employees who have the same coverage. The premium rate for portability coverage may change for the class of Covered Persons on portability on any premium due date.

Covered Persons

Covered Person means any of the following:

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

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

Option to Add Additional Benefits Hospital Intensive Care Insurance Rider

In consideration of additional premium, this coverage will provide you with benefits if you go into a Hospital Intensive Care Unit (ICU).

Benefits Your benefits start the first day you go into ICU. The benefit is payable for up to 45 days per ICU stay.

Hospital Intensive Care Confinement Benefit You may choose the benefit of \$325 (Option 2) or \$625 (Option 4) per day. It is reduced by one-half at age 75.

Double Benefits We will double the daily benefits for each day you are in an ICU as a result of Cancer or a Specified Disease. We will also double the benefit for an injury that results from: being struck by an automobile, bus, truck, motorcycle, train, or airplane; or being involved in an accident in which the named insured was the operator or was a passenger in such vehicle. ICU confinement must occur within 48 hours of the accident.

Emergency Hospitalization and Subsequent Transfer to an ICU We will pay the benefit selected by you for the highest level of care in a hospital that does not have an ICU, if you are admitted on an emergency basis, and you are transferred within 48 hours to the ICU of another Hospital.

Step Down Unit We will pay a benefit equal to one half the chosen daily benefit for confinement in a Step Down Unit.

Exceptions and Other Limitations

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

Group Cancer Rate Quote

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

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



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



Group Accident Plan



Plan Features

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

Eligibility (Issue Ages)

- Employee at least age 18
- Spouse at least age 18
- Children under age 26

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

Guaranteed-Issue

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

Portability

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

Accident Benefits – High Option

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

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

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

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

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

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

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

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

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

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

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

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

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

Medical Fees (for each accident)

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

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

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

Emergency Room Treatment

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

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

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

This benefit is payable only once per 24-hour period and only once per covered accident. We will not pay the Accident Emergency Room Treatment Benefit and the Medical Fees Benefit for the same covered accident. We will pay the highest eligible benefit amount.

Emergency Room Observation Benefit

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

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

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

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

Accident Follow-Up Treatment \$25

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

Physical Therapy \$25

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

Air Ambulance	\$500
Ambulance	\$100

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

Transportation (within 90 days)

Train or Plane	\$300
Bus	\$150

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

Blood/Plasma	\$100
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If the insured receives blood and plasma within 90 days following a covered accident, we will pay the amount shown.

Prosthesis	\$500
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If a covered accident requires the use of a prosthetic device, we will pay the amount shown. Hearing aids, wigs, or dental aids—including false teeth—are not covered.

Appliance	\$100
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We will pay the amount shown for use of a medical appliance due to injuries received in a covered accident. Benefits are payable for crutches, wheelchairs, leg braces, back braces, and walkers.

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

Wellness	\$60
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This benefit is payable while coverage is in force. This benefit is only payable for Wellness Tests performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations. We will pay the amount shown once each 12-month period for each covered person for the following:

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

Hospital Admission	\$1,000
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We will pay the amount shown, when because of a covered accident, the insured:

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

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

Hospital Confinement (per day)	\$200
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We will pay the amount shown when, because of a covered accident, the insured:

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

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

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

Hospital Intensive Care (per day)	\$400
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We will pay the amount shown when, because of a covered accident, the insured:

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

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

Accidental Death & Dismemberment (within 90 days)

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

Dismemberment means:

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

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

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

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

Common carrier means:

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

Limitations & Exclusions

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

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

Aflac Group Accident Rates

24 Hour Plan	Monthly Rates
Employee	\$16.21
Employee & Spouse	\$23.18
Employee & Dependent Children	\$30.90
Family	\$37.87

Wellness Benefit included in rates.





Group Critical Illness Plan

without Cancer



Lump Sum Single Payment Policy/First Occurrence

Plan Features

- Benefits are paid directly to you, unless otherwise assigned
- Benefit amounts are available up to \$50,000 for employees and up to \$25,000 for spouses
- Dependent children are covered at 50% of the primary insured's amount at no additional charge
- Guaranteed-Issue coverage is available for employee and spouse
- Coverage is portable, with certain stipulations
- Annual health screening benefit is included
- Premiums are paid through convenient payroll deduction
- Includes an Additional Benefits Rider with benefits for the following: Coma, Paralysis, Severe Burn, Loss of Sight, Loss of Hearing, Loss of Speech
- Includes a Heart Event Rider

Underwriting Guidelines – Guaranteed-Issue

Guaranteed-issue coverage is available for all eligible employees. The following options are available: Up to **\$10,000** for employees and up to **\$5,000** for spouses with no participation requirement.

