

BERKELEY COUNTY SCHOOL DISTRICT
JANUARY 1 - DECEMBER 31, 2026

BENEFITS GUIDE



SCAN ME



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[Click Here to Visit the Employee Benefits Center \(EBC\).](#)

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This guide contains a summary of the benefits offered by your employer. If there is a conflict between the terms of this outline of benefits and the actual contracts, the terms of the contracts will prevail.

Employee Benefits Center

A guide to your benefits!

Berkeley County School District and FFGA are excited to provide you with a custom website filled with information about your benefits. Visit the Employee Benefits Center to see current benefit options for your employer as well as find claim forms, important phone numbers and enrollment information.

There's no need to register for site access. Simply click the URL below and you will be directed to your Employee Benefits Center (EBC).



*Scan the QR code to learn
more about the plans that are
available this year!*

ffbenefits.ffga.com/berkeleyschooldistrict



How to Enroll

Benefits Enrollment

On-Site Enrollment

When it's time to enroll in your benefits, your FFGA Account Representative will be on-site to assist you with making your elections. Visit your EBC for more information.

New Hires

You have 31 days from your actively-at-work date to make benefit elections.

South Carolina's state benefits are administered by the Public Employee Benefit Authority (PEBA). Learn about the benefits offered and enrollment details by visiting the PEBA website here: www.peba.sc.gov

What to Have for Your Enrollment Meeting

- Social Security number and birth dates for all dependents
- Questions about available benefits
- Birth Certificates/Marriage License for any changes to coverage
- Any life events/life status changes need to be completed with your benefits administrator at the district office

Benefit Eligibility & Coverage

Employee Coverage

Eligibility

Eligible employees must be actively at work on the plan effective date for new benefits to be effective.

New Employees

You have 31 days from your actively-at-work date to make benefit elections. Insurance coverage becomes effective on the first day of the month that follows a waiting period of 30 calendar days.

Existing Employees

When it's time to enroll in your benefits, your FFGA Account Representative will be available to assist you with making your elections. Your elections can be made anytime during annual enrollment online from your work or home computer. Before enrollment, take time to educate yourself on the available benefits and what options would work best for you and your family by visiting the Employee Benefits Center.

Mid-year Benefit Changes

You may add or cancel coverage during the plan year if you have a change in family status. You must notify the benefits department within 31 days of the change.

Qualifying Life Events Include:

- Changes in household, including marriage, divorce, legal separation, annulment, death of a spouse, birth, adoption, placement for adoption or death of a dependent child
- Loss of health coverage, attributable to your spouse's employment, losing existing health coverage including job-based, individual and student plans, losing eligibility for Medicare, Medicaid, or CHIP, turning 26 and losing coverage through a parent's plan

Declining Coverage

If you are eligible for benefits, but wish to **DECLINE** coverage, please complete the online enrollment either on your work or home computer. Under each option, you will need to select "waive." **You must still complete the beneficiary information.**

Section 125 Plans

Section 125 Plan Information & Rules

A Section 125 Plan provides a tax-saving way to pay for eligible medical or dependent care expenses. The funds are automatically deducted from your paycheck on a pre-tax basis.

Here’s How It Works

A Section 125 Plan reduces your taxes and increases your spendable income by allowing you to deduct the cost of eligible benefits from your earnings before tax. Plus, the plan is available to you at no cost, and you’re already eligible – all you must do is enroll.

Is It Right For Me?

The savings you may experience with a Section 125 Plan are outlined in the example below. For instance, you could potentially take home about \$70 more each month if you participated in your employer’s Section 125 Plan – that’s a savings of \$840 a year!

You cannot change your benefit elections for the plan year unless the benefits office receives notification in writing within 31 days of the status change. If the benefits office is not notified within 31 days of the status change, no benefit change can be made until the next annual open enrollment.

- IRS specified changes in family status include:
- Change in legal married status
 - Change in number of dependents
 - Termination or commencement of employment
 - Dependent satisfies or ceases to satisfy dependent eligibility requirements
 - Change in residence or worksite that affects eligibility for coverage

Section 125 Plan Sample Paycheck		
	Without S125	With S125
Monthly Salary	\$2,000	\$2,000
Less Medical Deductions	-N/A	-\$250
Tax Gross Income	\$2,000	\$1,750
Less Taxes (Fed/State at 20%)	-\$400	-\$350
Less Estimated FICA (7.65%)	-\$153	-\$133
Less Medical Deductions	-\$250	-N/A
Take Home Pay	\$1,197	\$1,267

You could save \$70 per month in taxes by paying for your benefits on a pre-tax basis!

**The figures in the sample paycheck above are for illustrative purposes only.*

Texas Life

Permanent Life



Texas Life | www.texaslife.com | 800.283.9233

Texas Life Insurance - Permanent, Portable Life Insurance

The peace of mind voluntary, permanent life insurance provides is unmatched. It is a solid companion to your group life insurance plan. Texas Life provides life insurance that you can keep for a lifetime. The plan is easy to purchase, pay for, and keep through the convenience of payroll deduction. Coverage is affordable and dependable. Plus, Texas Life has over a century of experience protecting families and giving the peace of mind only permanent life insurance can provide.

Texas Life - Permanent Life Highlights

- You own the policy, even if you change jobs or retire.
- The policy remains in force until you die or up to age 121 if you pay the necessary premium on time.
- It is a permanent, universal life policy which means you can rest easy knowing your loved ones will be well taken care of when you're gone.

LIFE INSURANCE YOU CAN KEEP!

PURELIFE-PLUS

Life insurance can be an ideal way to provide money for your family when they need it most. PURELIFE-PLUS offers permanent insurance with a high death benefit and long guarantees¹ that can provide financial peace of mind for you and your loved ones. PURELIFE-PLUS is an ideal complement to any group term and optional term life insurance your employer might provide and has the following features:



IT'S AFFORDABLE
YOU OWN IT



YOU CAN TAKE IT
WITH YOU WHEN YOU
CHANGE JOBS OR RETIRE



YOU PAY FOR IT
THROUGH CONVENIENT
PAYROLL DEDUCTIONS



YOU CAN COVER YOUR
SPOUSE, CHILDREN AND
GRANDCHILDREN, TOO²



YOU CAN GET A LIVING
BENEFIT IF YOU BECOME
TERMINALLY ILL³



YOU CAN GET CASH TO COVER
LIVING EXPENSES IF YOU
BECOME CHRONICALLY ILL⁴

3 QUICK QUESTIONS

You can qualify by answering just
3 questions – no exams or needles.

DURING THE LAST SIX MONTHS, HAS THE PROPOSED INSURED:

- 1 Been actively at work on a full time basis, performing usual duties?
- 2 Been absent from work due to illness or medical treatment for a period of more than 5 consecutive working days?
- 3 Been disabled or received tests, treatment or care of any kind in a hospital or nursing home or received chemotherapy, hormonal therapy for cancer, radiation, dialysis treatment, or treatment for alcohol or drug abuse?

1. After the guarantee period, premiums may go down, stay the same or go up.
2. Coverage not available on children in WA or on grandchildren in WA or MD. In MD, children must reside with the applicant to be eligible for coverage.
3. Conditions apply.
4. Chronic Illness Rider available for an additional cost for employees only. Conditions apply. Rider not available in CA. Form ICC15-ULABR-CI-15 or Form Series ULABR-CI-15

Flexible Premium Adjustable Life Insurance to age 121. Policy Form ICC18-PRFNG-NI-18 or Form Series PRFNG-NI-18. Some limitations apply. See the PureLife-plus brochure for details. Texas Life is licensed to do business in the District of Columbia and every state but New York.



TEXASLIFE INSURANCE COMPANY

Since 1901 | 900 WASHINGTON | POST OFFICE BOX 830 | WACO, TEXAS 76703-0830

WOW!

LIFE INSURANCE YOU CAN KEEP!

PURELIFE-PLUS



IT'S AFFORDABLE
YOU OWN IT



YOU CAN TAKE IT WITH
YOU WHEN YOU CHANGE
JOBS OR RETIRE



YOU PAY FOR IT THROUGH
CONVENIENT PAYROLL DEDUCTIONS:
NO CHECKS TO WRITE OR LINKS TO CLICK



YOU CAN COVER YOUR SPOUSE, CHILDREN
AND GRANDCHILDREN, TOO¹



YOU CAN GET A LIVING BENEFIT IF YOU
BECOME TERMINALLY ILL²



YOU CAN GET CASH TO COVER
LIVING EXPENSES IF YOU BECOME
CHRONICALLY ILL³



YOU CAN QUALIFY BY ANSWERING JUST
3 QUESTIONS - NO EXAM OR NEEDLES

1. Coverage not available on children in WA or on grandchildren in WA or MD. In MD, children must reside with the applicant to be eligible for coverage.

2. Conditions apply.

3. Chronic Illness Rider available for an additional cost for employees only. Conditions apply. Rider not available in CA. Form ICC15-ULABR-CI-15 or Form Series ULABR-CI-15

Flexible Premium Adjustable Life Insurance to age 121. Policy Form ICC18-PRFNG-NI-18 or Form Series PRFNG-NI-18. Some limitations apply. See the PureLife-plus brochure for details. Texas Life is licensed to do business in the District of Columbia and every state but New York.



TEXASLIFE INSURANCE COMPANY

Since 1901 | 900 WASHINGTON | POST OFFICE BOX 830 | WACO, TEXAS 76703-0830

PureLife-plus — Standard Risk Table Premiums — Non-Tobacco — Express Issue

Issue Age (ALB)	Semi-Monthly Premiums for Life Insurance Face Amounts Shown Includes Added Cost for Accidental Death Benefit (Ages 17-59) and Accelerated Death Benefit for Chronic Illness (All Ages)									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000	
17-20		6.53	11.93	17.33	22.73	33.53	44.33	55.13	65.93	75
21-22		6.67	12.20	17.74	23.28	34.35	45.43	56.50	67.58	74
23		6.80	12.48	18.15	23.83	35.18	46.53	57.88	69.23	75
24-25		6.94	12.75	18.57	24.38	36.00	47.63	59.25	70.88	74
26		7.22	13.30	19.39	25.48	37.65	49.83	62.00	74.18	75
27-28		7.35	13.58	19.80	26.03	38.48	50.93	63.38	75.83	74
29		7.49	13.85	20.22	26.58	39.30	52.03	64.75	77.48	74
30-31		7.63	14.13	20.63	27.13	40.13	53.13	66.13	79.13	73
32		8.04	14.95	21.87	28.78	42.60	56.43	70.25	84.08	74
33		8.32	15.50	22.69	29.88	44.25	58.63	73.00	87.38	74
34		8.73	16.33	23.93	31.53	46.73	61.93	77.13	92.33	75
35		9.28	17.43	25.58	33.73	50.03	66.33	82.63	98.93	76
36		9.55	17.98	26.40	34.83	51.68	68.53	85.38	102.23	76
37		9.97	18.80	27.64	36.48	54.15	71.83	89.50	107.18	77
38		10.38	19.63	28.88	38.13	56.63	75.13	93.63	112.13	77
39		11.07	21.00	30.94	40.88	60.75	80.63	100.50	120.38	78
40	5.38	11.75	22.38	33.00	43.63	64.88	86.13	107.38	128.63	79
41	5.76	12.72	24.30	35.89	47.48	70.65	93.83	117.00	140.18	80
42	6.20	13.82	26.50	39.19	51.88	77.25	102.63	128.00	153.38	81
43	6.59	14.78	28.43	42.08	55.73	83.03	110.33	137.63	164.93	82
44	6.97	15.74	30.35	44.97	59.58	88.80	118.03	147.25	176.48	83
45	7.36	16.70	32.28	47.85	63.43	94.58	125.73	156.88	188.03	83
46	7.80	17.80	34.48	51.15	67.83	101.18	134.53	167.88	201.23	84
47	8.18	18.77	36.40	54.04	71.68	106.95	142.23	177.50	212.78	84
48	8.57	19.73	38.33	56.93	75.53	112.73	149.93	187.13	224.33	85
49	9.06	20.97	40.80	60.64	80.48	120.15	159.83	199.50	239.18	85
50	9.61	22.34	43.55	64.77	85.98					86
51	10.27	23.99	46.85	69.72	92.58					87
52	10.99	25.78	50.43	75.08	99.73					88
53	11.54	27.15	53.18	79.20	105.23					88
54	12.09	28.53	55.93	83.33	110.73					88
55	12.69	30.04	58.95	87.87	116.78					89
56	13.24	31.42	61.70	91.99	122.28					89
57	13.90	33.07	65.00	96.94	128.88					89
58	14.51	34.58	68.03	101.48	134.93					89
59	15.17	36.23	71.33	106.43	141.53					89
60	15.59	37.29	73.45	109.62	145.78					90
61	16.31	39.08	77.03	114.98	152.93					90
62	17.19	41.28	81.43	121.58	161.73					90
63	18.07	43.48	85.83	128.18	170.53					90
64	19.00	45.82	90.50	135.19	179.88					90
65	20.05	48.43	95.73	143.03	190.33					90
66	21.20									90
67	22.47									91
68	23.84									91
69	25.22									91
70	26.65									91

