

PLAN YEAR 2022

EMPLOYEE BENEFITS

Enrollment Guide

Jefferson County North USD #339



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DISCLAIMER

This information has been compiled into summary form to outline the voluntary benefits offered through your employer that participates in the ESSDACK Sponsored Section 125 Benefit Program.

If this benefit summary does not address your specific benefit questions, please contact BenefitsDirect for assistance.

Phone: 1-877-857-3072
Email: CustomerSupport@AmeriLifeBenefits.com
Web: <https://benefits-direct.com/usd339/>














The information provided in this summary is for comparative purposes only. Actual claims paid are subject to the specific terms and conditions of each contract. This benefit summary does not constitute a contract.

The information in this booklet is proprietary. Please do not copy or distribute to others.

Created by



CARRIER CONTACT INFO

Product	Insurance Company	ID Card/Policy	Claims/Questions
Medical	 BlueCross BlueShield of Kansas	ID Cards	(800) 432-3990 www.bcbsks.com
Dental	 DELTA DENTAL	ID Cards	(800) 234-3375 www.deltadentalks.com
Vision	 Vision Care Direct OF KANSAS	https://visioncaredirect.com/	(877) 488-8900 https://visioncaredirect.com/
Flexible Spending Account	 FLEX MADE EASY An AMERILIFE Company BENEFITS	Receive email to set up account online New Participant - Debit Cards Mailed to Home Returning Participants - Use same Debit Card	(855) 615-3679 www.flexmadeeasy.com
Term Life with AD&D	 ONEAMERICA®	Group Contract Benefit Portal has Group Contracts	(800) 553-5318 www.employeebenefits.aul.com
Short-Term Disability	 ONEAMERICA®	Group Contract Benefit Portal has Group Contracts	(800) 553-5318 www.employeebenefits.aul.com
Cancer	 PROSPERITY LIFE GROUP™	Policy Mailed to Home Address	(877) 857-3072 www.benefits-direct.com/essdack
Accident	 MetLife	(800) GET-MET8 www.metlife.com/insurance/accident-health/accident-insurance	(800) GET-MET8 www.metlife.com/insurance/accident-health/accident-insurance
Critical Illness	 MetLife	(800) GET-MET8 www.metlife.com/insurance/accident-health/critical-illness-insurance	(800) GET-MET8 www.metlife.com/insurance/accident-health/critical-illness-insurance
Hospital Indemnity	 MetLife	(800) GET-MET8 www.metlife.com/insurance/accident-health/hospital-indemnity-insurance	(800) GET-MET8 www.metlife.com/insurance/accident-health/hospital-indemnity-insurance
Permanent Life & Long-Term Care	 Trustmark benefits beyond benefits	Individual Contract Certificate mailed to home	(877) 857-3072 https://benefits-direct.com/usd339/
Identity Theft Protection	 IdentityForce.™	Policy Holder Specific Link Sent on Effective Date of Coverage via email	(800) 295 - 0136 Mobile App with Custom Coverage Dashboard
Pre-Paid Legal	 MetLaw®	MetLaw is a MetLife Company Also known as Hyatt Legal Plans	(800) 821-6400 info.legalplans.com Enter access code: GetLaw

ELIGIBILITY & EFFECTIVE DATES

Jefferson County North USD #339

Administrative, Certified, & Classified Employees:

All Benefit Eligible Employees

For current employees working 20 or more hours per week, annually from October 1 to September 30

For employees hired annually after October 1, the first day of the month following your date of hire.

QUESTIONS AND ANSWERS

Q. How do the benefits withholdings work for a ten-month employee that is paid over ten-months?

A. All payroll deducted premiums due for the months of July and August will be deducted throughout the year when the employee does receive a paycheck.

Q. What is a Section 125 "Cafeteria" Plan?

A. Section 125 of the Internal Revenue Code (IRC) allows an employer to establish an employee benefit plan whereby employees may make a choice between various benefits that are offered under the plan. These benefits may be purchased by employer contributions or by the employee reducing his or her salary. In either case, the employee saves taxes (FICA) since the benefits are purchased with pre-tax dollars. For certain other benefits, the IRS requires that an employee pay the share of the cost with after-tax dollars deducted from pay after taxes have been withheld.

Q. What are the tax advantages of a Section 125 Plan?

A. Since most Section 125 benefits are purchased by a reduction in an employee's salary, the employee will reduce his or her taxable income by the cost of the benefit or benefits selected. This means that you will save income taxes on these benefits at your highest federal and state income tax bracket. Also, you do not pay FICA taxes on these benefits.

Q. Can I change my elections mid-year?

A. Due to the pre-tax advantage of select benefits, the IRS sets strict rules about changes outside of annual enrollment. Once the plan year begins, an employee may not change their election unless he/she experiences a qualifying event such as a marriage, divorce, legal separation, domestic partnership status change, birth or adoption of a child, change in dependent's status, death of a spouse, child, or other qualified dependent, change in commencement or termination of adoption proceedings, or change in a spouse's or domestic partner's benefits or employment status.

Q. If I purchase a part of my benefits on an "after-tax" basis, must I follow the election change rules for these benefits?

A. If you purchase a benefit offered through the Section 125 plan on an after-tax basis, then the election change rules will not apply to that benefit. After-tax benefits include Life Insurance, Disability Insurance, Cancer Insurance, Accident Insurance, Critical Illness Insurance, Hospital Indemnity Insurance, Identity Theft Protection, Pre-Paid Legal.

Q. May I purchase a tax-deferred annuity under my Section 125 plan?

A. Tax-deferred annuities are not an eligible benefit under a Section 125 plan. However, you can purchase a tax-deferred annuity under the rules applicable to Section 403(b) of the IRC.

Q. What if I do not wish to purchase any district benefits?

A. If you qualify for district benefits you are required to complete a benefit enrollment form whether or not you participate in any of the offered benefits.

Q. What happens if my spouse or I become eligible for Medicare coverage during the plan year?

A. The IRS has indicated that you are eligible for an election change if you or your spouse becomes eligible for Medicare benefits during the plan year.

Q. What is a formulary/preferred medication listing?

A. The formulary is a regularly updated list of generic and brand prescription medication that have been reviewed and are considered to be cost-effective choices for care. The preferred medication listing will be routinely reviewed and updated. Call the customer service number located on your BCBS card to get the preferred medication list.

MEDICAL INSURANCE

District Portion: \$607.26 towards Employee
 Or: \$707.26 towards Family

Blue Cross Blue Shield, Kansas Educational Insurance Trust
 USD 339, Jefferson County North
Benefit Options 10-1-2022

Option KE7 Blue Choice

Blue Choice Comprehensive Major Medical \$500/\$1,000 deductible; (\$2,500/\$5,000 coins. @ 50/50); \$35 OVC with \$300 Lab/Xray rider; Telemedicine; \$250 ER copay (then subject to deductible and coins.); HCR Full Preventive Care; 100% Accident Coverage to \$1,000 per person each benefit period; Unlimited Lifetime Max; Dependents to 26; OB benefits available to all females; Mental Health Parity; Embedded Home Social Work Visits/Hospice Unlimited; Excludes Elective Abortions; Includes Autism Coverage; BlueRx Card: \$15/\$50/\$75/\$150/20% up to \$250 with Mail Order (2½ x Copay) with ResultsRx formulary; **Generic Mandatory, doctor can override, no penalty for Brand drugs on NTI list;** Mandatory Designated Specialty Pharmacy; Extended Supply Network; Combined Health/Drug Out-of-Pocket Maximum is \$5,000/\$10,000

	Empl	Empl/Ch	Empl/Sp	Empl/Deps
Health and Drug	\$649.41	\$1,314.83	\$1,395.04	\$2,060.46

Option KE10 Blue Choice

Blue Choice Comprehensive Major Medical \$2,500/\$5,000 deductible; (\$2,500/\$5,000 coins. @ 80/20); \$35 OVC with \$300 Lab/Xray rider; Telemedicine; \$250 ER copay (then subject to deductible and coins.); HCR Full Preventive Care; 100% Accident Coverage to \$1,000 per person each benefit period; Unlimited Lifetime Max; Dependents to 26; OB benefits available to all females; Mental Health Parity; Embedded Home Social Work Visits/Hospice Unlimited; Excludes Elective Abortions; Includes Autism Coverage; BlueRx Card: Generic \$15 copay; Brand \$100/\$200 Deductible then greater of \$30 or 40% coins. formulary and greater of \$50 or 60% coins. Non-formulary with Mail Order Generic \$37.50 copay; Brand subject to retail deductible then greater of \$75 or 40% coins. formulary and greater of \$125 or 60% coins. non-formulary; With ResultsRx formulary; **Generic Mandatory, doctor can override, no penalty for Brand drugs on NTI list;** Mandatory Designated Specialty Pharmacy; Extended Supply Network; Combined Health/Rx Out of Pocket Max \$5,000/\$10,000

	Empl	Empl/Ch	Emp/Sp	Empl/Deps
Health and Drug	\$607.26	\$1,229.42	\$1,304.40	\$1,926.55

Option KE12 Blue Choice

BlueEdge HDHP Comprehensive Major Medical \$6,000/\$12,000 deductible; coins. @ 100%; No deductible carryover; Telemedicine; Accidents subject to deductible; HCR Full Preventive Care; Unlimited Lifetime Max; Dependents to 26; OB benefits available to all females; Mental Health Parity; Embedded Home Social Work Visits/Hospice Unlimited; Excludes Elective Abortions; Includes Autism Coverage; Integrated Drugs (Pharmacy submit) until deductible met then BlueRx Card \$15/\$50/\$75/\$150/20% up to \$250 with copay (except Oral Anticancer Meds not subject to copays) Mail Order (2½ x Copay) with ResultsRx formulary; **Generic Mandatory, doctor can override, no penalty for Brand drugs on NTI list;** Mandatory Designated Specialty Pharmacy; Extended Supply Network; Combined Health/Drug Out-of-Pocket Maximum is \$6,350/\$12,700

	Empl	Empl/Ch	Emp/Sp	Empl/Deps
Health and Drug	\$491.89	\$995.63	\$1,056.37	\$1,560.11

MEDICAL INSURANCE – Continued



Kansas Educational Insurance Trust Association
USD 339 Jeff Co North
Option KE7 – Non-Grandfathered
Comprehensive Major MedicalSM

Effective October 01, 2022 - September 30, 2023

Maximum benefits are available when services are received from Blue Choice providers. Your financial responsibility is based on the provider network you select. **Non-Blue Choice & Non-CAP:** Difference between the payment allowance and provider charge, additional 20% coinsurance amount, deductible, coinsurance or copay amount **CAP (Non-Blue Choice):** Additional 20% coinsurance amount,* deductible, coinsurance or copay amount **Blue Choice:** Deductible, coinsurance or copay amount

*Limited to a combined \$2,000 per person, \$4,000 two-or-more persons each benefit period.

Member Pays

Deductible (Per group anniversary benefit period)	\$500/\$1,000 individual/two-or-more persons
Coinsurance (Member portion for most services)	50% of allowed amounts after deductible has been met
Coinsurance Maximum	\$2,500/\$5,000 individual/two-or-more persons
Annual Out-of-Pocket Maximum (includes copays, deductible and coinsurance)	\$5,000/\$10,000 individual/two-or-more persons. After the annual out-of-pocket amount has been reached (copays/deductible/coinsurance), eligible benefits will be paid at 100% of the allowed amount for the remainder of the benefit period.

Doctor's Office Visits

Home, Office, and Telemedicine Visits	\$35 office visit copay
	Paid at 100% of the allowable charge. Some of the services include:
Preventive Care as defined by the Affordable Care Act	<ul style="list-style-type: none"> Routine screenings Immunizations Well-women visits/screenings Contraceptive methods

Drug Coverage

Prescription Drugs & Mail Order (Pharmacy Submit)	BlueRx Card \$15/\$50/\$75/\$150/20% up to \$250 with Mail order is 2 1/2 x copay with ResultsRx formulary. A 90-day supply is available through the Extended Supply Network. The quantity per prescription is a 30-day pharmacy supply or 90- day mail order supply. Designated Specialty Pharmacy.
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Medical Services

Emergency Medical Transportation	Subject to deductible/coinsurance
Inpatient Surgery Physician/Surgical	Subject to deductible/coinsurance
Inpatient Facility Fee	Subject to deductible/coinsurance

MEDICAL INSURANCE – Continued



Kansas Educational Insurance Trust Association
USD 339 Jeff Co North
Option KE10 – Non-Grandfathered
Comprehensive Major Medical™

Effective October 01, 2022 - September 30, 2023

Maximum benefits are available when services are received from Blue Choice providers. Your financial responsibility is based on the provider network you select. **Non-Blue Choice & Non-CAP:** Difference between the payment allowance and provider charge, additional 20% coinsurance amount, deductible, coinsurance or copay amount **CAP (Non-Blue Choice):** Additional 20% coinsurance amount,* deductible, coinsurance or copay amount **Blue Choice:** Deductible, coinsurance or copay amount

*Limited to a combined \$2,000 per person, \$4,000 two-or-more persons each benefit period.

Member Pays

Deductible (Per group anniversary benefit period)	\$2,500/\$5,000 individual/two-or-more persons
Coinsurance (Member portion for most services)	20% of allowed amounts after deductible has been met
Coinsurance Maximum	\$2,500/\$5,000 individual/two-or-more persons
Annual Out-of-Pocket Maximum (includes copays, deductible and coinsurance)	\$5,000/\$10,000 individual/two-or-more persons. After the annual out-of-pocket amount has been reached (copays/deductible/coinsurance), eligible benefits will be paid at 100% of the allowed amount for the remainder of the benefit period.

Doctor's Office Visits

Home, Office, and Telemedicine Visits	\$35 office visit copay
	Paid at 100% of the allowable charge. Some of the services include:
Preventive Care as defined by the Affordable Care Act	<ul style="list-style-type: none"> Routine screenings Immunizations Well-women visits/screenings Contraceptive methods

Drug Coverage

Prescription Drugs & Mail Order (Pharmacy Submit)	BlueRx Card \$15 generic, \$100/\$200 deductible then preferred brand-40% coinsurance (member pays) with a minimum of \$30 or whichever is greater AND non preferred brand-60% coinsurance (member pays) with a minimum of \$50 or whichever is greater. Mail Order is 2 1/2 copay (\$37.50) for Generic, preferred brand-40% coinsurance with a minimum of \$75 or whichever is greater and non- preferred brand-60% coinsurance with a minimum of \$125 or whichever is greater with ResultsRx formulary. A 90-day supply is available through the Extended Supply Network. The quantity per prescription is a 30-day pharmacy supply or 90- day mail order supply. Mail order subject to retail deductible and coinsurance. Designated Specialty Pharmacy.
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Medical Services

Emergency Medical Transportation	Subject to deductible/coinsurance
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MEDICAL INSURANCE – Continued



Kansas Educational Insurance Trust Association
USD 339 Jeff Co North
KE12 – Non-Grandfathered
High-Deductible Health Plan
Comprehensive Major Medical

Effective October 01, 2022 - September 30, 2023

Maximum benefits are available when services are received from Blue Choice providers. Your financial responsibility is based on the provider network you select. **Non-Blue Choice & Non-CAP:** Difference between the payment allowance and provider charge, additional 20% coinsurance amount, deductible, coinsurance or copay amount **CAP (Non-Blue Choice):** Additional 20% coinsurance amount,* deductible, coinsurance or copay amount **Blue Choice:** Deductible, coinsurance or copay amount

*Limited to a combined \$2,000 per person, \$4,000 two-or-more persons each benefit period.

Member Pays

Deductible (Per group anniversary benefit period)	\$6,000/\$12,000 individual/two-or-more persons
Coinsurance Maximum	\$0
Annual Out-of-Pocket Maximum (includes deductible)	\$6,350/\$12,700 individual/two-or-more persons. After the annual out-of-pocket amount has been reached (deductible), eligible benefits will be paid at 100% of the allowed amount for the remainder of the benefit period.

Doctor's Office Visits

Home, Office, and Telemedicine Visits	Subject to deductible Paid at 100% of the allowable charge. Some of the services include:
Preventive Care as defined by the Affordable Care Act	Routine screenings Immunizations Well-women visits/screenings Contraceptive methods

Drug Coverage

Prescription Drugs & Mail Order	Integrated Drugs (Pharmacy Submitted) until deductible met, then covered with BlueRx Card \$15/\$50/\$75/\$150/20% up to \$250 with Mail order is 2 1/2 x copay with ResultsRx formulary. A 90-day supply is available through the Extended Supply Network. The quantity per prescription is a 30-day pharmacy supply or 90- day mail order supply. Designated Specialty Pharmacy.
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Medical Services

Inpatient Surgery Physician/Surgical	Subject to deductible
Inpatient Facility Fee	Subject to deductible
Outpatient surgery physician/surgical	Subject to deductible
Outpatient lab and radiology	Subject to deductible

MEDICAL INSURANCE - TERMS

What is a PPO?

PPO stands for Preferred Provider Organization. It is a network of doctors, hospitals, and other healthcare providers that participate in a managed care plan. Members receive greater benefits by staying within the network but also have the option of receiving medical care outside of the network.

In choosing the PPO option, you and the covered members of your family may select care in or out-of-network. No primary care physician (PCP) is required and you may see a specialist without a referral from your regular doctor. In-network care provides the highest level of benefits and lower out-of-pocket expenses. In choosing a healthcare provider outside of the network, you will incur higher out-of-pocket expenses, which could include charges above usual, customary, and reasonable.

How do I file a claim?

There are virtually no routine forms to fill out or claims to file when you use a contracting provider. If a non-provider will not file your claim for you, send an itemized statement (including your identification number, physician's name, service date, complete description of the services you received with charges for each service and diagnosis) from that provider, and send it along with a [claim form](#) (PDF) within 90 days to Blue Cross and Blue Shield of Kansas, 1133 SW Topeka Blvd., Topeka, KS 66629-0001. You will be reimbursed for covered services according to the benefits of your program.

What should I do with my claims if I go to a provider in another state?

If you receive services in another state, you will need to know if the [provider is participating](#) with the Blue Cross and Blue Shield Plan in that state. If so, the provider will need to submit the claims directly to that state's Blue Cross and Blue Shield Plan. If not, you may submit the claims to us for processing. Be sure to indicate on the claim that the provider does not participate with their state's Blue Cross and Blue Shield Plan.

I received services in Kansas but have coverage with a Blue Plan in another state. What happens to my claims?

Contact the Blue Cross and Blue Shield Plan in your area for help with your claim.

Whom do I call for coverage about participating provider information?

If you have Blue Cross and Blue Shield of Kansas coverage, see our online [Provider Directory](#).

To see if providers in other states are participating with the Plan in that state, call 1-800-810-BLUE (2583).

MEDICAL INSURANCE - PREVENTATIVE SERVICES



Preventive Services

What's covered under the Affordable Care Act?

Preventive Services

The items listed below are services that some consumers can receive without any cost-sharing, meaning they will not pay deductibles, copays or coinsurance for the preventive services outlined. Preventive services must be provided by an eligible contracting provider as outlined in the member benefit description. **Preventive services are subject to change.**

Stay Informed

Covered preventive services are subject to change. Please visit our website at bcbsks.com/aca to get the latest information as it becomes available.

For more information on health care reform and preventive services, please visit <http://healthcare.gov>

Preventive Services for Adults

- Abdominal aortic aneurysm screening for men of specified ages who have ever smoked
- Alcohol misuse screening and counseling
- Aspirin use to prevent cardiovascular disease for men and women of certain ages
- Blood pressure screening for all adults
- Cholesterol screening for adults of certain ages or at higher risk
- Colorectal cancer screening for adults over 50
- Depression screening for adults
- Type 2 diabetes screening for adults with high blood pressure
- Diet counseling for adults at higher risk for chronic disease
- Hepatitis C virus infection screening for adults at higher risk
- HIV screening for all adults at higher risk
- Immunization vaccines for adults – doses, recommended ages, and recommended populations vary
- Obesity screening and counseling for all adults
- Sexually transmitted infection (STI) prevention counseling for adults at higher risk
- Syphilis screening for all adults at higher risk
- Tobacco use screening for all adults and cessation interventions for tobacco users
- Vitamin D for adults 65 years of age and older

This is a summary of preventive services – it is not a legal document. Preventive services are subject to change. The exact provisions of the benefits and exclusions are contained in the certificate.



MC252 10/17

An independent licensee of the Blue Cross Blue Shield Association.

