



VOLUNTARY BENEFITS ENROLLMENT GUIDE

USD 501
2021-2022



PICK THE BEST BENEFITS FOR YOU AND YOUR FAMILY

Topeka Public Schools USD 501 strives to provide you and your family with a comprehensive and valuable benefits package. We want to make sure you're getting the most out of our benefits—that's why we've put together this Open Enrollment Guide.

Open enrollment is a short period each year when you can make changes to your benefits. This guide will outline all of the different benefits Topeka Public Schools has to offer, so you can identify which offerings are best for you and your family.

Elections you make during open enrollment will become effective on October 1, 2021. If you have questions about any of the benefits mentioned in this guide, please don't hesitate to reach out to Benefits Direct or the Human Resources office.

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OUR BENEFITS PARTNER



For over 50 years, Benefits Direct has serviced the insurance needs of public-school systems, employees, and retirees. The primary focus of the agency is serving the needs of school system employees. The name “Benefits Direct” has become an icon within public school systems across the state. We have built the respect of our clients and the carriers we represent, as well as our competition in our market.

Our objective at Benefits Direct is to be recognized as the best, in each and every area in which we do business, and to provide our best advice, products, and services. We continue to be sensitive to our clients’ needs and make the satisfaction of those needs our most important job. We inform our clients of developments in our constantly changing marketplace. Service is our main priority each and every day. Our administrative office staff and field professionals are well-trained, experienced, competent, and courteous.

Benefits Direct strives to provide cost-effective programs for a diverse group of businesses, professionals, educators, and individuals. Our mission is to effectively meet each client’s financial and insurance goals through our firm’s relationship with major carriers.

For help or assistance, we are always just a phone call or email away!

Telephone: 877-285-9712
Email: CustomerSupport@AmerilifeBenefits.com
Employee Portal: www.benefits-direct.com/tps501

The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this guide was taken from various summary plan descriptions 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 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 the guide, please contact HR.

ENROLLMENT FAQ

Who is eligible?

If you're a full-time employee at Topeka Public Schools, you're eligible to enroll in the benefits outlined in this guide. Full-time employees are those who work 27.5 or more hours per week. In addition, the following family members are eligible for medical, dental and vision coverage: legal spouses and dependent children to age 26.

How to Enroll

Are you ready to enroll? The first step is to review your current benefits. Did you move recently or get married? Verify all of your personal information and make any necessary changes.

Once all your information is up to date, it's time to make your benefit elections. The decisions you make during open enrollment can have a significant impact on your life and finances, so it is important to weigh your options carefully before you meet with a Benefits Direct benefits counselor.

Every employee is asked to provide their information, including but not limited to, address and phone numbers, to the Human Resource Office. Benefits Direct will assist Topeka Public Schools in verifying this information. If any changes need to occur, please report these changes directly to the Human Resources Office.

When to Enroll

Open enrollment begins on Sunday August 1, 2021 and runs through midnight Wednesday August 18, 2021. The benefits you choose during open enrollment will be effective on October 1, 2021 with deductions being taken out of your first paycheck in September.

How to Make Changes

Unless you experience a life-changing qualifying event, you **cannot** make changes to your benefits until the next open enrollment period. Qualifying events include things like:

- Marriage, divorce or legal separation
- Birth or adoption of a child
- Change in child's dependent status
- Death of a spouse, child or other qualified dependent
- Change in employment status or a change in coverage under another employer-sponsored plan

If you experience a qualifying life event and need to change your benefits, please contact Brenda Vaughn in Human Resources at bvaughn@tps501.org

CARRIER CONTACT INFORMATION

Product	Insurance Company	ID Card/Policy	Claims/Questions
Vision	 SUPERIOR VISION See yourself healthy.	ID Cards not required for service	(800) 507-3800 www.superiorvision.com
Flexible Spending Account	 FLEX MADE EASY AN AMERILIFE COMPANY	Receive email to set up account online New Participant - Debit Cards Mailed to Home Returning Participants - Use your same Debit Card until expiration date on it	(855) 615-3679 www.flexmadeeasy.com
Basic and Dependent Term Life	 RELIANCE STANDARD LIFE INSURANCE COMPANY A MEMBER OF THE TOKIO MARINE GROUP	Group Contract Benefit Portal has Group Certificates	(877) 285-9712 www.benefits-direct.com/tps501
Short-Term Disability	 RELIANCE STANDARD LIFE INSURANCE COMPANY A MEMBER OF THE TOKIO MARINE GROUP	Group Contract Benefit Portal has Group Certificates	(877) 285-9712 www.benefits-direct.com/tps501
Cancer	 PROSPERITY LIFE INSURANCE GROUP	Group Contract Individual Certificate mailed to home	(877) 285-9712 www.benefits-direct.com/tps501
Accident	 PROSPERITY LIFE INSURANCE GROUP	Group Contract Individual Certificate mailed to home	(877) 285-9712 www.benefits-direct.com/tps501
Critical Illness	 RELIANCE STANDARD LIFE INSURANCE COMPANY A MEMBER OF THE TOKIO MARINE GROUP	Group Contract Benefit Portal has Group Certificate	(877) 285-9712 www.benefits-direct.com/tps501
Supplemental Health	 RELIANCE STANDARD LIFE INSURANCE COMPANY A MEMBER OF THE TOKIO MARINE GROUP	Group Contract Benefit Portal has Group Certificate	(877) 285-9712 www.benefits-direct.com/tps501
Permanent Life & Long-Term Care	 Trustmark benefits beyond benefits	Individual Contract Certificate mailed to home	(877) 285-9712 www.benefits-direct.com/tps501
Identity Theft Protection	 IdentityForce: A Sontiq® Brand	Receive email to set up account online	(877) 694-3367 https://mybenefits.identityforce.com
Pre-Paid Legal	 MetLife	Rebranded - references to MetLaw and Hyatt Legal	(800) 821-6400 info.legalplans.com Enter access code: LEGAL

SUPERIOR VISION

See yourself healthy.

Vision Plan Benefits for Topeka Public Schools USD 501

Co-Pays	
Exam	\$10
Materials ¹	\$10
Contact Lens Fitting (standard & specialty)	\$25

Monthly Premiums	
Emp. only	\$9.26
Emp. + one	\$14.89
Emp. + child(ren)	\$15.19
Emp. + family	\$22.82

Services/Frequency	
Exam	12 months
Frame	24 months
Contact Lens Fitting	12 months
Lenses	12 months
Contact Lenses	12 months

(Based on date of service)

Benefits through Superior National Network

Exam (Ophthalmologist)
Exam (Optometrist)
Frames
Contact Lens Fitting (standard²)
Contact Lens Fitting (specialty²)
Lenses (standard) per pair
Single Vision
Bifocal
Trifocal
Standard Progressive³
Contact Lenses⁴

In-Network
Covered in full
Covered in full
\$150 retail allowance
Covered in full
\$50 retail allowance

Covered in full
Covered in full
Covered in full
Covered in full
\$150 retail allowance

Out-of-Network
Up to \$34 retail
Up to \$26 retail
Up to \$72 retail
Not covered
Not covered

Up to \$29 retail
Up to \$43 retail
Up to \$53 retail
Up to \$43 retail
Up to \$100 retail

Co-pays apply to in-network benefits; co-pays for out-of-network visits are deducted from reimbursements

¹ Materials co-pay applies to lenses and frames only, not contact lenses

² See your benefits materials for definitions of standard and specialty contact lens fittings

³ If premium progressive lenses are selected, members receive an allowance based on the provider's charges for standard progressive lenses.

⁴ Contact lenses are in lieu of eyeglass lenses and frames benefit

Discount Features

Look for providers in the Provider Directory who accept discounts, as some do not; please verify their services and discounts (range from 10%-30%) prior to service as they vary.

Discounts on Covered Materials

Frames: 20% off amount over allowance
Lens options: 20% off retail
Progressives: 20% off amount over standard progressive retail

The following options have out-of-pocket maximums⁵ on standard (not premium, brand, or progressive) lenses.

	Maximum Member Out-of-Pocket	
	Single Vision	Bifocal & Trifocal
Scratch coat	\$13	\$13
Ultraviolet coat	\$15	\$15
Tints, solid or gradients	\$25	\$25
Anti-reflective coat	\$50	\$50
High index 1.6	\$55	20% off retail
Photochromics	\$80	20% off retail

Discounts on Non-Covered Exam and Materials

Exams, frames, and prescription lenses: 30% off retail
Lens options, contacts, other prescription materials: 20% off retail
Disposable contact lenses: 10% off retail

⁵ Discounts and maximums may vary by lens type. Please check with your provider.

SuperiorVision.com
Customer Service
800.507.3800

Refractive Surgery

Superior Vision has a nationwide network of refractive surgeons and leading LASIK networks who offer members a discount. These discounts range from 15%-50%, and are the best possible discounts available to Superior Vision.

The Plan discount features are not insurance.

All allowances are retail; the member is responsible for paying the provider directly for all non-covered items and/or any amount over the allowances, minus available discounts. These are not covered by the plan.

Discounts are subject to change without notice.

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



Superior Vision Services, Inc. P.O. Box 967 Rancho Cordova, CA 95741 800.507.3800 SuperiorVision.com
The Superior Vision Plan is underwritten by National Guardian Life Insurance Company. National Guardian Life Insurance Company is not affiliated with The Guardian Life Insurance Company of America, AKA The Guardian or Guardian Life

NVIGRP 5-07

0616-BSv2/KS

CustomerSupport@AmerilifeBenefits.com | (877) 285-9712 | www.benefits-direct.com/tps501



Find an in-network eye care professional

It's easy to find an in-network eye care professional. Follow the simple instructions below to get started.

Here's how to find an eye care professional near you

1. Visit [superiorvision.com](https://www.superiorvision.com) and click "Find an eye care professional."
2. Enter your location information.
3. Select the "Insurance Through Your Employer" option.
4. Pick the **Superior National** network.
5. Choose your desired distance.
6. Select the "Search" button.

[Click here to use your current location.](#)

ENTER YOUR LOCATION

Choose Your Coverage Type ▼

10 miles ▼

[Search](#)

Want to narrow your search results?

Once you're at the search results page, you can refine the results by the name of the eye care professional, the name of the practice or the services that are offered.

Eye care providers located closest to you Refine Search

Refine by name

Practice Name Provider Name

Refine by service

Routine Vision Exam Eyewear Dispensed Contacts Dispensed

Contact Lens Fitting Medical Vision Exam Medical/Surgical

Refractive Surgery (LASIK)

[Clear Refine Search](#)

I found a eye care professional. Now what?

Once you've selected an in-network eye care professional, call them to verify network participation, services and acceptance of your vision plan. Not all eye care professionals at each office or optical store are considered in-network eye care professionals, nor do they participate in all networks.