CHILDREN AND GRANDCHILDREN (NON-TOBACCO)

Accidental Death Benefit included for ages 17 and older.

Grandchild coverage available through age 18.

Issue Age	Premium		Guaranteed Period
	\$25,000	\$50,000	
15D-1	4.63	8.13	81
2-4	4.75	8.38	80
5-8	4.88	8.63	79
9-10	5.00	8.88	79
11-16	5.13	9.13	77
17-20	6.13	11.13	75
21-22	6.25	11.38	74
23	6.38	11.63	75
24-25	6.50	11.88	74
26	6.75	12.38	75

Indicates Spouse Coverage Available

PureLife-plus is permanent life insurance to Attained Age 121 that can never be cancelled as long as you pay the necessary premiums. After the Guaranteed Period, the premiums can be lower, the same, or higher than the Table Premium. See the brochure under "Permanent Coverage".

Form ICC18-PRFNG-NI-18, Form Series PRFNG-NI-18 or PRFNG-NI-20-OHIO

Accelerated Death Benefit for Chronic Illness Rider Form ICC15-ULABR-CI-15, ULABR-CI-15 or CA-ULABR-CI-18

Accidental Death Benefit Form ICC 07-ULCL-ADB-07 or Form Series ULCL-ADB-07

PureLife-plus — Standard Risk Table Premiums — Tobacco — Express Issue

Issue Age (ALB)	Semi-Monthly Premiums for Life Insurance Face Amounts Shown Includes Added Cost for Accidental Death Benefit (Ages 17-59) and Accelerated Death Benefit for Chronic Illness (All Ages)									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000	
17-20		9.28	17.43	25.58	33.73	50.03	66.33	82.63	98.93	71
21-22		9.69	18.25	26.82	35.38	52.50	69.63	86.75	103.88	71
23		10.10	19.08	28.05	37.03	54.98	72.93	90.88	108.83	72
24-25		10.38	19.63	28.88	38.13	56.63	75.13	93.63	112.13	71
26		10.65	20.18	29.70	39.23	58.28	77.33	96.38	115.43	72
27-28		10.93	20.73	30.53	40.33	59.93	79.53	99.13	118.73	71
29		11.07	21.00	30.94	40.88	60.75	80.63	100.50	120.38	71
30-31		12.44	23.75	35.07	46.38	69.00	91.63	114.25	136.88	72
32		12.85	24.58	36.30	48.03	71.48	94.93	118.38	141.83	72
33		12.99	24.85	36.72	48.58	72.30	96.03	119.75	143.48	72
34		13.13	25.13	37.13	49.13	73.13	97.13	121.13	145.13	71
35		14.09	27.05	40.02	52.98	78.90	104.83	130.75	156.68	72
36		14.50	27.88	41.25	54.63	81.38	108.13	134.88	161.63	72
37		15.47	29.80	44.14	58.48	87.15	115.83	144.50	173.18	73
38		15.88	30.63	45.38	60.13	89.63	119.13	148.63	178.13	73
39		16.98	32.83	48.68	64.53	96.23	127.93	159.63	191.33	74
40	8.07	18.49	35.85	53.22	70.58	105.30	140.03	174.75	209.48	76
41	8.57	19.73	38.33	56.93	75.53	112.73	149.93	187.13	224.33	77
42	9.17	21.24	41.35	61.47	81.58	121.80	162.03	202.25	242.48	78
43	9.94	23.17	45.20	67.24	89.28	133.35	177.43	221.50	265.58	80
44	10.33	24.13	47.13	70.13	93.13	139.13	185.13	231.13	277.13	80
45	10.88	25.50	49.88	74.25	98.63	147.38	196.13	244.88	293.63	81
46	11.32	26.60	52.08	77.55	103.03	153.98	204.93	255.88	306.83	81
47	11.87	27.98	54.83	81.68	108.53	162.23	215.93	269.63	323.33	82
48	12.36	29.22	57.30	85.39	113.48	169.65	225.83	282.00	338.18	82
49	13.08	31.00	60.88	90.75	120.63	180.38	240.13	299.88	359.63	83
50	13.68	32.52	63.90	95.29	126.68					83
51	14.29	34.03	66.93	99.83	132.73					83
52	15.17	36.23	71.33	106.43	141.53					84
53	15.94	38.15	75.18	112.20	149.23					85
54	16.65	39.94	78.75	117.57	156.38					85
55	17.42	41.87	82.60	123.34	164.08					85
56	18.30	44.07	87.00	129.94	172.88					85
57	19.18	46.27	91.40	136.54	181.68					86
58	20.12	48.60	96.08	143.55	191.03					86
59	21.05	50.94	100.75	150.57	200.38					86
60	21.64	52.42	103.70	154.99	206.28					86
61	22.91	55.58	110.03	164.48	218.93	CHILDREN AND GRANDCHILDREN (TOBACCO) <i>Accidental Death Benefit included for ages 17 and older.</i> <i>Grandchild coverage available through age 18.</i>				86
62	24.12	58.60	116.08	173.55	231.03					87
63	25.33	61.63	122.13	182.63	243.13					87
64	26.54	64.65	128.18	191.70	255.23					87
65	27.86	67.95	134.78	201.60	268.43					87
66	29.29									88
67	30.83									88
68	32.42									88
69	34.13									88
70	35.94									89

PureLife-plus is permanent life insurance to Attained Age 121 that can never be cancelled as long as you pay the necessary premiums. After the Guaranteed Period, the premiums can be lower, the same, or higher than the Table Premium. See the brochure under "Permanent Coverage".

Form ICC18-PRFNG-NI-18, Form Series PRFNG-NI-18 or PRFNG-NI-20-OHIO

Accelerated Death Benefit for Chronic Illness Rider Form ICC15-ULABR-CI-15, ULABR-CI-15 or CA-ULABR-CI-18

Accidental Death Benefit Form ICC 07-ULCL-ADB-07 or Form Series ULCL-ADB-07

Issue Age	Premium		Guaranteed Period
	\$25,000	\$50,000	
17-20	8.63	16.13	71
21-22	9.00	16.88	71
23	9.38	17.63	72
24-25	9.63	18.13	71
26	9.88	18.63	72

Indicates Spouse Coverage Available

Disability Insurance

The Standard | www.standard.com | 800.368.1135

Why Do I Need Disability Insurance?

Have you ever wondered what would happen to your income if you had an accidental injury, sickness, or pregnancy? That is why you need disability coverage. It replaces a portion of income for the period you are unable to work due to those reasons. You can choose the benefit amount, which is the amount of your income to replace, and the waiting period that you begin receiving payments.

How do you decide if you need disability insurance? Consider these questions when making your decision:

- How much employer leave do you have?
- Do you have savings?
- Do you have other income you can rely on, such as from your spouse or from child support?
- How close are you to retirement?
- Could you go on Social Security Disability or take a Disability Retirement?
- What are your other sources of income?





Group Short Term Disability Insurance

Protect your income and those who depend on it.

This coverage replaces a portion of your income when you can't work because of a qualifying disability. Even if you're healthy now, it's important to protect yourself and the people who count on your income. This insurance can help you pay the bills when you're unable to work.



This plan offers:

- Competitive group rates
- The convenience of payroll deduction
- Benefits for a qualifying disability that is not work-related

? About This Coverage

See the Important Details section for more information, including requirements, exclusions and definitions.

What Your Benefit Provides

This is the benefit you'd receive if you were to suffer a qualifying disability. Eligible earnings are your weekly insured predisability earnings, as defined by the group policy. Your benefit amount will be reduced by deductible income; see the Important Details section for a list of deductible income sources.

Benefit Waiting Period

If you suffer a qualifying disability, your benefit waiting period is the length of time you must be continuously disabled before you can begin receiving your weekly benefit.

Extended Benefit Waiting Period

This applies if you do not apply for this coverage within 31 days of becoming eligible, were eligible for coverage under a prior plan for more than 31 days but were not insured, or if your insurance ends because you failed to pay your premium and is later reinstated.

How Long Your Benefits Last

This is the maximum length of time you could be eligible to receive a weekly disability benefit.

\$300 - \$5,000 in increments of **\$100**

Option 1 - 0 days for accidental injury / 7 for physical disease, pregnancy or mental disorder

Option 2 - 14 days for accidental injury / 14 for physical disease, pregnancy or mental disorder

60 days for any qualifying disability caused by physical disease, pregnancy or mental disorder occurring during the first 12 months of coverage.

90 days

Additional Features

Your coverage comes with some added features:

Return to Work Incentive	Your disability benefit will not be reduced by any work earnings you receive until the combined amount of the benefit and your work earnings exceeds 100% of your predisability earnings.
Help with Returning to Work	If a worksite modification would enable you to return to work, we can help your employer make approved modifications by covering some or all of the cost.

How Much Your Coverage Costs

Because this insurance is offered through Berkely County School District, you'll have access to competitive group rates that may be more affordable than those available through individual insurance. You'll also have the convenience of having your premium deducted directly from your paycheck. How much your premium costs depends on a number of factors, such as your age and benefit amount.

1. Enter the amount of coverage you are requesting \$ _____
2. Divide line 1 by 100 = _____
3. Enter your rate from the rate table below \$ _____
4. Multiple line 2 by line 3 = \$ _____
5. Line 4 is the estimated amount you would pay each month.
6. To get a sense of your semimonthly premium, divide your monthly premium amount by 2. \$ _____

Option	Rate per \$100 of weekly benefit
Option 1	\$2.515
Option 2	\$1.840

Not being able to work also means not being able to earn a paycheck. As you consider Short Term Disability insurance, think about the expenses you would need to cover if you were to become disabled:

- Mortgage or rent
- Utilities
- Groceries
- Medical bills
- Car insurance
- Childcare costs

To estimate your insurance needs, you'll need to consider your unique circumstances.
Use our online calculator at www.standard.com/disability/needs.