MEDICAL INSURANCE - PREVENTATIVE SERVICES – Continued


Preventive Services

Preventive Services for Women

including pregnant women

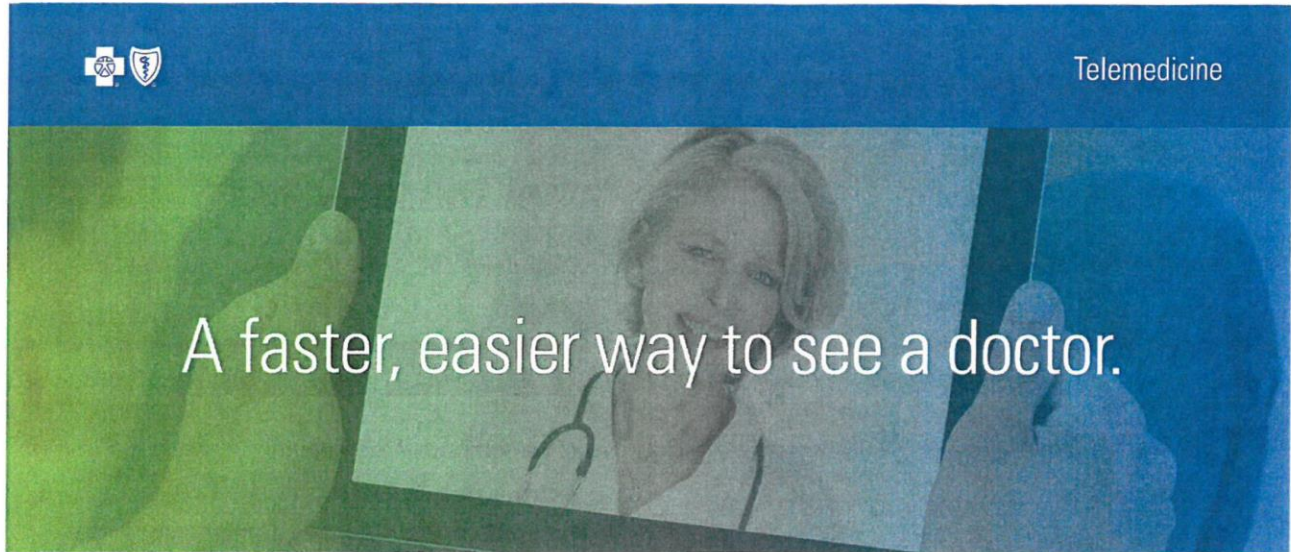
- Anemia screening on a routine basis for pregnant women
- Bacteriuria urinary tract or other infection screening for pregnant women
- Breast cancer genetic test (BRCA) counseling for women at higher risk for breast cancer
- Breast cancer mammography screenings every 1 to 2 years for women over 40
- Breast cancer chemoprevention counseling for women at higher risk and providing of coverage for drugs taken for chemoprevention
- Breastfeeding comprehensive support and counseling from trained providers, as well as access to breast-feeding supplies, for pregnant and nursing women
- Cervical cancer screening for sexually active women
- Chlamydia infection screening for younger women and other women at higher risk
- Contraception – select contraceptive methods, sterilization procedures, and patient education and counseling, including emergency contraceptives
- Domestic and interpersonal violence screening and counseling for all women
- Folic acid supplements for women who may become pregnant
- Gestational diabetes screening for women 24 to 28 weeks pregnant and those at high risk of developing gestational diabetes
- Gonorrhea screening for all women at higher risk
- Hepatitis B screening for pregnant women at their first prenatal visit
- Human immunodeficiency virus (HIV) screening and counseling for sexually active women
- Human papillomavirus (HPV) DNA test – high risk HPV DNA testing every three years for women with normal cytology results who are 30 or older
- Osteoporosis screening for women over age 60 depending on risk factors
- Rh incompatibility screening for all pregnant women and follow-up testing for women at higher risk
- Sexually transmitted infections (STI) counseling for sexually active women

- Syphilis screening for all pregnant women or other women at increased risk
- Well-woman visits to obtain recommended preventive services for women under 65

Preventive Services for Children

- Alcohol and drug use assessments for adolescents
- Autism screening for children at 18 and 24 months
- Behavioral assessments for children of all ages
- Cervical dysplasia screening for sexually active females
- Congenital hypothyroidism screening for newborns
- Developmental screening for children under age 3, and surveillance throughout childhood
- Dyslipidemia screening for children at higher risk of lipid disorders
- Fluoride chemoprevention supplements for children without fluoride in their water source
- Gonorrhea preventive medication for the eyes of all newborns
- Hearing screening for all newborns
- Height, weight and body mass index measurements for children
- Hematocrit or hemoglobin screening for children
- Hemoglobinopathies or sickle cell screening for newborns
- HIV screening for adolescents at higher risk
- Immunization vaccines for children from birth to age 18 – doses, recommended ages, and recommended populations vary
- Iron supplements for children six to 12 months at risk for anemia
- Lead screening for children at risk of exposure
- Medical history for all children throughout development
- Obesity screening and counseling
- Oral health risk assessment for young children
- Phenylketonuria (PKU) screening for this genetic disorder in newborns
- Sexually transmitted infection (STI) prevention counseling for adolescents at higher risk
- Tuberculin testing for children at higher risk of tuberculosis
- One vision screening for all children between the ages of 3 and 5 years

MEDICAL INSURANCE – TELEMEDICINE



What is Telemedicine?

Telemedicine is an **alternative to in-person visits**. It allows health care professionals to evaluate, diagnose and treat patients at a distance via secure video/audio connections.

With Blue Cross and Blue Shield of Kansas coverage, you can **visit live with a doctor** on your computer or mobile device when it's **convenient for you**.

Patient benefits:

- » Less time away from work
- » No travel expenses or time
- » Easier if you have a child or elder in your care
- » Privacy
- » No exposure to other potentially contagious patients

When can I use it?

Consult a doctor for common conditions like:

- » Cold/Flu
- » Fever
- » Rash
- » Sinus infection
- » Pink eye
- » Ear infection

Call our Amwell partners at **1-844-SEE-DOCS** to speak with a doctor. Details on the back for **more benefits** and how to **download the app**.



bcbsks.com/telemed

MEDICAL INSURANCE – TELEMEDICINE – Continued



Teletherapy services

Behavioral health and counseling services, known as teletherapy, are offered by licensed therapists who provide treatment for:

- » Anxiety
- » Attention deficit hyperactivity disorder (ADHD)
- » Stress
- » Bereavement
- » Obsessive-compulsive disorder (OCD)
- » Panic attacks
- » Depression
- » Trauma/post-traumatic stress disorder

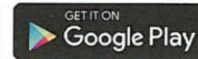
Therapists are available from 6 a.m. to 10 p.m. CST, 7 days a week. Call our Amwell partners at **1-844-SEE-DOCS** to speak with a therapist.

Can my family use Telemedicine?

If your spouse and/or children are covered under your BCBSKS plan, they are eligible for telemedicine services. Your spouse should create their own account, but children and dependents under age 18 can be added to your account and have doctor visits on your behalf. You need to register first, and then the child or dependent can be added to the account. Children or dependents over the age of 18 must create their own account.

Connect anytime, anywhere

- » Download the “Amwell” app on any mobile device.




- » On a computer? Sign-up at bcbsks.com/telemed. Fill in the contact information and set-up a username and password.
- » Choose your own doctor from a list of U.S. board-certified doctor and therapist profiles. All profiles include physician certifications, licenses and online patient ratings.
- » Available nationwide, 24/7/365
- » Prescriptions: If a medication is prescribed, all prescriptions can be picked up at your local pharmacy.
- » Easy payment: Pay for the visit with credit, debit or HSA/FSA cards.
- » A complete record of each visit is securely maintained and can be accessed by you.

How much does it cost?

The out-of-pocket cost will be your copay, just like when you visit the doctor in person.

Your partner for a healthier you.

1-800-432-3990 • (785) 291-4180
1133 SW Topeka Blvd. Topeka, KS 66629-0001



bcbsks.com/telemed

EMPLOYEE ASSISTANCE PROGRAM



EMPLOYEE ASSISTANCE PROGRAM - EAP

When life's a little much, reach out and get in touch.

Let's be real: life can be tough. When your responsibilities start to feel overwhelming and showing up each day with a smile on your face seems difficult, it's important to reach out for help. You can lean on your free and confidential Employee Assistance Program (EAP) for support.

We've got your back.

A free benefit from your workplace, the EAP can help you or anyone in your household:

- Be more present and productive at work
- Receive support when you don't feel like yourself
- Get help with responsibilities that are distracting or stressful
- Grow personal and career skills
- Be a caring, loving friend or family member
- Receive care after a traumatic event or diagnosis
- Make healthy lifestyle choices
- Improve and inspire daily life

We're here for you, always.

Life happens, regardless of the day or time. That's why we make ourselves available 24/7, even on holidays. So whenever you need to reach out, we're here for you.



Support Line
Call anytime
800-624-5544



Mobile app
Search for New
Directions EAP



Web
Visit ndbh.com
for resources

SERVICES

- ✓ **Counseling**
- ✓ **Consultation on**
 - Finances
 - Legal needs
 - Managing employees
 - Life
- ✓ **Crisis support**
- ✓ **Coaching**
- ✓ **Adult and child care resources**
- ✓ **Personal and professional training**
- ✓ **Digital behavioral health tools**

ndbh.com
800-624-5544

Services are free and your employer will not know you reached out.
Flip this sheet over to see some common reasons people use EAP.

EMPLOYEE ASSISTANCE PROGRAM – Continued

“The EAP has been beneficial in so many ways I don’t know how I would have gotten through without it.”

Check out our app.

Search for **New Directions EAP** in your app store.



Whatever life throws your way, we’re here to help.

Stress, relationships, work and money. These are the most common reasons people reach out to the EAP every year. But no matter what issues you’re facing, the EAP is the perfect first step for you or your family members to:

Reduce stress

Some stress can be a good thing, but too much can be debilitating and unhealthy. Counseling, assessments, coaching, apps, meditation practices, online tools and more can help you improve areas that need work.

Handle a life curve ball

Divorce, adoption, losing a loved one, career changes and moving can all interrupt one’s daily life. Counseling, thousands of online tools, coaching and consultations can help you adjust.

Cope after crisis

Mentally processing and coping after a traumatic event generally takes time and expert care. Counseling, education sheets and communication can help when a crisis occurs.

Support and improve relationships

Raising kids, living with others or improving friendships can take guidance and investment. Counseling, videos, tip sheets and advice make this easier. Referrals to credible daycares, assisted living facilities, dog walkers, physicians, etc. can also help.

Focus at work

We all experience feeling a lack of productivity and engagement at work sometimes. Trainings, advice and custom behavioral strategies can help you become more focused.

Lead others

If you supervise people at work, it’s likely you handle difficult things like performance issues, troubled employees, HR law and hard conversations. Dedicated consultants can provide guidance so you can do your job and have less stress.

Navigate the legal system

Handling a landlord, large purchase, estate or even an infraction can be easier with the help of a legal expert and thousands of online templates to put into action.

Reduce debt

Money worries can be minimized with custom action plans developed with a financial expert to save, reduce debt or afford a life desired.

Live a healthy life

Changing behaviors to quit smoking, lose weight, manage a disease or exercise more can be more manageable when broken into baby steps. Coaching, videos, counseling and digital tools can help you start living healthy.

Take the first step and call today.

ndbh.com
800-624-5544

DENTAL INSURANCE



Option 2

Summary of Proposed Dental Plan Benefits

KANSAS EDUCATIONAL INSURANCE TRUST

Effective for October 1, 2021

Maximum Benefit(s) Per Person:	Benefit % Paid			Service / Description
	PFO	Premier	Non-participating	
The Maximum Benefit for all Covered Services, including Impart Services, for each Enrollee in any one Contract Year is: One Thousand Five Hundred Dollars (\$1,500.00).	100%	100%	100%	DIAGNOSTIC & PREVENTIVE (Not subject to deductible) Diagnostic: Includes the following procedures necessary to evaluate existing dental conditions and the dental care required: <ul style="list-style-type: none"> • Oral evaluations – two (2) times per Contract year. • Bite wing x-rays – bite wings two (2) times per Contract year for dependents under age eighteen (18) and once (1) each twelve (12) months for adults age eighteen (18) and over. • Full mouth or panoramic x-rays – once (1) each five (5) years.
	100%	100%	100%	Preventive: Provides for the following: <ul style="list-style-type: none"> • Prophylaxis (Cleanings) - two (2) times per Contract year. • Topical Fluoride – two (2) times per Contract year for dependent children under age nineteen (19). • Space Maintainers – for dependent children under age fourteen (14) and only for premature loss of primary molars. • Sealants – once (1) per tooth per lifetime for dependent children under age sixteen (16) when applied only to permanent molars with no caries (decay) or restorations on the occlusal surface and with the occlusal surface intact.
Right Start 4 Kids (RS4K): Children, age twelve (12) and under, receive coverage at 100% for all services covered under the plan. Not subject to deductible, but plan's annual maximum and frequencies/limitations apply. Excludes orthodontics. Must see a Participating Premier or PPO Dentist or the plan's underlying contract applies including waiting periods, deductibles and coinsurance levels.	80%	80%	80%	BASIC (Subject to deductible) Ancillary: Provides for one (1) emergency examination per Plan year by the Dentist for the relief of pain.
	80%	80%	80%	Oral Surgery: Provides for extractions and other oral surgery including pre and post-operative care.
Deductible Limitations: Coverage for diagnostic and preventive services is not subject to any deductible amount. For all other covered benefits, the Contract Year deductible is: \$50 x 3	80%	80%	80%	Regular Restorative: Provides amalgam (silver) restorations; composite (white) resin restorations on all teeth; and stainless steel crowns for dependents under age twelve (12).
	80%	80%	80%	Endodontics: Includes procedures for root canal treatments and root canal fillings. When covered, payment for root canal therapy is limited to only once (1) in any twenty-four (24) month period, per tooth.
Eligible Children Ages: Children are eligible for coverage to age twenty-six (26).	80%	80%	80%	Periodontics: <ol style="list-style-type: none"> Includes procedures for the treatment of diseases of the tissues supporting the teeth. Periodontal maintenance, including evaluation, is counted toward the frequency limitation for prophylaxis. Surgical periodontal procedures.
	50%	50%	50%	MAJOR (Subject to deductible) Special Restorative: When teeth cannot be restored with a filling material listed in Regular Restorative Dentistry, provides for individual crowns.
Monthly Rates: Employee: \$32.35 Employee + Spouse: \$61.90 Employee + Child(ren): \$67.58 Family: \$98.72	50%	50%	50%	Prosthodontics: <ol style="list-style-type: none"> Includes bridges, partial and complete dentures. Repairs and adjustments of bridges and dentures. Implants.
	50%	50%	50%	ORTHODONTICS (Subject to deductible) Orthodontics: Orthodontic appliances and treatment.
Participation/Contribution: • 25% of eligible employees • ZERO (0)% employer contribution	None	None	None	

This is a summary of benefits only and does not bind Delta Dental of Kansas to any coverage. Please refer to the Description of Dental Care Coverage for complete coverage information, including exclusions and limitations. Coverage as described in the employer group's Agreement to Provide Dental Benefits (contract) is binding on all parties and supersedes all other written or oral communications.

DD11-001 (9/18/2012)

5.25.2021 rh

DENTAL INSURANCE – Continued



Option 3

Summary of Proposed Dental Plan Benefits

KANSAS EDUCATIONAL INSURANCE TRUST

Effective for October 1, 2021

Maximum Benefit(s) Per Person:	Benefit % Paid			Benefit Description
	PPO	Premier	Non-participating	
The Maximum Benefit for all Covered Services, including Implant Services, for each Enrollee in any one Contract Year is: One Thousand Five Hundred Dollars (\$1,500.00).	100%	100%	100%	DIAGNOSTIC & PREVENTIVE (Not subject to deductible) Diagnostic: Includes the following procedures necessary to evaluate existing dental conditions and the dental care required: <ul style="list-style-type: none"> Oral evaluations – two (2) times per Contract year. Bitewing x-rays – bitewings two (2) times per Contract year for dependents under age eighteen (18) and once (1) each twelve (12) months for adults age eighteen (18) and over. Full mouth or panoramic x-rays – once (1) each five (5) years.
The Maximum Benefit for Orthodontic Services for each Enrollee is: One Thousand Dollars (\$1,000.00) during such person's lifetime. Payment for the Orthodontic Services shall not be included in determining the Maximum Benefit for each Contract Year.	100%	100%	100%	Preventive: Provides for the following: <ul style="list-style-type: none"> Prophylaxis (Cleanings) - two (2) times per Contract year. Topical Fluoride – two (2) times per Contract year for dependent children under age nineteen (19). Space Maintainers – for dependent children under age fourteen (14) and only for premature loss of primary molars. Sealants – once (1) per tooth per lifetime for dependent children under age sixteen (16) when applied only to permanent molars with no caries (decay) or restorations on the occlusal surface and with the occlusal surface intact.
Right Start 4 Kids (RS4K): Children, age twelve (12) and under, receive coverage at 100% for all services covered under the plan. Not subject to deductible, but plan's annual maximum and frequencies/limitations apply. Excludes orthodontics. Must see a Participating Premier or PPO Dentist or the plan's underlying contract applies including waiting periods, deductibles and coinsurance levels.	50%	50%	50%	BASIC (Subject to deductible) Ancillary: Provides for one (1) emergency examination per Plan year by the Dentist for the relief of pain.
	50%	50%	50%	Oral Surgery: Provides for extractions and other oral surgery including pre and post-operative care.
Deductible Limitations: Coverage for diagnostic and preventive services is not subject to any deductible amount. For all other covered benefits, the Contract Year deductible is: \$50 x 3	50%	50%	50%	Regular Restorative: Provides amalgam (silver) restorations; composite (white) resin restorations on all teeth; and stainless steel crowns for dependents under age twelve (12).
	50%	50%	50%	Endodontics: Includes procedures for root canal treatments and root canal fillings. When covered, payment for root canal therapy is limited to only once (1) in any twenty-four (24) month period, per tooth.
Eligible Children Ages: Children are eligible for coverage to age twenty-six (26).	50%	50%	50%	Periodontics: a. Includes procedures for the treatment of diseases of the tissues supporting the teeth. Periodontal maintenance, including evaluation, is counted toward the frequency limitation for prophylaxis. b. Surgical periodontal procedures.
Monthly Rates: Employee: \$27.37 Employee + Spouse: \$54.90 Employee + Child(ren): \$75.46 Family: \$113.74	50%	50%	50%	MAJOR (Subject to deductible) Special Restorative: When teeth cannot be restored with a filling material listed in Regular Restorative Dentistry, provides for individual crowns.
	50%	50%	50%	Prosthodontics: a. Includes bridges, partial and complete dentures. b. Repairs and adjustments of bridges and dentures. c. Implants.
Participation/Contribution: •25% of eligible employees •ZERO (0)% employer contribution	50%	50%	50%	ORTHODONTICS (Subject to deductible) Orthodontics: Includes orthodontic appliances and treatment, interceptive and corrective, for dependent children under age nineteen (19).

This is a summary of benefits only and does not bind Delta Dental of Kansas to any coverage. Please refer to the Description of Dental Care Coverage for complete coverage information, including exclusions and limitations. Coverage as described in the employer group's Agreement to Provide Dental Benefits (contract) is binding on all parties and supersedes all other written or oral communications.

DENTAL INSURANCE – Continued



Welcome to Delta Dental of Kansas

With Delta Dental of Kansas you receive the expertise of the largest, most experienced dental benefits carrier in the nation, paired with our unparalleled customer service. With your employer, we have designed a dental benefit plan to help protect you and your family’s oral health. Regular, preventive dental care is fundamental to making your smile last, and a healthy mouth contributes to your overall wellbeing.

CHOOSING A DENTIST

You are free to go to any dentist of your choice, but there may be a difference in the amount you pay if the dentist is not a Delta Dental in-network dentist. It is to your advantage to choose a **Delta Dental PPO™** or **Delta Dental Premier®** network dentist. Nearly 4 out of 5 dentists nationwide participate with Delta Dental, so chances are excellent your dentist is already in-network. You can search for an in-network dentist at **DeltaDentalKS.com**, on the Delta Dental mobile app or by contacting our customer service team at 800.234.3375.

MANAGING MY BENEFITS

At **DeltaDentalKS.com**, you can log in to your member account to:

- Print your member ID card
- Review your eligibility and benefit information
- See how your claims paid
- Estimate your out-of-pocket costs*
- Sign-up to receive your Explanation of Benefits (EOBs) electronically
- Access member-only discounts
- And more!

Through Delta Dental’s mobile app, you can:

- Use your mobile ID card
- Find a dentist
- Estimate your out-of-pocket costs*
- Review your coverage and claims
- Take an oral health risk assessment
- Use the toothbrush timer
- And more!



**The Dental Care Cost Estimator provides an estimate and does not guarantee the exact fees for dental procedures, what your dental benefits plan will cover or your out-of-pocket costs. Estimates should not be construed as financial or medical advice. For more detailed information on your actual dental care costs, please consult your dentist and call Delta Dental of Kansas at 800-234-3375.*

VISION INSURANCE



Kansas Educational Insurance Trust (KEIT)

Monthly Voluntary Rates
Eligible Employees: 2,879
Effective Date: 10/1/2021

	Silver Materials Only 130/160	Gold Materials Only 130/160	Silver Exam + Materials 130/160	Gold Exam + Materials 130/160
Benefit Frequency				
Eye Exam	Not Included	N/A	12 Months	12 Months
Frames	24 Months	12 Months	24 Months	12 Months
Lenses	12 Months	12 Months	12 Months	12 Months
In Network Allowance				
Frames	\$130	\$130	\$130	\$130
Single Vision Lenses	Included	Included	Included	Included
Bifocal Lenses	Included	Included	Included	Included
Trifocal Lenses	Included	Included	Included	Included
Progressive Lenses	Included*	Included*	Included*	Included*
Anti-reflective Coating	Included*	Included*	Included*	Included*
Polycarbonate for Kids	Included	Included	Included	Included
Elective Contact Lenses	\$160	\$160	\$160	\$160
Member Fees				
Eye Exam	N/A	N/A	\$10	\$10
Glasses	\$25	\$25	\$25	\$25
Polycarbonate for Kids	\$25	\$25	\$25	\$25
Rates				
Primary Only	\$7.80	\$9.62	\$11.63	\$13.57
Primary + 1	\$12.47	\$15.38	\$18.72	\$21.83
Primary + Children	\$14.39	\$17.75	\$21.61	\$25.18
Whole Family	\$24.46	\$30.19	\$36.74	\$42.84

ADDITIONAL SAVINGS

Flexible Exam Benefit	In the event that a member has an eye exam included with another plan, Vision Care Direct allows you to use your exam benefit for other services or materials. A \$65 credit will be applied to your bill at time of service toward non-covered items.
Lasik Vision Correction	Get \$200 toward your Lasik procedure through your VCD materials benefit. Lasik is in lieu of glasses and contacts. To file for your Lasik reimbursement, go to members.visioncaredirect.com/lasik .

* Standard digital progressive lenses and anti-reflective coatings are included at no additional charge through any of our VCD PLUS providers. The progressive lens allowance through a Standard VCD provider is equal to the doctor's retail cost of standard trifocal lenses. There is no benefit for anti-reflective coatings through Standard VCD providers.

Thank you for your business!

KADEN JAMES
Senior Account Executive

Vision Care Direct is a membership plan, not insurance. Minimum participation requirement for the plans offered above is 2 employees. Contact lens allowance amount is in lieu of glasses. For a complete listing of allowances, exclusions and limitations, please reference the enclosed Allowance Summary.
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VISION INSURANCE – Continued



ALLOWANCE SUMMARY

Plan: Silver Materials Only 130/160
Kansas Educational Insurance Trust (KEIT)

	VCD Standard Network	VCD PLUS Network	Out of Network
Benefit Frequency			
Eye Exam	Not Included	Not Included	Not Included
Frames	24 Months	24 Months	24 Months
Lenses	12 Months	12 Months	12 Months
Contacts	12 Months	12 Months	12 Months
Member Fees			
Eye Exam	N/A	N/A	N/A
Glasses	\$25	\$25	\$0
Polycarbonate for Kids	\$25	\$25	\$0
Contacts	\$0	\$0	\$0
Lasik	\$0	\$0	\$0
Eye Exam (amount included after exam fee listed above)			
Comprehensive eye health examination including refraction and dilation	Not Included	Not Included	N/A
Flexible Exam Benefit			
In the event you have an eye exam included with another plan, Vision Care Direct allows you to use your exam benefit for other services or materials. A credit will be applied to your bill at time of service toward non-covered items.	N/A	N/A	N/A
Frames			
Frame allowance toward retail price of any frame in provider's office.	\$130	\$130	\$60
Lenses (amount included after glasses fee listed above)			
Single Vision: CR-39 in glass or plastic	100%	100%	\$50
Bifocal: CR-39 in glass or plastic	100%	100%	\$75
Trifocal: CR-39 in glass or plastic	100%	100%	\$100
Standard Progressive Lenses	Up to retail price of lined trifocal	100%	\$100
Premium Progressive Lenses	Up to retail price of lined trifocal	Up to retail price of standard progressive	\$100
Lens Options			
Scratch Resistant Coating	Not Included	100%	\$0
Ultraviolet Coating	Not Included	100%	\$0
Anti-Reflective Coating	Not Included	100%	\$0
Oil & Water Resistant Coating	Not Included	100%	\$0
Polycarbonate for Kids (after PK fee listed above)	100%	100%	\$0
Polycarbonate for Adults	Not Included	Not Included	\$0
Contacts			
Elective Contact Lenses: In lieu of glasses. Can be used toward multi-focal contacts and contact lens fitting fees.	\$160	\$160	\$80
Medically Necessary Contact Lenses: Requires prior authorization from your doctor to the Vision Care Direct Medical Director. Medically necessary is defined as 1) Keratoconus; or 2) monocular and/or binocular aphakia	\$750	\$750	\$80
Lasik			
In lieu of glasses and contacts. Allowance of \$200 toward Lasik procedure in the form of a reimbursement directly to the member. To file for Lasik reimbursement, go to members.visioncaredirect.com/lasik			

GENERAL LIMITATIONS AND EXCLUSIONS:

Vision Care Direct guarantees benefits only for the products/services listed above. Any charges incurred for items not detailed here, or that are incurred after the membership ends, are the sole responsibility of the member. Out of network benefits are provided in the form of a reimbursement directly to the member. To file for an out of network reimbursement, visit members.visioncaredirect.com/oon.

