

**2021-2022 BENEFITS** 

EMPLOYEE BENEFITS HIGHLIGHTS

### WELCOME

This benefit guidebook describes the highlights of AW Brown Leadership Academies' benefits program in non-technical language. Your specific rights to benefits under the plan are governed solely, and in every respect, by the official plan documents and not the information in this guidebook. If there is any discrepancy between the description of the program elements as contained in this benefits guidebook and the official plan documents, the language in the official plan documents shall prevail as accurate.

Each year, we strive to offer comprehensive and competitive benefit plans to our employees. In the following pages, you will find a summary of our **benefit plan for September 1 to August 31**. Please read this Guidebook carefully as you prepare to make your elections for the 2021 – 2022 Plan Year.

Please refer to the plan-specific documents published by each of the respective carriers for detailed plan information. You should be aware that any and all elements of AW Brown Leadership Academies' benefits program may be modified in the future, at any time, to meet Internal Revenue Service rules or otherwise as decided by AW Brown Leadership Academies.

AW Brown Leadership Academies will be utilizing Professional Enrollment Concepts' (PEC) services for our benefit communication and enrollment this year. PEC's Benefit Counselors will provide you a detailed explanation of your entire benefits on an individual, confidential basis. They will also be able to discuss any personal situations you may have that could potentially impact your benefit decision.

#### HOW TO FNROLL

Enrollment this year is **mandatory** please either call the Benefits Service Center or go online to enroll or decline benefits.

#### **Call Center Enrollment**

Contact one of our Benefits Counselors at the Benefits Service Center to learn more about your benefits and complete your enrollment process.

Before you speak with a Benefit Counselor, please have the following information ready: dependents' names, birth dates, social security numbers, addresses, and phone numbers.

Benefits Service Center<sup>1</sup>: (888) 770-7419

**Monday - Friday:** 8:00 AM - 7:00 PM (CST) **Saturday:** 9:00 AM - 3:00 PM (CST)

#### **Online Enrollment**

Online Enrollmet Website<sup>2</sup>:

trustmark.benselect.com/awbrown

For online enrollment, use the following format as login information:

**Employee ID or SSN:** Your social security number **PIN:** Last four of your social followed by last two of your birth year

#### **Example:**

**John Smith** | **SSN:** 123-45-6789 | **DOB**: 01-27-1993

Employee ID or SSN: 123456789

PIN: 678993

<sup>1.</sup> For a more detailed explanation of benefits you may contact the Benefits Service Center.

<sup>2.</sup> For more detail self-serve instructions please go to pg.4 on this guide.

### **ELIGIBILITY**

#### **Employee Eligibility**

Employees who work an average of 80 hours per month are eligible to participate in the benefit options described in this guidebook. Medical coverage can begin on your date of hire, or on the first of the month following your date of hire. All other benefits will begin first of the month following 30 days.

#### **Spouse Eligibility**

Employees' spouses, domestic parters, and common-law spouses are eligible to be added to employee coverage. Please note: an affidavit is required for domestic partners and common-law spouses.

#### **Dependent Eligibility**

Employees' dependents are eligible to be added to employee coverage through age 26.

#### QUALIFYING LIFE EVENTS

The only time, other than open enrollment, you are able to make changes to your benefits is if you experience a Qualifying Life Event (QLE). In the event of a QLE, please contact Human Resources (HR); proof of the QLE must be submitted to your HR within 30 days in order to change current benefit elections.

#### **Qualifying Life Events**

- A change in the number of dependents (birth, adoption, death, guardianship);
- · A change in marital status (marriage, divorce, death, legal separation);
- · A dependent's loss of eligibility (attainment of limiting age or change in student status);
- A change in spouse's or eligible dependents' work hours;
- A termination or commencement of employment of employee's spouse or eligible dependents with coverage;
- Other events as the administrator determines to be permitted or any other applicable guidelines issued by the Internal Revenue Service.

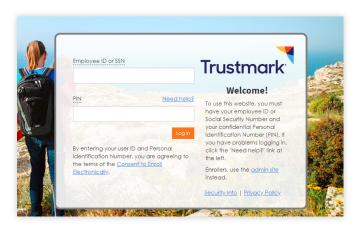
### Self-Serve INSTRUCTIONS

### **Open Enrollment:** July 27 - August 10, 2021

Register for the portal by logging on to: https://trustmark.benselect.com/awbrown

**Employee ID or SSN**: Your employee ID number **PIN**:Last 4 digits of your SSN and the last 2 digits of your birth year

Follow the prompts to complete the registration process. Please review the personal demographic data and update as needed. Then *click next* to advance through each screen.