Semi-Monthly deductions

Elimination Period: 0/7 Plan

Benefit	\$300.00	\$400.00	\$500.00	\$600.00	\$700.00	\$800.00	\$900.00	\$1,000.00	\$1,100.00	\$1,200.00
All Ages	\$3.77	\$5.03	\$6.29	\$7.55	\$8.80	\$10.06	\$11.32	\$12.58	\$13.83	\$15.09
Benefit	\$1,300.00	\$1,400.00	\$1,500.00	\$1,600.00	\$1,700.00	\$1,800.00	\$1,900.00	\$2,000.00	\$2,100.00	\$2,200.00
All Ages	\$16.35	\$17.61	\$18.86	\$20.12	\$21.38	\$22.64	\$23.89	\$25.15	\$26.41	\$27.67
Benefit	\$2,300.00	\$2,400.00	\$2,500.00	\$2,600.00	\$2,700.00	\$2,800.00	\$2,900.00	\$3,000.00	\$3,100.00	\$3,200.00
All Ages	\$28.92	\$30.18	\$31.44	\$32.70	\$33.95	\$35.21	\$36.47	\$37.73	\$38.98	\$40.24
Benefit	\$3,300.00	\$3,400.00	\$3,500.00	\$3,600.00	\$3,700.00	\$3,800.00	\$3,900.00	\$4,000.00	\$4,100.00	\$4,200.00
All Ages	\$41.50	\$42.76	\$44.01	\$45.27	\$46.53	\$47.79	\$49.04	\$50.30	\$51.56	\$52.82
Benefit	\$4,300.00	\$4,400.00	\$4,500.00	\$4,600.00	\$4,700.00	\$4,800.00	\$4,900.00	\$5,000.00		
All Ages	\$54.07	\$55.33	\$56.59	\$57.85	\$59.10	\$60.36	\$61.62	\$62.88		

Semi-Monthly deductions

Elimination Period: 14/14 Plan

Benefit	\$300.00	\$400.00	\$500.00	\$600.00	\$700.00	\$800.00	\$900.00	\$1,000.00	\$1,100.00	\$1,200.00
All Ages	\$2.76	\$3.68	\$4.60	\$5.52	\$6.44	\$7.36	\$8.28	\$9.20	\$10.12	\$11.04
Benefit	\$1,300.00	\$1,400.00	\$1,500.00	\$1,600.00	\$1,700.00	\$1,800.00	\$1,900.00	\$2,000.00	\$2,100.00	\$2,200.00
All Ages	\$11.96	\$12.88	\$13.80	\$14.72	\$15.64	\$16.56	\$17.48	\$18.40	\$19.32	\$20.24
Benefit	\$2,300.00	\$2,400.00	\$2,500.00	\$2,600.00	\$2,700.00	\$2,800.00	\$2,900.00	\$3,000.00	\$3,100.00	\$3,200.00
All Ages	\$21.16	\$22.08	\$23.00	\$23.92	\$24.84	\$25.76	\$26.68	\$27.60	\$28.52	\$29.44
Benefit	\$3,300.00	\$3,400.00	\$3,500.00	\$3,600.00	\$3,700.00	\$3,800.00	\$3,900.00	\$4,000.00	\$4,100.00	\$4,200.00
All Ages	\$30.36	\$31.28	\$32.20	\$33.12	\$34.04	\$34.96	\$35.88	\$36.80	\$37.72	\$38.64
Benefit	\$4,300.00	\$4,400.00	\$4,500.00	\$4,600.00	\$4,700.00	\$4,800.00	\$4,900.00	\$5,000.00		
All Ages	\$39.56	\$40.48	\$41.40	\$42.32	\$43.24	\$44.16	\$45.08	\$46.00		

Important Details

Here's where you'll find the details about the plan.

Eligibility Requirements

A minimum number of eligible employees must apply and qualify for the proposed plan before the coverage can become effective. If this requirement is not met, this plan will not become effective. To be eligible for coverage, you must be a regular employee of Berkely County School District, actively working at least 30 hours per week, and a citizen or resident of the United States or Canada.

Temporary and seasonal employees, full-time members of the armed forces, leased employees, and independent contractors are not eligible.

Employee Coverage Effective Date

To become insured, you must:

- Meet the eligibility requirements listed above
- Serve an eligibility waiting period*
- Apply for coverage and agree to pay premiums
- Be actively at work (able to perform all normal duties of your job) on the day before the scheduled effective date of insurance

If you are not actively at work on the day before the scheduled effective date of insurance, your insurance will not become effective until the day after you complete one full day of active work as an eligible employee.

Please contact your human resources representative or plan administrator for more information regarding the requirements that must be satisfied for your insurance to become effective.

*Defined as first of the month that follows 30 consecutive days as a member

Definition of Disability

You will be considered disabled if, as a result of physical disease, injury, pregnancy or mental disorder:

- You are unable to perform with reasonable continuity the material duties of your own occupation, and
- You suffer a loss of at least 20% in your predisability earnings when working in your own occupation.

You are not considered disabled merely because your right to perform your own occupation is restricted, including a restriction or loss of license.

Exclusions

Subject to state variations, you are not covered for a disability caused or contributed to by any of the following:

- Your committing or attempting to commit an assault or felony, or your active participation in a violent disorder or riot
- An intentionally self-inflicted injury, while sane or insane
- War or any act of war (declared or undeclared, and any substantial armed conflict between organized forces of a military nature)
- The loss of your professional or occupational license or certification
- An activity arising out of or in the course of any employment for wage or profit

Limitations

Short Term Disability benefits are not payable for any period when you are:

- Not under the ongoing care of a physician in the appropriate specialty, as determined by The Standard
- Not participating in good faith in a plan, program or course of medical treatment or vocational training or education approved by The Standard, unless your disability prevents you from participating
- Confined for any reason in a penal or correctional institution
- Able to work and earn at least 20% of your predisability earnings in your own occupation but you elect not to
- Receiving sick-leave pay, annual or personal leave pay, severance pay or other salary continuation (including donated amounts) from your employer
- Eligible to receive benefits for your disability under a workers' compensation law or similar law

When Your Benefits End

Your Short Term Disability benefits end automatically on the date any of the following occur:

- You are no longer disabled
- Your maximum benefit period ends
- Long term disability benefits become payable to you under a Long Term Disability plan
- Benefits become payable under any other disability insurance plan under which you become insured through employment during a period of temporary recovery
- You fail to provide proof of continued disability and entitlement to benefits
- You pass away

Deductible Income

Your benefits will be reduced if you have deductible income, which is income you receive or are eligible to receive while receiving Short Term Disability benefits. Deductible income includes:

- Amounts under unemployment compensation law
- Amounts because of your disability from any other group insurance
- Any disability or retirement benefits received or you are eligible to receive from your employer's retirement plan
- Amounts under any state disability income benefit law or similar law
- Earnings from work activity while you are disabled, plus the earnings you could receive if you work as much as your disability allows
- Earnings or compensation included in your predisability earnings which you receive or are eligible to receive while Short Term Disability benefits are payable
- Amounts due from or on behalf of a third party because of your disability, whether by judgment, settlement or other method
- Any amount you receive by compromise, settlement or other method as a result of a claim for any of the above

When Your Insurance Ends

Your insurance ends automatically when any of the following occur:

- The date the last period ends for which a premium was paid
- The date your employment terminates
- The date the group policy (or your employer's coverage under the group policy) terminates
- The date you cease to meet the eligibility requirements (insurance may continue for limited periods under certain circumstances)
- The date Berkely County School District ends participation in the group policy

Group Insurance Certificate

If coverage becomes effective and you become insured, you may receive a group insurance certificate containing a detailed description of the insurance coverage, including the definitions, exclusions, limitations, reductions and terminating events. The controlling provisions will be in the group policy. The information present in this summary does not modify the group policy, certificate or the insurance coverage in any way.

About Standard Insurance Company

For more than 100 years, we have been dedicated to our core purpose: to help people achieve financial well-being and peace of mind. Headquartered in Portland, Oregon, The Standard is a nationally recognized provider of group employee benefits. To learn more about products from The Standard, visit us at www.standard.com.

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon, in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.

GP399-STD, GP899-STD, GP309-STD, GP209-STD, GP399/ASSOC, GP399-STD/TRUST

Standard Insurance Company
1100 SW Sixth Avenue
Portland OR 97204

www.standard.com

SI 12503-D-SC-174525 (8/25)

7901261-1347144

Cancer Insurance

Plan Options



Manhattan Life via BayBridge Administrators | 800.845.7519 | www.bbadmin.com

Thousands of Americans are diagnosed with cancer each day. No doubt, the news is devastating, both personally and financially. It's impossible to anticipate a cancer diagnosis, but it is possible to prepare for it with a cancer insurance plan.

It is likely that your major medical coverage will not cover all the costs associated with a cancer diagnosis. Supplementing your major medical with cancer insurance may help you pay for related expenses, such as copays and deductibles, specialists, experimental treatment, specialty hospitals, travel expenses, in-home care and more.

Premiums are paid through convenient payroll deduction to ensure your policy remains in force if you should need it. Benefits are paid directly to you, so you can choose how to spend the money. Visit the Employee Benefits Center and view policy for more details.



Group Cancer and Specified Disease Insurance

Policy Form M-9012

Underwritten by ManhattanLife Assurance Company of America

► Plan Features

- Donor Benefits
- Wellness Benefits
- Many Benefits have No Lifetime Maximum
- Covers Certain Lodging and Transportation
- Portable (take it with You)
- In and Out of Hospital benefits
- Pays regardless of other coverage

Benefit	Amounts
Wellness Benefit. For Cancer screening tests such as mammogram, flexible sigmoidoscopy, pap smear, chest X-ray, hemocult stool specimen, or prostate screen. No Lifetime Maximum	\$0 - \$100 per calendar year <i>See Rate Quote for Benefit Amount</i>
Positive Diagnosis Test. Payable for a test that leads to positive diagnosis of Cancer or Specified Disease within 90 days. This benefit is not payable if the same Cancer or Specified Disease recurs.	Up to \$300 per calendar year
First Diagnosis Benefit. One-time benefit payable when a Covered Person is first diagnosed with Cancer (other than Skin Cancer) or a Specified Disease. Must occur after the Certificate Effective Date.	\$0 - \$10,000 <i>See Rate Quote for Benefit Amount</i>
Second and Third Surgical Opinions. Covers written opinions received after a Positive Diagnosis and before surgery. No Lifetime Maximum	Incurred Expenses.
Non-Local Transportation. Payable for transportation to a Hospital, clinic, treatment center, or from one medical facility to another which is more than 60 miles and less than 700 miles from a Covered Person's home. No Lifetime Maximum	Actual billed charges by a common carrier or 50 cents per mile if a personal vehicle is used.
Adult Companion Lodging and Transportation. Payable for one adult companion to stay with a Covered Person who is confined in a Hospital that is more than 60 miles and less than 700 miles from his or her home. Covered expenses include a single room in a motel or hotel up to 60 days per confinement; and the actual billed charges of round trip coach fare by a common carrier or a mileage allowance for the use of a personal vehicle. This benefit is not payable for lodging expense incurred more than 24 hours before the treatment nor for lodging expense incurred more than 24 hours following treatment. No Lifetime Maximum	Up to \$75 per day for lodging. 50 cents per mile if a personal vehicle is used.
Ambulance. For ambulance service if the Covered Person is taken to a Hospital and admitted as an Inpatient. Ambulance benefits shall include transportation from one medical facility to another. No Lifetime Maximum	Incurred Expenses
Surgery. Covers actual surgeon's fee for an operation up to the amount listed on the schedule. Benefits for surgery performed on an outpatient basis will be 150% of the schedule benefit amount, not to exceed the actual surgeon's fees. No Lifetime Maximum	\$1,500 - \$9,000 <i>See Rate Quote for Benefit Amount</i>
Donor Benefit Bone Marrow and Stem Cell Transplant. We will pay the following benefits for a Covered Person and his or her live donor: (a) Medical expense allowance of two times the selected Hospital Confinement benefit. (b) Actual charges for round trip coach fare on a Common Carrier to the city where the transplant is performed; or personal automobile expense allowance of 50 cents per mile. Mileage is measured from the home of the Donor or Covered Person to the Hospital in which the Covered Person is staying. We will pay for up to 700 miles per Hospital stay. (c) Actual Charges up to \$50 per day for lodging and meals expense for donor to remain near Hospital.	(a) Two (2) times the elected Hospital Confinement benefit. <i>See Rate Quote for Benefit Amount</i> (b) Actual billed charges for round trip coach fare; or personal automobile expense of 50 cents per mile. (c) Actual billed charges up to \$50 per day
Bone Marrow and Stem Cell Transplant. We will pay Actual Charges per Covered Person for surgical and anesthetic charges associated with bone marrow transplant and/or peripheral stem cell transplant	Incurred Expenses to a combined lifetime maximum of \$15,000