Get more for your money! To access enhanced benefits through the VCD PLUS Network, look for locations on the VCD Provider Directory at www.visioncaredirect.com with this logo:



VISION INSURANCE – Continued



ALLOWANCE SUMMARY
Plan: Silver Exam + Materials 130/160
 Kansas Educational Insurance Trust (KEIT)

	VCD Standard Network	VCD PLUS Network	Out of Network
Benefit Frequency			
Eye Exam	12 Months	12 Months	12 Months
Frames	24 Months	24 Months	24 Months
Lenses	12 Months	12 Months	12 Months
Contacts	12 Months	12 Months	12 Months
Member Fees			
Eye Exam	\$10	\$10	\$0
Glasses	\$25	\$25	\$0
Polycarbonate for Kids	\$25	\$25	\$0
Contacts	\$0	\$0	\$0
Lasik	\$0	\$0	\$0
Eye Exam (amount included after exam fee listed above)			
Comprehensive eye health examination including refraction and dilation	100%	100%	\$50
Flexible Exam Benefit			
In the event you have an eye exam included with another plan, Vision Care Direct allows you to use your exam benefit for other services or materials. A credit will be applied to your bill at time of service toward non-covered items.	\$65	\$65	\$0
Frames			
Frame allowance toward retail price of any frame in provider's office.	\$130	\$130	\$60
Lenses (amount included after glasses fee listed above)			
Single Vision: CR-39 in glass or plastic	100%	100%	\$50
Bifocal: CR-39 in glass or plastic	100%	100%	\$75
Trifocal: CR-39 in glass or plastic	100%	100%	\$100
Standard Progressive Lenses	Up to retail price of lined trifocal	100%	\$100
Premium Progressive Lenses	Up to retail price of lined trifocal	Up to retail price of standard progressive	\$100
Lens Options			
Scratch Resistant Coating	Not Included	100%	\$0
Ultraviolet Coating	Not Included	100%	\$0
Anti-Reflective Coating	Not Included	100%	\$0
Oil & Water Resistant Coating	Not Included	100%	\$0
Polycarbonate for Kids (after PK fee listed above)	100%	100%	\$0
Polycarbonate for Adults	Not Included	Not Included	\$0
Contacts			
Elective Contact Lenses: In lieu of glasses. Can be used toward multi-focal contacts and contact lens fitting fees.	\$160	\$160	\$80
Medically Necessary Contact Lenses: Requires prior authorization from your doctor to the Vision Care Direct Medical Director. Medically necessary is defined as 1) Keratoconus; or 2) monocular and/or binocular aphakia	\$750	\$750	\$80
Lasik			
In lieu of glasses and contacts. Allowance of \$200 toward Lasik procedure in the form of a reimbursement directly to the member. To file for Lasik reimbursement, go to members.visioncaredirect.com/lasik			

GENERAL LIMITATIONS AND EXCLUSIONS:

Vision Care Direct guarantees benefits only for the products/services listed above. Any charges incurred for items not detailed here, or that are incurred after the membership ends, are the sole responsibility of the member. Out of network benefits are provided in the form of a reimbursement directly to the member. To file for an out of network reimbursement, visit members.visioncaredirect.com/oon.

Get more for your money! To access enhanced benefits through the VCD PLUS Network, look for locations on the VCD Provider Directory at www.visioncaredirect.com with this logo:



VISION INSURANCE – Continued



ALLOWANCE SUMMARY

Plan: Gold Exam + Materials 130/160
Kansas Educational Insurance Trust (KEIT)

	VCD Standard Network	VCD PLUS Network	Out of Network
Benefit Frequency			
Eye Exam	12 Months	12 Months	12 Months
Frames	12 Months	12 Months	12 Months
Lenses	12 Months	12 Months	12 Months
Contacts	12 Months	12 Months	12 Months
Member Fees			
Eye Exam	\$10	\$10	\$0
Glasses	\$25	\$25	\$0
Polycarbonate for Kids	\$25	\$25	\$0
Contacts	\$0	\$0	\$0
Lasik	\$0	\$0	\$0
Eye Exam (amount included after exam fee listed above)			
Comprehensive eye health examination including refraction and dilation	100%	100%	\$50
Flexible Exam Benefit			
In the event you have an eye exam included with another plan, Vision Care Direct allows you to use your exam benefit for other services or materials. A credit will be applied to your bill at time of service toward non-covered items.	\$65	\$65	\$0
Frames			
Frame allowance toward retail price of any frame in provider's office.	\$130	\$130	\$60
Lenses (amount included after glasses fee listed above)			
Single Vision: CR-39 in glass or plastic	100%	100%	\$50
Bifocal: CR-39 in glass or plastic	100%	100%	\$75
Trifocal: CR-39 in glass or plastic	100%	100%	\$100
Standard Progressive Lenses	Up to retail price of lined trifocal	100%	\$100
Premium Progressive Lenses	Up to retail price of lined trifocal	Up to retail price of standard progressive	\$100
Lens Options			
Scratch Resistant Coating	Not Included	100%	\$0
Ultraviolet Coating	Not Included	100%	\$0
Anti-Reflective Coating	Not Included	100%	\$0
Oil & Water Resistant Coating	Not Included	100%	\$0
Polycarbonate for Kids (after PK fee listed above)	100%	100%	\$0
Polycarbonate for Adults	Not Included	Not Included	\$0
Contacts			
Elective Contact Lenses: In lieu of glasses. Can be used toward multi-focal contacts and contact lens fitting fees.	\$160	\$160	\$80
Medically Necessary Contact Lenses: Requires prior authorization from your doctor to the Vision Care Direct Medical Director. Medically necessary is defined as 1) Keratoconus; or 2) monocular and/or binocular aphakia	\$750	\$750	\$80
Lasik			
In lieu of glasses and contacts. Allowance of \$200 toward Lasik procedure in the form of a reimbursement directly to the member. To file for Lasik reimbursement, go to members.visioncaredirect.com/lasik			

GENERAL LIMITATIONS AND EXCLUSIONS:

Vision Care Direct guarantees benefits only for the products/services listed above. Any charges incurred for items not detailed here, or that are incurred after the membership ends, are the sole responsibility of the member. Out of network benefits are provided in the form of a reimbursement directly to the member. To file for an out of network reimbursement, visit members.visioncaredirect.com/oon.

Get more for your money! To access enhanced benefits through the VCD PLUS Network, look for locations on the VCD Provider Directory at www.visioncaredirect.com with this logo:



VISION INSURANCE – Continued

 CALL US TODAY
 (877) 488-8900


**SIMPLE.
 FLEXIBLE.
 AFFORDABLE.**

	BENEFITS	INCLUDED
FRAMES	\$130	✓
CONTACTS	\$160	✓
LENSES	Single Vision	✓
	Bifocal	✓
	Trifocal	✓
VCD PLUS EXTRAS*	HD Progressive	✓
	Anti-Reflective Coating	✓
	Scratch Resistance	✓
	UV Protection	✓
	Oil & Water Resistance	✓

**COMPLETE PAIR OF GLASSES
 STARTING AT JUST \$25**

At last, you finally have the freedom to use your materials allowance the way you want without all the surprise out of pocket expenses. With VCD PLUS providers in your area, you'll have access to high definition (single vision, bifocal, trifocal or premium progressive) lenses, premium anti-reflection coating, scratch resistant coating and UV protection all for one low price!

**OWNED BY KANSANS,
 FOR KANSANS**

Vision Care Direct is proudly owned by private practice optometrists right here in the great state of Kansas. Revenue and tax dollars stay in Kansas to support your local communities and schools.

*Benefits available exclusively at VCD PLUS participating providers. Contact lens benefit is in lieu of glasses.

Vision Care Direct is a membership plan, not insurance. Minimum participation requirement for the plans offered above is 2 employees. Contact lens allowance amount is in lieu of glasses. For a complete listing of allowances, exclusions and limitations, please reference the enclosed Allowance Summary.
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FLEXIBLE SPENDING ACCOUNTS

FLEXIBLE SPENDING ACCOUNT Program Overview



USE YOUR FSA TO SAVE 25% OR MORE on the things you buy every day...

We all pay taxes. We all buy things like prescriptions, bandages, and glasses or contacts - not to mention co-pays, deductibles, dental bills, braces, and child care. And we all like to save money.

A Flexible Spending Account (FSA) uses pre-tax dollars to help you save on health care and dependent care expenses. Once the plan year begins, the money in your Health Care FSA is yours to spend immediately. The funds in your Dependent Care FSA are available when your payroll deductions are posted to your account. And because this FSA from **Flex Made Easy** is so easy to use, there's no hassle, less waiting - **and no reason to miss out on enrollment.**

It's Easy...

It's your money.

The program just helps you save it from taxes, and spend it on your health and your family. **Flex Made Easy** provides convenient payment and reimbursement options. Just swipe your FSA Debit Card to pay for eligible medical and/or dependent care expenses.

If you need to submit a claim, you can complete your transaction through our secure mobile application, our online portal, by email, fax or regular postal mail. *Sign up for direct deposit, and get your funds back fast!!*

Once you enroll, you will receive detailed instructions for accessing your account online through the **Flex Made Easy** secure online portal.



FLEXIBLE SPENDING ACCOUNTS – Continued

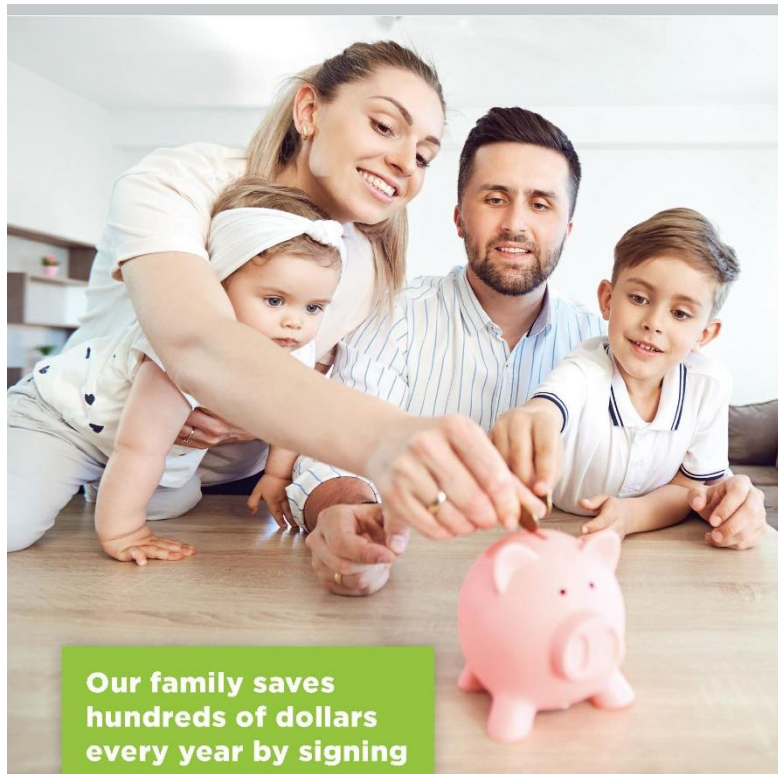
Everyday savings...

Saving is simple.

When you enroll in the program, you set aside some of your pay before taxes to use on eligible expenses. The more you put in, the more you save on your tax bill.

Maximum Annual Election for 2022

- Healthcare FSA - \$2,850
- Dependent Care FSA - \$5,000 or \$2,500 if married and filing separate income tax returns



Our family saves hundreds of dollars every year by signing up for our Flexible Spending Account.

It's Covered

You probably know you can cover your co-pays, deductibles, dental and vision care, and prescriptions with your health care FSA.

But did you know it's good for hundreds of over-the-counter items such as bandages and contact lenses solution, not to mention many services, too? You can also use it for Over-the-Counter drugs and medicines.

QUALIFIED MEDICAL EXPENSES INCLUDE:

- Co-pays, deductibles, co-insurance
- Dental expenses
- Eyeglasses, laser surgery, contact lenses
- Prescription drugs
- Over-the-counter medicine and supplies
- Chiropractic care

QUALIFIED DEPENDENT CARE EXPENSES INCLUDE:

- Daycare
- Babysitting
- Before & after school care
- Pre-k
- Summer day camps
- Care for older dependents in need of assistance

For a more complete list of eligible expenses, a calculator to help you determine your annual election and other information on FSA Plans, please visit www.FlexMadeEasy.com.

FLEXIBLE SPENDING ACCOUNT Program Overview

C06092102



4551 W. 107th Street
Overland Park, KS 66207

(855) 615-3679

info@FlexMadeEasy.com



This worksheet will help you determine the dollar amount you will spend for medical expenses during the plan year. In order to maximize your savings, please include expenses for you, your spouse and any of your dependents in your calculation.

Medical Expenses not covered by Insurance

Annual Estimate

- Deductibles, Co-pays, Coinsurance \$ _____
- Physician Visits/Routine Exams \$ _____
- Prescription Drugs \$ _____
- Insulin/Syringes \$ _____
- Chiropractic Treatments \$ _____
- Over-the-Counter Drugs and Medicine \$ _____
- Other: _____ \$ _____

Subtotal Medical Expenses \$ _____

Dental Expenses Not Covered by Insurance

Annual Estimate

- Checkups/Cleanings \$ _____
- Fillings \$ _____
- Root Canals \$ _____
- Crowns/Bridges/Dentures \$ _____
- Oral Surgery \$ _____
- Orthodontia \$ _____
- Other: _____ \$ _____

Subtotal Dental Expenses \$ _____

Vision/Hearing Expenses Not Covered by Insurance

Annual Estimate

- Exams \$ _____
- Eyeglasses \$ _____
- Prescription Sunglasses \$ _____
- Contact Lenses & Cleaning Solutions \$ _____
- Corrective Eye Surgery (LASIK, cataract etc.) \$ _____
- Hearing Exams/Hearing Aids & Batteries \$ _____

Subtotal Vision Expenses \$ _____

TOTAL MEDICAL EXPENSES \$ _____

4551 W. 107th Street, Overland Park, KS 66207 | www.FlexMadeEasy.com



Qualified Expenses

- Acupuncture
- Alcoholism treatment
- Ambulance
- Birth control pills and other birth control devices
- Braille books and magazines
- Chiropractors
- Coinsurance amounts and deductibles
- Contact lenses, solutions and cleaners
- Copays
- Crutches, canes and wheelchairs
- Dental treatment
- Dermatologist visits
- Diabetic monitors, test kits, strips and supplies
- Eyeglasses (prescription); vision exams
- Hearing devices and batteries
- Hospital services
- Immunizations (including flu shots)
- Infertility treatments
- Insulin
- Laboratory/diagnostic fees
- Language training for child with disability
- Laser eye surgery
- Learning disability
- Massage therapy (letter of medical necessity)*
- Menstrual Care Products
- Nursing services
- Nutritionist's expenses (letter of medical necessity)*
- Occlusal guards to prevent teeth grinding
- Orthodontia
- Over-the-counter drugs
- Pap smears
- Physical therapy
- Prescription drugs
- Prosthetics
- Psychologist/Psychiatrist
- Reading glasses
- Smoking cessation programs/counseling
- Sterilization
- TMJ related treatments
- Transplants
- Travel expenses related to medical care only
- Wigs (medical reasons only)
- X-ray fees

Ineligible Expenses

- Burial expenses
- COBRA premiums
- Concierge medical fees (billed for future availability of services, with no services actually received)
- Cosmetic procedures (unless necessary to improve a deformity arising from congenital abnormality, personal injury from an accident or trauma, or a disfiguring disease)
- Dental products for general health
- Drugs or medical supplies purchased outside the United States.
- Exercise equipment, unless prescribed for a specific medical condition
- Face lifts (see cosmetic procedures)
- Fitness programs for general health
- Hair regrowth products, hair removal or hair transplants
- Health club dues
- Holistic or natural remedies
- Illegal operations and treatments
- Items paid or payable by insurance
- Items you intend to claim as a credit for income tax purposes
- Late payment or missed appointment fees
- Marriage counseling
- Maternity clothes
- Non-prescription sunglasses (sunclips)
- Nursing care for a healthy baby
- Nutritional supplements (general good health)
- Overnight camp (Dependent Care)
- Premiums for group health coverage maintained through spouse's employer or individual insurance premiums, including long term care insurance
- Safety glasses (unless prescription)
- Swimming lessons
- Tanning salons and equipment
- Teeth whitening or bleaching (even if as a result of a congenital defect)
- Vision discount programs or warranty charges
- Vitamins (general good health)
- Warranties for eyeglasses and/or hearing aids
- Weight loss programs and drugs (unless a medical necessity exists for a specific medical condition)

* Items are eligible for reimbursement through a Health Care FSA or an HRA if they are treating a current or imminent medical condition. Some items may require additional documentation such as a letter of medical necessity or a prescription (for over-the-counter medications) from your medical provider. Please visit www.FlexMadeEasy.com for more detailed information and a more comprehensive list of eligible expenses.

FLEXIBLE SPENDING ACCOUNTS – Continued

How do Flexible Spending Accounts Work?

Flexible Spending Accounts (FSAs) are like personal bank accounts. They allow you to set aside money for healthcare and/or dependent care expenses on a pre-tax basis. You can enroll in a Healthcare FSA and/or a Dependent Day Care FSA. Your election will cover you from your enrollment date through the end of the plan year unless you have a change in family status.

You can elect to have a portion of your salary withheld on a pre-tax basis for health or dependent care expenses you incur during the plan year. The funds will be placed into an account to be used during the year. If you contribute to both FSAs, you cannot use amounts contributed to one account to pay expenses eligible for payment from another account. For example, you cannot pay medical expenses from your Dependent Day Care FSA.

Health Care FSA

During annual enrollment you may elect to contribute monies into the Health Care FSA during the coming plan year. The amount you elect to set aside will be deducted from your paycheck in equal installments during the plan year. Please note the medical reimbursement FSA contributions are capped at a maximum of \$2,850.

Eligible health care expenses include copayments, deductibles, coinsurance, certain orthodontic procedures and other health-related expenses incurred by you or a family member. In addition, over-the-counter medicines are eligible for reimbursement with a prescription.

Dependent Care FSA

You can contribute up to \$5,000 each year to the Dependent Day Care FSA to pay for dependent care expenses. The amount you elect to set aside will be deducted from your paycheck in equal installments during the coming year. Eligible expenses are only those incurred for the care of a child under 13 years of age (or a disabled child older than age 13) who qualifies as your dependent for tax purposes; or, anyone you can claim as a dependent, such as an elderly parent or disabled spouse.

Use It Or Lose It

It is very important that you estimate accurately when determining how much to contribute to either FSA. FSAs can provide significant tax advantages for employees when the contributions are made on a pre-tax basis. For this reason the IRS requires that you use all of the money in your account(s) during the plan year. Any money remaining in your account(s) at the end of the plan year will be forfeited.

Debit Card

Participating in the flex plan is even easier with a debit card. If you participate in the flex plan you will receive a debit card. It may be used at your pharmacy, the doctor's office or for mail-order prescriptions. You may be asked to substantiate a purchase, so make sure you keep your receipts. Upon request, simply fax your receipt to Flex Made Easy to confirm the purchase was for a qualified expense. Failure to do this may result in your card being suspended.

VOLUNTARY TERM LIFE INSURANCE WITH AD&D



ESSDACK Voluntary Life Benefit Summary Class 1 - All Eligible Full Time Employees

Full-time Employee Requirement	An eligible employee is a full-time permanent employee authorized to work and reside in the United States. Eligible employees must work 20 or more hours per week and cannot be considered a part-time, temporary or seasonal employee. If any eligible employee is not actively at work on the individual effective date, group insurance coverage for that employee will not exist until he/she returns to full-time active work.
Life Amount	A flat amount in \$10,000 increments with a Minimum of \$10,000 and a Maximum of \$150,000 not to exceed 5 times your annual base salary, rounded to the next higher \$10,000.
Guaranteed Issue Amount	\$150,000
Accidental Death & Dismemberment (AD&D) Principal Sum Amount	A flat amount in \$10,000 increments with a Minimum of \$10,000 and a Maximum of \$150,000 not to exceed 5 times your annual base salary, rounded to the next higher \$10,000.
Definition of Earnings	Annual base salary only: The amount of coverage will be based upon earnings as last reported in writing to and approved by AUL. In no event will the amount of earnings used to calculate benefits under the AUL contract exceed the lesser of the amount approved by AUL, amount shown in the Employer's payroll records, or for which premium has been paid.
Reduction Schedule	The Life Amount and AD&D Principal Sum will reduce to 40% of the amount shown above when the Employee reaches age 70. See Certificate for further benefit reductions due to age.
Accelerated Life Benefit	The Employee may request payment of 25%, 50% of the Life Amount if the Employee is diagnosed with a terminal condition, as defined in the Certificate.
Waiver of Premium	AUL may waive further premium payments for the Employee's Life Amount if the Employee becomes Totally Disabled before age 60 while insured under the Policy, and remains continuously Totally Disabled for 6 months, and submits proof of Total Disability.
Conversion	If the Employee's Life Insurance or a portion of it ceases, the Employee may be entitled to convert his / her policy. The Employee can refer to his or her Certificate for specific details of this provision.
Portability	You may be eligible to apply for continuation of coverage should your coverage terminate. Approval for this benefit will extend your coverage for an additional period of time.