For employee amounts over **\$10,000** and spouse amounts over **\$5,000**:

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

Individual Eligibility

Issue Ages:

- Employee 18-69
- Spouse 18-69
- Children under age 26

Benefit-eligible employees, working at least **16 hours** or more weekly, with at least **0 days** of continuous employment by the date of the enrollment are eligible. If an employee is eligible, his spouse is also eligible and all children of the insured who are younger than 26 years of age are eligible for coverage. Seasonal and temporary workers are not eligible to participate.

Spouse Coverage Available

The employee may elect to purchase spouse coverage. In order to apply for spouse coverage, the employee must also apply. Spouses are eligible for benefit amounts equaling **50%** of the employee amount, not to exceed the \$25,000 maximum benefit. If the employee does not meet the underwriting requirements necessary to participate in the plan, the spouse can still obtain coverage. The spouse would then become the primary insured and is limited to face amounts up to \$25,000.

Dependent Children Coverage at No Additional Charge

Each eligible dependent child is covered at 50% of the primary insured amount at no additional charge. The payment of benefits for a dependent child does not reduce the face amount of the primary insured. Children-only coverage is not available.

Portability

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

Group Critical Illness Benefits

First Occurrence Benefit - After the waiting period, an insured may receive up to 100% of the benefit selected upon the first diagnosis of each covered critical illness.

Critical Illnesses Covered Under Plan	Percentage of Face Amount/Benefit
Heart Attack	100%
Major Organ Transplant	100%
Renal Failure (End-Stage)	100%
Stroke	100%
Coronary Artery Bypass Surgery +	25%

If diagnosis occurs after age 70, benefits are reduced by 50%.

Additional Occurrence Benefit - We will pay benefits for each different Critical Illness in the order the events occur. We will pay benefits for any one Critical Illness once every six months. Therefore, no benefits are payable for each different Critical Illness after the first unless its date of diagnosis is separated from the prior Critical Illness by at least 6 months.

Reoccurrence Benefit - We will pay benefits for the re-occurrence any Critical Illness once every twelve months. Therefore, once benefits have been paid for Critical Illness, no additional benefits are payable for that same Critical Illness unless the dates of diagnosis are separated by at least 12 months.

+Payment of the partial benefit for Coronary Artery Bypass Surgery will reduce by 25% the benefit for a Heart Attack.

Health Screening Benefit - \$100

After the Waiting Period, an Insured may receive a maximum of **\$100** for any one covered screening test per calendar year. We will pay this benefit regardless of the results of the test. Payment of this benefit will not reduce the amount payable for the diagnosis of a critical illness. There is no limit to the number of years the Insured can receive the health screening benefit; it will be paid as long as the policy remains in force. This benefit is payable for the covered employee and spouse. This benefit is not paid for Dependent Children. The covered health screening tests include but are not limited to:

- Stress test on a bicycle or treadmill
- Bone marrow testing
- Breast ultrasound
- CA 15-3 (blood test for breast cancer)
- CA 125 (blood test for ovarian cancer)
- CEA (blood test for colon cancer)
- Chest X-ray
- PSA (blood test for prostate cancer)
- Serum protein electrophoresis (blood test for myeloma)
- Fasting blood glucose test, blood test for triglycerides, or serum cholesterol test to determine level of HDL and LDL
- Flexible sigmoidoscopy
- Hemocult stool analysis
- Mammography
- Pap smear
- Thermography
- Colonoscopy

Additional Benefits Rider

Illnesses Covered Under Plan	Percentage of Face Amount
Coma	100%
Paralysis	100%
Severe Burns	100%
Loss of Speech	100%
Loss of Sight	100%
Loss of Hearing	100%

If diagnosis occurs after age 70, benefits are reduced by 50%.

Heart Event Rider

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

If diagnosis occurs after age 70, benefits are reduced by 50%.

Benefits from the Heart Event Rider and certificate will not exceed 100% of the maximum applicable benefit. When you purchase the Heart Event Rider, the 25% CABS partial benefit in your certificate is increased to 100%. That means the CABS benefit in the Heart Event Rider, combined with the benefit in your certificate, equal 100% of the maximum benefit—not 125%.

Limitations and Exclusions

If diagnosis occurs after age 70, benefits are reduced by 50%. When not caused by an accident, the following waiting period will apply. The plan contains a 30-day waiting period. This means that no benefits are payable for anyone who has been diagnosed before your coverage has been in force 30 days from the effective date. If you are first diagnosed during the waiting period, benefits for treatment of that critical illness will apply only to loss starting after 12 months from the effective date or the employee can elect to void the coverage and receive a full refund of premium.

The applicable benefit amount will be paid if: the date of diagnosis is after the waiting period; the date of diagnosis occurs while the certificate is in force; and the cause of the illness is not excluded by name or specific description. Benefits will not be paid for loss due to:

- Intentionally self-inflicted injury or action;
- Suicide or attempted suicide while sane or insane;
- Illegal activities or participation in an illegal occupation;
- War, whether declared or undeclared or military conflicts, participation in an insurrection or riot, civil commotion or state of belligerence;
- Substance abuse; or
- Pre-Existing Conditions (except as stated below).