- Next, you will be asked to enter Dependent / Beneficiary information. To add a dependent, please *click the + sign* and enter the dependent's information. To edit an existing dependent, please *click the pencil icon* on the right side of the dependent. After making any changes, please *click save* on the bottom of the page. Once you are finished with this section, *click next*.
- Once you are at the medical screen, verify your medical plan election or waive the coverage. When you *click next*, you will advance to any coverage that you have *not previously enrolled in*.



- If you would like to make changes to existing coverage, you may click on the individual coverage options listed under "My Benefits" or by choosing the coverage under the "My Benefits" menu at the top of the screen.
- Once you select the coverage you would like to change, click on "Unlock" to access the options. Once you make a decision, please click next to go to the review page.
- Once on the "Sign and Submit" page, you will be able to review your elections. If you need to make changes, please click on the link for that coverage. You will then unlock, make your change, and click next. This returns you to the "Sign and Submit" page. If everything is correct, please click next.
- On the "Confirmation" page, enter your PIN / Password used to log in. This will finalize your enrollment. You can print the confirmation form, save it as a downloadable PDF, and e-mail a confirmation summary to the e-mail address on file.



If you have any questions regarding your benefits, please call:

#### BENEFITS SERVICE CENTER

(888) 770-7419

Monday - Friday: 8:00 AM - 7:00 PM (CST) Saturday: 9:00 AM - 3:00 PM (CST)

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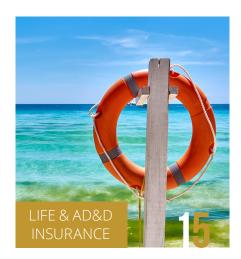


















# MEDICAL INSURANCE

Nobody plans on getting sick or hurt, but most people will need medical care at some point in their lives.

#### What's New

#### TRS ActiveCare HD¹:

- In-network deductible rose by \$200 for individuals and \$400 for families
- In-network coinsurance rate rose from 20% to 30%
- Out of network coinsurance rate rose from 40% to 50%
- In-network maximum out-of-pocket rose by \$100 for individuals and \$200 for families

1. All changes are for medical only. There are no changes to prescription drug coinsurance rates.

#### Central and North Texas Scott & White Health Plan:

- In-network deductible rose by \$200 for individuals and \$600 for families
- In-network maximum out-of-pocket rose by \$2,950 for individuals and \$5,900 for families
- In-network prescription deductible rose by \$50

#### Leverage Your \$0 Preventive Care<sup>1</sup>

- Annual routine physicals (ages 12+)
- Annual mammogram (ages 40+)
- Annual OBGYN exam & pap smear (ages 18+)
- Annual prostate cancer screening (ages 45+)
- Well-child care (unlimited up to age 12)
   Healthy dist (sheeting suppositions (unlimited up to age 12)
- Healthy diet/obesity counseling (unlimited to age 22; ages 22+ get twenty-six visits per year)
- Smoking cessation counseling (8 visits per vear)
- Breastfeeding support (six per year)
- Colonoscopy (ages 50+ once every ten years)

1. Available for all plans. See benefits guides for more details.

#### **Did You Know**

- · Provider search tool will be available.
- Choosing a PCP helps you meet your health goals faster.
- · Generic medications save money!
- Ask your provider if your medicine has a generic.

#### TRS - ActiveCare Plan Highlights

All TRS-ActiveCare participants have three plan options. Each is designed with the unique needs of our members in mind.

Benefits	ActiveCare Primary¹	ActiveCare Primary +	
Plan Summary	<ul> <li>Lower premium</li> <li>Copays for doctor visits before you meet deductible</li> <li>Statewide network</li> <li>PCP referrals required to see specialists</li> <li>Not compatible with health savings account (HSA)</li> <li>No out-of-network coverage</li> </ul>	<ul> <li>Simpler version of the current Select plan</li> <li>Lower deductible than HD and primary plans</li> <li>Copays for many services and drugs</li> <li>Higher premium</li> <li>Statewide network</li> <li>PCP referrals required to see specialists</li> <li>Not compatible with a health savings account (HSA)</li> <li>No out-of-network coverage</li> </ul>	
	In-Network Coverage Only	In-Network Coverage Only	
<b>Deductible</b> Individual Family	\$2,500 \$5,000	\$1,200 \$3,600	
Out-of-Pocket Maximum Individual Family	\$8,150 \$16,300	\$6,900 \$13,800	
Coinsurance (participant pays)	30% after deductible	20% after deductible	
Network	Satewide Network	Statewide Network	
Primary Care Provider (PCP) Required	Yes	Yes	
Office Visits Preventative Services Primary Care Specialist TRS Virtual Health Urgent Care	No charge \$30 copay \$70 copay \$0 per consultation \$50 copay	No charge \$30 copay \$70 copay \$0 per consultation \$50 copay	
Inpatient	30% after deductible	20% after deductible	
Outpatient	30% after deductible	20% after deductible	
Diagnostic Test (x-ray, blood work)	No charge	No charge	
Imaging (CT/PET scans, MRIs)	30% after deductible	20% after deductible	
Emergency Care	30% after deductible	20% after deductible	
Prescription Drug Deductible Generic (30-day supply / 90-day supply) Preferred Brand Non-Preferred Brand Specialty	Integrated with Medical \$15/\$45 copay 30% after deductible 50% after deductible 30% after deductible	\$200 brand deductible \$15/\$45 copay 25% after deductible 50% after deductible 20% after deductible	