VOLUNTARY TERM LIFE INSURANCE WITH AD&D – Continued

- Guaranteed Increase Benefit (GIB)** If eligible, you may apply for an additional amount of coverage offered by AUL at each approved scheduled enrollment period without providing Evidence of Insurability. The amount of coverage after the increase can not be greater than the maximum amount of coverage available.
- Life Event Benefit (LEB)** If eligible and a qualifying Life event has occurred, you may apply for an additional amount of coverage. The amount of coverage after the increase can not be greater than the maximum amount of coverage available.
- Accidental Death & Dismemberment (AD&D)** While insured under the Policy, if the Employee has an accident which results in a loss or condition specified in the chart below, AUL will pay the amount shown. The loss or condition must occur within 365 days from the date of the accident and AUL must receive acceptable proof of loss or condition.

Loss Schedule

- Loss
- Life [AD&D Principal Sum]
- Both hands or both feet or sight of both eyes [AD&D Principal Sum]
- Speech and hearing [AD&D Principal Sum]
- One hand and one foot [AD&D Principal Sum]
- One hand and sight of one eye [AD&D Principal Sum]
- One foot and sight of one eye [AD&D Principal Sum]
- Sight of one eye [Half of AD&D Principal Sum]
- One hand or one foot [Half of AD&D Principal Sum]
- Speech or hearing [Half of AD&D Principal Sum]
- Thumb and index finger [Quarter of AD&D Principal Sum]
- Conditions
- Quadriplegia or Loss of Use of Upper and Lower Limbs of the Body [AD&D Principal Sum]
- Paraplegia or Loss of Use of Both Lower Limbs of the Body [Half of AD&D Principal Sum]
- Hemiplegia or Loss of Use of Upper and Lower Limbs on the Same Side of the Body [Half of AD&D Principal]
- Monoplegia or Loss of Use of One Limb of the Body [Quarter of AD&D Principal]
- Severe Burns [AD&D Principal Sum]
- The total amount payable will never exceed the AD&D Principal Sum for all losses or conditions sustained by the Employee.

Voluntary Dependent Term Life and AD&D

- Plan 1
- Employee's Spouse Under age 70 - A flat amount in \$10,000 increments with a Minimum of \$10,000 and a Maximum of \$50,000 not to exceed 100% of your Life amount. The spouse Guaranteed Issue amount is \$50,000.
- Dependent Child* - 6 months to age 19, or 25 if full-time student \$10,000
- Dependent Child - Live birth to 6 months \$1,000
- *Age and definition of Child(ren) may vary by state.

VOLUNTARY TERM LIFE INSURANCE WITH AD&D – Continued**Benefit Features Offered for
Voluntary Term Life and AD&D**

Repatriation
Spouse/Child Higher Education
Disappearance
Exposure
Spouse/Child Care
Dependent Spouse Accelerated Life Benefit (ALB)

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VOLUNTARY TERM LIFE INSURANCE – Monthly Premium

**OneAmerica Term Life with AD&D
Monthly Premium**

	Volume									Volume			
	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	70-74	75+	75+
\$10,000	\$ 0.70	\$ 0.90	\$ 1.10	\$ 1.30	\$ 1.70	\$ 2.30	\$ 4.00	\$ 5.90	\$ 11.00	\$ 4,000	\$ 11.08	\$ 2,500	\$ 6.93
\$20,000	\$ 1.40	\$ 1.80	\$ 2.20	\$ 2.60	\$ 3.40	\$ 4.60	\$ 8.00	\$11.80	\$ 22.00	\$ 8,000	\$ 22.16	\$ 5,000	\$ 13.85
\$30,000	\$ 2.10	\$ 2.70	\$ 3.30	\$ 3.90	\$ 5.10	\$ 6.90	\$12.00	\$17.70	\$ 33.00	\$12,000	\$ 33.24	\$ 7,500	\$ 20.78
\$40,000	\$ 2.80	\$ 3.60	\$ 4.40	\$ 5.20	\$ 6.80	\$ 9.20	\$16.00	\$23.60	\$ 44.00	\$16,000	\$ 44.32	\$10,000	\$ 27.70
\$50,000	\$ 3.50	\$ 4.50	\$ 5.50	\$ 6.50	\$ 8.50	\$11.50	\$20.00	\$29.50	\$ 55.00	\$20,000	\$ 55.40	\$12,500	\$ 34.63
\$60,000	\$ 4.20	\$ 5.40	\$ 6.60	\$ 7.80	\$10.20	\$13.80	\$24.00	\$35.40	\$ 66.00	\$24,000	\$ 66.48	\$15,000	\$ 41.55
\$70,000	\$ 4.90	\$ 6.30	\$ 7.70	\$ 9.10	\$11.90	\$16.10	\$28.00	\$41.30	\$ 77.00	\$28,000	\$ 77.56	\$17,500	\$ 48.48
\$80,000	\$ 5.60	\$ 7.20	\$ 8.80	\$10.40	\$13.60	\$18.40	\$32.00	\$47.20	\$ 88.00	\$32,000	\$ 88.64	\$20,000	\$ 55.40
\$90,000	\$ 6.30	\$ 8.10	\$ 9.90	\$11.70	\$15.30	\$20.70	\$36.00	\$53.10	\$ 99.00	\$36,000	\$ 99.72	\$22,500	\$ 62.33
\$100,000	\$ 7.00	\$ 9.00	\$11.00	\$13.00	\$17.00	\$23.00	\$40.00	\$59.00	\$110.00	\$40,000	\$110.80	\$25,000	\$ 69.25
\$110,000	\$ 7.70	\$ 9.90	\$12.10	\$14.30	\$18.70	\$25.30	\$44.00	\$64.90	\$121.00	\$44,000	\$121.88	\$27,500	\$ 76.18
\$120,000	\$ 8.40	\$10.80	\$13.20	\$15.60	\$20.40	\$27.60	\$48.00	\$70.80	\$132.00	\$48,000	\$132.96	\$30,000	\$ 83.10
\$130,000	\$ 9.10	\$11.70	\$14.30	\$16.90	\$22.10	\$29.90	\$52.00	\$76.70	\$143.00	\$52,000	\$144.04	\$32,500	\$ 90.03
\$140,000	\$ 9.80	\$12.60	\$15.40	\$18.20	\$23.80	\$32.20	\$56.00	\$82.60	\$154.00	\$56,000	\$155.12	\$35,000	\$ 96.95
\$150,000	\$10.50	\$13.50	\$16.50	\$19.50	\$25.50	\$34.50	\$60.00	\$88.50	\$165.00	\$60,000	\$166.20	\$37,500	\$103.88

Dependent Child

\$10,000	\$ 2.40
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SHORT TERM DISABILITY INSURANCE



ESSDACK

Worksite Disability - Short Term Benefit Summary

Class 1 - All eligible full-time employees - **Plan 1**

Full-time Employee Requirement	An eligible employee is a full-time permanent employee authorized to work and reside in the United States. Eligible employees must work 20 or more hours per week and cannot be considered a part-time, temporary or seasonal employee. If any eligible employee is not actively at work on the individual effective date, group insurance coverage for that employee will not exist until he/she returns to full-time active work.
Benefit Amount	Increments of \$50 per week, not to exceed 70% of an Employee's Covered Weekly Earnings to a maximum benefit of \$1,750, then reduced by Other Income Benefits as outlined in the certificate. The minimum weekly benefit is \$25.
Definition of Earnings	Basic monthly earnings only: The amount of coverage will be based upon earnings as last reported in writing to and approved by AUL. In no event will the amount of earnings used to calculate benefits under the AUL contract exceed the lesser of the amount approved by AUL, amount shown in the Employer's payroll records, or for which premium has been paid.
Elimination Period	0 days for injury or 7 days for sickness. This is the period of consecutive days of disability for which no benefit is payable.
Maximum Benefit Duration	26 weeks. This is the length of time that an insured Employee may be entitled to benefits if continuously disabled as outlined in the Certificate.
Maternity Coverage	Benefits will be paid the same as any other qualifying disability, subject to any applicable pre-existing condition exclusion.
Total Disability	You are considered disabled if, because of injury or sickness, you cannot perform the material and substantial duties of any gainful occupation; you are not working in any occupation and are under the regular attendance of a physician for that injury or sickness.
Partial Disability	A partial disability benefit may be paid, if because of injury or sickness an Employee, while unable to perform every material and substantial duty of any gainful occupation on a full-time basis, is performing at least one of the material and substantial duties of any gainful occupation, or another occupation, on a full or part-time basis, and is earning less than 80% of his or her pre-disability earnings due to the same injury or sickness.
Residual Disability	The elimination period can be met using total disability, partial disability, or a combination of both.

SHORT TERM DISABILITY INSURANCE – Continued

Recurrent Disability	A recurrent disability is the direct result of the injury or sickness that caused a prior disability. This benefit allows claim payments to continue without satisfying a new elimination period if an Employee returns to active full-time work and has a recurrent disability within 30 consecutive days of return to active work.
Pre-Existing Condition Exclusions	The pre-existing period is 3/12. Benefits will not be paid if the Person's disability begins in the first 12 months of coverage; and the disability is caused by, contributed to, or the result of a condition, whether or not that condition is diagnosed at all or is misdiagnosed, for which the Person received medical treatment, consultation, care or services, including diagnostic measures, or was prescribed medicines in the 3 months just prior to the Individual's effective date of insurance. Incurred expenses are not applicable in MO.
Portability	You may be eligible to apply for continuation of coverage should your coverage terminate. Approval for this benefit will extend your coverage for an additional period of time.
Continuation of Coverage During:	FMLA Temporary Lay Off or LOA LOA for Military Service
Exclusions	This plan may 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.

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SHORT TERM DISABILITY INSURANCE - Continued



ESSDACK
Worksite Disability - Short Term Benefit Summary
Class 1 - All eligible full-time employees - Plan 2

Full-time Employee Requirement	An eligible employee is a full-time permanent employee authorized to work and reside in the United States. Eligible employees must work 20 or more hours per week and cannot be considered a part-time, temporary or seasonal employee. If any eligible employee is not actively at work on the individual effective date, group insurance coverage for that employee will not exist until he/she returns to full-time active work.
Benefit Amount	Increments of \$50 per week, not to exceed 70% of an Employee's Covered Weekly Earnings to a maximum benefit of \$1,750, then reduced by Other Income Benefits as outlined in the certificate. The minimum weekly benefit is \$25.
Definition of Earnings	Basic monthly earnings only: The amount of coverage will be based upon earnings as last reported in writing to and approved by AUL. In no event will the amount of earnings used to calculate benefits under the AUL contract exceed the lesser of the amount approved by AUL, amount shown in the Employer's payroll records, or for which premium has been paid.
Elimination Period	14 days for injury or 14 days for sickness. This is the period of consecutive days of disability for which no benefit is payable.
Maximum Benefit Duration	24 weeks. This is the length of time that an insured Employee may be entitled to benefits if continuously disabled as outlined in the Certificate.
Maternity Coverage	Benefits will be paid the same as any other qualifying disability, subject to any applicable pre-existing condition exclusion.
Total Disability	You are considered disabled if, because of injury or sickness, you cannot perform the material and substantial duties of any gainful occupation; you are not working in any occupation and are under the regular attendance of a physician for that injury or sickness.
Partial Disability	A partial disability benefit may be paid, if because of injury or sickness an Employee, while unable to perform every material and substantial duty of any gainful occupation on a full-time basis, is performing at least one of the material and substantial duties of any gainful occupation, or another occupation, on a full or part-time basis, and is earning less than 80% of his or her pre-disability earnings due to the same injury or sickness.
Residual Disability	The elimination period can be met using total disability, partial disability, or a combination of both.

SHORT TERM DISABILITY INSURANCE – Continued

Recurrent Disability	A recurrent disability is the direct result of the injury or sickness that caused a prior disability. This benefit allows claim payments to continue without satisfying a new elimination period if an Employee returns to active full-time work and has a recurrent disability within 30 consecutive days of return to active work.
Pre-Existing Condition Exclusions	The pre-existing period is 3/12. Benefits will not be paid if the Person's disability begins in the first 12 months of coverage; and the disability is caused by, contributed to, or the result of a condition, whether or not that condition is diagnosed at all or is misdiagnosed, for which the Person received medical treatment, consultation, care or services, including diagnostic measures, or was prescribed medicines in the 3 months just prior to the Individual's effective date of insurance. Incurred expenses are not applicable in MO.
Portability	You may be eligible to apply for continuation of coverage should your coverage terminate. Approval for this benefit will extend your coverage for an additional period of time.
Continuation of Coverage During:	FMLA Temporary Lay Off or LOA LOA for Military Service
Exclusions	This plan may 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.

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SHORT TERM DISABILITY INSURANCE - Continued



ESSDACK

Worksite Disability - Short Term Benefit Summary

Class 1 - All eligible full-time employees - **Plan 3**

Full-time Employee Requirement	An eligible employee is a full-time permanent employee authorized to work and reside in the United States. Eligible employees must work 20 or more hours per week and cannot be considered a part-time, temporary or seasonal employee. If any eligible employee is not actively at work on the individual effective date, group insurance coverage for that employee will not exist until he/she returns to full-time active work.
Benefit Amount	Increments of \$50 per week, not to exceed 70% of an Employee's Covered Weekly Earnings to a maximum benefit of \$1,750, then reduced by Other Income Benefits as outlined in the certificate. The minimum weekly benefit is \$25.
Definition of Earnings	Basic monthly earnings only: The amount of coverage will be based upon earnings as last reported in writing to and approved by AUL. In no event will the amount of earnings used to calculate benefits under the AUL contract exceed the lesser of the amount approved by AUL, amount shown in the Employer's payroll records, or for which premium has been paid.
Elimination Period	30 days for injury or 30 days for sickness. This is the period of consecutive days of disability for which no benefit is payable.
Maximum Benefit Duration	22 weeks. This is the length of time that an insured Employee may be entitled to benefits if continuously disabled as outlined in the Certificate.
Maternity Coverage	Benefits will be paid the same as any other qualifying disability, subject to any applicable pre-existing condition exclusion.
Total Disability	You are considered disabled if, because of injury or sickness, you cannot perform the material and substantial duties of any gainful occupation; you are not working in any occupation and are under the regular attendance of a physician for that injury or sickness.
Partial Disability	A partial disability benefit may be paid, if because of injury or sickness an Employee, while unable to perform every material and substantial duty of any gainful occupation on a full-time basis, is performing at least one of the material and substantial duties of any gainful occupation, or another occupation, on a full or part-time basis, and is earning less than 80% of his or her pre-disability earnings due to the same injury or sickness.
Residual Disability	The elimination period can be met using total disability, partial disability, or a combination of both.

SHORT TERM DISABILITY INSURANCE – Continued

Recurrent Disability	A recurrent disability is the direct result of the injury or sickness that caused a prior disability. This benefit allows claim payments to continue without satisfying a new elimination period if an Employee returns to active full-time work and has a recurrent disability within 30 consecutive days of return to active work.
Pre-Existing Condition Exclusions	The pre-existing period is 3/12. Benefits will not be paid if the Person's disability begins in the first 12 months of coverage; and the disability is caused by, contributed to, or the result of a condition, whether or not that condition is diagnosed at all or is misdiagnosed, for which the Person received medical treatment, consultation, care or services, including diagnostic measures, or was prescribed medicines in the 3 months just prior to the Individual's effective date of insurance. Incurred expenses are not applicable in MO.
Portability	You may be eligible to apply for continuation of coverage should your coverage terminate. Approval for this benefit will extend your coverage for an additional period of time.
Continuation of Coverage During:	FMLA Temporary Lay Off or LOA LOA for Military Service
Exclusions	This plan may 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.

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SHORT TERM DISABILITY INSURANCE – Monthly Premium

**OneAmerica Short-Term Disability
Monthly Premium**

Minimum Annual Salary	Weekly Benefit	Plan 1 - 0/7 Day Elimination Period 26 Week Duration	Plan 2 - 14/14 Day Elimination Period 24 Week Duration	Plan 3 - 30/30 Day Elimination Period 22 Week Duration
		0.98	0.75	0.45
\$7,429	\$100	\$9.80	\$7.50	\$4.50
\$11,143	\$150	\$14.70	\$11.25	\$6.75
\$14,857	\$200	\$19.60	\$15.00	\$9.00
\$18,571	\$250	\$24.50	\$18.75	\$11.25
\$22,286	\$300	\$29.40	\$22.50	\$13.50
\$26,000	\$350	\$34.30	\$26.25	\$15.75
\$29,714	\$400	\$39.20	\$30.00	\$18.00
\$33,429	\$450	\$44.10	\$33.75	\$20.25
\$37,143	\$500	\$49.00	\$37.50	\$22.50
\$40,857	\$550	\$53.90	\$41.25	\$24.75
\$44,571	\$600	\$58.80	\$45.00	\$27.00
\$48,286	\$650	\$63.70	\$48.75	\$29.25
\$52,000	\$700	\$68.60	\$52.50	\$31.50
\$55,714	\$750	\$73.50	\$56.25	\$33.75
\$59,429	\$800	\$78.40	\$60.00	\$36.00
\$63,143	\$850	\$83.30	\$63.75	\$38.25
\$66,857	\$900	\$88.20	\$67.50	\$40.50
\$70,571	\$950	\$93.10	\$71.25	\$42.75
\$74,286	\$1,000	\$98.00	\$75.00	\$45.00
\$78,000	\$1,050	\$102.90	\$78.75	\$47.25
\$81,714	\$1,100	\$107.80	\$82.50	\$49.50
\$85,429	\$1,150	\$112.70	\$86.25	\$51.75
\$89,143	\$1,200	\$117.60	\$90.00	\$54.00
\$92,857	\$1,250	\$122.50	\$93.75	\$56.25
\$96,571	\$1,300	\$127.40	\$97.50	\$58.50
\$100,286	\$1,350	\$132.30	\$101.25	\$60.75
\$104,000	\$1,400	\$137.20	\$105.00	\$63.00
\$107,714	\$1,450	\$142.10	\$108.75	\$65.25
\$111,429	\$1,500	\$147.00	\$112.50	\$67.50
\$115,143	\$1,550	\$151.90	\$116.25	\$69.75
\$118,857	\$1,600	\$156.80	\$120.00	\$72.00
\$122,571	\$1,650	\$161.70	\$123.75	\$74.25
\$126,286	\$1,700	\$166.60	\$127.50	\$76.50
\$130,000	\$1,750	\$171.50	\$131.25	\$78.75

- The Maternity Benefit on all three short-term disability plans is treated as any other disability. The duration of payment is dependent upon the doctor’s diagnosis. It is industry standard that a doctor will disable a mother for 6 weeks following a normal delivery and for 8 weeks following a caesarean section delivery. Sometimes, complications prior to, during, or after the delivery, may extend those durations, but that is based upon a doctor’s diagnosis. If you have additional questions about your expected claim payment, please speak with your claims examiner.

CANCER INSURANCE

Voluntary Cancer Insurance

A limited benefit policy
Group product base



U.S. men have slightly less than a 1 in 2 risk of developing cancer; for women, the risk is a little more than 1 in 3.

- American Cancer Society.
Cancer Facts & Figures, 2017.

Underwritten by:
 **SHENANDOAH LIFE INSURANCE COMPANY**
A Prosperity Life Group® Company



Cancer voluntary coverage pays cash benefits when you may need it most

With our cancer plan, you'll receive benefits that follow a positive diagnosis of an internal cancer during the term of your coverage. You and your loved ones can rest a little easier knowing you have protection in place to help avoid depleting your bank accounts or taking on additional debt to cover day-to-day living expenses.

Why do I need cancer coverage?

Cancer plans can assist you with a variety of expenses so you can focus on getting better. You can spend the benefits however you want, on direct or indirect costs associated with the illness:

- Make your mortgage payments
- Hire extra help for around the house, such as in-home caregivers
- Help cover medical bills as well as therapy and training
- Pay for travel to treatment facilities away from home - and for family visits

In addition to the physical and emotional effects, people who are diagnosed with cancer may see a costly impact on their expenses. You may need additional help to absorb the expense of paying for drugs and other direct and indirect costs associated with cancer.

Here's how it works

Benefit payments are made directly to you in most cases, placing you in control at a time when you may feel that your options are limited. The base benefit is available to you upon your initial cancer diagnosis, so it's there when you need it most. You'll save on your premiums because coverage through your employer typically is less expensive than purchasing on your own. And you can pay premiums through automatic payroll deduction. You can continue the coverage even if you change employers.

Act now

You've probably taken some steps to protect your assets and future financial stability with a health plan, life insurance, savings, etc. Take an additional step to round out your coverage and help you and your loved ones financially in the event of an unexpected cancer occurrence.

Product is issued by Shenandoah Life Insurance Company, a member of Prosperity Life Group. Prosperity Life Group is a marketing name for the member companies of Prosperity Life Insurance Group LLC. The issuing company is solely responsible for its own financial and contractual obligations. AM Best rating is as of date of publication. For latest rating, see www.ambest.com.

Form 6180 KS -7/19

1

CANCER INSURANCE – Continued

Voluntary Cancer Insurance

A limited benefit policy
Group product base



Kansas

ESSDACK Consortium

Coverage type

Cancer Insurance provides benefits for treatment and care related to a positive diagnosis of Cancer (as defined below) first made during the term of the coverage. Coverage is available to the employee, spouse, and dependent children. **Certain limitations and exclusions, including a pre-existing condition limitation, apply. See page 14 for further details.**

Base Coverage Benefit	Level 1	Level 2
<p>First Occurrence Cancer Benefit</p> <p>If a Covered Person receives a positive diagnosis of Cancer while coverage is in force, we will pay the First Occurrence Cancer Benefit amount. If the Covered Person is a child under the age of 21, we will pay one and one-half times this amount. This benefit is payable one time only per lifetime of each Covered Person, regardless of the number of positive diagnoses of Cancer that a Covered Person may have.</p> <p>For purposes of this cancer plan, “Cancer” means a malignant neoplasm, which is characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue, and which is not specifically hereafter excluded. Leukemias and lymphomas are included. Cancer must be diagnosed pursuant to a pathological or clinical diagnosis.</p> <p>The following are not considered Cancer:</p> <ul style="list-style-type: none"> • pre-malignant lesions (such as intraepithelial neoplasia); or • benign tumors or polyps; or • early prostate Cancer diagnosed as T1N0M0 or equivalent staging; <p>or</p> <ul style="list-style-type: none"> • Cancer In Situ; or • any skin cancer (other than invasive malignant melanoma in the dermis or deeper or skin malignancies that have become metastatic). <p>Continuation of Coverage Benefit</p> <p>We will waive all monthly premiums due for the Certificate and in force riders for two months if You meet all of the following conditions:</p> <ul style="list-style-type: none"> • Your Certificate has been in force for at least six months; • We have received premiums for at least six consecutive months; • Your premiums have been paid through list bill, common remitter or payroll deduction; • You or the Policyholder has notified Us in writing within 31 days of the date Your premium payments ceased due to You being no longer affiliated with the Policyholder; and • You re-establish premium payments through: a) a new list bill, common remitter or payroll deduction process through current employment; or b) direct payment to Us in an automatic deduction system established by Us. <p>You will become eligible again to receive this benefit after: a) You re-establish the premium payments through list bill, common remitter or payroll deduction for a period of at least six months; and b) We receive premiums for at least six consecutive months.</p>	<p>\$3,000</p> <p>per lifetime</p>	<p>\$5,000</p> <p>per lifetime</p>

This is not a complete disclosure of plan qualifications and limitations. Please review this information before applying for coverage. The amount of benefits provided depends on the plan selected. Premiums will vary according to the selection made. **THIS POLICY PROVIDES LIMITED BENEFITS AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE.**

Policy/Rider Numbers: L-1061P, L-1061C – 10/16 KS, R-2068, R-2069, R-2070, R-2073, R-2074, R-2076, R-2077, R-2078.