SV_FAIRP_NAT_052818

from VersantHealth™

1 (800) 507-3800

[superiorvision.com](https://www.superiorvision.com)

CustomerSupport@AmerilifeBenefits.com | (877) 285-9712 | www.benefits-direct.com/tps501



Creating and logging in to your member account

Superiorvision.com gives you quick access to your vision benefits information. Member account information is shared by all covered family dependents—family members may log in as the primary member.



Step 1

From the home page of superiorvision.com, select "Members" from the navigation.

Step 2

From the Members page, click the "Member Login" button.



Step 3

If you have already set up your account, enter your username and password, if not, click "Create a new account".

Step 4

From the Create Your New Account page, the primary account member can set up an account with their own username and password and have immediate access to the secure Member area of the website.

What can I do in my member account?

Use your member account to easily locate an in-network eye care professional, view your benefits and eligibility, print your ID card, download forms, and more.

from VersantHealth™

1 (800) 507-3800

superiorvision.com

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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.



CustomerSupport@AmerilifeBenefits.com | (877) 285-9712 | www.benefits-direct.com/tps501

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 2021

- Healthcare FSA - \$2,750
- Dependent Care FSA - \$5,000 or \$2,500 if married and filing separate income tax returns

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, as long you get a prescription from your doctor.

QUALIFIED MEDICAL EXPENSES INCLUDE:

- Co-pays, deductibles, co-insurance
- Dental expenses
- Eyeglasses, laser surgery, contact lenses
- Prescription drugs
- Over-the-counter 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 our website, www.FlexMadeEasy.com.



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

FLEXIBLE SPENDING ACCOUNT Program Overview

C03281903



4551 W. 107th Street
Overland Park, KS 66207
(855) 615-3679
info@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.

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

C05031907

CustomerSupport@AmerilifeBenefits.com | (877) 285-9712 | www.benefits-direct.com/tps501



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	\$ _____
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

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Plan Highlights

Group Basic Life and AD&D, and Dependent Life Insurance



Topeka Public Schools USD #501

ELIGIBILITY

Class 1: Each Active Full-Time Superintendent, All full time Deputy Superintendent, Interim Superintendent, District Attorney, Executive Director of Instruction and Executive Director of Administration working 27.5 hours or more per week.

Class 2: Each Active Full-Time Administrative employees with less than 5 years of service as an Administrator working 27.5 hours or more per week.

Class 3: Each Active Full-Time Administrative employees with 5 but less than 10 years of service as an Administrator working 27.5 hours or more per week.

Class 4: Each Active Full-Time Administrative employees with 10 or more years of service as an Administrator working 27.5 hours or more per week.

Class 5: Each Active Full-Time Classified Support Staff working 27.5 hours or more per week.

Class 6: Each Active Full-Time Certified Educators working 19.375 hours or more per week.

Dependents: You must be insured in order for Dependents to be covered.

Dependents are:

- ▶ your legal spouse not legally separated or divorced from you
 - ▶ unmarried financially dependent child(ren)*, to age 26.
- *natural and adopted children and stepchildren in your custody.

Age limit does not apply to handicapped children.

- ▶ A person may not have coverage as both an Employee and Dependent.
- ▶ Only one insured spouse may cover Dependent children.

BENEFIT AMOUNT

Basic Life (District paid)

*Please consult with your Employer or Benefit Representative to determine your volume of coverage based on class

Dependent Life

Spouse and Dependent Child(ren), to age 26

**Spouse amount may not exceed 100% of employee amount*

Class 1, 2, 3, & 4: \$10,000 (employee paid)

Class 5: Choice of \$2,500 (district paid) with option for employee to purchase an additional \$7,500, for a total of \$10,000

Class 6: Choice of \$2,500 or \$10,000 (employee paid)

BENEFIT REDUCTION DUE TO AGE

*Employee reduction based on employee age

*Spouse reduction based on spouse age

Age	Original Benefit	Reduced To
70		65%
75		50%

FEATURES

- ▶ Living Benefit Rider (Accelerated Death Benefit)
- ▶ Air Bag Benefit
- ▶ Education Benefit
- ▶ FMLA/MSLA Continuation
- ▶ Loss of Use Benefit
- ▶ Seat Belt Benefit
- ▶ Waiver of Premium

VALUE ADDED SERVICES

- ▶ Bereavement Counseling Service
- ▶ Travel Assistance Service

EXCLUSIONS

AD&D EXCLUSIONS:

AD&D benefits will not be payable for a loss: caused by suicide or intentionally self-inflicted injuries; caused by or resulting from war or any act of war, declared or undeclared; to which sickness, disease or myocardial infarction, including medical or surgical treatment thereof, is a contributing factor; sustained during an insured is commission or attempted commission of an assault or felony; to which the insured is acute or chronic intoxication is a contributing factor; or to which the insured is voluntary consumption of an illegal or controlled substance or a non-prescribed narcotic or drug is a contributing factor. For a comprehensive list of exclusions and limitations, please refer to the Certificate of Insurance. The Certificate also provides all requirements necessary to be eligible for coverage and benefits.

This Plan Highlights is a brief description of the key features of the RSL insurance plan. The availability of the benefits and features described may vary by state. It is not a certificate of insurance or evidence of coverage. Insurance is provided under group policy form LRS-6422, et al.

RELIANCE STANDARD
LIFE INSURANCE COMPANY
A MEMBER OF THE TOKIO MARINE GROUP

www.RelianceStandard.com

**Reliance Standard Plans
Dependent Life Insurance
Premium Table
Topeka Public Schools USD #501**

Class	Spouse Coverage	Child Coverage	Monthly Cost
1, 2, 3, & 4	\$10,000	\$10,000	\$4.00
5	\$2,500	\$2,500	District paid
	\$10,000	\$10,000	\$3.00
6	\$2,500	\$2,500	\$0.70
	\$10,000	\$10,000	\$4.00

Plan Highlights

Group Voluntary and Spouse Life Insurance



Topeka Public Schools USD #501

ELIGIBILITY

Each Active Full-Time employee working 27.5 hours or more per week and Certified Educators working 19.375 hours or more hours per week.

Dependents: You must be insured in order for Dependents to be covered.

Dependents are:

- ▶ your legal spouse not legally separated or divorced from you
- ▶ A person may not have coverage as both an Employee and Dependent.

BENEFIT AMOUNT

Voluntary Life:

Choose from a minimum of \$20,000 to a maximum of \$240,000 in \$20,000 increments

Amounts of life insurance equal to \$150,000 or more may be subject to an earnings cap.

Dependent Life

Spouse

Choose from a minimum of \$10,000 to a maximum of \$100,000 in \$10,000 increments (not to exceed 50% of employee amount).

GUARANTEED ISSUE

Employee: Under age 70: \$240,000
Over age 70: \$20,000

Spouse: Under age 60: \$75,000
Over age 60: None

CONTRIBUTION REQUIREMENTS

Employee: Coverage is 100% employee paid.

*Employee premium based on employee age.

Spouse: Coverage is 100% employee paid.

*Spouse premium based on spouse age.

FEATURES

- ▶ Living Benefit Rider (Accelerated Death Benefit)
- ▶ Conversion Privilege
- ▶ FMLA/MSLA Continuation

BENEFIT REDUCTION DUE TO AGE

*Employee reduction based on employee age

*Spouse reduction based on spouse age

Age	Original Benefit	Reduced To
70		65%
75		50%

EXCLUSIONS

For a comprehensive list of exclusions and limitations, please refer to the Certificate of Insurance. The Certificate also provides all requirements necessary to be eligible for coverage and benefits.

This Plan Highlights is a brief description of the key features of the RSL insurance plan. The availability of the benefits and features described may vary by state. It is not a certificate of insurance or evidence of coverage. Insurance is provided under group policy form LRS-6422, et al.

RELIANCE STANDARD
LIFE INSURANCE COMPANY
A MEMBER OF THE TOKIO MARINE GROUP

www.RelianceStandard.com

CustomerSupport@AmerilifeBenefits.com | (877) 285-9712 | www.benefits-direct.com/tps501

Reliance Standard Plans Supplemental and Dependent Life Insurance Premium Table

Topeka Public Schools USD #501

Scheduled Benefit: Each eligible employee may elect for himself and/or his eligible spouse an amount of insurance shown in the Table below.
For employees and spouses age 70 and older: Benefit amounts are reduced according to the age-based reduction chart shown in the SupplementalLife brochure.

- Employee premium: Determine your age band using your age at plan anniversary (10/1).
- Select a benefit amount (employees and spouses age 70 and older: see above comment).
- Spouse premium: Repeat the steps above for your spouse, using spouse age at plan anniversary (10/1).
- Employee and spouse rates change as insured moves from one age bracket to the next at plan anniversary (10/1).

Employee Monthly Premiums

Benefit Amount	Age 18-24	Age 25-29	Age 30-34	Age 35-39	Age 40-44	Age 45-49	Age 50-54	Age 55-59	Age 60-64	Age 65-69	Reduced amounts age 70-74		Reduced amounts age 75+	
\$20,000	\$1.20	\$1.20	\$1.60	\$1.80	\$2.40	\$4.20	\$6.40	\$11.00	\$13.20	\$25.40	\$13,000	\$26.78	\$10,000	\$65.70
\$40,000	\$2.40	\$2.40	\$3.20	\$3.60	\$4.80	\$8.40	\$12.80	\$22.00	\$26.40	\$50.80	\$26,000	\$53.56	\$20,000	\$131.40
\$60,000	\$3.60	\$3.60	\$4.80	\$5.40	\$7.20	\$12.60	\$19.20	\$33.00	\$39.60	\$76.20	\$39,000	\$80.34	\$30,000	\$197.10
\$80,000	\$4.80	\$4.80	\$6.40	\$7.20	\$9.60	\$16.80	\$25.60	\$44.00	\$52.80	\$101.60	\$52,000	\$107.12	\$40,000	\$262.80
\$100,000	\$6.00	\$6.00	\$8.00	\$9.00	\$12.00	\$21.00	\$32.00	\$55.00	\$66.00	\$127.00	\$65,000	\$133.90	\$50,000	\$328.50
\$120,000	\$7.20	\$7.20	\$9.60	\$10.80	\$14.40	\$25.20	\$38.40	\$66.00	\$79.20	\$152.40	\$78,000	\$160.68	\$60,000	\$394.20
\$140,000	\$8.40	\$8.40	\$11.20	\$12.60	\$16.80	\$29.40	\$44.80	\$77.00	\$92.40	\$177.80	\$91,000	\$187.46	\$70,000	\$459.90
\$160,000	\$9.60	\$9.60	\$12.80	\$14.40	\$19.20	\$33.60	\$51.20	\$88.00	\$105.60	\$203.20	\$104,000	\$214.24	\$80,000	\$525.60
\$180,000	\$10.80	\$10.80	\$14.40	\$16.20	\$21.60	\$37.80	\$57.60	\$99.00	\$118.80	\$228.60	\$117,000	\$241.02	\$90,000	\$591.30
\$200,000	\$12.00	\$12.00	\$16.00	\$18.00	\$24.00	\$42.00	\$64.00	\$110.00	\$132.00	\$254.00	\$130,000	\$267.80	\$100,000	\$657.00
\$220,000	\$13.20	\$13.20	\$17.60	\$19.80	\$26.40	\$46.20	\$70.40	\$121.00	\$145.20	\$279.40	\$143,000	\$294.58	\$110,000	\$722.75
\$240,000	\$14.40	\$14.40	\$19.20	\$21.60	\$28.80	\$50.40	\$76.80	\$132.00	\$158.40	\$304.80	\$156,000	\$321.36	\$120,000	\$788.40