No benefits will be paid for loss which occurred prior to the Effective Date. No benefits will be paid for diagnosis made or treatment received outside of the United States.

Pre-Existing Condition Limitation

Pre-Existing Condition means a sickness or physical condition which, within the 12-month period prior to the effective date, resulted in you receiving medical advice or treatment or caused symptoms for which an ordinarily prudent person would seek medical advice or treatment. We will not pay benefits for any condition or critical illness starting within 12 months of the effective date which is caused by, contributed to, or resulting from a pre-existing condition. A claim for benefits for loss starting after 12 months from the effective date will not be reduced or denied on the grounds that it is caused by a pre-existing condition. A condition will no longer be considered pre-existing at the end of 12 consecutive months starting and ending after the effective date.

Additional Benefit Rider Limitations and Exclusions

If diagnosis occurs after age 70, benefits are reduced by 50%. All limitations and exclusions that apply to the Critical Illness plan also apply to the rider. The Waiting Period and Pre-existing condition limitation apply from the date the rider is effective. No benefits will be paid for loss which occurred prior to the effective date of the rider. Benefits are not payable for loss if these conditions result from another Critical Illness. The date of diagnosis of a Specified Critical Illness must be separated from the date of diagnosis of a subsequent different Critical Illness by at least 6 months. The applicable benefit amount will be paid if: the date of diagnosis is after the waiting period; the date of diagnosis occurs while the rider is in force; and the cause of the illness is not excluded by name or specific description.

Heart Event Rider Limitations and Exclusions

If diagnosis occurs after age 70, benefits are reduced by 50%. We will pay the indicated percentages of your maximum benefit if you are treated with one of the specified surgical procedures (Category I) or interventional procedures (Category II) shown if the date of treatment is after the waiting period; treatment is incurred while coverage is in force; treatment is recommended by a physician; and is not excluded by name or specific description. This benefit is paid based on your selected benefit amount. The rider contains a 30-day waiting period. This means no benefits are payable for any insured who has been diagnosed before the coverage has been in force 30 days from the effective date. If an insured is first diagnosed during the waiting period, benefits for treatment of that critical illness will apply only to loss commencing after 12 months from the effective date; or, at your option, you may elect to void the coverage from the beginning and receive a full refund of premium. Benefits are not payable under this coverage for loss if these conditions result from another specified critical illness. Unless amended by the Heart Event Rider, certificate definitions, other provisions and terms apply. Benefits provided by the Heart Event Rider amend any benefits shown in the base plan for the same conditions. Payment of the Category I benefit will terminate the rider. If a Category II benefit is paid first this will reduce the benefit amount payable for a subsequent Category I procedure. If a Category I and II are performed at the same time, benefits are only eligible at the 100% (higher) event and will not exceed the Initial Face Amount shown on the Rider Schedule. The total amount of benefits payable under the rider is limited to the initial face amount at your applicable age.

Pre-existing Conditions Limitation

Pre-Existing Condition means a sickness or physical condition which, within the 12-month period prior to an insured's effective date, resulted in the insured receiving medical advice or treatment. We will not pay benefits for any surgical procedure occurring within 12 months of an insured's effective date which is caused by, contributed to, or resulting from a pre-existing condition. A claim for benefits for loss starting after 12 months from an insured's effective date will not be reduced or denied on the grounds that it is caused by a pre-existing condition. A critical illness will no longer be considered pre-existing at the end of 12 consecutive months starting and ending after an insured's effective date. Any benefits for coronary artery bypass surgery denied under the coverage due to pre-existing conditions may be paid at the reduced benefit amount under the certificate, subject to the terms of the certificate.

Exclusions

No benefits will be paid if the specified critical illness is a result of: (a) Intentionally self-inflicted injury or action; (b) Suicide or attempted suicide while sane or insane; (c) Illegal activities or participation in an illegal occupation; (d) War, declared or undeclared, or military conflicts, participation in an insurrection or riot, civil commotion, or state of belligerence; or (e) An injury sustained while under the influence of alcohol, narcotics, or any other controlled substance or drug, unless properly administered upon the advice of a physician. No benefits will be paid for loss which occurred prior to the effective date of coverage. Diagnosis must be made and treatment received in the United States. **Treatment** means consultation, care, or services provided by a physician, including diagnostic measures and surgical procedures.