 $I. Only\ employees\ that\ choose\ this\ new\ plan\ during\ Annual\ Enrollment\ will\ be\ enrolled\ in\ it.$ 

Medical Plan Semi-Monthly Deductions						
ActiveCare Primary   ActiveCare Primary +   ActiveCare HD*   ActiveCare 2*						
Employee Only	\$96.00	\$158.50	\$102.00	\$394.00		
<b>Employee + Spouse</b> \$475.50 \$554.50 \$492.00 \$1,088.50						
<b>Employee + Child(ren)</b> \$263.00 \$327.00 \$273.50 \$641.00						
Family	\$590.00	\$725.00	\$610.00	\$1,308.00		

<sup>\*</sup>Plans showned in following page.

#### **TRS - ActiveCare Plan Highlights Continue**

Please note: The ActiveCare 2 plan is closed and not accepting new enrollees. If you're currently enrolled in TRS-ActiveCare 2, you can remain in this plan.

Benefits*	ActiveC	Care HD	Active	Care 2 <sup>1</sup>
Plan Summary	Lower premium     Compatible with health savings account (HSA)     Nationwide network with out-of-network coverage     No requirement for PCPs or referrals     Must meet deductible before plan pays for non-preventive care		<ul> <li>Closed to new enrollees</li> <li>Current enrollees can choose to stay in plan</li> <li>Lower deductible</li> <li>Copays for many drugs and services</li> <li>Nationwide network with out-of-network coverage</li> <li>No requirement for PCPs or referrals</li> </ul>	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible Individual Family Out-of-Pocket Maximum	\$3,000 \$6,000	\$5,500 \$11,000	\$1,000 \$3,000	\$2,000 \$6,000
Individual Family	\$7,000 \$14,000	\$20,250 \$40,500	\$7,900 \$15,800	\$23,700 \$47,400
Coinsurance (participant pays)	30% after ded. 50% after ded.		20% after ded.	40% after ded.
Network	Nationwide Network Nationwide Network		e Network	
Primary Care Provider (PCP) Required	No		No	
Office Visits Preventative Services Primary Care Specialist TRS Virtual Health Urgent Care	No charge 30% after ded. 30% after ded. \$30 per consultation 30% after ded.	No charge 50% after ded. 50% after ded. \$30 per consultation 50% after ded.	No charge \$30 copay after ded. \$70 copay after ded. \$0 per consultation \$50 copay	No charge 40% after ded. 40% after ded. \$0 per consultation 40% after ded.
Inpatient	30% after ded.	50% after ded.	20% after ded.	40% after ded.
Outpatient	30% after ded.	50% after ded.	20% after ded.	40% after ded.
Diagnostic Test (x-ray, blood work)	30% after ded.	50% after ded.	No charge	40% after ded.
Imaging (CT/PET scans, MRIs)	30% after ded.	50% after ded.	20% after ded.	40% after ded.
Emergency Care	30% after ded.		\$250 copay plu	s 20% after ded.
Prescription Drug Deductible Generic Preferred Brand Non-Preferred Brand Specialty	Integrated with Medical 20% after deductible; \$0 for certain generics 25% after ded. 50% after ded. 20% after ded.		(30-day supply/90-day supply) \$200 brand deductible \$20/\$45 copay 25% after deductible (\$40 min/\$80 max)/ 25% after deductible (\$105 min/\$210 max) 50% after deductible (\$100 min/\$200 max), 50% after deductible (\$215 min/\$430 max) 20% after deductible (\$200 min/\$900 max) No 90-Day Supply of Specialty Medications	

<sup>\*</sup> ded. = deductible

1. If you're currently in TRS-ActiveCare 2, and you make no changes during Annual Enrollment, you will remain in TRS-ActiveCare 2 next year.

#### TRS - HMO Plan Highlights

TRS also contracts with HMOs in certain regions of the state to bring participants in those areas another regional plan option. **Remember:** Remember that when you choose an HMO, you're choosing a regional network.