Spouse Monthly Premiums (use spouse age)

Benefit Amount	Age 18-24	Age 25-29	Age 30-34	Age 35-39	Age 40-44	Age 45-49	Age 50-54	Age 55-59	Age 60-64	Age 65-69	Reduced amounts Age 70-74		Reduced amounts Age 75+	
\$10,000	\$0.60	\$0.60	\$0.80	\$0.90	\$1.20	\$2.10	\$3.20	\$5.50	\$6.60	\$12.70	\$6,500	\$13.39	\$5,000	\$32.85
\$20,000	\$1.20	\$1.20	\$1.60	\$1.80	\$2.40	\$4.20	\$6.40	\$11.00	\$13.20	\$25.40	\$13,000	\$26.78	\$10,000	\$65.70
\$30,000	\$1.80	\$1.80	\$2.40	\$2.70	\$3.60	\$6.30	\$9.60	\$16.50	\$19.80	\$38.10	\$19,500	\$40.17	\$15,000	\$98.55
\$40,000	\$2.40	\$2.40	\$3.20	\$3.60	\$4.80	\$8.40	\$12.80	\$22.00	\$26.40	\$50.80	\$26,000	\$53.56	\$20,000	\$131.40
\$50,000	\$3.00	\$3.00	\$4.00	\$4.50	\$6.00	\$10.50	\$16.00	\$27.50	\$33.00	\$63.50	\$32,500	\$66.95	\$25,000	\$164.25
\$60,000	\$3.60	\$3.60	\$4.80	\$5.40	\$7.20	\$12.60	\$19.20	\$33.00	\$39.60	\$76.20	\$39,000	\$80.34	\$30,000	\$197.10
\$70,000	\$4.20	\$4.20	\$5.60	\$6.30	\$8.40	\$14.70	\$22.40	\$38.50	\$46.20	\$88.90	\$45,500	\$93.73	\$35,000	\$229.95
\$80,000	\$4.80	\$4.80	\$6.40	\$7.20	\$9.60	\$16.80	\$25.60	\$44.00	\$52.80	\$101.60	\$52,000	\$107.12	\$40,000	\$262.80
\$90,000	\$5.40	\$5.40	\$7.20	\$8.10	\$10.80	\$18.90	\$28.80	\$49.50	\$59.40	\$114.30	\$58,500	\$120.51	\$45,000	\$295.65
\$100,000	\$6.00	\$6.00	\$8.00	\$9.00	\$12.00	\$21.00	\$32.00	\$55.00	\$66.00	\$127.00	\$65,000	\$133.90	\$50,000	\$328.50

PREMIUM CALCULATION (Add your elections here):

Employee Premium	
Spouse Premium	
Total Premium	

(Rates are calculated as of coverage effective date and are based on insured's age in relation to Plan anniversary date. Billed rates may be higher if, at application, the person is at the highest age in an age band).

Please read this important information:

- You may not have coverage as both an employee and as a dependent.

Rates are subject to change.

Plan Highlights

Voluntary Group Short Term Disability Insurance



Topeka Public Schools USD #501

COVERAGE

Disability income protection insurance provides a benefit for short term "disability" resulting from a covered injury or sickness. Benefits begin at the end of the elimination period and continue while you are disabled up to the maximum benefit duration.

ELIGIBILITY

Each Active Full-Time employee working 27.5 hours or more per week and Certified Educators working 19.375 or more hours per week.

BENEFIT ELECTION

You may choose a weekly benefit is an amount equal to one of the options listed below:

Option 1: 50% of covered earnings to a maximum benefit of \$1,154 per week with an elimination period of 7 days for injury, 7 days for sickness which will be paid up to a maximum of 25 weeks.

Option 2: 60% of covered earnings to a maximum benefit of \$1,154 per week with an elimination period of 7 days for injury, 7 days for sickness which will be paid up to a maximum of 25 weeks.

Option 3: 50% of covered earnings to a maximum benefit of \$1,154 per week with an elimination period of 14 days for injury, 14 days for sickness which will be paid up to a maximum of 24 weeks.

Option 4: 60% of covered earnings to a maximum benefit of \$1,154 per week with an elimination period of 14 days for injury, 14 days for sickness which will be paid up to a maximum of 24 weeks.

Option 5: 50% of covered earnings to a maximum benefit of \$1,154 per week with an elimination period of 30 days for injury, 30 days for sickness which will be paid up to a maximum of 22 weeks.

Option 6: 60% of covered earnings to a maximum benefit of \$1,154 per week with an elimination period of 30 days for injury, 30 days for sickness which will be paid up to a maximum of 22 weeks.

Option 7: 50% of covered earnings to a maximum benefit of \$1,154 per week with an elimination period of 60 days for injury, 60 days for sickness which will be paid up to a maximum of 18 weeks.

Option 8: 60% of covered earnings to a maximum benefit of \$1,154 per week with an elimination period of 60 days for injury, 60 days for sickness which will be paid up to a maximum of 18 weeks.

FEATURES

- ▶ Maternity covered as any other illness
- ▶ Non-occupational coverage
- ▶ Partial Disability benefit included
- ▶ Transfer of Coverage provision
- ▶ Zero Day Residual included Definition

LIMITATIONS

- ▶ Pre-Existing Condition Limitation 3/6
- Please note- pre-ex limitations also apply to benefit increases

CONTRIBUTION REQUIREMENTS

Coverage is 100% employee paid.

EXCLUSIONS

Benefits will not be payable for any disability caused by: an intentionally self-inflicted injury; an act of war (declared or undeclared); commission of a felony; sickness covered by workers compensation or other workers disability law; injury occurring out of or in the course of work for wage or profit.

For a comprehensive list of exclusions, limitations, and any applicable benefit offsets, please refer to the Certificate of Insurance. The Certificate also provides all requirements necessary to be eligible for coverage and benefits.

This Plan Highlights is a brief description of the key features of the RSL insurance plan. The availability of the benefits and features described may vary by state. It is not a certificate of insurance or evidence of coverage. Insurance is provided under group policy form LRS-6451, et al.

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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.

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Voluntary Cancer Insurance

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Kansas	Topeka Public Schools
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. <i>Certain limitations and exclusions, including a pre-existing condition limitation, apply. See page 13 for further details.</i>

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. Leukemia's 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>\$3,000 per lifetime</p>	<p>\$5,000 per lifetime</p>
<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. 		

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.

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Not available in all states.

Voluntary Cancer Insurance

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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.

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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Optional Benefit Riders	Level 1	Level 2
<p>• ANNUAL WELLNESS SCREENING BENEFIT RIDER</p>		
<p>Basic Screening Benefit 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>	<p>\$125 per Calendar Year</p>	<p>\$125 per Calendar Year</p>
<ul style="list-style-type: none"> • Mammogram • Breast Ultrasound • Pap Smear • Thin-Prep • Flexible Sigmoidoscopy • Biopsy • Hemocult • Stool Specimen • Chest X-Ray 	<ul style="list-style-type: none"> • 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 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>2x Basic Screening Benefit per Calendar Year</p>	
<p>Cancer Vaccine Benefit 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>½ Basic Screening Benefit per lifetime</p>	
<p>• MEDICAL IMAGING AND MEDICATION BENEFITS RIDER</p>		
<p>Medical Imaging, Treatment Planning, and Monitoring Expense Benefit 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>Charge Incurred, up to \$1000 per Calendar Year</p>	<p>Charge Incurred, up to \$1000 per Calendar Year</p>
<p>Anti-Nausea Medication Expense Benefit We will pay the Charge Incurred for anti-nausea medication, but not to</p>	<p>Charge Incurred, up to \$150 per</p>	<p>Charge Incurred, up to \$1000 per</p>

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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.
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Voluntary Cancer Insurance

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Optional Benefit Riders	Level 1	Level 2
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.	Calendar Month	Calendar Month
<p>Colony Stimulating Factor or Immunoglobulin Expense Benefit</p> <p>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>	Charge Incurred, up to \$1000 per Calendar Month	Charge Incurred, up to \$1000 per Calendar Month
<p>• SURGICAL EXPENSE BENEFIT RIDER</p>		
<p>Surgical Expense Benefit</p> <p>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.</p> <p>We will not pay more than the Charge Incurred for any surgical procedure.</p>	\$3,000 Maximum Benefit Amount	\$4,500 Maximum Benefit Amount
<p>Anesthesia Expense Benefit</p> <p>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>	Charge Incurred, up to 30% of the Surgical Expense Benefit Amount	Charge Incurred, up to 30% of the Surgical Expense Benefit Amount
<p>Skin Cancer Surgical Expense Benefit</p> <p>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>	Charge Incurred, up to Indicated Amounts	Charge Incurred, up to Indicated Amounts
<p>• DAILY HOSPITAL CONFINEMENT BENEFIT RIDER</p>		
	\$150	\$150

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 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.
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Optional Benefit Riders	Level 1	Level 2
<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>	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>	<p>Charge Incurred, up to \$10,000 per Calendar Year*</p>	<p>Charge Incurred, up to \$10,000 per Calendar Year*</p>
<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</p>		

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 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.
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Group product base



Optional Benefit Riders	Level 1	Level 2
<p>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>	<p>\$150 per day**</p> <p>2x Hospital Intensive Care Unit Benefit Amount</p> <p>½ Hospital Intensive Care Unit Benefit Amount</p>	<p>\$150 per day**</p> <p>2x Hospital Intensive Care Unit Benefit Amount</p> <p>½ Hospital Intensive Care Unit Benefit Amount</p>
<p>• SPECIFIED DISEASE BENEFIT RIDER</p>		
<p>Covered Specified Diseases:</p>		
<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
<p>If a Covered Person is diagnosed with one or more Covered Specified Diseases and is hospitalized for definitive treatment, we will pay the</p>		

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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.
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Optional Benefit Riders	Level 1	Level 2
<p>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>\$1,500 per Calendar Year</p>	<p>\$3,000 per Calendar Year</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>	<p>\$100 per day</p>	<p>\$200 per day</p>
<p>• ADDITIONAL BENEFITS RIDER</p>	<p>Charge Incurred, subject to various maximums (see below)</p>	<p>Charge Incurred, subject to various maximums (see below)</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>		

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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.