Aflac Group Critical Illness w/out Cancer – Monthly Rates

NON-TOBACCO: Employee

	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$5.35	\$7.20	\$9.05	\$10.90	\$12.75	\$14.60	\$16.45	\$18.30	\$20.15	\$22.00
30-39	\$6.55	\$9.60	\$12.65	\$15.70	\$18.75	\$21.80	\$24.85	\$27.90	\$30.95	\$34.00
40-49	\$9.70	\$15.90	\$22.10	\$28.30	\$34.50	\$40.70	\$46.90	\$53.10	\$59.30	\$65.50
50-59	\$13.45	\$23.40	\$33.35	\$43.30	\$53.25	\$63.20	\$73.15	\$83.10	\$93.05	\$103.00
60 - 69	\$19.50	\$35.50	\$51.50	\$67.50	\$83.50	\$99.50	\$115.50	\$131.50	\$147.50	\$163.50

NON-TOBACCO: Spouse

	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000
18-29	\$5.35	\$6.28	\$7.20	\$8.13	\$9.05	\$9.98	\$10.90	\$11.83	\$12.75
30-39	\$6.55	\$8.08	\$9.60	\$11.13	\$12.65	\$14.18	\$15.70	\$17.23	\$18.75
40-49	\$9.70	\$12.80	\$15.90	\$19.00	\$22.10	\$25.20	\$28.30	\$31.40	\$34.50
50-59	\$13.45	\$18.43	\$23.40	\$28.38	\$33.35	\$38.33	\$43.30	\$48.28	\$53.25
60 - 69	\$19.50	\$27.50	\$35.50	\$43.50	\$51.50	\$59.50	\$67.50	\$75.50	\$83.50

TOBACCO: Employee

	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$6.30	\$9.10	\$11.90	\$14.70	\$17.50	\$20.30	\$23.10	\$25.90	\$28.70	\$31.50
30-39	\$8.35	\$13.20	\$18.05	\$22.90	\$27.75	\$32.60	\$37.45	\$42.30	\$47.15	\$52.00
40-49	\$15.80	\$28.10	\$40.40	\$52.70	\$65.00	\$77.30	\$89.60	\$101.90	\$114.20	\$126.50
50-59	\$23.15	\$42.80	\$62.45	\$82.10	\$101.75	\$121.40	\$141.05	\$160.70	\$180.35	\$200.00
60 - 69	\$34.10	\$64.70	\$95.30	\$125.90	\$156.50	\$187.10	\$217.70	\$248.30	\$278.90	\$309.50

TOBACCO: Spouse

	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000
18-29	\$6.30	\$7.70	\$9.10	\$10.50	\$11.90	\$13.30	\$14.70	\$16.10	\$17.50
30-39	\$8.35	\$10.78	\$13.20	\$15.63	\$18.05	\$20.48	\$22.90	\$25.33	\$27.75
40-49	\$15.80	\$21.95	\$28.10	\$34.25	\$40.40	\$46.55	\$52.70	\$58.85	\$65.00
50-59	\$23.15	\$32.98	\$42.80	\$52.63	\$62.45	\$72.28	\$82.10	\$91.93	\$101.75
60 - 69	\$34.10	\$49.40	\$64.70	\$80.00	\$95.30	\$110.60	\$125.90	\$141.20	\$156.50

Notices

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

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

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

EXP (08/22)



Continental American Insurance Company
Columbia, South Carolina
Toll Free: 800.433.3036
Website: aflacgroupinsurance.com



Short-Term Disability Plan



Class Description

All Eligible Employees working a minimum of 20 hours per week, electing to participate in the Voluntary Short Term Disability Insurance.

Disability

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

Monthly Benefit

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

Elimination Period

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

Benefit Duration

This is the period of time that benefits will be payable for disability. You can choose a maximum STD benefit duration, if continually disabled, of thirteen (13) weeks.

Basis of Coverage

24 Hour Coverage, on or off the job.

Maternity Coverage

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

STD Pre-Existing Condition Exclusion

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

Recurrent Disability

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

Portability

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

Annual Enrollment

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

Exclusions and Limitations

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

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

AUL Short-Term Disability Rates

Benefit Duration
13 weeks

Monthly Benefit	Monthly Premium
\$500	\$10.36
\$600	\$12.43
\$700	\$14.50
\$800	\$16.57
\$900	\$18.64
\$1,000	\$20.71
\$1,100	\$22.78
\$1,200	\$24.85
\$1,300	\$26.92
\$1,400	\$28.99
\$1,500	\$31.07
\$1,600	\$33.14
\$1,700	\$35.21
\$1,800	\$37.28
\$1,900	\$39.35
\$2,000	\$41.42



AMERICAN UNITED LIFE
INSURANCE COMPANY®
a ONEAMERICA® company

Customer Service
800-553-5318

Disability Claims
855-517-6365
Fax: 844-287-9499

Disability Claims Email: Disability.Claims@oneamerica.com
www.employeebenefits.aul.com



Long-Term Disability Plan



LTD Class Description

All Full-Time Eligible Employees working a minimum of 20 hours per week, electing to participate in the Voluntary Long-Term Disability.

LTD Monthly Benefit

You can choose to **insure up to 60% of an Employee's covered basic monthly earnings to a maximum monthly benefit of \$2,000 in \$500 increments. The minimum benefit is \$500.**

LTD Elimination Period

This means a period of time a disabled Employee must be out of work and totally disabled before weekly benefits begin; 90 consecutive days for a sickness or injury.