Benefits	Central and North Texas Scott & White Health Plan	Blue Essentials - South Texas HMO	Blue Essentials - West Texas HMO
Plan Summary	You can choose this plan if you live in one these counties: Austin, Bastrop, Bell, Blanco, Bosque, Brazos, Burleson, Burnet, Caldwell, Collin, Coryell, Dallas, Denton, Ellis, Erath, Falls, Freestone, Grimes, Hamilton, Hays, Hill, Hood, Houston, Johnson, Lampasas, Lee, Leon, Limestone, Madison, McLennan, Milam, Mills, Navarro, Robertson, Rockwall, Somervell, Tarrant, Travis, Walker, Waller, Washington, Williamson	You can choose this plan if you live in one these counties: Cameron, Hildalgo, Starr, Willacy	You can choose this plan if you live in one these counties: Andrews, Armstrong, Bailey, Borden, Brewster, Briscoe, Callahan, Carson, Castro, Childress, Cochran, Coke, Coleman, Collingsworth, Comanche, Concho, Cottle, Crane, Crockett, Crosby, Dallam, Dawson, Deaf Smith, Dickens, Donley, Eastland, Ector, Fisher, Floyd, Gaines, Garza, Glasscock, Gray, Hale, Hall, Hansford, Hartley, Haskell, Hemphill, Hockley, Howard, Hutchinson, Irion, Jones, Kent, Kimble, King, Knox, Lamb, Lipscomb, Llano, Loving, Lubbock, Lynn, Martin, Mason, McCulloch, Menard, Midland, Mitchell, Moore, Motley, Nolan, Ochiltree, Oldham, Parmer, Pecos, Potter, Randall, Reagan, Reeves, Roberts, Runnels, San Saba, Schleicher, Scurry, Shackelford, Sherman, Stephens, Sterling, Stonewall, Sutton, Swisher, Taylor, Terry, Throckmorton, Tom Green, Upton, Ward, Wheeler, Winkler, Yoakum
	In-Network Coverage Only	In-Network Coverage Only	In-Network Coverage Only
<b>Deductible</b> Individual Family	\$1,150 \$3,450	\$500 \$1,000	\$950 \$2,850
Out-of-Pocket Maximum Individual Family	\$7,450 \$14,900	\$4,500 \$9,000	\$7,450 \$14,900
Coinsurance (participant pays)	20% after deductible	20% after deductible	25% after deductible
Office Visits Primary Care Specialist Urgent Care	\$20 copay \$70 copay \$50 copay	\$25 copay \$60 copay \$75 copay	\$20 copay \$70 copay \$50 copay
Emergency Care	\$500 copay after deductible	20% after deductible	\$500 copay before deductible plus 25% after deductible
Prescription Drug Deductible Generic Preferred Brand Non-Preferred Brand Specialty	(30-day supply/90-day supply) \$200 (excl. generics) \$10/\$25 copay 30% after deductible 50% after deductible 15%/25% after deductible (preferred/nonpreferred)	(30-day supply/90-day supply) \$100 \$10/\$30 copay \$40/\$120 copay \$65/\$195 copay 20% after deductible	(30-day supply/90-day supply) \$150 \$5/\$12.50 copay¹ 30% after deductible 50% after deductible 15%/25% after deductible (preferred/nonpreferred)

1. ACA Preventative: \$0

Medical Plan Semi-Monthly Deductions						
Central and North Texas Blue Essentials - Blue Essentials - Scott & White Health Plan South Texas HMO West Texas HMO						
Employee Only	\$158.74	\$149.95	\$185.77			
Employee + Spouse	\$568.85	\$519.64	\$609.33			
<b>Employee + Child(ren)</b> \$323.58 \$297.30 \$355.59						
Family	\$671.71	\$560.29	\$653.87			

# DENTAL

New Carrier!

etLife gives you the freedom to choose whether you would like to visit a participating dentist or an out-of-network dentist. There are considerable cost savings when using a dentist who is in the MetLife Network. The following is a summary of the major plans and their provisions.