BAY BRIDGE
ADMINISTRATORS

"Your solutions begin
at the Bridge"™

Benefit	Amounts
Anesthesia. For services of an anesthesiologist during a Covered Person's surgery. No Lifetime Maximum	Up to 25% of surgical benefit paid. \$100 maximum per Covered Person
For anesthesia in connection with the treatment of skin Cancer. No Lifetime Maximum	
Ambulatory Surgical Center. We will pay the expense incurred at an Ambulatory Surgical Center. No Lifetime Maximum	\$250 Per Day
Drugs and Medicines. Payable for drugs and medicine received while the Covered Person is Hospital confined. No Lifetime Maximum	Up to \$25 per day, \$600 per calendar year
Outpatient Anti-Nausea Drugs. Payable for drugs prescribed by a Physician to suppress nausea due to Cancer or Specified Disease. No Lifetime Maximum	Up to \$250 per calendar year
Radiation, Radioactive Isotopes Therapy, Chemotherapy, or Immunotherapy. Covers treatment administered by a Radiologist, Chemotherapist or Oncologist on an inpatient or outpatient basis. No Lifetime Maximum	Incurred Expenses \$200 - \$1,000 per day OR \$2,500 - \$5,000 per month <i>See Rate Quote for Benefit Amount</i>
Miscellaneous Therapy Charges. Covers charges for lab work or x-rays in connection with radiation and chemotherapy treatment. Service must be performed while receiving treatment(s) in Radiation, Radioactive Isotopes Therapy, Chemotherapy, or Immunotherapy or within 30 days following a covered treatment.	Incurred Expenses up to a lifetime maximum of \$5,000 - \$10,000 <i>See Rate Quote for Benefit Amount</i>
Self-Administered Drugs. We will pay the actual expenses incurred for self-administered chemotherapy, including hormone therapy, or immunotherapy agents. This benefit is not payable for planning, monitoring, or other agents used to treat or prevent side effects, or other procedures related to this therapy treatment. No Lifetime Maximum	Incurred Expenses up to \$1,000 - \$4,000 per month <i>See Rate Quote for Benefit Amount</i>
Colony Stimulating Factors. We will pay expenses incurred for: [a] cost of the chemical substances and [b] their administration to stimulate the production of blood cells. Treatment must be administered by an Oncologist or Chemotherapist. No Lifetime Maximum	Incurred Expenses \$0 - \$4,000 per month <i>See Rate Quote for Benefit Amount</i>
Blood, Plasma and Platelets. For blood, plasma and platelets, and transfusions: including administration. No Lifetime Maximum	Incurred Expenses up to \$200 per day
Physician's Attendance. For one visit per day while Hospital confined. No Lifetime Maximum	\$35 per day
Private Duty Nursing Service. For private nursing services ordered by the Physician while Hospital confined. No Lifetime Maximum	\$100 per day
National Cancer Institute Designated Comprehensive Cancer Treatment Center Evaluation/Consultation Benefit. We will pay the expense incurred if a Covered Person is diagnosed with Internal Cancer and seeks evaluation or consultation from a National Cancer Institute designated Comprehensive Cancer Treatment Center. If the Comprehensive Cancer Treatment Center is located more than 30 miles from the Covered Person's place of residence, We will also pay the transportation and lodging expenses incurred. This benefit is not payable on the same day a Second or Third Surgical Opinion Benefit is payable and is in lieu of the Non-Local Transportation Benefits of the policy.	Actual Billed Charges limited to a lifetime maximum up to \$750 for evaluation. Actual Billed Charges limited to a lifetime maximum up to \$350 for transportation and lodging.
Breast Prosthesis. Covers the prosthesis and its implantation if it is required due to breast cancer. No Lifetime Maximum	Incurred Expenses
Artificial Limb or Prosthesis. Covers implantation of an artificial limb or prosthesis when an amputation is performed.	Up to \$1,500 lifetime maximum per amputation.
Physical or Speech Therapy. Payable when therapy is needed to restore normal bodily function. No Lifetime Maximum	\$35 per session
Extended Benefits. If a Covered Person is confined in a Hospital for 60 continuous days We will pay a Hospital Confinement Benefit beginning on the 61st day for Hospital Confinement. This benefit is payable in place of the Hospital Confinement Benefit. No Lifetime Maximum	Three (3) times the elected Hospital Confinement benefit. See Rate Quote for Benefit Amount
Extended Care Facility. Limited to number of days of prior Hospital confinement. Must begin within 14 days after Hospital confinement, and be at the direction of the attending Physician. No Lifetime Maximum	\$50 per day
At Home Nursing. Limited to number of days of prior Hospital confinement. Must begin immediately following a Hospital confinement, and be authorized by the attending Physician. No Lifetime Maximum	\$100 per day
New or Experimental Treatment. We will pay the expenses incurred by a Covered Person for New or Experimental Treatment judged necessary by the attending Physician and received in the United States or in its territories. No Lifetime Maximum	Up to \$7,500 per calendar year
Hospice Care. If a Covered Person elects to receive hospice care, We will pay the expenses incurred for care received in a Free Standing Hospice Care Center. No Lifetime Maximum	\$50 per day
Government or Charity Hospital. Payable If the Covered Person is confined in a U. S. Government Hospital or a Hospital that does not charge for its services. Paid in place of all other benefits under the Policy. No Lifetime Maximum	\$200 per day
Hairpiece. We will pay the actual expense incurred per Covered Person for a hairpiece when hair loss is a result of Cancer Treatment.	Incurred Expenses up to a lifetime maximum of \$150

Rental or Purchase of Durable Goods. We will pay the actual expenses incurred for the rental or purchase of the following pieces of durable medical equipment: a respirator or similar mechanical device, brace, crutches, Hospital bed, or wheelchair. No Lifetime Maximum

Waiver of Premium. After 60 continuous days of disability due to Cancer or Specified Disease, We will waive premiums starting on the first day of policy renewal.

Hospital Confinement. Payable for each day a Covered Person is charged the daily room rate by a Hospital, for up to 60 days of continuous stay. The benefit for covered children under age 21 is two times the Covered Person's daily benefit. No Lifetime Maximum

Incurred Expenses up to \$1,500 per calendar year

After 60 days

\$100 - \$600 per day

See Rate Quote for Benefit Amount

Other Specified Diseases Covered:

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

Payment of Benefits

Benefits are payable for a Covered Person's Positive Diagnosis, subject to the Pre-Existing Condition Limitation, unless coverage replaces a prior plan of similar coverage that was in force when the Policy was issued.

Pre-Existing Condition Limitation

No benefits will be provided during the first 12 months of the policy for cancer diagnosed before the 30th day after the effective date shown in the policy schedule. During the first 12 months of a Covered Person's Insurance, losses incurred for Pre-Existing Conditions are not covered. During the first 12 months following the date a Covered Person makes a change in coverage that increases his or her benefits, the increase will not be paid for Pre-Existing Conditions. After this 12 month period, however, benefits for such conditions will be payable unless specifically excluded from coverage. This 12 month period is measured from the Certificate Effective Date for each Covered Person.

Pre-Existing Condition means Cancer or a Specified Disease, for which a Covered Person has received medical consultation, treatment, care, services, or for which diagnostic test(s) have been recommended or for which medication has been prescribed during the 12 months immediately preceding the Certificate Effective Date of coverage for each Covered Person.

Exceptions and Other Limitations

The Policy pays benefits only for diagnoses resulting from Cancer or Specified Diseases, as defined in the Policy. It does not cover:

1. any other disease or sickness;
2. injuries;
3. any disease, condition, or incapacity that has been caused, complicated, worsened, or affected by:
 - a. Specified Disease or Specified Disease treatment; or
 - b. Cancer or Cancer treatment, or unless otherwise defined in the Policy
4. care and treatment received outside the United States or its territories;
5. treatment not approved by a Physician as medically necessary;
6. Experimental Treatment by any program that does not qualify as Experimental Treatment as defined in the Policy.

Termination of Coverage

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

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

Portability

On the date the Policy terminates or the date the Named Insured ceases to be a member of an eligible class, Named Insureds and their covered dependents will be eligible to exercise the portability privilege. Portability coverage may continue beyond the termination date of the Policy, subject to the timely payment of premiums. Portability coverage will be effective on the day after insurance under the Policy terminates.

The benefits, terms and conditions of the portability coverage will be the same as those provided under the Policy when the insurance terminated. The initial portability premium rate is the rate in effect under the Policy for active employees who have the same coverage. The premium rate for portability coverage may change for the class of Covered Persons on portability on any premium due date.

Covered Persons

Covered Person means any of the following:

- 1. You;
- 2. any eligible Spouse or dependent Child, as defined and as indicated on the Certificate Schedule whose coverage has become effective;
- 3. any eligible Spouse or dependent Child, as defined and added to this Certificate by endorsement after the Certificate Effective Date whose coverage has become effective; or
- 4. a newborn child (as described in the Eligibility Section).

Child (Children)

means Your unmarried child, including a natural child from the moment of birth, stepchild, foster or legally adopted child, or child in the process of adoption who is not yet age 26.

**Option to Add Additional Benefits
Hospital Intensive Care Insurance Rider
Form Number M-BBR01**

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

Benefits

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

Hospital Intensive Care Confinement Benefit

You may choose a benefit ranging from \$325 to \$825 per day. It is reduced by one-half at age 75.

Double Benefits

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

Emergency Hospitalization and Subsequent Transfer to an ICU

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

Step Down Unit

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

Exceptions and Other Limitations

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

This is not a Medicare Supplement Policy. If you are eligible for Medicare, see the Medicare Supplement Buyer's Guide available from the Company.

This policy only covers cancer and the diseases specified above, unless the hospital intensive care rider is selected.

Upon receipt of your policy, please review it and your application.

If any information is incorrect, please contact us.