Voluntary Cancer Insurance

A limited benefit policy
Group product base



Optional Benefit Riders	Level 1	Level 2
Benefit is payable.		
<p>Outpatient Hospital or Ambulatory Surgical Center Expense Benefit</p> <p>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.</p>		
<p>Outpatient Blood, Plasma and Platelets Expense Benefit</p> <p>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.</p>		
<p>Inpatient Blood, Plasma and Platelets Expense Benefit</p> <p>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.</p>		
<p>Bone Marrow Donor Expense Benefit</p> <p>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.</p>		
<p>Bone Marrow or Stem Cell Transplant Expense Benefit</p> <p>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.</p>		
<p>Inpatient Oxygen Expense Benefit</p> <p>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.</p>		
<p>Attending Physician Expense Benefit</p> <p>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.</p>		
<p>Inpatient Private Duty Nursing Expense Benefit</p> <p>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</p>		

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

A limited benefit policy
Group product base



Optional Benefit Riders	Level 1	Level 2
an employee of the Hospital or an Immediate Family Member of the Covered Person.		
<p>Outpatient Private Duty Nursing Expense Benefit</p> <p>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.</p>		
<p>Home Health Care Expense Benefit</p> <p>We will pay benefits for the following covered charges when a Covered Person requires Home Health Care for the treatment of Cancer.</p> <ul style="list-style-type: none"> 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. 		
<p>Convalescent Care Facility Expense Benefit</p> <p>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:</p> <ul style="list-style-type: none"> 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. 		
<p>Hospice Care Expense Benefit</p> <p>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.</p>		
<p>Non-Local Transportation Expense Benefit</p> <p>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</p>		

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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.
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Voluntary Cancer Insurance

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Group product base



Optional Benefit Riders	Level 1	Level 2
<p>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.</p>		
<p>Lodging Expense Benefit</p> <p>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.</p>		
<p>Ambulance Expense Benefit</p> <p>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.</p>		
<p>Prosthesis Expense Benefit</p> <p>We will pay benefits for the following covered charges when a Covered Person requires a prosthesis for the treatment of Cancer:</p> <ol style="list-style-type: none"> 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. 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. 		
<p>Hairpiece Expense Benefit</p> <p>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.</p>		
<p>Rental or Purchase of Medical Equipment Expense Benefit</p> <p>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.</p>		
<p>Physical, Speech And Audio Therapy Expense Benefit</p> <p>We will pay the Charge Incurred not to exceed \$ 25 per therapy session for:</p> <ol style="list-style-type: none"> Physical therapy treatments given by a licensed Physical Therapist, or 		

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 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.
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Voluntary Cancer Insurance

A limited benefit policy
Group product base



Optional Benefit Riders	Level 1	Level 2
<p>b. Speech therapy given by a licensed Speech Pathologist/Therapist; or c. Audio therapy given by a licensed Audiologist.</p> <p>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.</p>		
<p>Mental Health Consultation Benefit</p> <p>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.</p>		
<p>Child Tutorial Benefit</p> <p>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.</p>		
<p>Wheelchair Accessible Home Modifications</p> <p>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.</p>		
<p>Child Care Benefit</p> <p>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.</p>		
<p>Pet Boarding Benefit</p> <p>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.</p>		

Pre-Existing Condition Limitation Period: 12 months prior to Certificate Effective Date
See page 13 for details.

Cancer Plan Proposed Rates:

Displaying monthly payroll deduction premium amounts (*Plan premiums will not increase during the 1-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
\$22.49	\$35.32	\$25.27	\$38.03	\$26.06	\$40.92	\$29.75	\$44.54

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.
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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.

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Not available in all states.

Voluntary Accident Insurance

A limited benefit policy
Group product base



Accident coverage can protect your whole family

A voluntary accident plan offers coverage for accidental injuries and accidental death in addition to your primary medical insurance. It's also available to your spouse and dependent children - a plan that can protect your whole family.

Why do I need accident coverage?

Here are a few facts to consider from the National Center for Health Statistics*:

- Sports activities and leisure activities together accounted for nearly 40 percent of medically-attended episodes of injury, and the most common place of injury was in or around the home.
- Falls are the leading external cause of non-fatal injury.
- Injuries due to motor vehicle traffic accidents, overexertion and strenuous movements, and striking against or being struck accidentally by objects also make up a large portion of injuries.

The *home* was the most frequently reported place of injury with 32% of injuries occurring *inside the home*, and another 18% *outside the home*.

- National Health Interview Survey, 2011, Summary Health Statistics for the U.S. Population

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



What does accident coverage do?

Accident insurance provides you with valuable accidental death and dismemberment coverage as well as any optional benefits offered by your employer. Depending on the plan, features may include:

- Accident Only Medical Expense: pays actual charges, up to the maximum amount selected, for physician treatment in an office, clinic or emergency room for an accidental injury
- Hospital Admission: pays a defined benefit once annually for hospital admission due to an injury sustained in a covered accident
- Others may include benefits for hospital ICU, and specific sums for bone fracture & dislocation

Protect your financial security

Payroll deduction makes it easy for you to pay for accident coverage. You'll feel good knowing benefits are paid up to the plan amount selected, in addition to any other coverage you may have.

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.

*Center for Disease Control and Prevention, National Center for Health Statistics, Summary Health Statistics for the U.S. Population: National Health Interview Survey, 2011.

Form 6178 KS-1/19

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Voluntary Accident Insurance

A limited benefit policy
Group product base



KANSAS	Topeka Public Schools
<p>This policy offers the flexibility to vary your coverage by selecting one of two benefit levels. Benefits are paid in addition to any other coverage in place, except as specified below. Payroll deduction for your premiums makes it easy, too. Benefits described are subject to certain eligibility requirements, conditions, limitations and exclusions; see page 9 for further details.</p>	
Coverage type	<p>Accident Insurance provides Non-Occupational protection coverage for accidental injuries, hospital care, and accidental death benefits. There is no coverage for sickness. Coverage is available to the employee, spouse, and dependent children.</p>

Base Policy Benefits	Level 1	Level 2																												
<ul style="list-style-type: none"> ACCIDENTAL DEATH & DISMEMBERMENT BENEFIT 	\$30,000 Principal Sum*	\$50,000 Principal Sum*																												
<p>*Employee coverage amount is 100% of the Principal Sum; Spouse coverage amount is 50% of the Principal Sum; Dependent Child coverage amount is 25% of the Principal Sum. On the date a Covered Person attains age 65, and continuing thereafter, this amount will be reduced by one-half.</p> <p>Accidental Death - We will pay the selected benefit amount if a Covered Person dies from an Injury resulting directly and independently of all other causes from a Covered Accident. The death must occur within 365 days of the Covered Accident. If loss is sustained by a Covered Person while riding as a fare-paying passenger on scheduled Common Carrier, the amount payable will be doubled.</p> <p>Accidental Dismemberment - If a Covered Person's Injury results in any one of the losses specified below within 365 days of the Covered Accident, We will pay the percentage shown in the chart below for that loss multiplied by the Principal Sum coverage amount applicable to the Covered Person. The total amount payable under this benefit resulting from any one Covered Accident shall not exceed the Accidental Death Benefit coverage amount payable to the Covered Person. The loss of a hand or foot means the complete severance at or above the wrist or ankle joint. The loss of sight means the total and irrevocable loss of sight.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Accidental Dismemberment</th> <th style="text-align: center;">Coverage Amount</th> </tr> </thead> <tbody> <tr> <td><i>Dismemberment Benefit – For Loss Of</i></td> <td style="text-align: center;"><i>Percent of Principal Sum</i></td> </tr> <tr> <td>Both Hands</td> <td style="text-align: center;">100%</td> </tr> <tr> <td>Both Feet</td> <td style="text-align: center;">100%</td> </tr> <tr> <td>The Entire Sight of Both Eyes</td> <td style="text-align: center;">100%</td> </tr> <tr> <td>One Hand and One Foot</td> <td style="text-align: center;">100%</td> </tr> <tr> <td>One Hand or One Foot and Entire Sight of One Eye</td> <td style="text-align: center;">100%</td> </tr> <tr> <td>One Hand or One Foot</td> <td style="text-align: center;">50%</td> </tr> <tr> <td>Entire Sight of One Eye</td> <td style="text-align: center;">50%</td> </tr> <tr> <td>Speech and Hearing in Both Ears</td> <td style="text-align: center;">50%</td> </tr> <tr> <td>Speech or Hearing in Both Ears</td> <td style="text-align: center;">25%</td> </tr> <tr> <td>Hearing in One Ear</td> <td style="text-align: center;">25%</td> </tr> <tr> <td>Thumb and Index Finger of Same Hand</td> <td style="text-align: center;">25%</td> </tr> <tr> <td>All the Toes of the Same Foot</td> <td style="text-align: center;">25%</td> </tr> </tbody> </table>			Accidental Dismemberment	Coverage Amount	<i>Dismemberment Benefit – For Loss Of</i>	<i>Percent of Principal Sum</i>	Both Hands	100%	Both Feet	100%	The Entire Sight of Both Eyes	100%	One Hand and One Foot	100%	One Hand or One Foot and Entire Sight of One Eye	100%	One Hand or One Foot	50%	Entire Sight of One Eye	50%	Speech and Hearing in Both Ears	50%	Speech or Hearing in Both Ears	25%	Hearing in One Ear	25%	Thumb and Index Finger of Same Hand	25%	All the Toes of the Same Foot	25%
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 Policy/Rider Numbers: L-1063P, L-1063C-10/16 KS, R-2079, R-2081, R-2082, R-2085, R-2086, R-2088, R-2115, R-2116.
 Underwritten by: Shenandoah Life Insurance Company, member of the Prosperity Life Group.
 Not available in all states.