LTD Benefit Duration

This is the period of time that benefits will be payable for long-term disability. Up to 5 years if disabled prior to age 61, or if disabled after age 61, as outlined below:

Age When Total Disability Begins	Maximum Period Benefits are Payable
Prior to Age 61	5 Years
61	Lesser of SSFRA or 5 Years
62	3.5 Years
63	3 Years
64	2.5 Years
65	2 Years
66	21 Months
67	18 Months
68	15 Months
Age 69 and Over	12 Months

LTD Total Disability Definition

An Insured is considered Totally Disabled, if, because of an injury or sickness, he cannot perform the material and substantial duties of his Regular Occupation, is not working in any occupation and is under the regular care of physician. After benefits have been paid for 24 months, the definition of disability changes to mean the Insured cannot perform the material and substantial duties of any Gainful Occupation for which he is reasonably fitted for by training, education or experience.

Special Conditions

Benefits for Disability due to Special Conditions, whether or not benefits were sought because of the condition, will not be payable beyond 24 months. Benefit payments for Special Conditions are cumulative for the lifetime of the contract.

Mental & Nervous / Drug & Alcohol

Benefit payments will be limited to benefit duration or 24 months, whichever is less, cumulative for each of these limitations for treatment received on an outpatient basis. Benefit payments may be extended if the treatment for the disability is received while hospitalized or institutionalized in a facility licensed to provide care and treatment for the disability.

Other Income Offsets

AUL will reduce your LTD disability benefit with other disability income benefits that you might be receiving from AUL or external sources such as Social Security or other disability or income benefits you may receive, or be eligible to receive.

Waiver of Premium

AUL will waive the premium payments for your coverage while you are disabled and will continue to be waived during the elimination period and the benefit eligibility period.

Pre-Existing Condition Exclusion

3/12, If a person receives medical treatment, or service or incurs expenses as a result of an Injury or Sickness within 3 months prior to the Individual Effective Date, then the Group Policy will not cover any Disability which is caused by, contributed to by, or resulting from that Injury or Sickness; and begins during the first 12 months after the Person's Individual Effective Date.

Continuity of Coverage will apply if the employee was insured under the employers' prior group plan on the effective date of coverage. This means the benefit payable will be the lesser of the prior plan's or AUL's benefit.

Portability

Once an employee is on the AUL disability plan for 3 consecutive months, you may be eligible to port your coverage for one year at the same rate without evidence of insurability. You have 31 days from your date of termination to apply for portability by calling 800-553-5318.

The Portability Privilege is not available to any Person that retires (when the person receives payment from any Employer's Retirement Plan as recognition of past services or has concluded his/her working career).

Annual Enrollment

Enrollees that did not elect coverage during their initial enrollment are eligible to sign up for \$500 or \$1000 monthly benefit without medical questions. The maximum benefit cannot exceed 60% of basic monthly earnings. ****Please note, annual increases are not available for LTD coverage.***

Exclusions and Limitations

This plan will not cover any disability resulting from certain events or conditions such as but not limited to war, declared or undeclared or any act of war; active participation in a riot; intentionally self-inflicted injuries; commission of an assault or felony; or a pre-existing condition for a specified time period. Additional exclusions and limitations may apply.

AUL Long-Term Disability Rates

Monthly Benefit Amount	Monthly Rates
\$500	\$10.65
\$1,000	\$21.30
\$1,500	\$31.95
\$2,000	\$42.60



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This information is provided as a Benefit Outline. It is not part of the insurance policy and does not change or extend American United Life Insurance Company's liability under the group Policy. Employers may receive either a group Policy or a Certificate of Insurance containing a detailed description of the insurance coverages under the group Policy. If there are any discrepancies between this information and the group Policy, the Policy will prevail.



Term Life Plan



Basic Employee Life Insurance

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

Accidental Death & Dismemberment

Benefits under this coverage are payable as described in your certificate.

Optional Employee Life and AD&D Insurance

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

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

Optional Dependent Life Insurance

Provides coverage on:

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

Features

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

Low Cost

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

Eligibility

You will be eligible for this program if you are a full-time active employee working at least 30 hours.

Enrollment

Enrollment is simple - just fill out the election card provided by your employer. Make sure you supply all the required information and return the form where you work. That's all. You will be notified as to when coverage starts.

Statement of Health

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

Beneficiary

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

Disability

Your insurance may be continued during your disability provided the Board of Education continues premium payments on your behalf. However, your insurance will be subject to reduction as shown under "Reductions at ages 70 & Over."

Group Policy

The insurance briefly described in this folder is subject to the terms and conditions of the Group Policy issued by the Metropolitan Life Insurance Company. If you become insured, you will receive a certificate outlining your benefits under the policy.