**Administered by:
Bay Bridge Administrators
P.O. Box 161690 | Austin, Texas 78716 | 1-800-845-7519**

Berkeley County School District

Group Cancer Rate Quote - Semi-Monthly Rates

Final implemented rates may vary slightly due to rounding.

Base Plan

Low Plan - Semi-Monthly Rates

Coverage Tier	18-40	41-50	51-60	61+
Employee	\$7.25	\$11.35	\$16.15	\$22.01
Employee + Spouse	\$12.31	\$19.29	\$27.46	\$37.41
Employee + Child(ren)	\$10.72	\$14.82	\$19.62	\$25.48
Family	\$15.78	\$22.76	\$30.93	\$40.88

High Plan - Semi-Monthly Rates

Coverage Tier	18-40	41-50	51-60	61+
Employee	\$8.15	\$12.89	\$18.59	\$25.60
Employee + Spouse	\$13.85	\$21.91	\$31.60	\$43.51
Employee + Child(ren)	\$13.42	\$18.16	\$23.87	\$30.88
Family	\$19.12	\$27.18	\$36.88	\$48.79

Variable Benefit Elections

Benefit	Low	High
Hospital Confinement	\$200 per day	\$300 per day
Surgical	up to \$3,000	up to \$4,500
Radiation/Chemotherapy	\$2,500 per month	\$2,500 per month
First Diagnosis	\$2,500	\$2,500
Colony Stimulating Factors	\$500 per month	\$500 per month
Miscellaneous Diagnostic Charges	\$5,000	\$5,000
Self-Administered Drugs	\$2,000 per month	\$2,000 per month
Wellness	\$75 per year	\$75 per year

Optional Intensive Care Rider (ICR)

Coverage Tier	\$325 per day
Employee	\$1.27
Employee + Spouse	\$2.70
Employee + Child(ren)	\$1.96
Family	\$3.39

Underwritten by:
ManhattanLife Assurance Company of America

Administered by:



**BAY BRIDGE
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P.O. Box 161690 - Austin, Texas 78716 - (800) 845-7519

Critical Illness Insurance

Manhattan Life | www.manhattanlife.com | 800. 669.9030

Prepare For the Unexpected

If you've heard of heart attacks, strokes, organ transplants or paralysis, then you're familiar with critical illness. It's likely you or someone you know has experienced one of these life-altering events. Often times, a critical illness has a powerful impact on people's lives, affecting their livelihood and finances.

A critical illness plan can help with the treatment costs of covered illnesses. Benefits are paid directly to you, unless otherwise assigned, giving you the choice of how to spend the money. Plus, there are plans available to provide coverage for you, your spouse and dependent children.

Prepare now for the unexpected with a critical illness insurance plan. The plan helps you focus on getting well rather than worrying about finances. Visit the Employee Benefits Center and view policy for more details.



Critical Illness

SUMMARY OF BENEFITS*



BERKELEY COUNTY SCHOOL DISTRICT

Benefit payments can assist in covering a variety of expenses associated with a critical illness: out-of-pocket medical care costs, home healthcare, travel to and from treatment facilities, rehabilitation, and other expenses.

PLEASE NOTE: Benefits are paid for one condition. If there is another condition separated by six months, the Additional Occurrence benefit will apply.

Coverage Type

Voluntary Critical Illness insurance is a group policy that includes coverage for heart/stroke, cancer, other specified illnesses, and progressive diseases.

BENEFITS & FEATURES

Benefit Amount	Employee:	Dependents:
	•\$5,000 to \$50,000	<ul style="list-style-type: none">• Spouse: \$2,500 to \$25,000 - 50% of Employee amount.• Child: 25% of Employee amount up to \$12,500.
Cardiac Conditions	100% of benefit amount paid upon treatment period or proof of loss for Myocardial Infarction. 25% of benefit amount paid at diagnosis for Coronary Heart Disease.	
Cerebral Vascular Disease	100% of the benefit amount paid upon treatment or proof of loss for a Stroke. 10% of the benefit amount paid upon treatment or proof of loss for a Ruptured Brain Aneurysm. 10% of the benefit amount paid upon treatment or proof of loss for a Transient Ischemic Attack.	
Cancer	100% of the benefit amount paid upon treatment or proof of loss for Invasive Cancer*. 25% of the benefit paid upon treatment or proof of loss for a Non-Invasive Cancer**.	
Other Specified Illnesses	100% of the benefit amount paid for one of the following illnesses or conditions, for any unused benefit available: Benign Brain Tumor, Major Organ Failure, End-Stage Renal Failure, Coma, Severe Burns, Permanent Paralysis, Occupational HIV/Hepatitis, Functional Loss of Sight, Speech or Hearing as defined in the policy (certificate).	
Infectious Diseases	25% of the benefit amount is paid for one of the confirmed diagnosis of the following (as long as the benefit has not been used): Cerebrospinal Meningitis, Malaria, Encephalitis, Legionnaire's Disease, Necrotizing Fasciitis, Osteomyelitis, Tuberculosis.	
Progressive Diseases	50% of the benefit amount is paid for a confirmed diagnosis of one of the following diseases (as long as the benefit has not been used): ALS, Multiple Sclerosis, Advanced Dementia/Advanced Alzheimer's, Advanced Parkinson's.	
Childhood Condition Benefit	25% of the benefit amount is paid for an eligible child for a confirmed diagnosis of one of the following conditions: Cerebral Palsy, Cleft Lip/Cleft Palate, Cystic Fibrosis, Down Syndrome, Spina Bifida, Type 1 Diabetes.	



ManhattanLifeTM

Standing By You. Since 1850.

Additional Occurrence

Pays a percentage of a critical illness listed if the occurrence is six months between the previous critical illness and new critical illness not caused by a critical illness for which benefits have been paid.

Recurrence Benefit

Provides an additional benefit for the same condition if a covered participant is treatment-free for at least 12 months. Available once for the lifetime of the insured. **Please refer to the Critical Illness Policy for a complete list of covered conditions under the Benefit Recurrence Rider.**

Wellness Screening

Benefit pays for any one of the 21 covered tests per calendar year including mammograms, colonoscopies, and stress tests. Indemnity based and payable once per calendar year per insured. Coverage is same for all insureds on the certificate. \$100.

Waiver of Premium

Premiums will be waived for the insured if he or she is totally disabled as a result of a confirmed critical illness for at least 180 consecutive days.

Portability

Prior to age 70 and after six months of continuous coverage, employees can take their coverage with them if they leave their employer as long as the master policy remains in effect.

PLAN PROVISIONS

Pre-existing Conditions

Waived.

Eligibility

- Employee issue ages 18-69.
- Full-time, benefit eligible employees, actively at work and working at least 20 hours per week.
- Spouse issue ages 18-69; ineligible if employee is denied
- Child issue ages 0-25; ineligible if employee is denied.

Termination Age

Employee - Age 70 unless actively at work, then on last day of active employment.

Spouse - The earlier of Age 70 or when employee plan terminates.

Child - The earlier of Age 26 or when the employee plan terminates, if plan terminates prior to child age 26.

Benefits and riders may vary by state and may not be available in all states.

This is not a complete disclosure of plan qualifications and limitations. Please access our website to obtain a completed list for the Voluntary Benefit products at www.disclosure.manhattanlife.com. Please review this information before applying for coverage.

The amount of benefits provided depends on the plan selected. Premiums will vary according to the selection made THIS POLICY PROVIDES LIMITED BENEFITS.

Policy: M-8021 Well-Being Benefit: M-1775

Insured by ManhattanLife Assurance Company of America

www.manhattanlife.com

Displaying Semi-Monthly payroll deductions including Recurrence, Infectious Disease, Progressive Disease, Childhood Conditions, and \$100 Wellness Screening Benefit.

Issue Age	Employee - UniTobacco									
Benefit:	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$2.01	\$2.67	\$3.33	\$3.99	\$4.65	\$5.30	\$5.96	\$6.62	\$7.28	\$7.94
30-39	\$2.74	\$4.12	\$5.51	\$6.90	\$8.28	\$9.67	\$11.06	\$12.44	\$13.83	\$15.22
40-49	\$4.64	\$7.93	\$11.22	\$14.51	\$17.79	\$21.08	\$24.37	\$27.66	\$30.95	\$34.24
50-59	\$7.84	\$14.34	\$20.83	\$27.32	\$33.81	\$40.31	\$46.80	\$53.29	\$59.79	\$66.28
60-64	\$11.51	\$21.66	\$31.82	\$41.98	\$52.13	\$62.29	\$72.44	\$82.60	\$92.76	\$102.91
65-69	\$14.30	\$27.26	\$40.21	\$53.16	\$66.11	\$79.07	\$92.02	\$104.97	\$117.92	\$130.88

Issue Age	Employee & Spouse - UniTobacco									
Benefit:	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$3.29	\$4.28	\$5.27	\$6.25	\$7.24	\$8.23	\$9.22	\$10.21	\$11.20	\$12.19
30-39	\$4.38	\$6.46	\$8.54	\$10.62	\$12.70	\$14.78	\$16.86	\$18.94	\$21.02	\$23.10
40-49	\$7.23	\$12.17	\$17.10	\$22.03	\$26.97	\$31.90	\$36.83	\$41.77	\$46.70	\$51.63
50-59	\$12.04	\$21.78	\$31.52	\$41.26	\$51.00	\$60.73	\$70.47	\$80.21	\$89.95	\$99.69
60-64	\$17.53	\$32.77	\$48.00	\$63.24	\$78.47	\$93.71	\$108.94	\$124.18	\$139.41	\$154.65
65-69	\$21.73	\$41.16	\$60.59	\$80.02	\$99.45	\$118.87	\$138.30	\$157.73	\$177.16	\$196.59

*Spouse Amount is 50% of Employee Amount.

Issue Age	Employee & Children - UniTobacco									
Benefit:	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$2.01	\$2.67	\$3.33	\$3.99	\$4.65	\$5.30	\$5.96	\$6.62	\$7.28	\$7.94
30-39	\$2.74	\$4.12	\$5.51	\$6.90	\$8.28	\$9.67	\$11.06	\$12.44	\$13.83	\$15.22
40-49	\$4.64	\$7.93	\$11.22	\$14.51	\$17.79	\$21.08	\$24.37	\$27.66	\$30.95	\$34.24
50-59	\$7.84	\$14.34	\$20.83	\$27.32	\$33.81	\$40.31	\$46.80	\$53.29	\$59.79	\$66.28
60-64	\$11.51	\$21.66	\$31.82	\$41.98	\$52.13	\$62.29	\$72.44	\$82.60	\$92.76	\$102.91
65-69	\$14.30	\$27.26	\$40.21	\$53.16	\$66.11	\$79.07	\$92.02	\$104.97	\$117.92	\$130.88

*Child Amount is 25% of Employee Amount, capped at \$5,000.

Issue Age	Family - UniTobacco									
Benefit:	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$3.29	\$4.28	\$5.27	\$6.25	\$7.24	\$8.23	\$9.22	\$10.21	\$11.20	\$12.19
30-39	\$4.38	\$6.46	\$8.54	\$10.62	\$12.70	\$14.78	\$16.86	\$18.94	\$21.02	\$23.10
40-49	\$7.23	\$12.17	\$17.10	\$22.03	\$26.97	\$31.90	\$36.83	\$41.77	\$46.70	\$51.63
50-59	\$12.04	\$21.78	\$31.52	\$41.26	\$51.00	\$60.73	\$70.47	\$80.21	\$89.95	\$99.69
60-64	\$17.53	\$32.77	\$48.00	\$63.24	\$78.47	\$93.71	\$108.94	\$124.18	\$139.41	\$154.65
65-69	\$21.73	\$41.16	\$60.59	\$80.02	\$99.45	\$118.87	\$138.30	\$157.73	\$177.16	\$196.59

*Spouse Amount is 50% of Employee Amount. Child Amount is 25% of Employee Amount, capped at \$5,000.