	High Plan		Low Plan	
Benefits	In-Network	Out-of- Network	In-Network	Out-of- Network
Type I, II, & III Services	\$	1,250 (annual) w/ Pr	eventive Max Waive	er®
Orthodontia		\$1,000 (	lifetime)	
Calendar Year Deductible Individual Family	\$50 \$150	\$50 \$150	\$50 \$150	\$50 \$150
Out-of-Network Reimbursement	Negotiated Fee Schedule	Schedule Amount	Negotiated Fee Schedule	90th Percentile
Type A: Diagnostic and Preventive Care  Exams (1 per 6 months)  Cleanings (1 per 6 months)  Fluoride Treatments (2 times in 12 Months for a dependent child under age 14)  Sealants (1 per molar in 36 months for a child under age 14)  X-Rays: Bitewings (1 per year)  X-Rays: Full-mouth (1 per 60 months)	100%	100%	100%	100%
<b>Type B: Basic Restorative Care</b> Amalgam Fillings Space Maintainers (No Limit for a child under age 19) Simple Extractions	100%	100%	80%	80%
Type C: Major Restorative Care Inlays and Onlays Bridges and Crowns Periodontics Endodontics Oral Surgery Root Canals	60%	60%	50%	50%
Type D: Orthodontia (children only)	50%	50%	50%	50%

Dental High & Low Plan Semi-Monthly Deductions			
Employee Only \$13.71			
Employee + 1 Dependent \$26.88			
<b>Family</b> \$47.52			

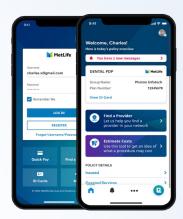


### Access your MetLife Benefits anywhere, anytime.

At MetLife, we strive to provide the best customer experience, often introducing new digital features and capabilities for your convenience. The NEW MetLife Mobile App makes it simple and more efficient for you to manage your benefits anywhere, anytime.



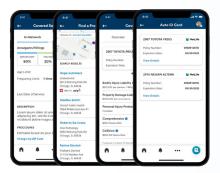
Download the new app, for Apple or Android, from your App Store!





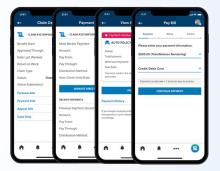
### Registration & Login

- Register directly within the app in a few short steps
- Login easily, now including face or touch recognition
- Keep your account secure by validating your information



### View Coverage, ID Card & Find A Provider

- Locate detailed plan
   & policy information
- View and save your ID card any time
- Find a provider or schedule an appointment



#### **Claim Information**

- View claim summary and status
- Initiate and update a claim on the go
- Setup direct deposit

Download the mobile app today!







### **MetLife Mobile App Functions:**

Accident & Health	<ul> <li>View Policy Details – including policy number, effective/expiration dates and premiums</li> <li>View/Submit A Claim</li> <li>Upload Documents</li> <li>Update Beneficiaries</li> </ul>
Auto Policies	<ul> <li>View Policy Details – including policy number, effective/expiration date, premiums, vehicles and drivers</li> <li>Accident Claims - file a claim online, view claim checklist and saved claims</li> <li>Auto Glass Claims - option to call claims specialist</li> <li>View, Save and Request an ID Card</li> <li>Payments - payments or Quick Pay. Quick Pay available without logging in.</li> </ul>
Home Policies	<ul> <li>View Policy Details - policy number, effective / expiration date, premium, etc.</li> <li>View ID Card</li> <li>Payments - view and pay bill using check, credit or debit card</li> </ul>
Life Policies	View Policy Details - view information on existing life insurance plans
Dental Benefits <sup>1</sup>	<ul> <li>Find a Dental Provider – locate MetLife dental providers</li> <li>View Plan Summary - including benefit level, deductible, maximums and frequency limits</li> <li>View Coverage Details &amp; Explanation Of Benefits</li> <li>View Claims Information - by member or family member</li> <li>View, Save and Request an ID Card</li> <li>Obtain Personalized Estimates for most dental procedures</li> <li>Ability to Toggle between In Network and Out Of Network</li> <li>View and Change Current Assigned Dental Office (HMO only)</li> </ul>
Disability	<ul> <li>View Claims Information</li> <li>Update Claims Information</li> <li>Setup Direct Deposit</li> </ul>
Legal & Privacy	<ul> <li>Find an Attorney</li> <li>View Coverage Details</li> <li>Obtain a Case Number</li> </ul>
Vision	Find a Vision Provider
Other Features	<ul> <li>Contact Us</li> <li>Rate Our App - in Apple/Google store</li> <li>Feedback - provide feedback to MetLife</li> <li>508 ADA Compliant, Multi Factor Authentication at Login, Registration and Passwork</li> <li>Retrieval</li> </ul>

<sup>&</sup>lt;sup>1</sup>Certain features of MetLife US Mobile App are not available for some MetLife Dental Plans.





### How to register on MyBenefits

MyBenefits provides you with a personalized, integrated and secure view of your MetLifedelivered benefits. You can take advantage of a number of self-service capabilities as well as a wealth of easy to access information. As a first time user, you will need to register on MyBenefits, by following the steps outlined below.



### Registration Process for MyBenefits

#### Step 1: Provide your group name

Access MyBenefits at www.metlife.com/mybenefits and enter the employer name and click to select it and then click 'Next.'