When Your Insurance Starts

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

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

Reductions at Age 70 & Over

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

Attained Age	Percent of Original Amount
70	65%
75	45%
80	30%

Termination of Coverage

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

Conversion

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

Portability

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

Qualifying Events Include:

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

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

The Accelerated Benefit Option (ABO)

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

Suicide Exclusion

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

Plan Sponsor

Grainger County Schools
PO Box 38
Rutledge, TN 37861
(865) 828-3611

For disputes arising under the plan, service of legal process may be made on the plan sponsor. For disputes arising under the insurance contract, service of legal process may be made upon MetLife at one of its local offices, or upon the supervisory official of the Insurance Department in the state in which you reside.

Claims Procedures

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

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

Schedule of Benefits

Basic Employee Life Insurance

Basic Employee Life Insurance Amount.....\$20,000

- All Certified Eligible Employees – Monthly Cost \$0
- All Non-Certified Eligible Employees – Monthly Cost \$2.40

Optional Employee Life

Your choice of the following amounts:

- \$250,000, \$200,000, \$150,000, \$100,000, \$90,000, \$80,000, \$70,000, \$60,000, \$50,000, \$40,000, \$30,000, \$20,000 or \$10,000

To be eligible for employee coverage over \$50,000, you must furnish medical evidence of insurability satisfactory to MetLife.

Optional Dependent Life Insurance

- \$10,000, \$20,000, \$30,000, \$40,000, \$50,000 on your spouse

To be eligible for \$20,000 coverage and above, your spouse must furnish medical evidence of insurability and you must elect a minimum of \$20,000 and above of Employee Optional Life Insurance.

Optional Spouse coverage automatically ends once the spouse has reached the age of 70. It may end sooner if the employee has: retired, died, or the Spouse ceases to be a dependent of the Employee.

- \$5,000, \$10,000, \$15,000, \$20,000, \$25,000 on each of your eligible children

To be eligible for \$10,000 coverage and above on your child(ren), you must furnish medical evidence of insurability.

Employee Optional Monthly Rates	
Coverage	Premium
\$10,000	\$1.80
\$20,000	\$3.60
\$30,000	\$5.40
\$40,000	\$7.20
\$50,000	\$9.00
\$60,000	\$10.80
\$70,000	\$12.60
\$80,000	\$14.40
\$90,000	\$16.20
\$100,000	\$18.00
\$150,000	\$27.00
\$200,000	\$36.00
\$250,000	\$45.00

Spouse Optional Monthly Rates	
\$10,000	\$5.60
\$20,000	\$11.20
\$30,000	\$16.80
\$40,000	\$22.40
\$50,000	\$28.00

Child/ren Optional Monthly Rates	
\$5,000	\$1.00
\$10,000	\$2.00
\$15,000	\$3.00
\$20,000	\$4.00
\$25,000	\$5.00



This information has been prepared to give you the highlights of additional coverage now being offered by your School Board to meet your insurance needs. If you have any questions regarding your statement of health or life insurance claim, please call (800) 638-6420.



Whole Life Plan



Whole Life Insurance

Employers want to provide employees with a benefits package that fits their ever-changing needs. With its guaranteed premiums, benefits, and values, as well as the option to insure your entire family, Boston Mutual's whole life insurance can help complete your benefit package.

Life changes...so it may be time to review how much coverage you have and consider what your family might need if something should happen. Whether you're just starting out at your first job, or nearing retirement, whole life insurance should be an integral part of your financial plan.

Just like Boston Mutual has always been there for our policyholders, whole life coverage will always be there to provide you and your family protection and security for the future.



Affordable



Flexible



Worldwide Coverage



Portable

Benefits

- ✓ Available for you, your spouse, children, and grandchildren.
- ✓ Guaranteed coverage with no medical questions, up to certain amounts.
- ✓ You select the amount of insurance you need and how much you can afford.
- ✓ Payroll deduction makes payment easy.
- ✓ Your payment amount will stay the same, even if you change employment or retire.
- ✓ Builds cash value.
- ✓ Annual statements provide current policy value information.
- ✓ Paid up options, based on accrued cash values.

Guarantees

- ✓ **Premium** – As long as you continuously pay your premiums, the cost of your life insurance policy can never go up.
- ✓ **Cash Value** – The cash value illustrated at the time of purchase is guaranteed as long as your coverage stays in force*.
- ✓ **Interest Rate** – This policy provides a 3% guaranteed credited interest rate on accruing cash values.
- ✓ **Portability** – Even if your employer changes, you can arrange to pay us directly and keep your coverage.
- ✓ **Coverage Issued** – Employees and their spouses who are actively at work for a minimum of 20 hours per week can purchase this insurance up to certain limits, despite past or present health problems.
- ✓ **Additional Purchase** – If you buy a minimum amount of coverage, you guarantee yourself the right to purchase any remaining portion of the guaranteed issue limit at future approved enrollments (subject to product and payroll deduction availability).