Accident Insurance

Manhattan Life | www.manhattanlife.com | 800. 669.9030

The costs associated with an injury can add up. Between hospital visits, exams and treatment, out-of-pocket costs could put you in a financial hardship. An accident plan pays benefits directly to you so you can determine where to spend the money. It's comforting to know that an accident insurance policy can be there through all stages of your care, from initial treatment to follow-up care. Accident coverage is available to you through payroll deduction and may provide a benefit for costs associated with:

- Concussions
- Lacerations
- Broken teeth
- Emergency room visits
- Ambulance, ground or air
- Intensive care unit



Accident Indemnity Plus

SUMMARY OF BENEFITS



Each benefit feature pays an indemnity amount based on the type of accident treatment provided. (There are specific benefit limits-see below). Benefits start over with each accident, and are paid in addition to any other coverage the employee has.

Please note: All treatment and services received under this plan must be for a Covered Person as a result of injuries from a Covered Accident.

Coverage Type

Accident Insurance that provides multiple indemnity amounts based on the treatment provided. It provides on or off-the-job benefits for accidental injuries, hospital care, and accidental death benefits. There is no coverage for sickness. Coverage is available to the insured, spouse, and children.

****There are a variety of benefits included in the policy - please see policy for complete benefit details.**

Benefits and Features	Enhanced	Premier
Accident Follow-up	\$25 per visit/max 4 per accident	\$50 per visit/max 4 per accident
Ground Ambulance	\$200	\$300
Air Ambulance	\$800	\$1,000
Hospital Confinement	\$250 per day	\$375 per day
First Hospitalization	\$1,000	\$1,500
Intensive Care Unit Admission	\$2,000	\$3,000
Intensive Care Unit Confinement	\$500 per day	\$750 per day
Emergency Room Treatment	\$100	\$150
Urgent Care	\$150	\$200
Doctor's Office Visit	\$100	\$150
Chiropractic Treatment	\$30 per day	\$45 per day
Physical Therapy	\$30	\$45
Transportation - Train or Plane	\$300	\$400
Transportation - Bus	\$150	\$200
Family Member Lodging	\$100 per night	\$150 per night
Blood and Plasma	\$100	\$150
Major Diagnostic and Imaging:		
X-Ray	\$75	\$100
Medical Imaging	\$150	\$200
EEG	\$150	\$200
Concussion	\$200	\$300
Ruptured Disc	\$400	\$500
Coma	\$10,000	\$12,500
Accidental Death and Dismemberment*	\$50,000	\$75,000
Common Carrier*	\$100,000	\$150,000
Fractures & Dislocations	up to \$4,000	up to \$5,000
Burns:		
Second Degree	up to \$2,000	up to \$3,000
Third Degree	up to \$20,000	up to \$30,000
Wellness Screening	\$50	\$50
On the Job (24 hour insurance) Benefit	Included	Included
Total Disability Premium Waiver	Included	Included
Portability	Included	Included

*Spouse benefit 50% and dependent child(ren) 25% of the Employee amounts.



PLAN PROVISIONS

Eligibility

- Employee issue ages 18-70
- Employee actively at work full-time, benefit eligible employees working at least 20 hours per week.
- Spouse issue ages 18-70; ineligible if employee is denied.
- Child issue ages 0-25; ineligible if employee is denied.

Termination Age

- Age 70 unless actively at work, then on last day of active employment.
- Spouse remains active as long as employee coverage is active. Child coverage terminates at age 26.

Portability

Prior to age 70, employees can take their coverage with them if they leave their employer provided the master policy remains in effect.

Benefit:	Semi-Monthly (24) premium			
	Employee	Employee/Spouse	Employee/Child(ren)	Family
Enhanced	\$6.45	\$10.78	\$13.20	\$17.64

Note: Final implementation rate may vary slightly due to rounding

Benefit:	Semi-Monthly (24) premium			
	Employee	Employee/Spouse	Employee/Child(ren)	Family
Premier	\$8.56	\$14.35	\$17.91	\$23.83

Note: Final implementation rate may vary slightly due to rounding

Benefits and riders may vary by state and may not be available in all states.

This is not a complete disclosure of plan qualifications and limitations. Please access our website to obtain a completed list for the Workplace Voluntary Benefit product at Disclosure.ManhattanLife.com. 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.

Product not approved in AK, CO, DC, ID, MO, MN, MT, NH, NJ, NM, NY, OR, VT, WA.

Policy: M-8026 Well-Being Benefit: M-1775; ER Facility Care Rider - M-8226

Insured by ManhattanLife Assurance Company of America

FL and NJ Underwritten by Manhattan Life Insurance Company.



www.manhattanlife.com

Identity Theft Protection

iLock360 | www.ilock360.com | 855.287.8888

Millions of Americans report having their identity stolen each year. People are online and mobile more than any time in history, so it's no surprise that identity theft is on the rise. And it goes far beyond simply having your credit card number stolen. While credit card fraud is one of the highest reported types of identity theft, it also includes bank, loan, phone and tax-related fraud.

Identity theft insurance won't prevent your identity from being stolen. But it will be there to alert you if any suspicious activity is noticed under your name. The plan includes credit bureau monitoring, social security number usage and lost wallet protection. Accounts are monitored daily so you can rest easy knowing your identity is being protected even while you sleep. The sooner you can take action to close your accounts, the quicker you can recover your identity.

It takes years to establish a good reputation with credit lenders and employers. Make sure it remains yours by taking advantage of the identity theft insurance offered through your employer.



Your identity is your most valuable asset.

Is yours protected?

iLOCK360



39 seconds is how often cyber-attacks to occur

25% of kids are projected to be affected by identity theft before turning 18

17% increase in data breaches 2018 to 2019

Identity theft is the fastest growing crime. With iLock360, you can rest easier knowing you have experienced professionals in your corner restoring your identity.

How iLOCK360 helps



Defend

Your personal information is monitored 24/7/365



Protect

Alerts inform you of potential threats for immediate action



Restore

iLOCK360 does the work to restore your identity

Take advantage of special
EDUCATOR PRICING
during open enrollment!

Monthly payroll deduction


Coverage Options	
Employee	\$8.95
Employee + Family	\$18.95

*Plans with children include coverage for up to 10 Children under the age of 18.

Protect your identity **TODAY!**

Please note: • A valid email address is **required** for enrollment in iLOCK360. All iLOCK360 alerts and/or notifications are sent via email. Consider utilizing an email address that you check regularly. • Account activation & setup of monitored elements is required upon the start of your new benefit plan year.

Learn more about the protections that iLOCK360 offers:

Plan features	Service description	
Identity theft resolution services		
<div>Full-Service Identity Theft Restoration & Lost Wallet Protection</div> <div><div></div><div><div>MOST VALUABLE SERVICE.</div><div>Dependable help that's just a phone call away!</div></div></div> <div>\$1M Identity Theft Insurance</div>	<p>If your identity is compromised, a U.S.-based certified Identity Theft Restoration Specialist will work on your behalf to restore your good name, so that you can get on with your life. All restoration activities can be completed for you, and your case will be managed until your identity is fully restored. Even pre-existing conditions can be dealt with.</p> <p>Restoration Specialists offer robust case knowledge in both credit and non-credit fraud situations and can help you with closing accounts, re-ordering cards, placing a fraud alert with each of the three credit bureaus, and removing fraudulent activity from your credit report.</p> <p>If you incur expenses associated with your identity theft recovery, you will be covered with \$1M reimbursement (\$0 deductible). Covered costs include:</p> <ul style="list-style-type: none">• Lost wages or income• Attorney and legal fees• Expenses incurred for refiling of loans, grants and other lines of credit• Costs of childcare and/or elderly care incurred as a result of identity restoration	<div>✓✓</div> <div>✓</div>
Comprehensive identity monitoring		
<div>CyberAlert™ monitors:</div> <div><div><ul style="list-style-type: none">• one Social Security Number• two Phone Numbers• two Email Addresses• five Credit/Debit Cards</div><div><ul style="list-style-type: none">• two Medical ID Numbers• five Bank Accounts• one Drivers License Number• one Passport</div></div>	<p>We scour Internet properties, including the Dark Web, as well as hacker websites, blogs, bulletin boards, peer-to-peer sharing networks and chat rooms to identify the illegal trading and selling of your personal information.</p>	<div>✓✓</div>
<div>Change of Address Monitoring</div>	<p>A thief may try to establish "your" new identity by changing your address. Receive an alert if your mail is redirected in the USPS National Change of Address (NCOA) Registry.</p>	<div>✓</div>
<div>Court/Criminal Records Monitoring</div>	<p>Tracks municipal court systems and notifies you if a crime has been committed under your name and date of birth.</p>	<div>✓</div>
<div>Payday Loan Monitoring</div>	<p>High-interest, easy-to-obtain payday loans can negatively impact your credit score. Alerts you if a non-credit loan been opened using your identity at a payday or quick cash loan provider.</p>	<div>✓</div>
<div>Social Security Number Trace</div>	<p>Provides you with a report of all names and/or aliases as well as current and reported addresses associated with your Social Security number. If there are findings that you don't recognize, this could be a sign of possible identity theft.</p>	<div>✓✓</div>
Credit monitoring services		
<div>Bank Account Takeover & Credit Card Application Monitoring</div>	<p>Notifies you when your Social Security number and personal information have been used to apply for or open a new bank or credit card account; or if changes have been made to your existing bank account - such as an attempt to add a new account holder.</p>	<div>✓</div>
<div>Daily Monitoring of Experian Credit Bureau</div>	<p>Provides credit protection with monitoring from Experian. Provides you with notifications for changes in a credit report such as loan data, inquiries, new accounts, judgments, liens and more.</p>	<div>✓</div>
<div>ScoreTracker</div>	<p>Receive a monthly report that helps you understand how your credit score has trended over time and what is impacting it with credit score insight.</p>	<div>✓</div>
Advanced tools		
<div>Sex Offender Alerts</div>	<p>Keep your family safe with awareness of where registered sex offenders live in your immediate area. You'll also be notified when a new one moves to your area.</p>	<div>✓</div>
<div>Social Media Monitoring</div>	<p>Receive notifications if the content you share on social media could pose a privacy or reputational risk. With Family coverage, you can monitor your child's social media presence.</p>	<div>✓</div>
<div>✓ adults</div> <div>✓ children to age 18</div>		

PLEASE NOTE:

- A valid email address is **required** for enrollment in iLOCK360. All iLOCK360 alerts and notifications are sent via email. Consider utilizing an email address that you check regularly.
- Account activation & setup of monitored elements is required upon the start of your district's new benefit plan year.

Legal Plan



LegalShield | www.legalshield.com | 800.654.7757

Have you ever found yourself in need of legal advice, but aren't sure where to go? A voluntary group legal plan helps fill that need. It provides you with access to professional lawyers at a low monthly rate. For just a few dollars a month, you can consult with a lawyer about having your will prepared, reviewing documents, contesting a traffic ticket, lawsuits, divorce and so much more. Expert legal advice is available at your fingertips.