#### Step 2: The login screen

On the Home Page, you can access general information. To begin accessing personal plan information, click on 'Log In' at the top-middle of the page and on the next screen select 'Create New Account' and complete the registration process. Going forward, you will be able to log-in directly.

#### **Step 3: Enter authentication information**

Begin by entering your phone number, address, and e-mail to confirm your identity. You will then receive a code via email that you will need to enter to continue the registration process. Upon validation, you will be prompted to provide your SSN, first and last name, and date of birth.



#### Step 4: Establish account credentials

You will need to create a unique user name and password for future access to MyBenefits. You will also need to choose and answer three identity verifications questions, to be used in the event you forget your password. In addition to reading and agreeing to the website's Terms of Use, you will be asked to opt into electronic consent.

#### **Step 5: Process complete**

Now you will be brought to the "Thank You" page.

Lastly, a confirmation of your registration will be sent to the email address you provided during registration.



We are committed to providing you with a trusted and secure customer experience. Multi-factor authentication is in place to:

- Strengthen site security
- Ensure devices are compliant and approved by the user
- Simplify the log-in process

metlife.com/mybenefits

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# VISION

You have the opportunity to enroll in the Block Vision plan to get personalized eye care for you and your entire family. Block Vision will help you achieve the quality care you deserve with yearly exams along with the frames and lenses you want. If you have any questions, don't hesitate to speak with a benefit consultant.

Benefits and Covered Services	In-Network
Eye Exam (every 12 months)	\$10 copay
Prescription Lenses (every 12 months) Single Bifocal Trifocal Lenticular	\$25 copay \$25 copay \$25 copay \$25 copay
Frames (every 24 months)	\$25 copay up to \$125
Contacts (in lieu of glasses; every 12 months)  Medical-Necessary  Elective	\$25 copay Up to \$150 allowance

Vision Plan Semi-Monthly Deductions			
Employee Only \$3.33			
Employee + 1 Dependent \$5.68			
Family \$8.33			



# HOSPITAL INDEMNITY

Assurity's Hospital Indemnity Insurance is designed to help provide financial protection for covered individuals by paying a benefit due to a hospitalization and, in some cases, for treatment received for an accident or sickness (even if that treatment occurs outside the hospital). Indemnity lump-sum benefits are paid directly to the employee based on the amount of coverage listed, regardless of the actual cost of treatment.

The Assurity Hospital Indemnity PRO group policy pays a benefit for each day after the elimination period an insured person is confined to a hospital due to a covered injury or sickness, not to exceed the maximum benefit period for any one period of confinement.

Please note: this coverage follows a 12-month look-back / 12-month waiting period for preexisiting conditions.

#### PLAN FEATURES

- **Rates:** Same rates for men and women and no increased cost for tobacco use.
- **Family Coverage:** Available to employee, spouse and dependent children.
- First Dollar Benefits: No deductibles or co-insurance.
- **Choice of Provider:** Insured may use any medical doctor or hospital.
- **Diagnostic Rider:** Pays a \$200 benefit when an insured person undergoes a specific diagnostic test including angiogram, CT scan, CTA scan, MRI, MRA or EEG. This benefit is payable once per calendar year per insured category.

First Hospital Admission Rider			
Total Days of First Hospital Confinement	Benefit Amount		
One	\$500		
Two	\$1,000		
Three	\$2,000		
Four	\$3,000		
Five	\$4,000		
Six	\$5,000		

- **Emergency Accident Rider:** Pays a benefit for emergency care received within 72 hours after a covered injury up to four times a calendar year for each insured category.
- **First Hospital Admission Rider:** Pays a benefit for an insured person's first hospital confinement in a calendar year. The benefit amount paid is equal to the amount listed below for the total number of days of the first hospital confinement.
- **Wellness Rider:** The \$50 Wellness Benefit and the \$100 Wellness Benefit are each payable for a maximum of one day per calendar year per insured category. For more details contact the Benefits Service Center at (888) 770-7419.

Hospital Indemnity Semi-Monthly Deductions - \$100 Benefit Amount						
Age	ge Employee Employee + Spouse Employee + Child(ren) Family					
18 – 39	\$10.82	\$21.79	\$35.67	\$50.59		
40 – 49	\$13.59	\$26.88	\$20.86	\$35.67		
50 – 59	\$21.08	\$42.29	\$27.35	\$49.46		
60 – 64	\$33.20	\$67.28	\$39.55	\$73.66		
65 – 69	\$43.79	\$88.74	\$50.01	\$94.87		
70+	\$45.30	\$91.77	\$51.71	\$98.11		

## **CRITICAL LIFE EVENTS**

NO BENEFIT REDUCTION



LEVEL PREMIUMS

**PORTABLE** 

**COVERAGE** 

Trustmark's Critical Life Events Insurance provides benefits not only when someone is critically ill, but during the stages leading up to those illnesses as well. Along with a replenishing annual benefit and a focus on the most common critical illnesses, it provides a lifetime of benefits.