Our Whole Life workplace insurance is an endowment at age 95 policy, which means the face value would be paid to the insured, if living, at age 95.

** The actual cash value may be decreased by loans or withdrawals.*

Additional Features (That may be available to you)

- ✓ **Accidental Death Benefit** – doubles or triples the amount paid in the event of accidental death. This benefit pays an additional amount equal to the basic coverage to the beneficiary if the insured is killed accidentally. If accidental death occurs while the insured is a passenger on a bus, plane, train or any other common carrier, this benefit pays the accidental death benefit as above but will also pay an additional benefit of the basic coverage (up to \$100,000).
- ✓ **Children's Insurance Benefit** – covers all eligible natural children, stepchildren, or legally adopted children from age 15 days through age 25.
- ✓ **Payor Waiver of Premium** – pays premiums on the employee, spouse, or dependent's policy or policies in the event the payor (employee) becomes totally disabled before age 60.

Not all riders will be available for purchase as they are options made available to you by your employer in their benefits offering.

Riders are not approved in all states.

For specific information – speak to your Boston Mutual representative.

120 Royall Street, Canton, MA 02021 | 800.669.2668 | www.bostonmutual.com

Policies underwritten by Boston Mutual Life Insurance Company. This information is not intended to be a complete description of the insurance coverage available. For complete details of coverage and availability, please refer to the policy form or contact your Boston Mutual representative.

Mark III WL 9/21

END-95(ESO) 20/21

A grayscale background image featuring a cup of coffee, a book, and a tablet. The cup is in the upper right, the book is on the left, and the tablet is in the lower center.

FOR YOUR REFERENCE

Additional benefit information
from your employer.



2021 - 2022 School Calendar

In-Service Days: (6 hrs.)

Aug. 2 = 1.5 (PALS)
 Aug. 3 = 1
 Jan. 17 = 1.5 (½ PALS)
 Feb. 21 = 1

Other P.T. Conference

*Oct. 21 *Mar. 17

Administrative Days: (7 hrs.) All Staff

Aug. 6 = 1
 May 25 = 1

Staff Development: (7 ½ hrs.) All Staff

Sept. 7
 Oct. 18
 Jan. 3

Holidays/Other Closings:

Sept. 3, 6
 Oct. 11 - 15
 Nov. 24 - 26
 Dec. 20 - 31
 Mar. 21 - 25
 Apr. 15, 18
 May 3

ACT Testing: (Sat. Testing)

Sept. 11
 Oct. 23
 Dec. 11
 Feb. 5
 Apr. 9
 June 11

August:

2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27
30	31			

2 - In-service - Individual Schools
 3 - In-service - Individual Schools
 4 - ½ day for Students, First Day of School
 6 - Administrative Day - No Students
 PALS @ Each School TBD, (3 hrs.)
 Total: Instr. Days 19, In-service 2 ½, Admin. 1

September:

		1	2	3
6	7	8	9	10
13	14	15	16	17
20	21	22	23	24
27	28	29	30	

2 - Mid-Term Ends
 3 & 6 **No School** - Holiday
 7 - Staff Development (Staff Only)
 10 - Send Mid-term Reports
 Total: Instr. Days 20 (1 Staff Dev.), Holidays 2

October:

				1
4	5	6	7	8
11	12	13	14	15
18	19	20	21	22
25	26	27	28	29

1 - 1st Nine Weeks End*
 8 - Send Report Cards Home
 11 - 15 - **No School** - Holidays (Fall Break)
 18 - Staff Development, No Students (Teachers Only)
 21 - Parent/Teacher Conference (3:30-6:30)
 School will dismiss at 2:00***
 Total: Instr. Days 16 (1 Staff Dev.), Holidays 5, Other (PT Conference)

November:

1	2	3	4	5
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26
29	30			

12 - Mid-Term Ends
 19 - Send Mid-Term Reports
 24 - 26 **No School** - Holidays
 Total: Instr. Days 19, Holiday 3

December:

		1	2	3
6	7	8	9	10
13	14	15	16	17
20	21	22	23	24
27	28	29	30	31

17 - ½ Day for Students, 2nd Nine Weeks Ends*
 20 - 31 - **No School** - Holidays
 Total: Instr. Days 13, Holidays 10

January:

3	4	5	6	7
10	11	12	13	14
17	18	19	20	21
24	25	26	27	28
31				

3 - No School, Staff Development Day, (Staff Only)
 6 - PALS, (3 hrs.) check with individual school for date and time
 7 - Send Report Cards
 17 - **No School** - In-lieu of In-service
 Total: Instr. Days 20 (1 Staff Dev.), In-service 1 ½

February:

	1	2	3	4
7	8	9	10	11
14	15	16	17	18
21	22	23	24	25
28				

4 - Mid-Term Ends
 11 - Send Mid-Term Report
 21 - **No School** – In-lieu of In-service
 Total: Instr. Days 19, Inservice 1