Have You Ever...

- | | |
|--|--|
| <input type="checkbox"/> Signed a contract? | <input type="checkbox"/> Had concerns regarding child support? |
| <input type="checkbox"/> Received a moving traffic violation? | <input type="checkbox"/> Had trouble with a warranty or defective product? |
| <input type="checkbox"/> Needed your Will prepared or updated? | <input type="checkbox"/> Been overcharged for a repair or paid an unfair bill? |

The LegalShield Membership Includes:

- **Dedicated Law Firm** Direct access, no call center
- **Legal Advice/Consultation** on unlimited personal issues
- **Letters/Calls** made on your behalf
- **Contracts/Documents Reviewed** up to 15 pages
- **Residential Loan Document Assistance** for the purchase of your primary residence
- **Will Preparation** - Will/Living Will/Health Care Power of Attorney
- **Traffic Ticket Consultation** (15 day waiting period)
- **IRS Audit Assistance** (begins with the tax return due April 15th of the year you enroll)
- **Trial Defense** (if named defendant/respondent in a covered civil action suit)
- **Uncontested Divorce, Separation, Adoption and/or Name Change Representation** (available 90 days after enrollment)
- **25% Preferred Member Discount** (bankruptcy, criminal charges, DUI, personal injury, etc.)
- **24/7 Emergency Access** for covered situations



Put your law firm in the palm of your hand with the LegalShield mobile app

Plan	Family Price (Pay Period)
LegalShield	\$18.95 month

Prepared for:

For more
information, contact
your Independent
Associate:

Associate Name	Kacy Lavender
Website	lavenderk.wearelegalshield.com
Email	lavenderk@legalshieldassociate.com
Phone	512.923.5303

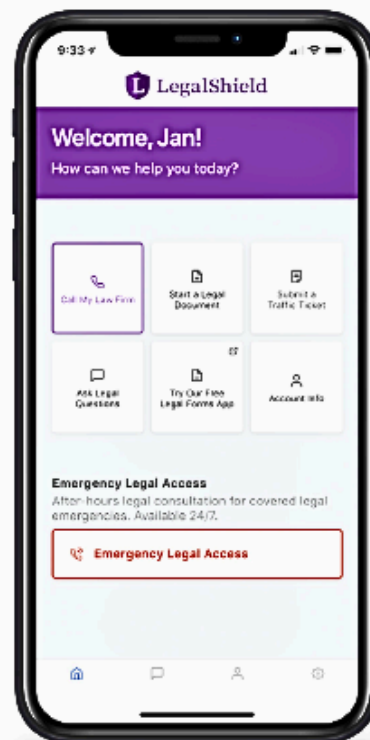
LegalShield legal plans cover the member; member's spouse; never married dependent children under 26 living at home; dependent children under the age 18 for whom the member is the legal guardian; never married dependent children up to age 26 if a full-time college student; or physically or mentally disabled dependent children. LegalShield provides access to identity theft protection and restoration services.

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Create Your Account

Legal protection is just a tap away.
Follow these steps to create your LegalShield account.

1. **CREATE** your account at <https://accounts.legalshield.com/>.
2. **ENTER** in your member number and create a username and password.
3. **DOWNLOAD** the LegalShield mobile app and use your account username and password to login. Access your provider law firm, Will preparation steps and more!



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If you have questions about setting up your account or forgot your member number, please call LegalShield Member Services at 1-800-654-7757 from 7 a.m. - 7 p.m. CT, Monday - Friday.

The LegalShield apps are available for download at no cost. Some services require an active LegalShield Membership to be accessed.

Hospital Indemnity Insurance

The Standard | www.standard.com | 800.368.1135

Hospital stays are costly. If you or a family member find yourself in the hospital due to a sudden accident or illness, you may struggle financially, even if you have a good medical plan. With a hospital indemnity plan, you can rest assured those extra expenses won't be a financial burden.

Unlike medical plans, there are no deductibles to meet with a hospital indemnity plan. As soon as you incur a qualified event, you can file a claim and start receiving benefits.

The plan pays a lump sum benefit in a previously specified amount. The money can be used for medical costs, insurance deductibles, groceries, transportation, childcare – the choice is up to you!



Hospital Indemnity Insurance



IMPORTANT: This is a fixed indemnity policy, NOT health insurance

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

- **Visit [HealthCare.gov](https://www.healthcare.gov) online** or call **1-800-318-2596** (TTY: 1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

Questions about this policy?

- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website ([naic.org](https://www.naic.org)) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.

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Group Hospital Indemnity Insurance

Keep your finances on track when you're in the hospital.

1 You're admitted to the hospital.

Your health insurance covers many costs of your stay and treatment. But you still have a lot of expenses, including deductibles, copays, and other costs you couldn't predict.

2 We send you a check.

The Standard will send a check directly to you - not to your medical providers - upon approval of your claim. You decide how you spend the money.

3 You focus on recovering.

With The Standard helping you handle the costs of your hospital stay, you get to concentrate on what matters most - your health.

Here's what it does:

- **Pays you directly**, so you can choose how to spend the money
- **Goes with you** if you leave your employer
- **Provides coverage** without answering any medical questions
- Gives you the option to **cover your spouse and children**
- **Protects your HSA Account**
- Provides the convenience of having your **premium payments deducted directly from your paycheck**

This coverage from Standard Insurance Company (The Standard) can help protect your finances and provides you peace of mind.

Here’s how it works:

Ruptured Ulcer: Kim is out of town on a business trip when she experiences abdominal pain and a racing heartbeat. Diagnosis: ruptured gastric ulcer. She is rushed to the hospital, admitted and taken into surgery. She ends up being hospitalized for 10 days, three of which are in a critical care unit. Kim’s spouse leaves their two kids with their daycare provider and flies to be at her side. The family now faces additional costs for medical bills, travel, and childcare amounting to \$3,850.

Your Employer is giving you the following options to choose from. Here's what each plan would cover for this example:

Benefits Paid to You	Low	Medium	High
Hospital admission	\$1,500	\$2,000	\$2,500
Hospital confinement (10 days)	\$2,000	\$2,500	\$3,000
Critical care unit admission	\$1,500	\$2,000	\$2,500
Critical care unit confinement (3 days)	\$600	\$750	\$900
Total paid to you	\$5,600	\$7,250	\$8,900

Here’s what it would cost you:

Coverage for...	Semimonthly Premium for Low	Semimonthly Premium for Medium	Semimonthly Premium for High
You	\$10.97	\$14.05	\$16.14
You and your spouse	\$18.82	\$24.05	\$30.59
You and your children	\$15.58	\$19.89	\$24.35
You, your spouse and your children	\$27.66	\$35.37	\$38.78

Here's what it covers:

Benefits Paid to You	Low	Medium	High
Hospital Admission ¹	\$1,500 Maximum 1 per calendar year	\$2,000 Maximum 1 per calendar year	\$2,500 Maximum 1 per calendar year
Daily Hospital Confinement ¹	\$200 per day Maximum 30 days per stay	\$250 per day Maximum 30 days per stay	\$300 per day Maximum 30 days per stay
Critical Care Unit Admission ^{1,2}	\$1,500 Maximum 1 per calendar year	\$2,000 Maximum 1 per calendar year	\$2,500 Maximum 1 per calendar year
Daily Critical Care Unit Confinement ^{1,2}	\$200 per day Maximum 30 days per stay	\$250 per day Maximum 30 days per stay	\$300 per day Maximum 30 days per stay

¹ Defined as a stay for at least 20 consecutive hours in a hospital setting.

² Payable in addition to the Hospital Admission and/or Daily Hospital Confinement benefit you may be eligible to receive.

Additional Benefits

Waiver of Premium – Premium waived if you are confined to a hospital for more than 30 days.

Health Maintenance Screening Benefit — Pays a benefit once per insured per calendar year for receiving a covered wellness screening, which may include a novel infectious disease test (including COVID-19) or a mammogram. The benefit amounts are \$100 for Low, \$100 for Medium and \$100 for High.

Protect your HSA Account — Hospital Indemnity insurance provides financial protection while you are building your HSA assets. Contact your employer to determine if this Hospital Indemnity plan impacts the taxability of your contributions to an HSA. It's protection that's also convenient: Your premium payments can be deducted directly from your paycheck.

Important Details

Here's where you'll find the details about Hospital Indemnity insurance.

Portability

This coverage is portable. That means that you may be able to continue your coverage through direct bill if your employment ends, the group policy terminates or your insurance ends because you no longer meet the eligibility requirements.

Eligibility Requirements

To be eligible for this coverage, you must be 18 years old or older, a regular employee of Berkely County School District actively working in the United States at least 30 hours per week, and a citizen or resident of the United States.

Temporary and seasonal employees, full-time members of the armed forces, leased employees, and independent contractors are not eligible.

You can choose to cover your spouse, 18 years old or older, a person to whom you are legally married, or your domestic partner as recognized by law or by your employer's domestic partnership policy, if applicable. You can also cover your children from birth through age 25. Your child cannot be insured by more than one employee. Your spouse or children must not be full-time member(s) of the armed forces. You cannot be insured as both an individual and a dependent.

A minimum number of eligible employees must apply and qualify for the proposed plan before coverage can become effective. If this requirement is not met, this plan will not become effective.

Your Effective Date

You must satisfy the eligibility requirements listed above, serve an eligibility waiting period, agree to pay premium, and be actively at work (able to perform all normal duties of your job) on the day before the scheduled effective date of insurance.

If you are not actively at work on the day before the scheduled effective date of insurance, your insurance will not become effective until the day after you complete one full day of active work as an eligible employee.

Please contact your human resources representative or plan administrator for more information regarding the requirements that must be satisfied for your insurance to become effective.

Annual Open Enrollment

You may enroll for coverage for you and your dependents if you enroll within 31 days after becoming eligible. However, if you do not enroll during this period, you may do so during your employer's annual open enrollment period.

Family Status Change

In the event of a family status change, you and your spouse or domestic partner may enroll for coverage if you or your spouse or domestic partner enroll within 31 days of the change. Family status change include:

- Your marriage or divorce or dissolution of your domestic partner relationship
- The birth of your child
- The adoption of a child
- The death of your dependent
- The commencement or termination of your spouse's employment
- A change in employment from full-time to part-time by your spouse
- A loss of hospital indemnity insurance through your spouse's employment

Waiver of Premium

Your insurance will continue without payment of premiums if you are confined in a hospital for more than 30 days in a row. We will waive payment of premium for your insurance from the 31st day of your confinement until the last day of the month you are in the hospital.

Exclusions

Benefits are not payable if an injury or sickness is caused or contributed to by any of the following:

- War or any act of war
- Attempted suicide or other intentionally self-inflicted injury, while sane or insane
- Committing or attempting to commit an assault, felony or act of terrorism
- Active participation in a violent disorder or riot

- Alcoholism, drug abuse, misuse of alcohol or any other substance, the voluntary use or consumption of any drug or alcohol in excess of the legal limit in the state in which an injury occurred, or taking of drugs unless used or consumed according to the directions of a healthcare provider
- Travel or flight in or on any aircraft, except as a fare-paying passenger on a commercial aircraft
- Cosmetic surgery or other procedure to improve appearance, unless it is necessary to correct a deformity or restore bodily function resulting from an injury or sickness
- Any injury or sickness which arises out of or in the course of you or your dependent being incarcerated in a jail, penal or correctional institution
- Dental care or dental procedures, unless treatment is the result of an injury
- Routine newborn nursing or well-baby care
- Hospital confinement of a newborn child following the child's birth unless the confinement is as a result of an injury or sickness
- Riding in or driving any automobile in a race, stunt show or speed test

When Insurance Ends

Your insurance ends if you notify your employer or policyholder to terminate your coverage, you stop making premium payments, your employment terminates, you cease meeting the member definition or the group policy terminates.