#### 10% Benefit



#### Cancer

- Invasive basal/squamous cell skin cancer
- In situ cancer
- Benign brain, spinal cord, and cranial nerve tumors
- Myelodysplastic syndrome



#### Coronary artery disease

Initial diagnosis after assessment and recommended treatment



#### Cerebral vascular disease "mini-stroke"

 Transient Ischemic Attack (TIA) including Reversible Ischemic Neurologic Deficit (RIND)

#### 50% Benefit

#### 2

#### Cancer

- Stage 1 melanoma
- Stage 1 and 2 cancers, no lymph node involvement



#### Coronary artery disease

- Coronary artery obstruction
- Heart attack when clinically diagnosed



#### Cerebral vascular disease

- Stroke with less than 30 day impairment
- Stroke when clinically diagnosed

#### 100% Benefit

#### 2

#### Cancer

- Stage 3 or higherStage 2 involving lymph
- node Melanoma stage 2 or
- higher
- Stage 1 or higher\*



#### Coronary artery disease

Heart attack



#### Cerebral vascular disease

Stroke with at least 30 day impairment

\* Liver, lung, esophagus, leukemia, biliary tract, head and neck, lymphoma, multiple myeloma

#### CANCER COVERAGE

#### **PLAN FEATURES**

- **EZ value increases:** Optional guaranteed increase in coverage amount
- Level premiums: Rates do not increase with age
- Guaranteed renewable: Coverage remains in force to age 100 as long as premiums are paid
- Portable coverage: Employees can continue coverage if they leave or retire



#### New Carrier!

#### BASIC TERM LIFE AND AD&D

AW Brown ISD provides employees with additional Basic Life and Accidental Death and Dismemberment (AD&D) insurance in the flat amount of \$10,000. This coverage through USAble Life is active for the duration of your employment.

Employees have the opportunity to elect

Supplemental Life and AD&D insurance

through USAble Life up to the guaranteed

issue amount of \$200,000 (in increments of

\$1,000). Employees may apply for coverage of

up to \$300,000 (not to exceed 5 times annual

earnings), increases and late entrants will

require Evidence of Insurability (EOI).

Please note: benefits reduce to 65% at age 65 and 23% at age 70.

#### New Carrier!

### SUPPLEMENTAL LIFE AND AD&D

Employees have the opportunity to elect Supplemental Life and AD&D insurance through USAble Life. Secure your personal and financial goals and realize your definition of financial success by making the long-term investment in you.

Please note: benefits reduce to 65% at age 65 and 33% at age 70.

Please speak with a Benefits Counselor for personalized rates.

#### UNIVERSAL LIFE

Trustmark's fully portable Universal Life solutions address differing employee needs for permanent life insurance and peace of mind for a lifetime. It is available for employees, their spouses, their children and grandchildren. The options include the industry's most-comprehensive Living Benefits package.

#### **Accelerated Death Benefit**

**Employee** 

Accelerates 75% of death benefit when life expectancy is 24 months or fewer.

#### **Death Benefit Restoration: Built-in**

Fully restores the death benefit if it was reduced by Long-Term Care.

Please speak with a Benefits Counselor for personalized rates.

#### **Dependents**

Employees may elect dependent Life and AD&D insurance of \$5,000 or \$10,000.

#### **Spouse**

Employees may elect spouse Supplemental Life and AD&D insurance up to the guaranteed issue amount of \$30,000 (in increments of \$1,000). Employees may apply for spouse coverage of up to \$150,000 (not to exceed 100% of employee benefit) through Evidence of Insurability (EOI).

#### Long Term Care: Built-in

Death benefit accelerates 4% per month (up to 25 months) when receiving assisted living, home healthcare, adult day care, or skilled nursing home care. Payments proportionately reduce the death benefit. Subject to a 90-day waiting period and preexisting condition limitation of 6/6; benefits are not payable for a loss due to a preexisting condition that starts during the first 6 months after the effective date of this rider.

# ACCIDENT INSURANCE

GUARANTEED ISSUED NO LIMITATIONS PORTABLE COVERAGE

Trustmark's Accident Insurance helps pay for unexpected healthcare expenses due to accidents that occur every day – from the soccer field to the ski slope and the highway in-between. Accident Insurance provides benefits due to covered accidents for initial care, injuries, and follow-up care. Benefits are paid directly to the employee in addition to any other coverage they have.