Underwritten by: Shenandoah Life Insurance Company, member of the Prosperity Life Group.

Not available in all states.

CANCER INSURANCE- Continued

Voluntary Cancer Insurance

A limited benefit policy
Group product base



Waiver of Premium Benefit

We will waive the premiums for the Certificate and in force riders starting on the first premium due date following a 60 day period of Total Disability of the Named Insured due to Cancer. If 60 days or less separate two periods of Total Disability for the same Cancer, the second will be a continuation of the first. The Named Insured must: (1) be receiving treatment for such Cancer for which benefits are payable under the Certificate; and (2) remains disabled for 60 consecutive days. We will waive premiums for as long as the Named Insured remains Totally Disabled. Premiums will be waived in accordance with the mode of payment in effect when treatment began. If the Named Insured is retired or age 65 and over at the time he or she becomes Totally Disabled, the definition of Total Disability will mean the inability to perform two (2) or more Activities of Daily Living (ADLs) without the assistance of another person. We may ask for and use an independent consultant to determine whether the Named Insured can perform an ADL when this benefit is in force.

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CANCER INSURANCE – Continued

Voluntary Cancer Insurance

A limited benefit policy
Group product base



Optional Benefit Riders	Level 1	Level 2
<p>• ANNUAL WELLNESS SCREENING BENEFIT RIDER</p> <p>Basic Screening Benefit</p> <p>We will pay the Basic Screening Benefit amount per Calendar Year per Covered Person for screening tests performed to determine whether Cancer exists in a Covered Person. Covered annual Cancer screening tests include but are not limited to the following:</p> <ul style="list-style-type: none"> • Mammogram • Breast Ultrasound • Pap Smear • Thin-Prep • Flexible Sigmoidoscopy • Biopsy • Hemocult • Stool Specimen • Chest X-Ray • CEA (blood test for colon cancer) • Thermography • PSA (blood test for prostate cancer) • Colonoscopy • CA 125 (blood test for ovarian cancer) • Serum Protein Electrophoresis (blood test for myeloma) • CA 15-3 (blood test for breast cancer) <p>Additional Invasive Diagnostic Procedure Benefit</p> <p>We will pay two times the Basic Screening Benefit amount per Calendar Year for the Basic Screening Benefit, per Covered Person for one additional invasive diagnostic procedure required as the result of an abnormal cancer screening test for which benefits are payable under the Basic Screening Benefit above. Invasive diagnostic procedure means a procedure requiring an excision or the insertion of an instrument in the body. This additional benefit is payable regardless of the results of the additional diagnostic procedure.</p> <p>Cancer Vaccine Benefit</p> <p>We will pay one-half the Basic Screening Benefit amount per lifetime of each Covered Person for a United States FDA approved cancer vaccine administered to a Covered Person.</p>	<p>\$100 per Calendar Year</p> <p>\$100 per Calendar Year</p> <p>2x Basic Screening Benefit per Calendar Year</p> <p>½ Basic Screening Benefit per lifetime</p>	<p>\$100 per Calendar Year</p> <p>\$100 per Calendar Year</p> <p>2x Basic Screening Benefit per Calendar Year</p> <p>½ Basic Screening Benefit per lifetime</p>
<p>• MEDICAL IMAGING AND MEDICATION BENEFITS RIDER</p> <p>Medical Imaging, Treatment Planning, and Monitoring Expense Benefit</p> <p>We will pay the Charge Incurred, but not to exceed \$1,000 per Calendar Year, for any combination of laboratory tests, routine or diagnostic X-rays, scans or medical images and their interpretation when used in the planning or monitoring of external radiation, internal radiation, Chemotherapy or Immunotherapy treatments of Cancer.</p> <p>Anti-Nausea Medication Expense Benefit</p> <p>We will pay the Charge Incurred for anti-nausea medication, but not to</p>	<p>Charge Incurred, up to \$1,000 per Calendar Year</p> <p>Charge Incurred, up to \$150 per</p>	<p>Charge Incurred, up to \$1,000 per Calendar Year</p> <p>Charge Incurred, up to \$150 per</p>

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CANCER INSURANCE – Continued

Voluntary Cancer Insurance

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Group product base



Optional Benefit Riders	Level 1	Level 2
<p>exceed \$150 per calendar month, when a Covered Person is prescribed such medication as the result of Radiation Treatment, Chemotherapy or Immunotherapy treatments for Cancer.</p>	<p>Calendar Month</p>	<p>Calendar Month</p>
<p>Colony Stimulating Factor or Immunoglobulin Expense Benefit We will pay the Charge Incurred, but not to exceed \$1,000 per Calendar Month, for Colony Stimulating Factor drugs or Immunoglobulins prescribed by a Physician or Oncologist during a Covered Person's Cancer treatment regimen for which benefits are payable under the optional Daily, Monthly or Annual Radiation Treatment, Chemotherapy, Immunotherapy and Experimental Treatment Benefit Riders.</p>	<p>Charge Incurred, up to \$1,000 per Calendar Month</p>	<p>Charge Incurred, up to \$1,000 per Calendar Month</p>
<p>• SURGICAL EXPENSE BENEFIT RIDER</p> <p>Surgical Expense Benefit We will pay a Surgical Expense Benefit for a surgical procedure for the treatment of Cancer (except Skin Cancer) in accordance with the Surgical Schedule contained in the Rider. The surgery may be performed either as an inpatient of a Hospital or as an outpatient in a Hospital, Ambulatory Surgical Center, Physician's office or other free standing medical facility. We will not pay more than the Charge Incurred for any surgical procedure.</p> <p>Anesthesia Expense Benefit When a surgical procedure is performed that is a covered surgical expense and the Covered Person incurs charges for anesthesia, we will pay the Charge Incurred for the anesthesia not to exceed an amount equal to 30% of the covered Surgical Expense Benefit for the operation performed. This includes the services of a professional anesthesiologist or of an anesthetist under supervision of a Physician for the purpose of administering anesthesia.</p> <p>Skin Cancer Surgical Expense Benefit When there is a positive diagnosis of Skin Cancer of a Covered Person and a cutting surgical procedure is performed to remove the positively diagnosed Skin Cancer, we will pay the Charge Incurred, not to exceed the amount shown below, for such surgical removal:</p> <ul style="list-style-type: none"> • Biopsy \$125 • Excision of lesion of skin \$350 • Excision of lesion of skin with flap or graft \$750 <p>This benefit is payable in lieu of any benefits for Surgical Expense and Anesthesia Expense which are not applicable to Skin Cancer.</p>	<p>\$4,500 Maximum Benefit Amount</p> <p>Charge Incurred, up to 30% of the Surgical Expense Benefit Amount</p> <p>Charge Incurred, up to Indicated Amounts</p>	<p>\$4,500 Maximum Benefit Amount</p> <p>Charge Incurred, up to 30% of the Surgical Expense Benefit Amount</p> <p>Charge Incurred, up to Indicated Amounts</p>

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CANCER INSURANCE – Continued

Voluntary Cancer Insurance

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<p>• DAILY HOSPITAL CONFINEMENT BENEFIT RIDER</p> <p>Confinements of 30 Days or Less - We will pay the Daily Hospital Confinement Benefit amount for each of the first 30 days in each Period of Hospital Confinement during which a Covered Person is confined to a Hospital, including a Government or Charity Hospital, for the treatment of Cancer.</p> <p>Confinements lasting longer than 30 Consecutive Days – If a Covered Person is continuously confined to a Hospital, including a Government or Charity Hospital, for longer than 30 consecutive days for the treatment of Cancer, we will pay two times the Daily Hospital Confinement Benefit amount. This benefit payment will begin on the 31st continuous day of such confinement and continue for each day of confinement until the Covered Person is discharged from the Hospital.</p> <p>Benefits for an insured Dependent Child under Age 21 - Benefits payable under this Rider will be double the Daily Hospital Confinement Benefit amount if payable Daily Hospital Confinement Benefits are for a covered dependent child under the age of 21.</p>	<table> <tr> <td>\$150</td> <td>\$150</td> </tr> <tr> <td>per day</td> <td>per day</td> </tr> </table>	\$150	\$150	per day	per day
\$150	\$150				
per day	per day				
<p>• ANNUAL RADIATION, CHEMOTHERAPY, IMMUNOTHERAPY AND EXPERIMENTAL TREATMENT EXPENSE BENEFIT RIDER</p> <p>We will pay the Charge Incurred in any one Calendar Year by a Covered Person for:</p> <ol style="list-style-type: none"> 1. Chemotherapy (including Hormonal Therapy) or Immunotherapy injected by a Chemotherapist, an Oncologist, Physician, or other legally qualified medical personnel in the office of an Oncologist or Physician, a Chemotherapy Treatment Center, a Hospital or Clinic; 2. Self-administered or oral Chemotherapy or Immunotherapy; 3. Radiation Treatment administered by a Radiation Therapist, an Oncologist, Physician, or other legally qualified medical personnel in the office of an Oncologist or Physician, a Radiation Treatment Center, a Hospital or Clinic. Benefits payable for interstitial or intracavitary applications of Radiation Treatments are payable on the day of insertion only and not for each day the Radiation Treatment remains in the body; and 4. Experimental Treatment. <p>Treatment may be on an Inpatient or Outpatient basis.</p> <p>*The Annual Radiation Treatment, Chemotherapy, Immunotherapy, and Experimental Treatment Benefit amount is the maximum we will pay in any one Calendar Year for each Covered Person's Cancer treatments regardless of the number or types of treatments received.</p>	<table> <tr> <td>Charge Incurred, up to \$10,000 per Calendar Year*</td> <td>Charge Incurred, up to \$10,000 per Calendar Year*</td> </tr> </table>	Charge Incurred, up to \$10,000 per Calendar Year*	Charge Incurred, up to \$10,000 per Calendar Year*		
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CANCER INSURANCE – Continued

Voluntary Cancer Insurance

A limited benefit policy
Group product base



<p>• HOSPITAL INTENSIVE CARE UNIT BENEFITS RIDER</p> <p>When a Covered Person is confined in an Intensive Care Unit or a Step-Down Unit after the Covered Person's Rider Effective Date, We will pay the benefits described in A., B., or C., below.</p> <p>Benefits under A., B. and C., are combined and limited to 45 days per each Period of Hospital Intensive Care Unit Confinement.</p> <p>A. Hospital Intensive Care Unit Benefit - We will pay the Hospital Intensive Care Unit Benefit amount for each day a Covered Person is confined in an Intensive Care Unit as the result of Sickness or Injury. Intensive Care Unit benefits will begin on the first day of such confinement.</p> <p>B. Double Intensive Care Unit Benefit - We will double the Hospital Intensive Care Unit Benefit amount for the initial Intensive Care Unit confinement if resulting from a Travel Related Injury. The double benefit for a Travel Related Injury is payable only for the initial Intensive Care Unit confinement that commences within 24 hours of the accident causing the Travel Related Injury. Double Intensive Care Unit Benefits are not payable for successive periods of confinement, even when part of the same Period of Hospital Intensive Care Unit Confinement.</p> <p>C. Step-Down Unit Benefit - We will pay one-half of the Hospital Intensive Care Unit Benefit amount for each day the Covered Person is confined in a Step-Down Unit as the result of Sickness or Injury.</p> <p>**Reduction</p> <p>On the date a Covered Person attains Age 75, and continuing thereafter, the Hospital Intensive Care Unit Benefit amount will be reduced by one-half.</p>	<table border="0"> <tr> <td style="text-align: center;">\$600 per day**</td> <td style="text-align: center;">\$600 per day**</td> </tr> <tr> <td style="text-align: center;">2x Hospital Intensive Care Unit Benefit Amount</td> <td style="text-align: center;">2x Hospital Intensive Care Unit Benefit Amount</td> </tr> <tr> <td style="text-align: center;">½ Hospital Intensive Care Unit Benefit Amount</td> <td style="text-align: center;">½ Hospital Intensive Care Unit Benefit Amount</td> </tr> </table>	\$600 per day**	\$600 per day**	2x Hospital Intensive Care Unit Benefit Amount	2x Hospital Intensive Care Unit Benefit Amount	½ Hospital Intensive Care Unit Benefit Amount	½ Hospital Intensive Care Unit Benefit Amount
\$600 per day**	\$600 per day**						
2x Hospital Intensive Care Unit Benefit Amount	2x Hospital Intensive Care Unit Benefit Amount						
½ Hospital Intensive Care Unit Benefit Amount	½ Hospital Intensive Care Unit Benefit Amount						
<p>• SPECIFIED DISEASE BENEFIT RIDER</p> <p>Covered Specified Diseases:</p> <table border="0"> <tr> <td> <ul style="list-style-type: none"> • Addison's Disease • Amyotrophic Lateral Sclerosis • Botulism • Bovine Spongiform • Budd-Chiari Syndrome • Cystic Fibrosis • Diphtheria • Encephalitis • Encephalopathy • Epilepsy • Hansen's Disease • Histoplasmosis • Legionnaire's Disease • Lupus Erythematosus </td> <td> <ul style="list-style-type: none"> • Lyme Disease • Malaria • Meningitis • Multiple Sclerosis • Muscular Dystrophy • Myasthenia Gravis • Neimann-Pick Disease • Osteomyelitis • Poliomyelitis • Q Fever • Rabies • Reye's Syndrome • Rheumatic Fever </td> <td> <ul style="list-style-type: none"> • Rocky Mountain Spotted Fever • Sickle Cell Anemia • Tay-Sachs Disease • Tetanus • Toxic Epidermal Necrolysis • Tuberculosis • Tularemia • Typhoid Fever • Undulant Fever • West Nile Virus • Whipple's Disease • Whooping Cough </td> </tr> </table>		<ul style="list-style-type: none"> • Addison's Disease • Amyotrophic Lateral Sclerosis • Botulism • Bovine Spongiform • Budd-Chiari Syndrome • Cystic Fibrosis • Diphtheria • Encephalitis • Encephalopathy • Epilepsy • Hansen's Disease • Histoplasmosis • Legionnaire's Disease • Lupus Erythematosus 	<ul style="list-style-type: none"> • Lyme Disease • Malaria • Meningitis • Multiple Sclerosis • Muscular Dystrophy • Myasthenia Gravis • Neimann-Pick Disease • Osteomyelitis • Poliomyelitis • Q Fever • Rabies • Reye's Syndrome • Rheumatic Fever 	<ul style="list-style-type: none"> • Rocky Mountain Spotted Fever • Sickle Cell Anemia • Tay-Sachs Disease • Tetanus • Toxic Epidermal Necrolysis • Tuberculosis • Tularemia • Typhoid Fever • Undulant Fever • West Nile Virus • Whipple's Disease • Whooping Cough 			
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CANCER INSURANCE – Continued

Voluntary Cancer Insurance

A limited benefit policy
Group product base



<p>If a Covered Person is diagnosed with one or more Covered Specified Diseases and is hospitalized for definitive treatment, we will pay the following benefits:</p> <p>Initial Hospitalization Benefit</p> <p>We will pay the Initial Hospitalization Benefit amount when a Covered Person is confined to a Hospital for 12 or more hours as a result of receiving treatment for a Covered Specified Disease. This benefit is payable only once per Period of Hospital Confinement and only once per Calendar Year for each Covered Person.</p> <p>The Period of Hospital Confinement must start while the Rider is in force for the Covered Person. If the confinement follows a previously covered confinement, it will be deemed a continuation of the first confinement unless it is the result of an entirely different Covered Specified Disease, or unless the confinements are separated by 30 days or more.</p> <p>Hospital Confinement Benefit</p> <p>We will pay the Hospital Confinement Benefit amount per day when a Covered Person is hospitalized during any continuous period of 30 days or less for the treatment of a Covered Specified Disease. Benefits will double per day beginning with the 31st day of continuous confinement.</p>	<table border="0"> <tr> <td style="text-align: center;">\$1,500</td> <td style="text-align: center;">\$1,500</td> </tr> <tr> <td style="text-align: center;">per Calendar Year</td> <td style="text-align: center;">per Calendar Year</td> </tr> <tr> <td colspan="2"> </td> </tr> <tr> <td style="text-align: center;">\$100</td> <td style="text-align: center;">\$100</td> </tr> <tr> <td style="text-align: center;">per day</td> <td style="text-align: center;">per day</td> </tr> </table>	\$1,500	\$1,500	per Calendar Year	per Calendar Year			\$100	\$100	per day	per day
\$1,500	\$1,500										
per Calendar Year	per Calendar Year										
\$100	\$100										
per day	per day										
<p>• ADDITIONAL BENEFITS RIDER</p> <p>Positive Diagnosis Benefit</p> <p>We will pay the Charge Incurred, not to exceed \$300 per Calendar Year, for one test that confirms the positive diagnosis of Cancer in a Covered Person. This benefit is not payable for multiple diagnoses of the same Cancer, for Cancer that metastasizes, or for recurrence of the same Cancer.</p> <p>National Cancer Institute Designated Comprehensive Cancer Treatment Center Evaluation/Consultation Benefit</p> <p>If a Covered Person receives a positive diagnosis of Cancer and seeks an evaluation or consultation at a National Cancer Institute designated Comprehensive Cancer Treatment Center for the purpose of obtaining a treatment option, we will pay the Charge Incurred not to exceed a lifetime maximum of \$750. 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 not to exceed a lifetime maximum of \$350. This benefit is not payable on the same day a Second or Third Surgical Opinion Benefit is payable. This benefit is payable in lieu of the Non-Local Transportation and Lodging Expense Benefits of the Rider. This benefit is payable one time during the lifetime of the Covered Person.</p> <p>Second and Third Surgical Opinion Expense Benefit</p> <p>If surgery is recommended for the removal of Cancer, we will pay the Charge Incurred for a written second surgical opinion concerning the Cancer surgery. If the second surgical opinion is in conflict with the first opinion, we will pay the Charge Incurred for a written third surgical opinion. The Physician providing the second or third surgical opinion cannot be associated with the Physician who originally recommended the surgery. This benefit is not payable for the same day the National Cancer Institute Evaluation/Consulting</p>	<table border="0"> <tr> <td style="text-align: center;">Charge Incurred, subject to various maximums (see below)</td> <td style="text-align: center;">Charge Incurred, subject to various maximums (see below)</td> </tr> </table>	Charge Incurred, subject to various maximums (see below)	Charge Incurred, subject to various maximums (see below)								
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CANCER INSURANCE – Continued**Voluntary Cancer Insurance**

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Benefit is payable.

Outpatient Hospital or Ambulatory Surgical Center Expense Benefit

We will pay the Charge Incurred, not to exceed \$350 per day, made by an Ambulatory Surgical Center or Outpatient department of a Hospital for the use of its facilities during the performance of a surgical procedure covered under this Policy.

Outpatient Blood, Plasma and Platelets Expense Benefit

If, as the result of Cancer, a Covered Person requires blood, plasma, platelets or blood transfusions, on an Outpatient basis, we will pay the Charge Incurred not to exceed \$300 per day including the costs of procurement, administration, processing and cross matching.

Inpatient Blood, Plasma and Platelets Expense Benefit

If, as the result of Cancer, a Covered Person requires blood, plasma, platelets or blood transfusions, on an Inpatient basis, we will pay the Charge Incurred not to exceed \$300 per day including the costs of procurement, administration, processing and cross matching.

Bone Marrow Donor Expense Benefit

When a Covered Person receives bone marrow or stem cells from another live person for the purpose of a bone marrow or stem cell transplant in connection with the Covered Person's Cancer treatment, we will pay the Charge Incurred, not to exceed \$100 per day, for each day the donor is confined in a Hospital for the harvesting of bone marrow or stem cells used in a covered bone marrow or stem cell transplant.

Bone Marrow or Stem Cell Transplant Expense Benefit

We will pay the Charge Incurred not to exceed a lifetime maximum of \$15,000 for surgical and anesthesia procedures (including the harvesting and subsequent re-infusion of blood cells or peripheral stem cells) performed for a bone marrow transplant and/or a peripheral stem cell transplant for the treatment of a Covered Person's Cancer. This benefit will be paid in lieu of the benefit provided by the optional Surgical Expense Benefit Rider.

Inpatient Oxygen Expense Benefit

When a Covered Person is confined to a Hospital for the treatment of Cancer and requires oxygen used that is prescribed and ordered by a Physician, we will pay the Charge Incurred for the oxygen not to exceed \$300 per Hospital confinement.

Attending Physician Expense Benefit

We will pay the Charge Incurred not to exceed \$ 40 per day for the professional services of a Physician or Oncologist rendered to a Covered Person while he or she is confined in a Hospital for the treatment of Cancer. This benefit is payable only if the Physician or Oncologist personally visits the Hospital room occupied by the Covered Person. The benefit amount stated is the maximum amount payable for each day of Hospital confinement regardless of the number of visits made by one or more Physicians or Oncologists.

Inpatient Private Duty Nursing Expense Benefit

We will pay the Charge Incurred not to exceed \$150 per day for the full-time service of a Nurse that is required and ordered by a Physician when a Covered Person is confined in a Hospital for the treatment of Cancer. The Nurse must provide services other than those normally provided by the Hospital. The Nurse may not be an employee of the Hospital or an Immediate Family Member of the Covered Person.

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Group product base

**Outpatient Private Duty Nursing Expense Benefit**

Following a Covered Person's Hospital confinement for the treatment of Cancer, we will pay the Charge Incurred not to exceed \$150 per day, limited to the same number of days of such Hospital confinement, for the full-time service of a Nurse that is required and ordered by a Physician when a Covered Person is confined indoors at home as the result of Cancer. This benefit is not payable if the services of the Nurse are custodial in nature or to assist the Covered Person in the activities of daily living. This benefit is not payable when the Nurse is a member of the Covered Person's Immediate Family.

Home Health Care Expense Benefit

We will pay benefits for the following covered charges when a Covered Person requires Home Health Care for the treatment of Cancer.