Form 6178 KS-1/19

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Voluntary Accident Insurance

A limited benefit policy
Group product base



Optional Riders	Level 1	Level 2
<ul style="list-style-type: none"> ACCIDENT FIRST OCCURENCE BENEFITS RIDER 	\$50	\$50
We will pay the selected benefit amount upon receipt of the first claim for a benefit for a Covered Accident. Only one Accident First Occurrence Benefit shall be paid per Certificate.		
<ul style="list-style-type: none"> SPORTS PACKAGE BENEFIT RIDER 	Included	Included
We will pay 25% of the Combined Benefit if a Covered Person sustains Injuries as a result of a Covered Accident while participating in an Organized Sporting Activity. This benefit is limited to \$1,000 per Covered Person in any 12 month period, regardless of the number of Covered Accidents. Combined Benefit means the total cumulative benefit paid for the following riders: accident only expense benefit, specific sum injury benefit, hospital ICU benefit, hospital admission benefit.		
<ul style="list-style-type: none"> ACCIDENT ONLY EXPENSE BENEFIT RIDER 	\$500	\$1,000
If a Covered Person sustains an Injury in a Covered Accident that requires treatment by a Physician, We will reimburse the Covered Person for Actual Charges for treatment, not to exceed the selected Maximum Accident Expense Benefit amount after the applicable deductible, if any. Treatment must be rendered in a Covered Facility. Care for an Injury received in a Covered Accident must be received within 90 days of the Covered Accident. We will only pay one Maximum Accident Expense Benefit amount after the applicable deductible, if any, per Calendar Year per Covered Person regardless of the number of incidents of care received or the number of different Injuries received in the Calendar Year.	Maximum per Calendar Year With \$0 deductible per Calendar Year	Maximum per Calendar Year With \$0 deductible per Calendar Year
<ul style="list-style-type: none"> ADDITIONAL BENEFITS RIDER 		
<ol style="list-style-type: none"> 1. Non-Local Transportation Expense Benefit: We will pay the Actual Charges Incurred up to the selected benefit amount round trip for Non-Local transportation if Hospital treatment or a diagnostic study is recommended by the Covered Person's Physician for Injuries sustained in a Covered Accident. This benefit is limited to three (3) round trips per Covered Accident, and payable only if the treatment is not available locally. Transportation must begin within 90 days from the date of the Covered Accident. 	\$200	\$400
<ol style="list-style-type: none"> 2. Prosthetic Device Expense Benefit: We will pay the Actual Charges Incurred up to the selected benefit amount for a prosthetic device or artificial limb for a Covered Person prescribed by a Physician as an aid in personal locomotion or mobility, due to an Injury sustained in a Covered Accident. The prosthesis or artificial limb must be purchased and received within 12 months of the Covered Accident. We will pay this benefit once per Covered Person per Covered Accident. 	\$600	\$1,200
<ol style="list-style-type: none"> 3. Appliance Expense Benefit: We will pay the Actual Charges Incurred 	\$100	\$200

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Policy/Rider Numbers: L-1063P, L-1063C-10/16 KS, R-2079, R-2081, R-2082, R-2085, R-2086, R-2088, R-2115, R-2116.
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Voluntary Accident Insurance

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Group product base



Optional Riders	Level 1	Level 2
<p>up to the selected benefit amount for an appliance for a Covered Person prescribed by a Physician as an aid in personal locomotion or mobility, due to an Injury sustained in a Covered Accident. The appliance must be purchased and received within 12 months of the Covered Accident. We will pay this benefit once per Covered Person per Covered Accident. An appliance includes a wheelchair, braces, crutches or walker.</p>		
<p>4. Reasonable Modifications: When a Covered Person suffers a Catastrophic Loss due to a Covered Accident, We will pay the Actual Charges Incurred up to the selected benefit amount for modifications to the Covered Person's home or vehicle. Benefits will be paid only for modifications made within two (2) years of a Covered Accident.</p>	\$200	\$400
<p>5. Child Care Benefit: We will pay the selected benefit amount per day for each Dependent Child of a Covered Person attending a Child Care Center while the Covered Person is confined to the Hospital due to Injuries sustained in a Covered Accident.</p>	\$20	\$40
<p>6. Pet Boarding Benefit: We will pay the selected benefit amount per day for a single pet of a Covered Person attending a Pet Boarding Center while the Covered Person is confined to the Hospital due to Injuries sustained in a Covered Accident.</p>	\$10	\$20
<p>7. Ground Ambulance: We will pay the selected benefit amount per trip for ground ambulance service to transport the Covered Person from an emergency site to the Hospital, or ground ambulance transportation from the first Hospital to another Hospital, if a Physician specifies in writing that specialized care not available in the first Hospital to which the Covered Person was transported is necessary to treat the Covered Person's Injury(ies).</p>	\$100	\$200
<p>8. Air Ambulance: We will pay the selected benefit amount per Covered Accident for air ambulance service to transport the Covered Person from an emergency site to the Hospital.</p>	\$750	\$1,500
<p>9. Medical Equipment Rental: We will pay the selected benefit amount per Covered Accident for rental or purchase, if less, of a wheelchair, Hospital bed or other medical equipment that has permanent or temporary therapeutic value.</p>	\$50	\$100
<p>10. Dental: We will pay the selected benefit amount per office visit for dental treatments including dental x-rays for the repair or treatment of each injured tooth that is whole and sound and a natural tooth at the time of the Covered Accident, installation of crowns, caps, bridges and dentures, oral surgery and endodontic as a result of a Covered Accident, and the repair or replacement of caps and crowns that existed prior to the Covered Accident. This benefit is subject to a maximum of 10 treatments visits per Covered Accident.</p>	\$75	\$150

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Group product base



Optional Riders	Level 1	Level 2
11. Prescription Drugs: We will pay up to the selected benefit amount per prescription drug that: (a) can only be obtained through a Physician's written prescription; and (b) is approved for such prescription use by the Federal Drug Administration (FDA), unless prescribed by a Physician for therapeutic use. The expenses for a prescription drug are limited to the cost of a generic drug unless: (1) substitution of a generic drug is prohibited by law; or (2) no generic drug is available; or (3) the Covered Person's Physician specifically requests that a non-generic drug be dispensed to the Covered Person. This benefit is subject to a maximum of 10 prescription drugs per Covered Accident.	\$25	\$50
12. Eyeglasses, Contact Lenses and Hearing Aids: We will pay the selected benefit amount per device per Covered Accident for eyeglasses, contact lenses and hearing aids damaged in a Covered Accident that requires medical treatment.	\$25	\$50
<ul style="list-style-type: none"> SPECIFIC SUM INJURY BENEFIT RIDER If a Covered Person's Injury, sustained in a Covered Accident, results in any one of the Specific Sum Injuries specified in the rider form within 365 days of the Covered Accident, We will pay the sum shown for that loss. We will not pay more than the selected Maximum Benefit amount per Covered Accident, regardless of the number of Specific Sum Injuries caused by the same Covered Accident. <i>Certain exclusions apply. See page 9.</i> 	\$5,000 Maximum Benefit amount per Covered Accident	\$10,000 Maximum Benefit amount per Covered Accident
Specific Sum Injuries (PER CERTIFICATE)	Sum Amount	
Dislocation of:	Surgical / Non-Surgical	
Hip (Left or Right Side) Knee (Left or Right Side) Wrist (Left or right Side) Elbow (Left or Right Side) Ankle (Left or Right Side) Shoulder Blade (Left or Right Side) Collarbone or Jaw	\$4,800 / \$1,620 \$1,620 / \$840 \$1,320 / \$660 \$1,320 / \$660 \$1,620 / \$480 \$1,620 / \$660 \$2,580 / \$480	
Fracture of:	Open / Closed	
Hip (Left or Right Side) Pelvis (excluding Coccyx and Sacrum) / (Left or Right Side) Skull (excluding Nose, Lower Jaw and Teeth) Neck Thigh (excluding Kneecap) / (Left or Right Side) Upper Arm (Left or Right Side) Lower Leg (excluding Kneecap) / (Left or Right Side) Elbow (Left or Right Side) Heel (Left or Right Side) Shoulder Blade (Left or Right Side)	\$6,000 / \$2,000 \$1,000 / \$1,000 \$3,240 / \$1,200 \$3,240 / \$1,200 \$2,500 / \$2,000 \$2,400 / \$1,000 \$2,500 / \$2,000 \$2,400 / \$1,000 \$2,000 / \$500 \$2,400 / \$1,000	

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Optional Riders	Level 1	Level 2
Lower Jaw	\$2,400 / \$1,000	
Collarbone	\$2,400 / \$1,000	
Forearm (excluding Wrist) / Left or Right Side)	\$2,400 / \$1,000	
Wrist (Left or Right Side)	\$2,400 / \$1,000	
Vertebrae (each) – Vertebral Arch (excluding Coccyx)	\$4,000 / \$600	
Sternum (Breastbone)	\$2,400 / \$1,000	
Kneecap (Left or Right Side)	\$2,400 / \$1,000	
Cheekbone (Left or Right Side)	\$2,400 / \$1,000	
Hand (excluding Fingers, Thumbs and Wrist) / (Left or Right Side)	\$2,400 / \$1,000	
Foot (excluding Toes, Heels and/or Ankle) / (Left or Right Side)	\$2,400 / \$1,000	
Coccyx	\$840 / \$420	
Rib (each)	\$1,000 / \$500	
Burns		
Small Burns (2nd or 3rd degree burn covering 20% or less of body surface and within 90 days of Covered Accident. If 3rd degree burn benefit is payable, 2nd degree burn benefit for same Covered Accident and burned area is not payable. Payable 1 time per Covered Accident. Not payable for burns caused from sunburn or if Large Burns benefit is payable).	\$1,050	
Large Burns (2nd or 3rd degree burn covering more than 20% of body surface and within 90 days of Covered Accident. If 3rd degree burn benefit is payable, 2nd degree burn benefit for same accident and burned area is not payable. Payable 1 time per Covered Accident. Not payable for burns caused from sunburn.)	\$2,800	
Skin Graft (Small Burns or Large Burns benefit must be paid and within 90 days of accident. Payable 1 time per Covered Accident. Benefit is a percentage of the applicable Benefit amount for Small Burns or Large Burns.)	50% of burn benefit	
Lacerations		
Small Lacerations (One or more lacerations, less than or equal to 6 inches long and requires 2 or more sutures and within 90 days of Covered Accident. Multiple lacerations pay maximum 2 times. Payable 1 time per Covered Accident.)	\$25	
Large Lacerations (One or more lacerations, more than 6 inches long and requires 2 or more sutures and within 90 days of Covered Accident. Multiple lacerations pay maximum 2 times. Payable 1 time per Covered Accident.)	\$200	
Tendon, Ligament, Rotator Cuff, or Knee Surgery – Repair - torn, ruptured, or severed and performed by a Physician within 90 days of Covered Accident. Payable 1 time per Covered Accident. Not payable if exploratory surgery is performed with no repair.	\$175	
Tendon, Ligament, Rotator Cuff, or Knee Surgery – Exploratory - performed by a Physician within 90 days of Covered Accident. Payable 1 time per Covered Accident.	\$70	
Ruptured Disc Surgery – Repair - performed by a Physician within 90 days of Covered Accident. Payable 1 time per Covered Accident.	\$175	