#### PLAN FEATURES

- **Guaranteed issue:** No medical questions
- Level premiums: Rates do not increase with age
- **No limitations** for pre-existing conditions
- **Guaranteed renewable:** Coverage remains in force for life as long as premiums are paid
- **Portable coverage:** Employees can continue coverage if they leave or retire
- Plan designs based on highest recorded utilization, so employees get the most comprehensive coverage when they need it most.

#### **ELIGIBILITY**

- Employees: Ages 18 to 80
- **Spouses:** Ages 18 to 80 who are not disabled
- **Children:** Under the age of 26 who are unmarried and dependent

Accident Plan Semi-Monthly Deductions			
Employee Only	\$8.97		
Employee + Spouse	\$13.39		
Employee + Child(ren)	\$16.88		
Family	\$21.30		

Accident / Injury	Plan
Accident Follow-Up Treatment	\$100
Accidental Death Benefit Rider	Employee \$50,000 Spouse \$20,000 Children \$10,000
Accidental Death Benefit Rider: Common Carrier	Employee \$100,000 Spouse \$40,000 Children \$20,000
Ambulance: Ground Ambulance: Air	\$200 \$1,000
Appliance	\$200
Blood, Plasma, and Platelets	\$600
Burns	\$1,125 – \$15,000
Catastrophic Accident Benefit	Employee \$100,000 Spouse \$50,000 Children \$50,000
Concussion	\$200
Dislocation Open reduction Closed reduction	Up to \$8,000 Up to \$4,000
Doctor's Office Visit (Including Urgent Care & Walk-in Clinic)	\$100
Emergency Dental Benefit Extraction Crown	\$100 \$300
Emergency Room Treatment	\$200
Eye Injury	\$400
Fractures Open reduction Closed reduction Chips	Up to \$10,000 Up to \$5,000 25% of closed amount
Health Screening Benefit	\$100
Herniated Disc	\$800
Hospital Admission	\$2,000
Hospital Confinement (per day up to 365 days)	\$400
Hospital ICU (per day up to 15 days)	\$600
Laceration	Up to \$800
Lodging (per night up to 30 days)	\$200
Physical Therapy (per visit up to 6 visits)  Prosthetic Device or Artificial Limb	\$50
More than one One	\$2,000 \$1,000
Tendon/Ligament/Rotator Cuff	\$200 – \$1,200
Torn Knee Cartilage Exploratory	\$1,000 \$200
Transportation (100 miles up to 3 trips)	\$475



# SHORT-TERM DISABILITY

New Carrier!

Everything you have today: your home, car, groceries, and savings depends on your ability to earn an income. Therefore, protecting your income is essential.

SAble Life's Short-Term Disability Insurance is designed to maximize flexibility and simplicity. Non-occupational coverage will provide benefits to you when unable to work due to a covered illness or injury. This coverage is covered by AW Brown at no charge to you and is active for the duration of your employment.

- Benefit Amount: 66% of weekly salary, up to \$2,000 with a minimum amount of \$25
- **Elimination Period:** 15 days following injury or illness
- Benefit Duration: 11 weeks

#### ADDITIONAL BENEFIT

• **Employee Assistance Plan (Online):** The EAP website offers resources for a wide range of Work/Life issues. Users can access the Legal Resource Center for over 50 legal documents including estate planning. The Health Resource Library contains over 5,000 articles, assessments, videos, financial tools and training programs. The main categories are Health, Legal, Financial, Emotional Wellbeing, Relationships and Personal Growth.



# LONG-TERM DISABILITY

New Carrier!

ong-Term Disability Insurance is designed to pay a percentage of your gross monthly salary in the unfortunate event that you are unable to work due to a covered injury or illness. USAble Life provides a benefit of 60% of monthly income (to a maximum of \$7,500) after a 90-day elimination period.

- Benefit Amount: 60% of monthly salary in increments of \$100, up to \$7,500 with a minimum amount of \$400
- Elimination Period: 90 days following injury or illness
- Benefit Duration: Please speak with a Benefits Counselor
- Pre-Existing Condition: 12/6/24

Please speak with a Benefits Counselor for personalized rates.

### **NOTES**



# CONTACTS

Coverage	Administrator	Contact
Medical	BCBS - TRS	(866) 355-5999
Accident Critical Life Events Universal Life	Trustmark	(888) 770-7419
Hospital Indemnity	Assurity	(800) 869-0355 x4279
Dental	MetLife	(800) 638-5433
Vision	Block Vision	(800) 879-6901
Life and AD&D Disability	USAble Life	(800) 370-5856
Benefits Service Center	Professional Enrollment Concepts	(888) 770-7419