- a. Home Health Care Visits - We will pay the Charge Incurred for Home Health Care Visits not to exceed \$ 75 for each day on which one or more such visits occur. We will not pay this benefit for more than 60 days in any Calendar Year.
- b. Medicine and Supplies - We will pay the Charge Incurred not to exceed \$ 450 in any Calendar Year for drugs, medicine, and medical supplies provided by or on behalf of a Home Health Care Agency.
- c. Services of a Nutritionist - We will pay the Charge Incurred not to exceed a lifetime maximum of \$ 300 for the services of a nutritionist to set up programs for special dietary needs.

Convalescent Care Facility Expense Benefit

We will pay the Charge Incurred not to exceed \$ 100 per day for a Covered Person's confinement in a Convalescent Care Facility. The maximum number of days for which this benefit is payable will be the number of days in the Covered Person's last Period of Hospital Confinement that immediately preceded admission to the Convalescent Care Facility. The Convalescent Care Facility confinement must:

- a. be due to Cancer;
- b. begin within 14 days after the Covered Person has been discharged from a Hospital for the treatment of Cancer; and
- c. be authorized by a Physician as being medically necessary for the treatment of Cancer.

Hospice Care Expense Benefit

When a Covered Person, as a result of Cancer, requires Hospice Care, we will pay the Charge Incurred for Hospice Care not to exceed \$100 per day. This benefit is payable whether confinement is required in a Hospice Center or services are provided in the Covered Person's home by a Hospice Team. Eligibility for benefit payments will be based on the following conditions being met: (1) the Covered Person has been given a prognosis of being Terminally Ill with an estimated life expectancy of 6 months or less; and (2) We have received a written summary of such prognosis from the attending Physician. We will not pay this benefit while the Covered Person is confined to a Hospital or Convalescent Care Facility. The lifetime maximum benefit is 365 days of Hospice Care.

Non-Local Transportation Expense Benefit

We will pay the Charge Incurred for Non-Local transportation not to exceed coach fare on a Common Carrier for the Covered Person and one adult companion's travel to a Hospital, Radiation Therapy Treatment Center, Chemotherapy Treatment Center, Oncology Clinic or any other specialized treatment center where the Covered Person receives treatment for Cancer. This benefit is payable only if the treatment is not available Locally. The adult companion may include the live donor of bone marrow or stem cells used in a bone marrow or stem cell transplant for the Covered Person. At the option of the Covered Person, we will pay a single private vehicle mileage allowance of 50 cents per mile for Non-Local transportation in lieu of the common carrier coach fare.

This is not a complete disclosure of plan qualifications and limitations. Please review this information before applying for coverage. The amount of benefits provided depends on the plan selected. Premiums will vary according to the selection made. **THIS POLICY PROVIDES LIMITED BENEFITS.**

Policy/Rider Numbers: L-1061P, L-1061C – 10/16 KS, R-2068, R-2069, R-2070, R-2073, R-2074, R-2076, R-2077, R-2078.

Underwritten by: Shenandoah Life Insurance Company, member of the Prosperity Life Group.

Not available in all states.

CANCER INSURANCE – Continued**Voluntary Cancer Insurance**

A limited benefit policy
Group product base

**Lodging Expense Benefit**

When a Covered Person receives treatment for Cancer at a Non-Local Hospital, Radiation Therapy Treatment Center, Chemotherapy Treatment Center, Oncology Clinic or any other specialized treatment center, we will pay the Charge Incurred not to exceed \$75 per day for a room in a motel, hotel or other appropriate lodging facility (other than a private residence). The room must be occupied by the Covered Person or an adult companion, which may include the live donor of bone marrow or stem cells used in a bone marrow or stem cell transplant for the Covered Person. 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. This benefit is limited to 100 days per Calendar Year.

Ambulance Expense Benefit

We will pay the Charge Incurred for ambulance service if a Covered Person is transported to a Hospital where he or she is admitted as an Inpatient for the treatment of Cancer. The ambulance service must be provided by a licensed professional ambulance company or an ambulance owned by the Hospital.

Prosthesis Expense Benefit

We will pay benefits for the following covered charges when a Covered Person requires a prosthesis for the treatment of Cancer:

- a. Surgically Implanted Breast Prosthesis – If a Covered Person sustains an amputation, as the result of treatment for Cancer, and a surgically implanted prosthetic device is prescribed by a Physician, we will pay the Charge Incurred not to exceed a maximum of \$3,000 per such device. This benefit has a total lifetime maximum benefit of \$6,000. The cost for the replacement of a prosthetic device is not covered. Hairpieces or wigs are not covered under this benefit.
- b. Non-Surgically Implanted Prosthesis – If a Covered Person sustains an amputation, as the result of treatment for Cancer, and an artificial limb or other non-surgically implanted prosthetic device is required and prescribed by a Physician to restore normal body function, we will pay the Charge Incurred not to exceed a lifetime maximum of \$2,000 per such device. The cost for the replacement of a prosthetic device is not covered. Hairpieces or wigs are not covered under this benefit.

Hairpiece Expense Benefit

If a Covered Person suffers hair loss due to treatment of Cancer, we will pay the Charge Incurred not to exceed a lifetime maximum of \$150 for the purchase of a wig or hairpiece.

Rental or Purchase of Medical Equipment Expense Benefit

If, as the result of Cancer, the attending Physician prescribes covered medical equipment designed for home use, we will pay the lesser of the Charge Incurred for the rental or purchase of such medical equipment not to exceed \$1,500 per Calendar Year. Monthly rental charges are not payable in advance. Covered medical equipment includes wheel chair, oxygen equipment, respirator, braces, crutches or hospital bed.

This is not a complete disclosure of plan qualifications and limitations. Please review this information before applying for coverage. The amount of benefits provided depends on the plan selected. Premiums will vary according to the selection made. **THIS POLICY PROVIDES LIMITED BENEFITS.**

Policy/Rider Numbers: L-1061P, L-1061C – 10/16 KS, R-2068, R-2069, R-2070, R-2073, R-2074, R-2076, R-2077, R-2078.

Underwritten by: Shenandoah Life Insurance Company, member of the Prosperity Life Group.

Not available in all states.

CANCER INSURANCE – Continued**Voluntary Cancer Insurance**

A limited benefit policy
Group product base

**Physical, Speech And Audio Therapy Expense Benefit**

We will pay the Charge Incurred not to exceed \$ 25 per therapy session for:

- a. Physical therapy treatments given by a licensed Physical Therapist, or
- b. Speech therapy given by a licensed Speech Pathologist/Therapist; or
- c. Audio therapy given by a licensed Audiologist.

These therapy sessions may be given at an institute of physical medicine and rehabilitation, a Hospital, or the Covered Person's home. These treatments must be given on an Outpatient basis, unless the primary purpose of a Hospital confinement is for treatment of Cancer other than with physical, speech or audio therapy. Benefits under this section may not exceed \$1,000 per Calendar Year.

Mental Health Consultation Benefit

We will pay the Charge Incurred not to exceed \$75 per session for mental health consultations provided by a Physician for a Covered Person receiving treatment for Cancer. Benefits are limited to a lifetime maximum of 50 sessions.

Child Tutorial Benefit

We will pay the Charge Incurred not to exceed \$20 per each one-hour session for educational tutoring provided by a qualified person for a covered Dependent child receiving treatment for Cancer. Benefits are limited to a lifetime maximum of 50 one-hour sessions. A qualified person providing the tutoring must not be an Immediate Family Member.

Wheelchair Accessible Home Modifications

When a Covered Person is confined to a wheel chair as the result of treatment of Cancer and benefits were paid for the wheel chair's rental or purchase under this Rider, we will pay the Charge Incurred not to exceed a lifetime maximum of \$1,000 for bathroom or door modification of the Covered Person's home which is required for wheel chair access by the Covered Person.

Child Care Benefit

We will pay the Charge Incurred not to exceed \$30 per day for each Dependent Child of Covered Person attending a Child Care Center while a Covered Person is confined to the Hospital or ICU due to treatment for Cancer. Benefits are limited to a lifetime maximum of 50 days.

Pet Boarding Benefit

We will pay the Charge Incurred not to exceed \$20 per day for all pets of a Covered Person attending a Pet Boarding Center while the Covered Person is confined to the Hospital or ICU due to treatment for Cancer. Benefits are limited to a lifetime maximum of 30 days.

Pre-Existing Condition Limitation Period:

12 months prior to Certificate Effective Date

See page 14 for details.

This is not a complete disclosure of plan qualifications and limitations. Please review this information before applying for coverage. The amount of benefits provided depends on the plan selected. Premiums will vary according to the selection made. **THIS POLICY PROVIDES LIMITED BENEFITS.**

Policy/Rider Numbers: L-1061P, L-1061C – 10/16 KS, R-2068, R-2069, R-2070, R-2073, R-2074, R-2076, R-2077, R-2078.

Underwritten by: Shenandoah Life Insurance Company, member of the Prosperity Life Group.

Not available in all states.

CANCER INSURANCE – Continued

Voluntary Cancer Insurance

A limited benefit policy
Group product base



Cancer Plan Proposed Rates:

Displaying monthly payroll deduction premium amounts (*Plan premiums will not increase during the 2-year Rate Guarantee Period; after that premiums may be changed upon 45 days written notice*).

Level One				Level Two			
EMPLOYEE	EMPLOYEE & SPOUSE	SINGLE PARENT FAMILY	TWO-PARENT FAMILY	EMPLOYEE	EMPLOYEE & SPOUSE	SINGLE PARENT FAMILY	TWO-PARENT FAMILY
\$25.77	\$40.24	\$28.96	\$43.53	\$27.77	\$43.31	\$31.20	\$46.83

This is not a complete disclosure of plan qualifications and limitations. Please review this information before applying for coverage. The amount of benefits provided depends on the plan selected. Premiums will vary according to the selection made. **THIS POLICY PROVIDES LIMITED BENEFITS.**
Policy/Rider Numbers: L-1061P, L-1061C – 10/16 KS, R-2068, R-2069, R-2070, R-2073, R-2074, R-2076, R-2077, R-2078.
Underwritten by: Shenandoah Life Insurance Company, member of the Prosperity Life Group.
Not available in all states.

CANCER INSURANCE – Continued

Voluntary Cancer Insurance

A limited benefit policy
Group product base



CONDITIONS, LIMITATIONS AND EXCLUSIONS AFFECTING THE BENEFITS DESCRIBED ABOVE

ELIGIBILITY: All active employees over 18 years of age working a minimum of 20 hours per week.

LIMITATIONS AND EXCLUSIONS**Pre-Existing Condition Limitation**

A pre-existing condition is a condition, whether diagnosed or not, for which symptoms existed within the Pre-Existing Condition Limitation Period, or for which medical advice or treatment was recommended or received from a physician within the same period. **Benefits will not be paid for any loss that is a Pre-Existing Condition, unless the Covered Person has satisfied the Pre-Existing Condition Limitation Period shown on the Certificate Schedule.**

No pre-existing condition limitation will be applied for dependent children who are born or adopted while the named insured is covered, and who are continuously covered from the date of birth or adoption. Credit toward the satisfaction of the Pre-Existing Condition Limitation Period will be given for any continuous time the covered person was covered under the pre-existing condition clause of previous coverage through another carrier if: (1) the previous coverage was similar to or exceeded coverage under this plan; (2) the covered person was insured under the previous coverage at the time of enrollment in this plan; and (3) the covered person was insured under the coverage provided under this plan on the Certificate Effective Date. The Covered Person is responsible for furnishing proof of their previous coverage, to include type of coverage, length the previous coverage was in force and the date the previous coverage terminated.

Other Exclusions

Benefits are not payable for:

- any loss due to any disease or illness other than Cancer;
- any loss due to a condition excluded by name or description within the Certificate or any attached rider;
- care or treatment received outside the territorial limits of the United States;
- treatment by any program engaged in research that does not meet the criteria for Experimental Treatment as defined;
- treatment that has not been approved by a physician as being medically necessary; or
- losses or medical expenses incurred prior to the Certificate Effective Date.

OTHER INFORMATION

Renewability: The coverage is guaranteed renewable during the named insured's lifetime, except for fraud or material misrepresentation, so long as premiums are paid on time.

Termination: Coverage for the employee (named insured) will terminate on the earliest of the following: (1) the date premium is not paid when due, subject to the grace period provision; (2) the date the employee so requests, subject to at least 31 days' written notification; (3) the date the Employer Policy terminates; or (4) the date the employee dies. Spouse and dependent care coverage, if applicable, will terminate on the earliest of: (1) the premium for the spouse or dependent child coverage, as applicable, is not paid when due subject to the grace period provisions; (2) the date the covered person ceases to qualify as a spouse or dependent child, as applicable; (3) the date the employee so requests, subject to at least 31 days' written notification; (4) the date coverage for the employee terminates; (5) for a dependent child, the date the coverage for the dependent child is converted.

Premiums: Premiums may be changed upon 45 days written notice. Premiums will not increase on the group plan during the rate guarantee period listed above.

Portability and Conversion: Portability coverage is available, subject to the timely payment of premiums, if the policy terminates for reasons other than non-payment of premium or cancellation by the employee, or if the employee ceases to be a member of the eligible class. Written request and payment of the first premiums for the portability coverage must be received no later than 30 days after such termination or change in eligibility status. Premium rates will be based on rates in effect at the time of the qualifying event.

If a spouse's coverage ends due to the death of the employee or a divorce, the spouse may elect to convert coverage for him/herself alone or for him/herself and any dependent children. If a dependent child's coverage ends due to attainment of the limiting age, the dependent child may elect to convert coverage. Written request and payment of the first premiums for conversion must be received no later than 30 days after the qualifying event. Premium rates will be based on rates in effect at the time of conversion and may change.

Free-Look Period: The employee has 30 days to review the Certificate and return it for a full refund of any premium paid.

This is not a complete disclosure of plan qualifications and limitations. Please review this information before applying for coverage. The amount of benefits provided depends on the plan selected. Premiums will vary according to the selection made. **THIS POLICY PROVIDES LIMITED BENEFITS.**

Policy/Rider Numbers: L-1061P, L-1061C – 10/16 KS, R-2068, R-2069, R-2070, R-2073, R-2074, R-2076, R-2077, R-2078.

Underwritten by: Shenandoah Life Insurance Company, member of the Prosperity Life Group.

Not available in all states.

ACCIDENT INSURANCE

With MetLife, you'll have a choice of two comprehensive plans which provide payments in addition to any other insurance payments you may receive. Here are just some of the covered events/services.

Benefit Type ¹	Low Plan MetLife Accident Insurance Pays YOU	High Plan MetLife Accident Insurance Pays YOU
Injuries		
Fractures ²	\$50 – \$3,000	\$100 – \$6,000
Dislocations ²	\$50 – \$3,000	\$100 – \$6,000
Second and Third Degree Burns	\$50 – \$5,000	\$100 – \$10,000
Concussions	\$200	\$400
Cuts/Lacerations	\$25 – \$200	\$50 – \$400
Eye Injuries	\$200	\$300
Medical Services & Treatment		
Ambulance	\$300 – \$1,500	\$400 – \$2,000
Emergency Care	\$25 – \$200	\$50 – \$300
Non-Emergency Care	\$25	\$50
Physician Follow-Up	\$50	\$75
Therapy Services (including physical therapy)	\$15	\$25
Medical Testing Benefit	\$200	\$300
Medical Appliances	\$50 – \$500	\$100 – \$1,000
Inpatient Surgery	\$100 – \$1,000	\$200 – \$2,000
Hospital³ Coverage (Accident)		
Admission	\$500 (non-ICU) – \$1,000 (ICU) per accident	\$1,000 (non-ICU) – \$2,000 (ICU) per accident
Confinement	\$200 a day (non-ICU) – up to 31 days	\$400 a day (non-ICU) – up to 31 days
	\$400 a day (ICU) – up to 31 days	\$800 a day (ICU) – up to 31 days

ACCIDENT INSURANCE - Continued

Inpatient Rehab (paid per accident)	\$100 a day, up to 15 days	\$200 a day, up to 15 days
Benefit Type¹	Low Plan MetLife Accident Insurance Pays YOU	High Plan MetLife Accident Insurance Pays YOU
Accidental Death		
Employee receives 100% of amount shown, spouse receives 50% and children receive 20% of amount shown.	\$30,000 \$75,000 for common carrier ⁵	\$50,000 \$150,000 for common carrier ⁵
Dismemberment, Loss & Paralysis		
Dismemberment, Loss & Paralysis	\$250 – \$10,000 per injury	\$500 - \$50,000 per injury
Other Benefits		
Lodging ⁶ - Pays for lodging for companion up to 30 nights per calendar year Health Screening Benefit (Wellness) ⁷ benefit provided if the covered insured takes one of the covered screening/prevention tests	\$100 per night, up to 31 nights; up to \$3,100 in total lodging benefits available per calendar year \$100 <i>Payable 1x per calendar year</i>	\$200 per night, up to 31 nights; up to \$6,200 in total lodging benefits available per calendar year \$200 <i>Payable 1x per calendar year</i>

BENEFIT PAYMENT EXAMPLE

Kathy's daughter, Molly, plays soccer on the varsity high school team. During a recent game, she collided with an opposing player, was knocked unconscious and taken to the local emergency room by ambulance for treatment. The ER doctor diagnosed a concussion and a broken tooth. He ordered a CT scan to check for facial fractures too, since Molly's face was very swollen. Molly was released to her primary care physician for follow-up treatment, and her dentist repaired her broken tooth with a crown. Depending on her health insurance, Kathy's out-of-pocket costs could run into hundreds of dollars to cover expenses like insurance co-payments and deductibles. MetLife Group Accident Insurance payments can be used to help cover these unexpected costs.

Covered Event ¹	Benefit Amount ⁸
Ambulance (ground)	\$400
Emergency Care	\$100
Physician Follow-Up (\$75 x 2)	\$150
Medical Testing	\$300
Concussion	\$400
Broken Tooth (repaired by crown)	\$200
Benefits paid by MetLife Group Accident Insurance	\$1,550

INSURANCE RATES

MetLife offers competitive group rates and convenient payroll deduction so you don't have to worry about writing a check or missing a payment! Your employee rates are outlined below.

Accident Insurance Coverage Options	Monthly Cost to You	
	Low Plan	High Plan
Employee	\$9.59	\$19.31
Employee & Spouse	\$18.33	\$37.06
Employee & Child(ren)	\$20.10	\$40.66
Employee & Spouse/Child(ren)	\$25.15	\$50.91

ACCIDENT INSURANCE - Continued**QUESTIONS & ANSWERS****Who is eligible to enroll for this accident coverage?**

You are eligible to enroll yourself and your eligible family members!⁹ You need to enroll during your Enrollment Period and be actively at work for your coverage to be effective.

How do I pay for my accident coverage?

Premiums will be conveniently paid through payroll deduction, so you don't have to worry about writing a check or missing a payment.

What happens if my employment status changes? Can I take my coverage with me?

Yes, you can take your coverage with you.¹⁰ You will need to continue to pay your premiums to keep your coverage in force. Your coverage will only end if you stop paying your premium or if your employer offers you similar coverage with a different insurance carrier.

Who do I call for assistance?

Contact a MetLife Customer Service Representative at 1 800- GET-MET8 (1-800-438-6388), Monday through Friday from 8:00 a.m. to 8:00 p.m., EST. Individuals with a TTY may call 1-800-855-2880.

¹ Covered services/treatments must be the result of a covered accident as defined in the group policy/certificate. See your Disclosure Statement or Outline of Coverage/Disclosure Document for full details.

² Chip fractures are paid at 25% of Fracture Benefit and partial dislocations are paid at 25% of Dislocation Benefit.

³ Hospital does not include certain facilities such as nursing homes, convalescent care or extended care facilities. See MetLife's Disclosure Statement or Outline of Coverage/Disclosure Document for full details.

⁴ The Hospital Sickness benefit may not be available in the following states: NH, VT and WA. See your Disclosure Statement or Outline of Coverage/Disclosure Document for full details.

⁵ Common Carrier refers to airplanes, trains, buses, trolleys, subways and boats. Certain conditions apply. See your Disclosure Statement or Outline of Coverage/Disclosure Document for specific details. Be sure to review other information contained in this booklet for more details about plan benefits, monthly rates and other terms and conditions.

⁶ The lodging benefit is not available in all states. It provides a benefit for a companion accompanying a covered insured while hospitalized, provided that lodging is at least 50 miles from insured's primary residence.

⁷ The Health Screening Benefit is not available in all states. For Texas situated policies and Texas residents covered under policies situated in other states, when the Health Screening Benefit is included in an Accident-only plan, the covered screening measures are: physical exam, blood chemistry panel, complete blood count (CBC), chest x-rays, electrocardiogram (EKG), and electroencephalogram (EEG).

⁸ Benefit amount is based on a sample MetLife plan design. Actual plan design and plan benefits may vary.

⁹ Coverage is guaranteed provided (1) the employee is actively at work and (2) dependents to be covered are not subject to medical restrictions as set forth on the enrollment form and in the Certificate. Some states require the insured to have medical coverage. Additional restrictions apply to dependents serving in the armed forces or living overseas.

¹⁰ Eligibility for portability through the Continuation of Insurance with Premium Payment provision may be subject to certain eligibility requirements and limitations. For more information, contact your MetLife representative.

METLIFE'S ACCIDENT INSURANCE IS A LIMITED BENEFIT GROUP INSURANCE POLICY. The policy is not intended to be a substitute for medical coverage and certain states may require the insured to have medical coverage to enroll for the coverage. The policy or its provisions may vary or be unavailable in some states. There is a preexisting condition limitation for hospital sickness benefits, if applicable. MetLife's Accident Insurance may be subject to benefit reductions that begin at age 65. And, like most group accident and health insurance policies, policies offered by MetLife may contain certain exclusions, limitations and terms for keeping them in force. For complete details of coverage and availability, please refer to the group policy form GPNP12-AX or contact MetLife. Benefits are underwritten by Metropolitan Life Insurance Company, New York, New York.

CRITICAL ILLNESS INSURANCE

Plan Summary

COVERAGE OPTIONS

Critical Illness Insurance		
Eligible Individual	Initial Benefit	Requirements
Employee	\$10,000 or \$20,000	Coverage is guaranteed provided you are actively at work. ³
Spouse/Domestic Partner ¹	50% of the employee's Initial Benefit	Coverage is guaranteed provided the employee is actively at work and the spouse/domestic partner is not subject to a medical restriction as set forth on the enrollment form and in the Certificate. ³
Dependent Child(ren) ²	50% of the employee's Initial Benefit	Coverage is guaranteed provided the employee is actively at work and the dependent is not subject to a medical restriction as set forth on the enrollment form and in the Certificate. ³

BENEFIT PAYMENT

Your **Initial Benefit** provides a lump-sum payment upon the first diagnosis of a Covered Condition. Your plan pays a Recurrence Benefit⁴ for the following Covered Conditions: Heart Attack, Stroke, Coronary Artery Bypass Graft, Full Benefit Cancer and Partial Benefit Cancer. A Recurrence Benefit is only available if an Initial Benefit has been paid for the Covered Condition. There is a Benefit Suspension Period between Recurrences.