Child and spouse insurance ends when your insurance ends, they cease to meet the definition of child or spouse, you stop making premium payments for child or spouse insurance, spouse or child insurance is no longer offered under the group policy or the group policy terminates.

Group Insurance Certificate

If coverage becomes effective and you become insured, you may receive a group insurance certificate containing a detailed description of the insurance coverage, including the definitions, exclusions, limitations, reductions and terminating events. The controlling provisions will be in the group policy. The information present in this summary does not modify the group policy, certificate or the insurance coverage in any way.

IMPORTANT NOTICE TO PERSONS ON MEDICARE: THIS IS NOT MEDICARE SUPPLEMENT INSURANCE

Some healthcare services paid for by Medicare may also trigger the payment of benefits from this policy.

This insurance pays a fixed dollar amount, regardless of your expenses, for each day you meet the policy conditions. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

Medicare generally pays for most or all of these expenses.

Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:

- Hospitalization
- Physician services
- Hospice
- Outpatient prescription drugs if you are enrolled in Medicare Part D
- Other approved items and services

This policy must pay benefits without regard to other health benefit coverage to which you may be entitled under Medicare or other insurance.

Before you buy this insurance:

- Check the coverage in all health insurance policies you already have.
- For more information about Medicare and Medicare Supplement insurance, review the Guide to Health Insurance for People with Medicare, available from Standard Insurance Company.
- For help in understanding your health insurance, contact your state insurance department or state health insurance assistance program (SHIP).

About Standard Insurance Company

For more than 100 years, we have been dedicated to our core purpose: to help people achieve financial well-being and peace of mind. Headquartered in Portland, Oregon, The Standard is a nationally recognized provider of group employee benefits. To learn more about products from The Standard, visit us at **www.standard.com**.

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon, in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.

This is a limited benefit policy.

GP0614-HI, GP0614-HI FLL, GP0614 0423, GP0614-HI 0123, GP0614-HI PA

Standard Insurance Company
1100 SW Sixth Avenue
Portland OR 97204

www.standard.com

SI 17617-D-SC-174525 (8/25)

7901261-1347143

Nationwide Pet Insurance

Nationwide | benefits.petinsurance.com/berkeley | 877.738.7874

Pets are like family and it's important to protect their health, too. A pet insurance policy can help you save on vet bills, medical needs, medication and a variety of procedures. Choose the plan that works best for you and your furry friend.

WHY CHOOSE A PET INSURANCE PLAN?

- It could help protect you from significant out-of-pocket expenses if your pet needed emergency care, surgery or other costly treatment.
- Many pet insurance plans offer comprehensive coverage that includes accidents, illnesses, chronic conditions and sometimes even preventative care and wellness visits, depending on the policy.
- With pet insurance, you might be more inclined to seek medical care for your pet sooner, leading to better health outcomes.

Every pet insurance policy isn't the same, so be sure to check your plan brochure for details. This is a discount program for employees. It is for your information only. If you choose to enroll, it will not be taken as a payroll deduction.

If you have questions about the pet insurance plan available to you, please contact your FFGA account representative.



Nationwide[®]

My Pet Protection[®]

PLAN SUMMARY



Nationwide pet insurance helps you cover veterinary expenses so you can provide your pets with the best care possible—without worrying about the cost.

My Pet Protection coverage highlights

My Pet Protection is available in two reimbursement options (50% and 70%) with an optional \$500 wellness benefit so you can find coverage that fits your budget.¹ Base plans have a \$250 annual deductible and \$7,500 annual benefit.

Coverage includes²:

- Accidents
- Illnesses
- Hereditary and congenital conditions
- Cancer
- Behavioral treatments
- Rx therapeutic diets and supplements
- Wellness¹ and more

My Pet Protection includes these additional benefits for cats and dogs:

- Lost pet advertising and reward expense
- Emergency boarding
- Loss due to theft
- Mortality benefit

What makes My Pet Protection different?

My Pet Protection is available through your employer's voluntary benefit plan, which includes preferred pricing and is guaranteed issuance.³ It also includes additional benefits like lost pet advertising, emergency boarding and more.

It's no surprise that My Pet Protection is the most paw-pular coverage plan from America's #1 pet insurer.⁴



Did you know? Nationwide is the first provider with coverage plans for birds and exotic pets.

Nationwide offers more than great coverage

vet[®]helpline[®]

- 24/7 access to veterinary experts
- Available via phone, chat and email
- Unlimited help for everything from general pet questions to identifying urgent care needs

Nationwide PetRxExpress[™]

- Save time and money by filling pet prescriptions at participating in-store retail pharmacies across the U.S.
- Pharmacy submits claims directly to Nationwide
- More than 4,700 pharmacy locations



Get a quote at **PetsNationwide.com** • **877-738-7874**

[1] Starting on 9/1/23 new members can select the My Pet Protection[®] Wellness500 coverage option, with the earliest effective date of 10/1/23 and forward. Existing members can add My Pet Protection[®] Wellness500 during their respective renewal period only. [2] These are examples of general coverage; please review plan document for specific coverages. Some exclusions may apply. Certain coverages may be excluded due to pre-existing conditions. See policy documents for a complete list of exclusions. [3] Guaranteed issuance does not mean guaranteed coverage since certain exclusions could apply. [4] State of the Industry Report 2022, North American Pet Health Insurance Association.

Products underwritten by Veterinary Pet Insurance Company (CA), Columbus, OH; National Casualty Company (all other states), Columbus, OH. Agency of Record: DVM Insurance Agency. All are subsidiaries of Nationwide Mutual Insurance Company. Nationwide, the Nationwide N and Eagle, Nationwide is on your side, vet[®]helpline[®] and Nationwide PetRxExpress[™] are service marks of Nationwide Mutual Insurance Company. ©2023 Nationwide. 23GRP9316D 23GRPPLNSUMRY





Nationwide® pet insurance

FAQ

Do I need to re-enroll for this benefit every year?

No. Once enrolled, the policy will renew automatically each year at your renewal.

How can I make changes to my policy?

You can make changes to your policy during your policy renewal period. All changes are subject to underwriting approval.

When is the policy renewal period?

The renewal period starts 60 days before the policy's current 12-month term expires. The policy's effective date and expiration date can be found on the Declarations Page, which is included with the policy packet that is mailed to you at each new term.

What happens to my pet insurance policy if I am no longer with the company?

You will be notified and asked to update billing information in order to keep the policy active.

Will pre-existing conditions be covered?

Unfortunately, no. Like all pet insurers, we don't cover pre-existing conditions on any of our plans.

Can I still use my veterinarian?

Absolutely. You're free to visit any licensed veterinarian, anywhere in the world—even specialists and emergency providers.

If I have a pet other than a dog or cat, can I enroll?

Yes! If you want coverage for your bird, rabbit, reptile or other exotic pet, you'll find it with Nationwide®. To enroll in the Avian & Exotic Pet Plan, please call 877-738-7874.

What is *vethelpline*® and how does it work?

Veterinary experts are available 24/7 through *vethelpline*®, a service provided exclusively for Nationwide® pet insurance members. You can get live help with any pet health concern, including identifying urgent care needs. Please note, a *vethelpline* consultation is not a substitute for a visit to your primary veterinarian.

How do I file a claim?

It's easy. Simply pay your vet bill and then send us a claim for reimbursement via mail, email or online.

Mail: Nationwide Claims Dept., P. O. Box 2344, Brea, CA 92822-2344

Email: submitmyclaim@petinsurance.com

Online: Submit claims through your Nationwide Pet Account Access page at my.petinsurance.com. Please allow 48 hours from the time you submit your claim for it to appear online.



Get a quote at **PetsNationwide.com** • **877-738-7874**



How to apply for a pet insurance policy

Nationwide® pet insurance provides coverage for veterinary expenses related to accidents and illnesses. Policies are available for dogs, cats, birds, reptiles and other exotic pets.

Choose from two easy ways to sign up:



Call **877-738-7874** and tell the pet insurance professional the name of your organization.

You'll receive preferred pricing on your base medical policy.



Visit **PetsNationwide.com** and enter the name of your organization to enroll online.

The rates given will include your preferred pricing.

During enrollment, you may be asked for the following information:



- Name
- Address
- Home or primary telephone number
- E-mail address
- Name and age of your pet
- Pet's species (canine, feline, etc.)
- Payment information/plan*

*Applications approved between the 1st and the 15th of the month become effective on the 1st of the following month. Applications approved from the 16th through the end of the month become effective on the 1st of not the following month, but the month thereafter.

Example: May 1 approval = June 1 effective date
May 16 approval = July 1 effective date

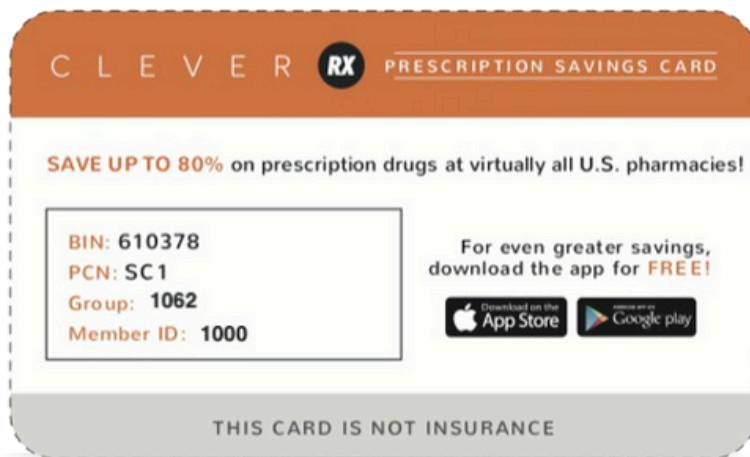


Clever RX

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Use Clever RX every time you pay for a medication for instant savings!



Download the app or visit the site to price a drug: <https://partner.cleverrx.com/ffga>.

Clever RX Highlights

- 100% FREE to use.
- Unlock discounts on thousands of medications.
- Save up to 80% on prescription medication – Often beats your copay!
- Download the Clever RX app by using the information on your card to unlock exclusive savings at over 60,000 pharmacies nationwide.
- Available to use now!

Contact Information

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107 E. Main St. | Moncks Corner, SC 29461

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www.bcsdschools.net

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Tyler.Webster@ffga.com

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Product	Carrier	Website	Phone
Permanent Life Insurance	Texas Life	www.texaslife.com	800.283.9233
Short Term Disability	The Standard	www.standard.com	800.368.1135
Cancer	BayBridge Administrators	www.bbadmin.com	800.845.7519
Critical Illness	Manhattan Life	www.manhattanlife.com	800. 669.9030
Accident	Manhattan Life	www.manhattanlife.com	800. 669.9030
Identity Protection	iLock360	www.ilock360.com	855.287.8888
Legal Protection	LegalShield	www.legalshield.com	800.654.7757
Hospital Indemnity	The Standard	www.standard.com	800.368.1135
Pet Insurance	Nationwide	benefits.petinsurance.com/berkeley	877.738.7874