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Voluntary Accident Insurance

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Group product base



Optional Riders	Level 1	Level 2
Eye Injury Surgery - performed by a Physician within 90 of Covered Accident. Payable 1 time per Covered Accident.	\$70	
Eye Injury - Removal of Foreign Object - performed by a Physician within 90 days of Covered Accident. Payable 1 time per Covered Accident. Not payable if Eye Injury Surgery benefit is paid.	Surgical \$140; Nonsurgical \$25	
Concussion - diagnosed within 90 days of Covered Accident. Payable 1 time per Covered Accident.	\$100	
Coma - unconsciousness lasting 7 days with no response to external stimuli and requiring artificial respiratory or life support assistance, as diagnosed by a Physician. Payable 1 time per Covered Accident. Not payable if medically induced.	\$5,000	
Paralysis		
Paraplegia - spinal cord Injury resulting in complete and total loss of use of 2 or 3 limbs and within 90 days of Covered Accident. Paralysis must last for 30 days or more. Not payable if Paralysis – Quadriplegia benefit is paid.	\$2,500	
Quadriplegia - spinal cord Injury resulting in complete and total loss of use of 4 limbs and within 90 days of Covered Accident. Paralysis must last for 30 or more days. If more than one Paralysis benefit is payable, we will pay the largest benefit.	\$5,000	
Internal Organ Loss We will pay this benefit if, within 90 days after a Covered Accident, a Covered Person sustains the removal of at least 50% of a covered organ as a result of Injury sustained in the Covered Accident. Only the following are covered organs: bladder, esophagus, gall bladder, genitals, kidney, large intestine, liver, lungs, ovary, pancreas, small intestine, spleen, stomach, thyroid and uterus. We will pay this benefit only once per Covered Person per Covered Accident.	\$2,500	
<p>• HOSPITAL ADMISSION BENEFIT (ACCIDENT ONLY) RIDER</p> <p>We will pay the selected benefit amount applicable to each Covered Person for the first time in a Calendar Year a Covered Person is confined as an Inpatient in a Hospital for an Injury sustained in a Covered Accident. In order for this benefit to be payable, confinement must:</p> <ul style="list-style-type: none"> begin while this Rider is in force for a Covered Person; and be for at least one (1) day (twenty-four (24) hours); and be at the direction of and under the supervision of a Physician. <p>This benefit is not payable more than once per Calendar Year per Covered Person. If benefits are also payable under the Hospital Intensive Care Unit Benefit for the same Covered Accident, We will pay only one benefit, whichever is greater.</p> <p>Available to Named Insured at 100% selected coverage amount. Available to Spouse at 50% of Named Insured's coverage amount and to each Dependent Child at 25% of the Named Insured's coverage amount.</p>	\$500 per Calendar Year for Named Insured (Employee)	\$500 per Calendar Year for Named Insured (Employee)

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Optional Riders	Level 1	Level 2		
<p>• HOSPITAL INTENSIVE CARE UNIT BENEFITS RIDER</p> <p>We will pay the selected amount each day a Covered Person is confined to an Intensive Care Unit, deemed medically necessary by a Physician, for the treatment of Injuries sustained in a Covered Accident, subject to a maximum of 30 days per Period of Hospital Intensive Care Unit Confinement. Confinement in an Intensive Care Unit must begin within 90 days of the Covered Accident and the Covered Person must be admitted for at least 23 hours and/or on an Inpatient basis.</p> <p>This benefit is not payable for Hospital re-admission for the same Covered Accident. If benefits are also payable under the Hospital Room & Board Benefit and/or Hospital Admission Benefit for the same Covered Accident, We will only pay one benefit, whichever is greater.</p>	\$100 per day	\$200 per day		
<p>• ANNUAL HEALTH SCREENING TESTS BENEFIT RIDER</p> <p>We will pay an amount not to exceed the selected benefit amount per Calendar Year per Covered Person for any of the following covered tests or procedures.</p>	\$50 per Calendar Year	\$50 per Calendar Year		
<table border="0"> <tr> <td style="vertical-align: top;"> Blood test for triglycerides Bone marrow testing Breast ultrasound CA 15-3 (blood test for breast cancer) CA125 (blood test for ovarian cancer) Carotid doppler CEA (blood test for colon cancer) Chest x-ray Colonoscopy Echocardiogram (ECHO) Electrocardiogram (EKG, ECG) Fasting blood glucose test Flexible sigmoidoscopy </td> <td style="vertical-align: top;"> Hemocult stool analysis Mammography Pap smear PSA (blood test for prostate cancer) Serum cholesterol test to determine level of HDL and LDL Serum protein electrophoresis (blood test for myeloma) Stress test on a bicycle or treadmill Skin cancer biopsy Thermography ThinPrep pap test Virtual colonoscopy </td> </tr> </table>	Blood test for triglycerides Bone marrow testing Breast ultrasound CA 15-3 (blood test for breast cancer) CA125 (blood test for ovarian cancer) Carotid doppler CEA (blood test for colon cancer) Chest x-ray Colonoscopy Echocardiogram (ECHO) Electrocardiogram (EKG, ECG) Fasting blood glucose test Flexible sigmoidoscopy	Hemocult stool analysis Mammography Pap smear PSA (blood test for prostate cancer) Serum cholesterol test to determine level of HDL and LDL Serum protein electrophoresis (blood test for myeloma) Stress test on a bicycle or treadmill Skin cancer biopsy Thermography ThinPrep pap test Virtual colonoscopy		
Blood test for triglycerides Bone marrow testing Breast ultrasound CA 15-3 (blood test for breast cancer) CA125 (blood test for ovarian cancer) Carotid doppler CEA (blood test for colon cancer) Chest x-ray Colonoscopy Echocardiogram (ECHO) Electrocardiogram (EKG, ECG) Fasting blood glucose test Flexible sigmoidoscopy	Hemocult stool analysis Mammography Pap smear PSA (blood test for prostate cancer) Serum cholesterol test to determine level of HDL and LDL Serum protein electrophoresis (blood test for myeloma) Stress test on a bicycle or treadmill Skin cancer biopsy Thermography ThinPrep pap test Virtual colonoscopy			
<p>The Annual Health Screening Tests Benefit amount shall only be payable with respect to covered tests and procedures that occur after the Covered Person's Rider Effective Date.</p>				

Accident Plan Proposed Rates:

Displaying monthly payroll deduction premium amounts (Plan premiums will not increase during the 1-year Rate Guarantee Period stated on the Certificate Schedule; after that premiums may be changed upon 45 days written notice).

Level One			
EMPLOYEE	EMPLOYEE & SPOUSE	EMPLOYEE & CHILDREN	FAMILY
\$10.96	\$17.67	\$23.68	\$30.86

Level Two			
EMPLOYEE	EMPLOYEE & SPOUSE	EMPLOYEE & CHILDREN	FAMILY
\$17.66	\$28.80	\$39.43	\$51.41

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CONDITIONS, LIMITATIONS AND EXCLUSIONS AFFECTING THE BENEFITS DESCRIBED ABOVE

ELIGIBILITY: Eligible employees are over 18 years of age and are active full-time employees working a minimum of 20 hours per week. Employee must be insured for spouse and dependent children to be covered. A person may not have coverage as both an employee and covered spouse or dependent child. Spouse means a person who is legally recognized as the covered employee's wife or husband, domestic partner or civil union partner. Dependent Child means the covered employee's natural children, step-children, legally adopted children, foster children, children placed into the employee's custody for adoption or children for whom the employee is ordered by a court to provide coverage and who are chiefly dependent on the employee or the employee's spouse for support, unmarried; and under 26 years of age. State variations apply.

LIMITATIONS AND EXCLUSIONS

Base Policy General Exclusions and Limitations:

No benefits are payable when a Covered Person's loss is caused or contributed to by:

- Injuries related to the Covered Person's job to the extent they are covered or are required to be covered by the Workers' Compensation law. If the Covered Person enters into a settlement giving up the right to recover future medical benefits under a Workers' Compensation law, the Certificate will not pay those medical benefits that would have been payable in absence of that settlement;
- Suicide or attempted suicide;
- Intentionally self-inflicted injury;
- Any act of war, whether or not declared, while a Covered Person is serving in the military or an auxiliary unit attached to the military or working in an area of war whether voluntarily or as required by an Employer;
- Participation in a riot or insurrection;
- Injury sustained while on full-time active duty (other than two (2) months or less training) in any military, naval or air force. When the Named Insured gives Us written notice, any unearned premium will be refunded pro-rata for any period not covered by the Certificate due to this exclusion;
- Injury occurring prior to the Covered Person's Certificate Effective Date;
- Injury while engaged in an illegal activity;
- Aviation, except flight in a regularly scheduled passenger aircraft;
- Being intoxicated, as established by the laws of the Covered Person's state of residence;
- The voluntary taking of any sedative, drug, alcohol, poison or inhalation of any gas unless taken as prescribed or administered by a Physician;
- Participation in a felony;
- All Sicknesses including, but not limited to: pregnancy, illness, mental illness or emotional disorders, bodily infirmity, rest cure, convalescent care or rehabilitation. Complications of pregnancy that are the result of accidental Injury are covered;
- Injury while sky diving, hang gliding, parachuting, bungee jumping, rock climbing, ballooning or scuba diving;
- Participating in or practicing for any semi-professional or professional competitive athletic contest in which any compensation is received; or
- Any bacterial infection (except pyogenic infections which shall occur with and through an accidental cut or wound).
- No benefits will be paid for loss that takes place outside the United States.

Specific Sum Injury Benefit Rider Exclusions – In addition to the general exclusions listed above, the Dislocations and Fractures benefits of this rider are not payable for Hairline Fractures or for any Injury resulting in dislocation or Fracture if Osteoporosis or Pathological Fracture was diagnosed prior to the Covered Person's Rider Effective Date.

OTHER INFORMATION

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

Termination: Subject to the Portability Privilege, 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 premium due date following the date we receive the named insured's request to terminate the coverage; (3) the date the Employer Policy terminates; (4) the date the named insured is no longer a member of the Eligible Class; or (5) the date the employee dies. Spouse and dependent child coverage, if applicable, will terminate on the earliest of: (1) the date premium is not paid for the spouse or dependent child coverage, as applicable, when due subject to the grace period provision; (2) the premium due date following the date the covered person ceases to qualify as a spouse or dependent child, as applicable; (3) the premium due date following the date we receive the named insured's request to terminate the coverage; (4) the date coverage for the named insured terminates; (5) for a dependent child, the date the coverage for the dependent child is converted.