The maximum amount that you can receive through your Critical Illness Insurance plan is called the **Total Benefit** and is 3 times the amount of your Initial Benefit. This means that you can receive multiple Initial Benefit and Recurrence Benefit payments until you reach the maximum of 300% or \$30,000 or \$60,000.

Please refer to the table below for the percentage benefit amount for each Covered Condition.

Covered Conditions	Initial Benefit	Recurrence Benefit
Full Benefit Cancer ⁵	100% of Initial Benefit	50% of Initial Benefit
Partial Benefit Cancer ⁵	25% of Initial Benefit	12.5% of Initial Benefit
Heart Attack	100% of Initial Benefit	50% of Initial Benefit
Stroke ⁶	100% of Initial Benefit	50% of Initial Benefit
Coronary Artery Bypass Graft ⁷	100% of Initial Benefit	50% of Initial Benefit
Kidney Failure	100% of Initial Benefit	Not applicable
Alzheimer's Disease ⁸	100% of Initial Benefit	Not applicable
Major Organ Transplant Benefit	100% of Initial Benefit	Not applicable
22 Listed Conditions	25% of Initial Benefit	Not applicable

22 Listed Conditions

MetLife Critical Illness Insurance will pay 25% of the Initial Benefit Amount when a covered person is diagnosed with one of the 22 Listed Conditions. A Covered Person may only receive one payment for each Listed Condition in his/her lifetime. The Listed Conditions are Addison's disease (adrenal hypofunction); amyotrophic lateral sclerosis (Lou Gehrig's disease); cerebrospinal meningitis (bacterial); cerebral palsy; cystic fibrosis; diphtheria; encephalitis; Huntington's disease (Huntington's chorea); Legionnaire's disease; malaria; multiple sclerosis (definitive diagnosis); muscular dystrophy; myasthenia gravis; necrotizing fasciitis; osteomyelitis; poliomyelitis; rabies; sickle cell anemia (excluding sickle cell trait); systemic lupus erythematosus (SLE); systemic sclerosis (scleroderma); tetanus; and tuberculosis.

CRITICAL ILLNESS INSURANCE – Continued
Example of Initial & Recurrence Benefit Payments

The example below illustrates an employee who elected an Initial Benefit of \$10,000 and has a Total Benefit of 3 times the Initial Benefit Amount or \$30,000.

Illness – Covered Condition	Payment	Total Benefit Remaining
Heart Attack – first diagnosis	Initial Benefit payment of \$10,000 or 100%	\$20,000
Heart Attack – second diagnosis, two years later	Recurrence Benefit payment of \$5,000 or 50%	\$15,000
Kidney Failure – first diagnosis, three years later	Initial Benefit payment of \$10,000 or 100%	\$5,000

In most states there is a preexisting condition limitation. If advice, treatment or care was sought, recommended, prescribed or received during the three months prior to the effective date of coverage, we will not pay benefits if the covered condition occurs during the first six months of coverage. The preexisting condition limitation does not apply to heart attack or stroke.

SUPPLEMENTAL BENEFITS

MetLife provides coverage for the Supplemental Benefits listed below. This coverage would be in addition to the Total Benefit Amount payable for the previously mentioned Covered Conditions.

Health Screening Benefit¹⁰

MetLife will provide an annual benefit of \$50 per calendar year for taking one of the eligible screening/prevention measures. MetLife will pay only one health screening benefit per covered person per calendar year.

Eligible screening/prevention measures may include:

• annual physical exam	• flexible sigmoidoscopy
• biopsies for cancer	• hemocult stool specimen
• blood test to determine total cholesterol	• hemoglobin A1C
• blood test to determine triglycerides	• human papillomavirus (HPV) vaccination
• bone marrow testing	• lipid panel
• breast MRI	• mammogram
• breast ultrasound	• oral cancer screening
• breast sonogram	• pap smears or thin prep pap test
• cancer antigen 15-3 blood test for breast cancer (CA 15-3)	• prostate-specific antigen (PSA) test
• cancer antigen 125 blood test for ovarian cancer (CA 125)	• serum cholesterol test to determine LDL and HDL levels
• carcinoembryonic antigen blood test for colon cancer (CEA)	• serum protein electrophoresis
• carotid doppler	• skin cancer biopsy
• chest x-rays	• skin cancer screening
• clinical testicular exam	• skin exam
• colonoscopy	• stress test on bicycle or treadmill
• digital rectal exam (DRE)	• successful completion of smoking cessation program
• Doppler screening for cancer	• tests for sexually transmitted infections (STIs)
• Doppler screening for peripheral vascular disease	• thermography
• echocardiogram	• two hour post-load plasma glucose test
• electrocardiogram (EKG)	• ultrasounds for cancer detection
• endoscopy	• ultrasound screening of the abdominal aorta for abdominal aortic aneurysms
• fasting blood glucose test	• virtual colonoscopy
• fasting plasma glucose test	

CRITICAL ILLNESS INSURANCE - Continued

INSURANCE RATES

MetLife offers competitive group rates and convenient payroll deduction so you don't have to worry about writing a check or missing a payment! Your employee rates are outlined below.

Monthly Premium/\$10,000 of Coverage

Attained Age	Employee Only	Employee + Spouse	Employee + Children	Employee + Spouse + Children
<25	\$9.60	\$15.20	\$12.70	\$18.30
25–29	\$9.60	\$15.70	\$12.70	\$18.80
30–34	\$12.10	\$19.30	\$15.20	\$22.50
35–39	\$13.70	\$22.40	\$16.80	\$25.50
40–44	\$18.00	\$29.80	\$21.00	\$32.80
45–49	\$24.50	\$40.50	\$27.60	\$43.70
50–54	\$32.00	\$53.00	\$35.10	\$56.00
55–59	\$40.10	\$66.10	\$43.20	\$69.20
60–64	\$48.10	\$78.30	\$51.30	\$81.40
65–69	\$53.00	\$86.30	\$56.20	\$89.40
70+	\$63.60	\$102.40	\$66.70	\$105.50

QUESTIONS & ANSWERS
How do I enroll?

Contact your employer.

Who is eligible to enroll?

Regular active full-time employees who are actively at work along with their spouse/domestic partner and dependent children can enroll for MetLife Critical Illness Insurance coverage.³

How do I pay for coverage?

Coverage is paid through convenient payroll deduction.

If I Leave the Company, Can I Keep My Coverage?¹¹

Under certain circumstances, you can take your coverage with you if you leave. You must make a request in writing within a specified period after you leave your employer. You must also continue to pay premiums to keep the coverage in force.

Who do I call for assistance?

Contact a MetLife Customer Service Representative at 1 800- GET-MET8 (1-800-438-6388), Monday through Friday from 8:00 a.m. to 8:00 p.m., EST.

CRITICAL ILLNESS INSURANCE - Continued

Footnotes:

- ¹ Coverage for Domestic Partners, civil union partners and reciprocal beneficiaries varies by state. Please contact MetLife for more information.
- ² Dependent Child coverage varies by state. Please contact MetLife for more information.
- ³ Coverage is guaranteed provided (1) the employee is actively at work and (2) dependents are not subject to medical restrictions as set forth on the enrollment form and in the Certificate. Some states require the insured to have medical coverage. Additional restrictions apply to dependents serving in the armed forces or living overseas.
- ⁴ We will not pay a Recurrence Benefit for a Covered Condition that Recurs during a Benefit Suspension Period. We will not pay a Recurrence Benefit for either a Full Benefit Cancer or a Partial Benefit Cancer unless the Covered Person has not had symptoms of or been treated for the Full Benefit Cancer or Partial Benefit Cancer for which we paid an Initial Benefit during the Benefit Suspension Period.
- ⁵ Please review the Disclosure Statement or Outline of Coverage/Disclosure Document for specific information about cancer benefits. Not all types of cancer are covered. Some cancers are covered at less than the Initial Benefit Amount. For NH-sitused cases and NH residents, there is an initial benefit of \$100 for All Other Cancers.
- ⁶ In certain states, the covered condition is Severe Stroke.
- ⁷ In NJ sitused cases, the Covered Condition is Coronary Artery Disease.
- ⁸ Please review the Outline of Coverage for specific information about Alzheimer's disease.
- ¹⁰ The Health Screening Benefit is not available in all states. See your certificate for any applicable waiting periods. There is a separate mammogram benefit for MT residents and for cases sitused in CA and MT.
- ¹¹ Eligibility for portability through the Continuation of Insurance with Premium Payment provision may be subject to certain eligibility requirements and limitations. For more information, contact your MetLife representative.

METLIFE'S CRITICAL ILLNESS INSURANCE (CII) IS A LIMITED BENEFIT GROUP INSURANCE POLICY. Like most group accident and health insurance policies, MetLife's CII policies contain certain exclusions, limitations and terms for keeping them in force. Product features and availability vary by state. In most plans, there is a preexisting condition exclusion. In most states, after a covered condition occurs there is a benefit suspension period during which most plans do not pay recurrence benefits. Attained Age rates are based on 5-year age bands and will increase when a Covered Person reaches a new age band. Rates are subject to change. A more detailed description of the benefits, limitations, and exclusions can be found in the applicable Disclosure Statement or Outline of Coverage/Disclosure Document available at time of enrollment. For complete details of coverage and availability, please refer to the group policy form GPNP07-CI or GPNP09-CI, or contact MetLife for more information. Benefits are underwritten by Metropolitan Life Insurance Company, New York, New York.

MetLife's Critical Illness Insurance is not intended to be a substitute for Medical Coverage providing benefits for medical treatment, including hospital, surgical and medical expenses. MetLife's Critical Illness Insurance does not provide reimbursement for such expenses.

HOSPITAL INDEMNITY INSURANCE

Plan Summary

HOSPITAL INDEMNITY INSURANCE BENEFITS

With MetLife, you'll have a choice of two comprehensive plans which provide payments in addition to any other insurance payments you may receive. Here are just some of the covered benefits/services, when an accident or illness puts you in the hospital.^A

COVERED BENEFITS

Please contact MetLife for detailed definitions and state variations of covered benefits.

Hospital Benefits				
Subcategory	Benefit Limits (Applies to Subcategory)	Benefit	Low Plan	High Plan
Admission Benefit	1 time(s) per calendar year	Admission	\$500	\$1,000
		ICU Supplemental Admission (Benefit paid concurrently with the Admission benefit when a Covered Person is admitted to ICU)	\$500	\$1,000
Confinement Benefit	15 days per year ICU Supplemental Confinement will pay an additional benefit for 15 of those days	Confinement ²	\$100	\$200
		ICU Supplemental Confinement (Benefit paid concurrently with the Confinement benefit when a Covered Person is admitted to ICU)	\$100	\$200

² If the Admission Benefit is payable for a Confinement, the Confinement Benefit will begin to be payable the day after Admission.

INSURANCE RATES

MetLife offers competitive group rates and convenient payroll deduction so you don't have to worry about writing a check or missing a payment! Your employee rates are outlined below.

Hospital Indemnity Insurance Coverage Options	Monthly Cost to You	
	Low Plan	High Plan
Employee	\$17.75	\$32.66
Employee & Spouse	\$33.32	\$61.31
Employee & Child(ren)	\$27.84	\$51.23
Employee & Spouse/Child(ren)	\$43.42	\$79.88

HOSPITAL INDEMNITY INSURANCE - Continued

BENEFIT PAYMENT EXAMPLE FOR HIGH PLAN

Susan has chest pains at home and after contacting her doctor she is instructed to head to her local hospital. Upon arrival, the doctor examines Susan and advises that she requires immediate admission to the Intensive Care Unit for further evaluation and treatment. After 2 days in the Intensive Care Unit, Susan moves to a standard room and spends 2 additional days recovering in the hospital. Susan was released to her primary care physician for follow-up treatment and observation. Her primary doctor is now keeping a close watch over Susan's overall health. Depending on her health insurance, Susan's out-of-pocket costs could run into hundreds of dollars to cover expenses like insurance co-payments and deductibles. MetLife Group Hospital Indemnity Insurance payments can be used to help cover these unexpected costs or in any other way Susan sees fit.

Covered Benefit ²	Benefit Amount ^B
Regular Hospital Admission	\$ 1,000
ICU Supplemental Admission	\$ 1,000
Regular Hospital Confinement	\$ 200
ICU Supplemental Confinement	\$ 200
Benefits paid by MetLife Group Hospital Indemnity Insurance	\$ 2,400

QUESTIONS & ANSWERS

How do I enroll?

Contact your employer.

Who is eligible to enroll for this Hospital Indemnity coverage?

You are eligible to enroll yourself and your eligible family members.^C You need to enroll during your Enrollment Period and be actively at work for your coverage to be effective. Dependents to be enrolled may not be subject to a medical restriction as set forth in the Certificate. Some states require the insured to have medical coverage.

How do I pay for my Hospital Indemnity coverage?

Premiums will be conveniently paid through payroll deduction, so you don't have to worry about writing a check or missing a payment.

What happens if my employment status changes? Can I take my coverage with me?

Yes, you can take your coverage with you. You will need to continue to pay your premiums to keep your coverage in force. Your coverage will only end if you stop paying your premium or if your employer cancels the group policy or offers you similar coverage with a different insurance carrier.^D

What is the coverage effective date?

The coverage effective date is 09/01/2019.

Who do I call for assistance?

Please call MetLife directly at 1-800-GET-MET8 (1-800-438-6388) and talk with a benefits consultant. Or visit our website: mybenefits.metlife.com

^A Hospital does not include certain facilities such as nursing homes, convalescent care or extended care facilities. See your Disclosure Statement or Outline of Coverage/Disclosure Document for full details.

^B Benefit amount is based on a sample MetLife plan design. Plan design and plan benefits may vary.

^C Coverage is guaranteed provided (1) the employee is actively at work and (2) dependents to be covered are not subject to medical restrictions as set forth in the Certificate. Some states require the insured to have medical coverage. Additional restrictions apply to dependents serving in the armed forces or living overseas.

^D Eligibility for portability through the Continuation of Insurance with Premium Payment provision may be subject to certain eligibility requirements and limitations. For more information, contact your MetLife representative.

METLIFE'S HOSPITAL INDEMNITY INSURANCE IS A LIMITED BENEFIT GROUP INSURANCE POLICY. The policy is not intended to be a substitute for medical coverage and certain states may require the insured to have medical coverage to enroll for the coverage. The policy or its provisions may vary or be unavailable in some states. Prior hospital confinement may be required to receive certain benefits. There is a preexisting condition limitation for hospital sickness benefits. MetLife's Hospital Indemnity Insurance may be subject to benefit reductions that begin at age 65. Like most group accident and health insurance policies, policies offered by MetLife may contain certain exclusions, limitations and terms for keeping them in force. For complete details of coverage and availability, please refer to the group policy form GPNP12-AX, GPNP13-HI, GPNP16-HI or GPNP12-AX-PASG, or contact MetLife. Benefits are underwritten by Metropolitan Life Insurance Company, New York, New York. In certain states, availability of MetLife's Group Hospital Indemnity Insurance is pending regulatory approval.

PERMANENT LIFE



Trustmark Universal LifeEvents[®] Insurance with Long-Term Care Benefit

Two important coverages for when you need them the most.



Financial security even after a loss

Protecting your loved ones is one of life's greatest responsibilities. When a family loses someone, in addition to grief, survivors may suddenly be faced with costly expenses and debts, and even a loss of income. **Universal LifeEvents can help.**

Universal LifeEvents provides a **higher death benefit during your working years**, when your needs and responsibilities are the greatest. (See reverse for more on how Universal LifeEvents works.) You can choose a plan and benefit amount that provides the **right protection for you.**

Universal LifeEvents insurance can mean those left behind are still able to pursue their own dreams, and help ensure that the **ending** of one story won't stop the **beginning** of another.

Universal LifeEvents sample rates

Sample ranges of weekly rates for employee-only, non-smoker coverage with long-term care benefit. Your exact rate may depend on additional features selected by you and/or by your employer.

Age at purchase	\$25,000 Universal LifeEvents policy
30	from \$3.49 - \$4.59
40	from \$5.05 - \$6.71
50	from \$7.84 - \$10.71

Sample rates are shown for illustrative purposes only. Rates may vary by age, smoking status, state, employer and features selected by you and/or by your employer. An application for insurance must be completed to obtain coverage.

Note: your rate is "locked in" at your age at purchase!

Once you have a policy, your rate will never increase due to age.

Solving the long-term care issue

At any point in your life, you may need long-term care services, which could cost hundreds of dollars per day. Universal LifeEvents includes a **long-term care (LTC)** benefit that can help pay for these services at any age. This benefit **remains at the same** level throughout your life, so the full amount is always available when you most need it.

Here's how it works:

4% You can **collect 4% of your Universal LifeEvents death benefit per month** for up to 25 months to help pay for long-term care services.

Flexible features available:

2x PLUS: if you collect a benefit for LTC, your **full death benefit** is still available for your beneficiaries, as much as **doubling** your benefit.

The LTC Benefit is an acceleration of the death benefit and is not Long-Term Care Insurance (except in LA and VA, where the LTC benefit is Long-Term Care Insurance). It begins to pay after 90 days of confinement or services, and to qualify you must meet conditions of eligibility for benefits. The LTC benefits provided by this policy may not cover all of the policyholder's LTC expenses. Pre-existing condition limitation may apply. Your policy will contain complete details. You should consult a financial advisor to determine if the long-term care benefits and the retirement benefits provided by this policy are right for you.



Universal LifeEvents is **flexible permanent** life insurance designed to last a lifetime.



The younger you are when you enroll, the **more benefit** you receive for the same premium.



No medical exams or blood work - just answer a few simple questions.

See reverse side for more information on Universal LifeEvents insurance from Trustmark Insurance Company.



What would happen if you weren't around?



1 in 3 households would have immediate trouble paying for living expenses if they lost their primary earner.¹



40% of Americans live paycheck to paycheck. Could your family afford to stay in your home?²



56% of Americans have less than \$10,000 saved for retirement - **1 in 3** have \$0 saved. Wouldn't it be nice to have some protection?³

How Universal LifeEvents works

- A **higher death benefit** during working years.
- **Long-term care (LTC)** benefits that **stay the same** throughout your life.

Example: \$25,000 policy

Before age 70

Death benefit **\$25,000**

LTC benefits **\$25,000**

After age 70

Death benefit **\$8,333**

LTC benefits **\$25,000**

Death benefit reduces to one-third at the latter of age 70 or the 15th policy anniversary.

Benefit for terminal illness

- **Use part of your death benefit** to help manage costs if you're diagnosed with a terminal illness.

Additional advantages

- **Keep your coverage** at the same price and benefits if you change jobs or retire.
- **Apply for coverage for family members:** spouse, children and grandchildren.
- **Convenient payroll deduction;** pay via direct bill, bank draft or credit card if you leave your employer.

**You care.
We listen.**

¹2018 Insurance Barometer Study LIMRA/Life Happens. ²nielsen.com/us/en/insights/news/2015/savingspending-and-living-paycheck-to-paycheck-in-america.html. ³gobankingrates.com/retirement/1-3-americans-0-saved-retirement. ⁴An A.M. Best rating is an independent opinion of an insurer's financial strength and ability to meet its ongoing insurance policy and contract obligations. Trustmark is rated A- (4th out of 16 possible ratings ranging from A++ to Suspended).

This provides a brief description of your benefits under GUL205/UL205 and applicable riders HH/LTC.205, BRR.205, BXR.205, ABR.205, ADB.205, CT.205 and WP.205. Benefits, definitions, exclusions, form numbers and limitations may vary by state. This policy contains a provision that guarantees against lapse for a period of 10 years (14 years in OR; 15 years for Universal LifeEvents) as long as premiums are paid as planned. If you make changes to your coverage during this period, or pay only the minimum premium, you may prevent cash value accumulation or reduce your death benefit amount. If there is negative cash value at the end of the no-lapse period, you must pay enough premium to establish positive cash value. You may also need to maintain your policy with a higher premium than the one you paid to satisfy the no-lapse guarantee or coverage may expire prior to age 100 even if the premium shown is paid as scheduled. A policy illustration will be delivered with your policy. Your policy will contain complete information. For costs and further details of the coverage, including exclusions, any reductions or limitations and terms under which the policy may be continued in force, see your agent or write to the company. For exclusions and limitations that may apply, visit www.trustmarksolutions.com/disclosures/UL/ (A112-2216-UL). In California, review "A Consumer's Guide to Long-term Care from the Department of Aging" at: http://www.aging.ca.gov/aboutcda/publications/Taking_Care_of_Tomorrow_English/. Underwriting conditions may vary, and determine eligibility for the offer of insurance. Trustmark[®] and LifeEvents[®] are registered trademarks of Trustmark Insurance Company.



Products underwritten by Trustmark Insurance Company
 Rated A- (Excellent) for financial strength by A.M. Best.⁵

TrustmarkVB.com



Permanent Life - Continued**Exclusions and Limitations for Home Health and Long Term Care
Benefit Rider – Kansas Residents****This rider does not pay benefits for loss:**

- Due to a Pre-existing Condition that starts during the first six (6) months after the application date for this rider.
- Due to mental, psychoneurotic or personality disorders without clinically diagnosed organic disease. However, nervous or mental disorders which are caused by clinically diagnosed organic disease, such as Alzheimer's Disease and related degenerative and dementing illnesses are covered.
- Incurred while residing or confined outside the United States and Canada.
- Due to chronic alcohol or drug addiction, unless the addiction results from administration of drugs for treatment prescribed by a Physician.
- In any facility contracted for or operated by the United States Government when there is no cost to the Insured.
- In any facility for which no charge is made to the Insured.
- Due to illness, treatment or medical conditions arising out of:
 - war or act of war (whether declared or undeclared);
 - participation in a felony, riot or insurrection;
 - attempted suicide or intentionally self-inflicted Injury; or
 - normal pregnancy and childbirth. However, Complications of Pregnancy are considered as Sickness under this rider.

Trustmark A.M. Best Rating

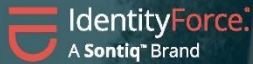
An A.M. Best rating is an independent opinion of an insurer's financial strength and ability to meet its ongoing insurance policy and contract obligations. It is not a recommendation of the specific policy provisions, rates or practices of Trustmark. Trustmark is rated A- (4th out of 16 possible ratings ranging from A++ to Suspended).



Underwritten by Trustmark Insurance Company
Rated A- (EXCELLENT) A.M. Best
TrustmarkVB.com




IDENTITY THEFT PROTECTION



Your Identity Matters.

Get the Benefit that Protects Your **PRIVACY** and **SECURITY**.