March:

	1	2	3	4
7	8	9	10	11
14	15	16	17	18
21	22	23	24	25
28	29	30	31	

4 - 3rd Nine Weeks Ends*
 11 - Send Report Cards
 17 - Parent/Teacher Conference (3:30-6:30)
 School will dismiss at 2:00- PreK/K Registration
 21 - 25 **No School** - Holiday
 Total: Instr. Days 18, Holiday 5, Other (PT Conference)

April:

				1
4	5	6	7	8
11	12	13	14	15
18	19	20	21	22
25	26	27	28	29

14 - Mid-Term Ends
 15 - **No School** - Holiday
 18 - **No School** - Holiday
 22 - Send Mid-terms Home
 Total: Instr. Days 19, Holidays

May:

2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27
30	31			

3 - **No School** - Election Day
 25 - **No School** - Administrative Day – (Staff Only)
 26 - ½ Day for Students – 4th Nine Weeks Ends- Last Day of School
 Total: Instr. Days 17, Admin. 1

**If no snow cancellations*

NOTE: In the event that weather forces the closing beyond the allotted days, days will be rescheduled.



TEACH. LEARN. SUCCEED.



Continuation of Benefits

If You Leave Employment

Aflac Group Policies

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

AUL Short & Long-Term Disability

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

Boston Mutual Whole Life

When you leave employment, you may continue your Whole Life coverage by having the premiums that are currently deducted from your paycheck billed to your home address or drafted from your bank account. For more information, contact **Boston Mutual at 1-800-669-2668**.

Dental & Vision Policies

Under your Flexible Spending Accounts, you are eligible to continue coverage through COBRA. Upon termination, your employer will notify FBA and FBA will send you information regarding COBRA. For more detailed information, please call **Flexible Benefit Administrators at 1-800-437-3539**

MetLife Group Cancer

When you leave employment, you may continue your cancer coverage by having the premiums that are currently deducted from your paycheck billed to your home address or drafted from your bank account. For more information, contact **MetLife/Bay Bridge Administrators at 1-800-845-7519**.

MetLife Term Life Conversion

If employment is ending due to Total Disability, under the Extended Death Benefit, coverage is extended for one year without premium. If you were covered under the plan for less than one year, coverage will be extended for the length of time you were covered. At the end of the 12 month period, you will not be able to convert the policy. If your employment terminates while you and/or your dependents are covered under the plan, you also have the option to purchase, without medical evidence of insurability, any individual insurance policy, except a term policy. You must apply for conversion within 31 days after the date your or your dependents' coverage terminates. Portability: If you terminate employment, the portability provision allows you to take your optional life coverage with you, subject to the following provisions:

- You must apply for coverage within 31 days from the date your life coverage terminates
- You must be **ACTIVELY** at work prior to employment termination
- You may only port up to your current coverage amount. The eligible employee or dependent can increase their coverage with Evidence of Insurability.

Your employer will advise MetLife of your termination and MetLife will in turn, contact you directly to assist with the conversion/portability process, and advise you of your options. If you do not convert or port your group term life insurance, coverage will terminate. **For Portability call: 1-866-492-6983. For Conversion: 1-877-275-6387**

Contact Information

Aflac

Customer Service: 1-800-433-3036
www.aflacgroupinsurance.com

American United Life (AUL)

Claims Toll-Free Number: 1-855-517-6365
Customer Service: 1-800-553-5318
www.oneamerica.com

Ameritas Dental

Phone: 1-800-487-5553
www.ameritas.com

Boston Mutual Life Insurance Company

120 Royall Street | Canton, MA 02021
Phone: 1-800-669-2668
www.bostonmutual.com

Flexible Benefit Administrators

509 Viking Drive, Suite F | P.O. Box 8188
Virginia Beach, VA 23450
Phone: 1-800-437-3539
Fax: 757-431-1155
FlexDivision@flex-admin.com
<https://fba.wealthcareportal.com/>

MetLife Group Cancer

Bay Bridge Administrators, LLC
P.O. Box 161690 • Austin, TX 78716
Phone: 1-800-845-7519
Fax: 512-275-9350
Submit claims to claims@bbadmin.com
<http://www.baybridgeadministrators.com/index.php>

MetLife Term Life

Conversion: 1-877-275-6387
Portability: 1-866-492-6983

Superior Vision Services

11101 White Rock Road
Rancho Cordova, CA 95670
Phone: 1-800-507-3800
Non-Network Claims Submission:
P.O. Box 967
Rancho Cordova, CA 95741
www.superiorvision.com

Texas Life Insurance Company (Old Plan)

P.O. Box 830
Waco, TX 76703-0830
Phone: 1-800-283-9233
www.texaslife.com





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

Arranged and Enrolled by Mark III Brokerage, Inc.



300 W. Watauga Ave.
Johnson City, TN 37604

(800) 532-1044
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