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Voluntary Accident Insurance

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Premiums: The first premium is due on the Certificate Effective Date. Premiums after the first are renewal premiums. The Certificate will lapse if a renewal premium is not paid by the end of the Grace Period. Premiums are to be paid on behalf of the employee by the group policyholder through a mode of premium payment approved by us, unless the Portability Privilege or Conversion is exercised or otherwise agreed by the policyholder, the employee and us. Premiums may be changed upon 45 days written notice. Premiums will not increase on the group plan during the Rate Guarantee Period stated on the Certificate Schedule.

Portability and Conversion: Portability coverage is available, subject to the timely payment of premiums, if the policy terminates 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 or termination of domestic partnership or civil union, 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.

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Plan Highlights

Voluntary Group Critical Illness Insurance



Topeka Public schools USD #501

Coverage

Voluntary critical illness insurance provides a fixed, lump-sum benefit upon diagnosis of a critical illness, which can include heart attack, stroke, paralysis and more. These benefits are paid directly to the insured and may be used for any reason, from deductibles and prescriptions to transportation and child care.

Eligibility

Employees: Each Active Full-Time Employee working 20 or more hours per week, except any person working on a temporary or seasonal basis.

Dependents: You must be insured in order for Dependents to be covered.

Dependents are:

- ▶ Your legal spouse or your domestic partner. Spouse must be under age 70 at date of application. Coverage terminates at age 75.

- ▶ Your dependent children* from birth to 26 years.

*An eligible employee's child(ren) from birth to 26 years, including natural children, legally adopted children, children who are dependent on the eligible employee during the waiting period before adoption, stepchildren, and foster children. Foster children must be in the custody of the eligible employee to be considered a Dependent; and an eligible employee's child(ren) beyond the limiting age who is incapable of self-sustaining employment by reason of intellectual disability or physical handicap and who is chiefly dependent on the eligible employee for support and maintenance.

A person may not have coverage as both an Employee and Dependent.

Benefit Amount

Employee: Choose from a minimum \$10,000 to a maximum of \$30,000 in \$10,000 increments.

Spouse: Choose from a minimum of \$5,000 to a maximum of \$30,000 in \$5,000 increments, not to exceed 100% of approved employee amount.

Dependent child(ren): 25% of approved employee amount up to a maximum of \$7,500

Guaranteed Issue

Employee: \$30,000

Spouse: \$30,000

Child: All child amounts are guaranteed issue

Benefit Reduction Due to Age

(applicable to employee/spouse coverage)

Age	Original Benefit Reduced to:
70	50%

Contribution Requirements

Coverage is 100% employee paid.

RELIANCE STANDARD
A MEMBER OF THE TOKIO MARINE GROUP

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Reliance Standard Life Insurance Company is licensed in all states (except New York), the District of Columbia, Puerto Rico, the U.S. Virgin Islands and Guam. In New York, insurance products and services are provided through First Reliance Standard Life Insurance Company, Home Office: New York, NY. Product features and availability may vary by state.

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Features

DIAGNOSIS ADULT	BENEFIT
Alzheimer's	50%
Benign Brain Tumor	100%
Coma	100%
Coronary Disease – Partial Benefit	25%
Heart Attack	100%
Loss of Hearing	100%
Loss of Sight	100%
Loss of Speech	100%
Major Organ Failure	100%
Motor Neuron Disease (ALS; Lou Gehrig's)	50%
Multiple Sclerosis	50%
Occupational Hepatitis	100%
Occupational HIV	100%
Paralysis	100%
Parkinson's	50%
Ruptured Cerebral; Carotid or Aortic Aneurysm	100%
Severe Brain Damage	100%
Stroke	100%

- ▶ Lifetime Maximum Benefit – 1,000% of Insurance Amount
- ▶ Subsequent Occurrence Benefit – 100% of benefit if diagnosed 6 months or later
- ▶ Recurrence Benefit (Same Illness) – 100% if diagnosed 6 months or later
- ▶ FMLA / MSLA Continuation
- ▶ Portability to employee age 70
- ▶ Wellness (Health Screening) Benefit – \$100

Pre-Existing Condition Limitation – A pre-existing condition is any sickness or injury, whether specifically diagnosed or not, for which an insured received treatment, consultation, care or services, including diagnostic procedures, or for which he/she took prescription drugs or medicines, during the look back period (6 months) before the individual effective date of coverage (or the effective date of an increased in coverage). Benefits (or an increased benefit) would not be payable due to a pre-existing condition unless the Critical Illnesses diagnosed after the coverage period (12 months) from the Insured's effective date of coverage (or effective date of an increase).

Exclusions

A benefit will not be paid if the Critical Illness is caused by or contributed to by one of the following: an act of war, declared or undeclared; intentionally self-inflicted Injury; commission or attempted commission of a felony; the use of alcohol or drugs unless taken as prescribed by a Physician; a Sickness or Injury that occurs while confined in a penal or correctional institution; cosmetic or elective surgery that is not medically necessary; committing or attempting to commit suicide while sane or insane; participation in a riot or insurrection; for a Critical Illness Diagnosed outside of the US unless confirmed within the US; for a Critical Illness that follows a different Critical Illness Diagnosis for which a benefit has been paid, within a shorter time period than reflected under Features. (Subsequent Occurrence); and for the same Critical Illness for which a benefit has been paid, if it is Diagnosed within a shorter time period than reflected under Features. (Recurrence).

For a comprehensive list of exclusions and limitations, please refer to the Certificate of Insurance, which also provides all requirements necessary to be eligible for benefits.

This Plan Highlights is a brief description of the key features of the RSL insurance plan. The availability of the benefits and features described may vary by state. It is not a certificate of insurance or evidence of coverage. Insurance is provided under group policy form LRS-9537-0118, et al.

Reliance Standard Voluntary Critical Illness Insurance Premium Table

Plan Holder: Topeka Public Schools USD #501

Scheduled Benefit:

Each eligible employee may elect for himself and/or his eligible spouse an amount of insurance shown in the table below.

Employee/Spouse Premiums:

To find you and your spouse's premium -

- Determine your age band:
 - Your age = your age at Plan Anniversary (10/1).
 - Spouse age = spouse age at Plan Anniversary (10/1).
 - For employees age 70 or older, benefit amounts are reduced according to the age-based reduction chart shown in the Plan Highlights. When selecting an amount of insurance, you must select at pre-age 70 benefit amount.
- Select a benefit from:
 - Select an employee and spouse benefit from the table below.
- Employee and spouse rates change as insured moves from one age bracket to the next, based on the age determination rules.

Employee Monthly Premiums

Benefit Amount	Age 0-29	Age 30-39	Age 40-49	Age 50-59	Age 60-69	Age 70+
\$10,000	\$5.50	\$8.00	\$13.90	\$22.60	\$34.10	\$95.00
\$11,000	\$6.05	\$8.80	\$15.29	\$24.86	\$37.51	\$104.50
\$12,000	\$6.60	\$9.60	\$16.68	\$27.12	\$40.92	\$114.00
\$13,000	\$7.15	\$10.40	\$18.07	\$29.38	\$44.33	\$123.50
\$14,000	\$7.70	\$11.20	\$19.46	\$31.64	\$47.74	\$133.00
\$15,000	\$8.25	\$12.00	\$20.85	\$33.90	\$51.15	\$142.50
\$16,000	\$8.80	\$12.80	\$22.24	\$36.16	\$54.56	\$152.00
\$17,000	\$9.35	\$13.60	\$23.63	\$38.42	\$57.97	\$161.50
\$18,000	\$9.90	\$14.40	\$25.02	\$40.68	\$61.38	\$171.00
\$19,000	\$10.45	\$15.20	\$26.41	\$42.94	\$64.79	\$180.50
\$20,000	\$11.00	\$16.00	\$27.80	\$45.20	\$68.20	\$190.00
\$21,000	\$11.55	\$16.80	\$29.19	\$47.46	\$71.61	\$199.50
\$22,000	\$12.10	\$17.60	\$30.58	\$49.72	\$75.02	\$209.00
\$23,000	\$12.65	\$18.40	\$31.97	\$51.98	\$78.43	\$218.50
\$24,000	\$13.20	\$19.20	\$33.36	\$54.24	\$81.84	\$228.00
\$25,000	\$13.75	\$20.00	\$34.75	\$56.50	\$85.25	\$237.50
\$26,000	\$14.30	\$20.80	\$36.14	\$58.76	\$88.66	\$247.00
\$27,000	\$14.85	\$21.60	\$37.53	\$61.02	\$92.07	\$256.50
\$28,000	\$15.40	\$22.40	\$38.92	\$63.28	\$95.48	\$266.00
\$29,000	\$15.95	\$23.20	\$40.31	\$65.54	\$98.89	\$275.50
\$30,000	\$16.50	\$24.00	\$41.70	\$67.80	\$102.30	\$285.00

Spouse Monthly Premiums

Benefit Amount	Age 0-29	Age 30-39	Age 40-49	Age 50-59	Age 60-69	Age 70+
\$5,000	\$2.75	\$4.00	\$6.95	\$11.30	\$17.05	\$47.50
\$6,000	\$3.30	\$4.80	\$8.34	\$13.56	\$20.46	\$57.00
\$7,000	\$3.85	\$5.60	\$9.73	\$15.82	\$23.87	\$66.50
\$8,000	\$4.40	\$6.40	\$11.12	\$18.08	\$27.28	\$76.00
\$9,000	\$4.95	\$7.20	\$12.51	\$20.34	\$30.69	\$85.50
\$10,000	\$5.50	\$8.00	\$13.90	\$22.60	\$34.10	\$95.00
\$11,000	\$6.05	\$8.80	\$15.29	\$24.86	\$37.51	\$104.50
\$12,000	\$6.60	\$9.60	\$16.68	\$27.12	\$40.92	\$114.00
\$13,000	\$7.15	\$10.40	\$18.07	\$29.38	\$44.33	\$123.50
\$14,000	\$7.70	\$11.20	\$19.46	\$31.64	\$47.74	\$133.00
\$15,000	\$8.25	\$12.00	\$20.85	\$33.90	\$51.15	\$142.50
\$16,000	\$8.80	\$12.80	\$22.24	\$36.16	\$54.56	\$152.00
\$17,000	\$9.35	\$13.60	\$23.63	\$38.42	\$57.97	\$161.50
\$18,000	\$9.90	\$14.40	\$25.02	\$40.68	\$61.38	\$171.00
\$19,000	\$10.45	\$15.20	\$26.41	\$42.94	\$64.79	\$180.50
\$20,000	\$11.00	\$16.00	\$27.80	\$45.20	\$68.20	\$190.00
\$21,000	\$11.55	\$16.80	\$29.19	\$47.46	\$71.61	\$199.50
\$22,000	\$12.10	\$17.60	\$30.58	\$49.72	\$75.02	\$209.00
\$23,000	\$12.65	\$18.40	\$31.97	\$51.98	\$78.43	\$218.50
\$24,000	\$13.20	\$19.20	\$33.36	\$54.24	\$81.84	\$228.00
\$25,000	\$13.75	\$20.00	\$34.75	\$56.50	\$85.25	\$237.50
\$26,000	\$14.30	\$20.80	\$36.14	\$58.76	\$88.66	\$247.00
\$27,000	\$14.85	\$21.60	\$37.53	\$61.02	\$92.07	\$256.50
\$28,000	\$15.40	\$22.40	\$38.92	\$63.28	\$95.48	\$266.00
\$29,000	\$15.95	\$23.20	\$40.31	\$65.54	\$98.89	\$275.50
\$30,000	\$16.50	\$24.00	\$41.70	\$67.80	\$102.30	\$285.00

Dependent Child(ren):

Your dependent child(ren) is eligible for a benefit amount of 25% of your Critical Illness benefit election, limited to a maximum of \$7,500

To calculate Dependent Child(ren) Benefit:

Employee Benefit Amount x 25% = Dependent Child(ren) Benefit. No rounding needed.