Exposure at Every Angle

- Phishing emails have increased by **350%** since COVID-19
- **50%** increase in mobile vulnerabilities in 2020
- **16 Billion** consumer credentials are circulating on the Dark Web

COVID-19 SCAM PROTECTION RESOURCES



Tip Sheet |
6 Scams
Happening Now

Infographic |
Top COVID-19
Digital Scams



Now is the time to take protecting all you've built seriously. Your company recognizes the exponential increase in fraud and scams as your digital footprint expands, and the vulnerabilities that result from having sensitive personal information exposed. It's why **IdentityForce** is part of the employee benefit wheelhouse. We're here to provide you with world-class identity theft protection plans built to proactively monitor, alert, and help you fix any identity theft compromises.

WHY NOW?

Our identities have become more than just a name, birthdate, and social security number. Today it includes voice signatures and fingerprints, personal property records, health records, and even social media data. All of these details can be capitalized on by criminals to commit identity fraud, whether used directly in forms of synthetic identity theft, or used in social engineering attempts to extract money or personal details that provide additional opportunities for identity crimes.

ID THEFT IMPACT

You don't want to deal with a lifetime of damage that could result from identity theft. You most likely even know someone who has already been a victim of identity theft themselves, or you at least know someone who has had their good name compromised. Security incidents, scams, and fraud continue to grow. As our world becomes increasingly digitalized, and virtual, it's even more important to have **IdentityForce** in your corner.

We not only proactively monitor the Dark Web, credit reports, and real-time fraud issues, but we will help you fix any compromises to your personal information. All without the hassle of making phone calls, completing paperwork, and all the heavy lifting needed to make sure your identity is restored.



SOURCE | Various Industry Stats



SOURCE | RC Identity Theft: The Aftermath 2018



SOURCE | Bureau of Justice

www.identityforce.com | 1-855-441-0270

IDENTITY THEFT PROTECTION - Continued

IdentityForce:
A Sontiq™ Brand

Employee Benefit Plans

Easy to Enroll

1. Enroll along with other voluntary benefits through your employer.
2. Receive confirmation email. If you do not receive the email, please check your spam folder.
3. Click on link in confirmation email to complete registration and access your Identity Protection Dashboard.

Questions?
Call Member Services at 1-855-441-0270

IMPORTANT: To access your IdentityForce plan, please visit:
<https://mybenefits.identityforce.com/>

Protect What Matters Most™

#1 Rated Consumer ID Theft Plans
As seen on CNBC and Investopedia

Employee Benefit Plans

Plan Features	UltraSecure Premium
IDENTITY THEFT PROTECTION	
Financial Account Takeover Monitoring	●
Mobile Attack Control	●
Secure My Network (VPN)	●
Online PC Protection Tools	●
Password Manager	●
BreachIQ™	●
Bank and Credit Card Activity Alerts	●
Identity Vault and Secure Storage	●
Auto On Monitoring	●
Advanced Fraud Monitoring (Instant Inquiry Alerts)	●
Change of Address Monitoring	●
Court Records Monitoring	●
Fraud Alert Reminders	●
Dark Web Monitoring	●
Compromised Credentials Alerts	●
Sex Offender Notification	●
Social Media Activity Alerts (Adult and Child)	●
Data Breach Notification	●
Identity Threat Alerts	●
Junk Mail Opt Out	●
Smart SSN Tracker (SSN Monitoring)	●
Medical ID Fraud Protection	●
Mobile App (iOS and Android)	●
Two Factor Authentication	●
Lost Wallet Assistance	●
Child Monitoring (SSN and Dark Web)	●
401(k), HSA & Investment Account Activity Alerts	●
CREDIT MONITORING	
Credit Report Assistance	●
Credit Freeze and Lock Assistance (Adult and Child)	●
Credit Report Monitoring (Daily)	3 Credit Bureaus
Credit Report and Score (Quarterly)	3 Credit Bureaus
Credit Score Simulator	●
Credit Score Tracker (Monthly)	●
RESTORATION SERVICES	
Ransomware Expense Reimbursement	\$25,000
Social Engineering Expense Reimbursement	\$25,000
Cyberbullying Expense Reimbursement	\$25,000
Senior Fraud Resolution (Insurance Included with Family Plan)	●
White Glove Restoration	●
Pre-existing Identity Theft Restoration	●
Deceased Family Member Fraud Remediation*	●
Identity Theft Insurance	\$2,000,000
Stolen Funds Replacement	●
Any Financial Account Covered	●

*Deceased Family Member Fraud Remediation | Available for adults or eligible dependents enrolled in an active IdentityForce Family Plan at the time of their death.

Employee Only: \$9.50 - Employee + Family: \$17.50

ABOUT SONTIQ

Sontiq is an Intelligent Identity Security company arming businesses and consumers with award-winning products built to protect what matters most. Sontiq's brands, **IdentityForce**, **Cyberscout**, and **EZShield**, provide a full range of identity monitoring, restoration, and response products and services that empower customers to be less vulnerable to the financial and emotional consequences of identity theft and cybercrimes. Learn more at www.sontiq.com or engage with us on **Twitter**, **Facebook**, **LinkedIn**, or **YouTube**.

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PRE-PAID LEGAL

MetLaw[®]

Smart. Simple. Affordable.[®]

\$18.75 per month

MetLaw -- covers you, your spouse and dependents. Telephone and office consultations for an unlimited number of personal legal matters with an attorney of your choice. **E-Services** -- Attorney locator, law firm e-panel, law guide, free downloadable legal documents, financial planning, insurance and work/life resources

Estate Planning Documents

- Simple and Complex Wills
- Trusts (Revocable and Irrevocable)
- Powers of Attorney (Healthcare, Financial, Childcare)
- Healthcare Proxies
- Living Wills
- Codicils

Document Review

- Any Personal Legal Documents

Family Law

- Prenuptial Agreement
- Protection from Domestic Violence
- Adoption and Legitimization
- Guardianship or Conservatorship
- Name Change

Immigration Assistance

- Advice and Consultation
- Review of Immigration Documents
- Preparation of Affidavits and Powers of Attorney

Elder Law Matters

- Consultations and Document Review for issues related to your parents including Medicare, Medicaid, Prescription Plans, Nursing Home Agreements, leases, notes, deeds, wills and powers of attorney as these affect the participant

Real Estate Matters

- Sale, Purchase or Refinancing of your Primary, Second or Vacation Home
- Eviction and Tenant Problems (Primary Residence - Tenant only)
- Home Equity Loans for your Primary, Second or Vacation Home
- Zoning Applications
- Boundary or Title Disputes
- Property Tax Assessment
- Security Deposit Assistance (For Tenant)

Document Preparation

- Affidavits
- Deeds
- Demand Letters
- Mortgages
- Promissory Notes

Traffic Offenses*

- Defense of Traffic Tickets (excludes DUI)
- Driving Privileges Restoration (Includes License Suspension due to DUI)

Personal Property Protection

- Consultations and Document Review for Personal Property Issues
- Assistance for disputes over goods and services

Financial Matters

- Negotiations with Creditors
- Debt Collection Defense
- **LifeStages – Identity Management Services
- Identity Theft Defense
- Personal Bankruptcy
- Tax Audit Representation (Municipal, State or Federal)
- Foreclosure Defense
- Tax Collection Defense

Juvenile Matters

- Juvenile Court Defense, including Criminal Matters
- Parental Responsibility Matters

Defense of Civil Lawsuits

- Administrative Hearings
- Civil Litigation Defense
- Incompetency Defense
- School Hearings
- Pet Liabilities

Consumer Protection

- Disputes over Consumer Goods and Services
- Small Claims Assistance

Family Matters^{TM***}

- Available for an additional fee
- Separate plan for parents of participants for Estate Planning Documents
- Easy Enrollment - online or by phone

For More Information:

Visit our website info.legalplans.com and enter access code: **LEGAL** or call our Client Service Center at **1-800-821-6400** Monday - Friday from 8am to 8pm (Eastern Time).

Smart. Simple. Affordable.[®]

Hyatt Legal Plans

A MetLife Company

Group Legal Plans and Family Matters are provided by Hyatt Legal Plans, Inc., a MetLife company, Cleveland, Ohio. In certain states, group legal plans and Family Matters are provided through insurance coverage underwritten by Metropolitan Property and Casualty Company and Affiliates, Warwick, Rhode Island. Please contact Hyatt Legal Plans for complete details on covered services including trials. No service, including advice and consultations, will be provided for: 1) employment-related matters, including company or statutory benefits; 2) matters involving the company, MetLife and affiliates, and Plan Attorneys; 3) matters in which there is a conflict of interest between the employee and spouse or dependents in which case services are excluded for the spouse and dependents; 4) appeals and class actions; 5) farm matters, business or investment matters, matters involving property held for investment or rental, or issues when the Participant is the landlord; 6) patent, trademark and copyright matters; 7) costs or fines; 8) frivolous or unethical matters; 9) matters for which an attorney-client relationship exists prior to the Participant becoming eligible for plan benefits. For all other personal legal matters, an advice and consultation benefit is provided. Additional representation is also included for certain matters listed above under Legal Representation. *Not available in all states. **This benefit provides the Participant with access to LifeStages Identity Management Services provided by CyberScout, LLC. CyberScout is not a corporate affiliate of Hyatt Legal Plans. ***For Family Matters, different terms and exclusions apply. ML3 L1217501229[exp0119][All States][DC,PR]

AUTO & HOME

Farmers GroupSelectSM

AUTO AND HOME INSURANCE THAT FITS YOUR UNIQUE NEEDS.



Take advantage of special Farmers GroupSelectSM savings.

Program Description:

As an ESSDACK Employee you have access to auto and home insurance from Farmers GroupSelect. This program provides you with special savings, outstanding customer service and a full suite of products to meet your diverse insurance needs. In addition to auto and homeowners insurance, we offer a variety of other policies including:

- Condo/renters
- Personal excess liability
- Boat
- Motorcycle
- RV
- Personal property

Program Discounts and Features:

Take advantage of special Farmers GroupSelect discounts and benefits that could save you hundreds.

- A group discount of up to 15%
- Automatic payment discount
- Good driving rewards
- A loyalty discount for your years of service
- Multi-policy discounts
- Multi-vehicle savings
- 24/7 superior service

Switch & Save Today!

You may apply for group auto and home insurance at any time. Take advantage of these savings today and call 800-438-6381 and mention your discount code E9G.

Call 800-438-6381

Advertisement produced on behalf of the following specific insurers and seeking to obtain business for insurance underwritten by Farmers Property and Casualty Insurance (a MA & MN licensee) and certain of its affiliates: Economy Fire & Casualty Company, Economy Premier Assurance Company, Economy Preferred Insurance Company, Farmers Casualty Insurance Company (a MN licensee), Farmers Direct Property and Casualty Insurance Company (CA Certificate of Authority: 6730; Warwick, RI), Farmers Group Property and Casualty Insurance Company (CA COA: 6393; Warwick, RI), or Farmers Lloyds Insurance Company of Texas, all with administrative home offices at 700 Quaker Lane, Warwick, RI 02886. Company names approved in domiciliary states; approval pending non-domiciliary states. Coverage, rates, discounts, and policy features vary by state and product and are available in most states to those who qualify. Policies have exclusions, limitations, and terms under which the policy may be continued in force or discontinued. For costs and complete details of coverage, contact your local representative or the company. © 2021 Farmers Insurance



COMPLIANCE NOTICES

1. Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)
2. Creditable Coverage Disclosure Notice for Medicare Part D
3. General Notice of COBRA Continuation Rights
4. Health Insurance Marketplace Information
5. HIPAA Notice of Special Enrollment Rights
6. Women's Health and Cancer Rights Notice
7. USERRA

Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2020. Contact your State for more information on eligibility –

ALABAMA – Medicaid	COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711
ALASKA – Medicaid	FLORIDA – Medicaid
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: http://flmedicaidtprecovery.com/hipp/ Phone: 1-877-357-3268
ARKANSAS – Medicaid	GEORGIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131
CALIFORNIA – Medicaid	INDIANA – Medicaid
Website: https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_co nt.aspx Phone: 1-800-541-5555	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864

<p align="center">IOWA – Medicaid and CHIP (Hawki)</p> <p>Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563</p>	<p align="center">NEBRASKA – Medicaid</p> <p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>
<p align="center">KANSAS – Medicaid</p> <p>Website: http://www.kdheks.gov/hcf/default.htm Phone: 1-800-792-4884</p>	<p align="center">NEVADA – Medicaid</p> <p>Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900</p>
<p align="center">KENTUCKY – Medicaid</p> <p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIP.PROGRAM@ky.gov</p> <p>KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718</p> <p>Kentucky Medicaid Website: https://chfs.ky.gov</p>	<p align="center">NEW HAMPSHIRE – Medicaid</p> <p>Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218</p>
<p align="center">LOUISIANA – Medicaid</p> <p>Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>	<p align="center">NEW JERSEY – Medicaid and CHIP</p> <p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710</p>
<p align="center">MAINE – Medicaid</p> <p>Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711</p>	<p align="center">NEW YORK – Medicaid</p> <p>Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831</p>
<p align="center">MASSACHUSETTS – Medicaid and CHIP</p> <p>Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840</p>	<p align="center">NORTH CAROLINA – Medicaid</p> <p>Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100</p>
<p align="center">MINNESOTA – Medicaid</p> <p>Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/medical-assistance.jsp [Under ELIGIBILITY tab, see “what if I have other health insurance?”] Phone: 1-800-657-3739</p>	<p align="center">NORTH DAKOTA – Medicaid</p> <p>Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825</p>
<p align="center">MISSOURI – Medicaid</p> <p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>	<p align="center">OKLAHOMA – Medicaid and CHIP</p> <p>Website: http://www.insureoklahoma.org Phone: 1-888-365-3742</p>
<p align="center">MONTANA – Medicaid</p> <p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084</p>	<p align="center">OREGON – Medicaid</p> <p>Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075</p>

PENNSYLVANIA – Medicaid	RHODE ISLAND – Medicaid and CHIP
Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx Phone: 1-800-692-7462	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
SOUTH CAROLINA – Medicaid	VIRGINIA – Medicaid and CHIP
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: https://www.coverva.org/hipp/ Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282
SOUTH DAKOTA - Medicaid	WASHINGTON – Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
TEXAS – Medicaid	WEST VIRGINIA – Medicaid
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: http://mywvhpp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
UTAH – Medicaid and CHIP	WISCONSIN – Medicaid and CHIP
Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669	Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
VERMONT– Medicaid	WYOMING – Medicaid
Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427	Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531

To see if any other states have added a premium assistance program since January 31, 2020, or for more information on special enrollment rights, contact either:

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

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

Paperwork Reduction Act Statement

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

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

OMB Control Number 1210-0137 (expires 1/31/2023)

CMS model Medicare part D notice of creditable prescription drug coverage

Important Notice from your Employer About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Blue Cross Blue Shield of Kansas and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Your employer has determined that the prescription drug coverage offered by Blue Cross Blue Shield of Kansas is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Blue Cross Blue Shield of Kansas coverage will be affected. Your current Blue Cross Blue Shield of Kansas drug plan for Option A, B and C has a \$15.00 Generic, \$30.00 Formulary Brand and a \$45.00 Non-Formulary Brand Co-Pay as well as a 2 1/2 times co-pay Mail Order plan. Specialty Drugs 20% co-pay up to \$150 maximum per script. For Option D the Qualified High Deductible Health Plan, after the \$5,000 deductible is met it has \$15.00 Generic, \$50.00 Formulary Brand and a \$75.00 Non-Formulary Brand Co-Pay as well as a 2 1/2 times co-pay Mail Order plan. **For those individuals who elect Part D coverage, coverage under the entity's plan will end for the individual and all covered dependents, etc.).**

If you do decide to join a Medicare drug plan and drop your current Blue Cross Blue Shield of Kansas coverage, be aware that you and your dependents will be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with your employer and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information or call Blue Cross Blue Shield of Kansas at 1-800-432-3990. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage with Blue Cross Blue Shield of Kansas changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. You’ll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:

8/1/2022

Model COBRA Continuation Coverage General Notice Instructions

The Department of Labor has developed a model Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) continuation coverage general notice that plans may use to provide the general notice. To use this model general notice properly, the Plan Administrator must fill in the blanks with the appropriate plan information. The Department considers use of the model general notice, to be good faith compliance with the general notice content requirements of COBRA. The use of the model notices isn't required. The model notices are provided to help facilitate compliance with the applicable notice requirements.

Paperwork Reduction Act Statement

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

The public reporting burden for this collection of information is estimated to average approximately four minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebasa.opr@dol.gov and reference the OMB Control Number 1210-0123.

OMB Control Number 1210-0123

** Continuation Coverage Rights Under COBRA**

Introduction

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

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

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

What is COBRA continuation coverage?

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

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

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

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

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

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

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

When is COBRA continuation coverage available?

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

- The end of employment or reduction of hours of employment;
- Death of the employee;
- Commencement of a proceeding in bankruptcy with respect to the employer;]; or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

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

How is COBRA continuation coverage provided?

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

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

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

Disability extension of 18-month period of COBRA continuation coverage

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

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

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former

employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child.

This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation Coverage?

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

If you have questions

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

Keep your Plan informed of address changes

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

Plan contact information

Date: August 1, 2022



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 1-31-2017)

PART A: General Information

When key parts of the health care law took effect in 2014, there were new ways to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace began in November 2015 for coverage starting as early as January 1, 2017.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution—as well as your employee contribution to employer-offered coverage—is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name Jefferson County North USD # 339		4. Employer Identification Number (EIN) 48-0721802	
5. Employer address 310 5th St		6. Employer phone number (913) 774-2000	
7. City Winchester		8. State KS	7. City Winchester
10. Who can we contact about employee health coverage at this job Rose Welch			
11. Phone number (if different from above)		12. Email address rwelch@usd339.net	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:

All employees. Eligible employees are:

Full-time employees that work 30 or more hours per week.

 Some employees. Eligible employees are:

- With respect to dependents:

 We do offer coverage. Eligible dependents are:

The employee's spouse and dependent children.

 We do not offer coverage.

 If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Here's the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.

HIPAA NOTICE OF SPECIAL ENROLLMENT RIGHTS

This notice is being provided to ensure that you understand your right to apply for the ESSDACK Group Health Care Plan. You should read this notice even if you plan to waive coverage at this time.

Loss of Other Coverage

If you are declining coverage for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). **However, you must request enrollment within 30 days after your or your dependents' other coverage ends** (or after the employer stops contributing toward the other coverage).

Example: You waived coverage because you were covered under a plan offered by your spouse's employer. Your spouse terminates his/her employment. If you notify us within 30 days of the date coverage ends, you and your eligible dependents may apply for coverage under our health plan.

Example:

Marriage, Birth, or Adoption

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

Example: When you were hired by us, you were single and chose not to elect health insurance benefits. During the year you get married. You and your eligible dependents are entitled to enroll in this group health plan. However, you must apply within 30 days from the date of your marriage.

For More Information or Assistance

To request special enrollment or obtain more information, please contact your employer.

WOMEN'S HEALTH AND CANCER RIGHTS ACT NOTICE

Your employer is required by law to provide you with the following notice:

The Women's Health and Cancer Rights Act of 1998 ("WHCRA") provides certain protections for individuals receiving mastectomy-related benefits. Coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

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

The ESSDACK Group Health Care Plan provides coverage for mastectomies and the related procedures listed above, subject to the same copays, deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

If you would like more information on WHCRA benefits, please refer to your Blue Cross Blue Shield of Kansas Group Health Care Plan Summary Document or contact your plan administrator.



YOUR RIGHTS UNDER USERRA THE UNIFORMED SERVICES EMPLOYMENT AND REEMPLOYMENT RIGHTS ACT

USERRA protects the job rights of individuals who voluntarily or involuntarily leave employment positions to undertake military service or certain types of service in the National Disaster Medical System. USERRA also prohibits employers from discriminating against past and present members of the uniformed services, and applicants to the uniformed services.

REEMPLOYMENT RIGHTS

You have the right to be reemployed in your civilian job if you leave that job to perform service in the uniformed service and:

- ☆ you ensure that your employer receives advance written or verbal notice of your service;
- ☆ you have five years or less of cumulative service in the uniformed services while with that particular employer;
- ☆ you return to work or apply for reemployment in a timely manner after conclusion of service; and
- ☆ you have not been separated from service with a disqualifying discharge or under other than honorable conditions.

If you are eligible to be reemployed, you must be restored to the job and benefits you would have attained if you had not been absent due to military service or, in some cases, a comparable job.

RIGHT TO BE FREE FROM DISCRIMINATION AND RETALIATION

If you:

- ☆ are a past or present member of the uniformed service;
- ☆ have applied for membership in the uniformed service; or
- ☆ are obligated to serve in the uniformed service;

then an employer may not deny you:

- ☆ initial employment;
- ☆ reemployment;
- ☆ retention in employment;
- ☆ promotion; or
- ☆ any benefit of employment

because of this status.

In addition, an employer may not retaliate against anyone assisting in the enforcement of USERRA rights, including testifying or making a statement in connection with a proceeding under USERRA, even if that person has no service connection.

HEALTH INSURANCE PROTECTION

- ☆ If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents for up to 24 months while in the military.
- ☆ Even if you don't elect to continue coverage during your military service, you have the right to be reinstated in your employer's health plan when you are reemployed, generally without any waiting periods or exclusions (e.g., pre-existing condition exclusions) except for service-connected illnesses or injuries.

ENFORCEMENT

- ☆ The U.S. Department of Labor, Veterans Employment and Training Service (VETS) is authorized to investigate and resolve complaints of USERRA violations.
- ☆ For assistance in filing a complaint, or for any other information on USERRA, contact VETS at **1-866-4-USA-DOL** or visit its website at <http://www.dol.gov/vets>. An interactive online USERRA Advisor can be viewed at <http://www.dol.gov/elaws/userra.htm>.
- ☆ If you file a complaint with VETS and VETS is unable to resolve it, you may request that your case be referred to the Department of Justice or the Office of Special Counsel, as applicable, for representation.
- ☆ You may also bypass the VETS process and bring a civil action against an employer for violations of USERRA.

The rights listed here may vary depending on the circumstances. The text of this notice was prepared by VETS, and may be viewed on the internet at this address: <http://www.dol.gov/vets/programs/userra/poster.htm>. Federal law requires employers to notify employees of their rights under USERRA, and employers may meet this requirement by displaying the text of this notice where they customarily place notices for employees.



U.S. Department of Labor
 1-866-487-2365



U.S. Department of Justice



Office of Special Counsel



1-800-336-4590

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This guide prepared by:



Please note that the information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The information contained in this Guide was taken from brochures and benefit information. While every effort was taken to accurately report your benefits, discrepancies, or errors are always possible. In case of discrepancy between the Guide and the actual plan documents the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, please refer to your Employee Manual for additional information or contact your Benefits Manager.