To calculate Monthly Dependent Child(ren) Premium:

Dependent Child(ren) Benefit/1000 x 0.21

Please Note: One rate and benefit amount for all eligible children in family, regardless of number.

Please read this important information

- You may not have coverage as both an employee and as a dependent.
- Employee must have coverage in order for spouse and dependent children to be covered.

Please note, these rates are approximate and subject to change.

Plan Highlights

Voluntary Hospital Indemnity Insurance



Topeka Public Schools USD #501

COVERAGE

Voluntary hospital indemnity insurance provides a range of fixed, lump-sum daily benefits to help cover costs associated with a hospital admission, including room and board costs. These benefits are paid directly to the insured following a hospitalization that meets the criteria for benefit payment.

ELIGIBILITY

Employees: Each Active Full-Time Employee working 20 or more hours per week, except any person working on a temporary or seasonal basis.

Dependents: You must be insured in order for Dependents to be covered.

Dependents are:

- the Insured's lawful spouse; and
- the Insured's children who are less than age 26

CONTRIBUTION REQUIREMENTS

Coverage is 100% employee paid.

BENEFITS	PLAN 1
Hospital Room & Board Benefits	
Room & Board Benefit per Day (180 Daily Benefits per Coverage Year)*	\$100
Hospital Critical Care Unit Benefits (Paid in addition to Room & Board Benefit)	
Critical Care Unit Benefits per Day (30 Daily Benefits per Coverage Year)	\$100
Hospital Admission Benefit	
One Daily Benefit per Coverage Year	\$1,000
Non-Insurance Services	
OnCall Travel Assistance	Included

* In no event will the Daily Benefits exceed 180 daily benefits per Coverage Year.

RELIANCE STANDARD

A MEMBER OF THE TOKIO MARINE GROUP

www.reliancestandard.com

This information is not an insurance policy and does not describe the entire plan. For more detailed information you must ask your employer's Human Resources benefit manager. There is a detailed description of the plan's provisions, limitations and exclusions in the Certificate of Insurance which is issued to you after your application is processed. The availability of the described products, benefits and features may vary by state. Hospital indemnity coverage is underwritten by Reliance Standard Life Insurance Company and provided through policy form series LRS-9497-0613, et al. Reliance Standard Life Insurance Company is licensed in all states (except New York), the District of Columbia, Puerto Rico, the U.S. Virgin Islands and Guam. In New York, insurance products and services are provided through First Reliance Standard Life Insurance Company, Home Office: New York, NY.

EF-3377 (9/16)

FEATURES

- Guaranteed issue; no medical questions
- No pre-existing conditions exclusions
- Mental & Nervous and Substance Abuse treated same as any other hospital admission
- No deductibles
- Eligible for continuation of coverage
- HIPAA privacy compliant
- Overlying Major Medical Plan NOT Required*
- Coverage Offered on a Voluntary Basis

* Overlying major medical plan is required for all California residents.

EXCLUSIONS

Benefits will not be paid for any loss caused by: suicide; war; assault/felony; dental care except hospitalizations for the care of sound, natural teeth and gums required on account of accidental injury that happens while covered, and that occur within 6 months of the accident; hospitalizations that occur while outside the United States of America; or care or treatment rendered in connection with cosmetic surgery, except hospitalizations for cosmetic surgery needed for breast reconstruction following a mastectomy or for an accident that happens while covered. The cosmetic surgery needed for an accidental injury must be performed within 90 days of the accident.

For a comprehensive list of exclusions and limitations, please refer to the Certificate of Insurance. The Certificate also provides all requirements necessary to be eligible for benefits. This Plan Highlights is a brief description of the key features of the RSL insurance plan. The availability of the benefits and features described may vary by state. It is not a certificate of insurance or evidence of coverage.

MONTHLY PAYROLL DEDUCTION

Employee Only	\$18.59
Employee + Spouse	\$34.46
Employee + Children	\$25.95
Employee + Family	\$39.96



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

Those currently enrolled can increase up to \$10,000 without Medical Questions during Open Enrollment

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 offers 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. With either option, 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.

CustomerSupport@AmerilifeBenefits.com | (877) 285-9712 | www.benefits-direct.com/tps501

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

Universal LifeEvents 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.

More flexible features

- **Waive your policy payments** if your doctor says you're totally disabled.

**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 GUL.205/IUL.205 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   

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benefits beyond benefits

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A112-2425 (8-19)

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NEW CARRIER
10/1/21

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.

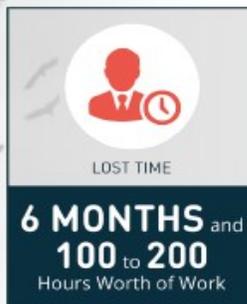
WHY NOW?

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 | IC: Identity Theft: The Attainment 2018



SOURCE | Bureau of Justice



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 877.694.3367

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



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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Employee Benefit Plans

Employee: \$9.50 - Family: \$17.50

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
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.

www.identityforce.com | 1-877-694-3367

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**Expert legal help
could cost you
hundreds, even
thousands.
Or less than \$1 a day.¹**
\$18.75 month



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When you need legal assistance, as we all do at some point, will you be prepared to handle the high legal fees - which can range upward of \$338² an hour? MetLaw is a smart, simple, affordable way to plan ahead and save money on common legal issues we all face. For around \$20 per month, you'll have access to a network of experienced attorneys, ready whenever you are.

Whether you are just starting out, married with kids or getting ready to retire, MetLaw can save you money.

Just a few times in life you might need legal help

Age range	Common legal matters by age	
18 – 34	<ul style="list-style-type: none"> • Dealing with credit card debt • Resolving landlord disputes 	<ul style="list-style-type: none"> • Marriage agreements • Buying a first home or condo
35 – 50	<ul style="list-style-type: none"> • Refinancing a home • Adopting a child 	<ul style="list-style-type: none"> • Legal help for a child at college • Preparing a will
51 – 69	<ul style="list-style-type: none"> • Preparing for a tax audit • Selling a home 	<ul style="list-style-type: none"> • Resolving ID theft • Arranging care for an elderly parent

MetLaw is as easy to use as it is affordable, with an experienced service team to help you find the right lawyer. Plus, there are no deductibles, copays, or claim forms when you use a Network Attorney.

When life calls for legal help, MetLaw is there for you.

MetLaw® is like having an attorney on retainer. It provides you and your family with the peace of mind of knowing legal assistance is always just a call, click, or tap away. MetLaw covers you, your spouse and dependents. Telephone and office consultations are available for an unlimited number of personal legal matters with an attorney of your choice.

Money Matters	<ul style="list-style-type: none"> • Debt Collection Defense • Identity Theft Defense • Negotiations with Creditors 	<ul style="list-style-type: none"> • Personal Bankruptcy • Promissory Notes 	<ul style="list-style-type: none"> • Tax Audit Representation • Tax Collection Defense
Home & Real Estate	<ul style="list-style-type: none"> • Boundary & Title Disputes • Deeds • Eviction Defense • Foreclosure • Mortgages 	<ul style="list-style-type: none"> • Property Tax Assessment • Refinancing & Home Equity Loan of Primary, Second or Vacation Home • Sale or Purchase of Primary, Second or Vacation Home 	<ul style="list-style-type: none"> • Security Deposit Assistance • Tenant Negotiations • Zoning Applications
Estate Planning	<ul style="list-style-type: none"> • Codicils • Complex Wills 	<ul style="list-style-type: none"> • Living Wills • Powers of Attorney (Healthcare, 	<ul style="list-style-type: none"> • Revocable & Irrevocable Trusts • Simple Wills
Family & Personal	<ul style="list-style-type: none"> • Adoption • Affidavits • Conservatorship • Demand Letters • Garnishment Defense • Guardianship 	<ul style="list-style-type: none"> • Immigration Assistance • Juvenile Court Defense, Including Criminal Matters • Name Change • Parental Responsibility Matters • Personal Property Issues 	<ul style="list-style-type: none"> • Prenuptial Agreement • Protection from Domestic Violence • Review of ANY Personal Legal Document • School Hearings
Civil Lawsuits	<ul style="list-style-type: none"> • Administrative Hearings • Civil Litigation Defense 	<ul style="list-style-type: none"> • Disputes Over Consumer Goods & Services 	<ul style="list-style-type: none"> • Pet Liabilities • Small Claims Assistance
Elder-Care Issues	Consultation & Document Review for Issues Related to Your Parents: <ul style="list-style-type: none"> • Deeds • Leases 	<ul style="list-style-type: none"> • Medicaid • Medicare • Notes • Nursing Home Agreements 	<ul style="list-style-type: none"> • Powers of Attorney • Prescription Plans • Wills
Vehicle & Driving	<ul style="list-style-type: none"> • Defense of Traffic Tickets³ • Driving Privileges Restoration 	<ul style="list-style-type: none"> • License Suspension Due to DUI 	<ul style="list-style-type: none"> • Repossession

To learn more and enroll, visit info.legalplans.com and enter access code **GetLaw** or call **800.821.6400** Monday - Friday: 8:00am - 8:00pm (EST/EDT).

1. This cost is based on an average monthly rate for the legal plan of \$20.
2. Average hourly rate of \$338.00 based on years of legal experience, National Law Journal and ALM Legal Intelligence, Survey of Law Firm Economics (2016).
3. Does not cover DUI.

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This guide prepared by:



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