

BUCKINGHAM COUNTY PUBLIC
SCHOOLS 2024-2025
BENEFITS GUIDE



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[Click Here to Visit the Employee Benefits
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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!

Buckingham County Public Schools 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.



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

ffbenefits.ffga.com/bcps



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.

Enrollment Appointments

To schedule your in-person enrollment appointment, click here: <https://buckinghamoe2024.timetap.com>, then choose your location and an appointment time. You will receive a confirmation at the email address you submit and a reminder 24-hours prior to your appointment time.

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.**

WellNet Healthcare has arrived

Welcome to WellNet! We're so glad you're here.

Buckingham Schools has partnered with WellNet to provide you with a personalized, affordable and quality healthcare plan.

WellNet Healthcare is **hyperfocused on the needs of our members** (wonderful people like you!) to deliver an exceptional member experience - *always*.

Exceptional meaning: simplified, accessible, comfortable and supportive.

You and your family have **access to the best and most efficient tools** - *powered with high-touch guidance to navigate the often complex health insurance process.*

The WellNet Advocacy Team is at-the-ready - a phone call (or email) away to support every unique healthcare journey.

Inside this Welcome Kit is the essential information to kickstart your WellNet Healthcare plan.

Dive in and **learn how to leverage** all of your plan benefits, offerings and individualized services.

What's next?



Enter the Member Portal

Go to **wellnet.com**
or download the
WellNet Healthcare app.



Get your WellNet ID

Your physical ID will
arrive in the mail shortly.

If you wish, you can
access your digital ID
through the member
portal or mobile app.



Ask us anything

We are here to help!
Contact us for any
questions

800-727-1733
advocacy@wellnet.com



Healthcare Bluebook

WellNet provides Healthcare Bluebook as a free benefit - allowing you to shop for medical procedures at in-network facilities, find the best prices and get out-of-pocket cost estimates.

It's easy! With a simple search, **find hundreds to thousands of dollars in savings** and get your cost estimate **before** scheduling care.



What is a Fair Price?

A Fair Price is the reasonable amount you should expect to pay for a procedure or medical service.

Check out the reverse side for an example of dramatic price differences and out-of-pocket cost estimate.

LOGIN TO FIND THE BEST PRICE & QUALITY

- 1 Scan the QR code with your phone or click [here](#) to access **Healthcare Bluebook**. You can also get access by logging into the Member Portal at [wellnet.com](#). Once inside, click on "Pricing a Procedure" in the "Healthcare" tab.
- 2 Search for your medical procedure to access price and quality information as well as a list of in-network facilities in your area. Use the green, yellow, and red color signs to guide you.



COST RATINGS

At or Below Fair Price	Slightly Above Fair Price	Highest Price

QUALITY RATINGS

Highest Quality	Average Quality	Lowest Quality

GET A COST ESTIMATE

- 3 Select a **Fair Price™** (green) facility and you'll see your estimated out-of-pocket cost pertaining to the selected in-network facility as well as details correlated to your deductible.


Below you'll see an example of the huge price and quality differences for the same procedure depending on where you go for care and a sample of an out-of-pocket estimate.


Bluebooks simple guides make it easy to navigate to in-network medical facilities in your area to find affordable healthcare and out-of-pocket costs.


Total Knee Replacement

Fair Price \$34,931


\$21,587  \$55,388+

 At or Below Fair Price

 Slightly Above Fair Price

 Highest Price

 Highest Quality


 Average Quality


 Lowest Quality

GO
HERE

NOT
HERE

 Excellent Outcomes Hospital (~2 miles)

 At Your Own Risk Hospital Inc (~3 miles)

 Only Good at Somethings Memorial Hospital (~1 mile)

Example out-of-pocket cost estimate

The average price for Total Knee Replacement with these providers:
\$23,302

Vanderbilt University Hospital

Your estimated out of pocket for this procedure:
\$3,000

Out of Pocket Balances:

Individual deductible **\$3,000** maximum:

\$1,000 spent **\$2,000** remaining

Individual out-of-pocket **\$4,000** maximum:

\$1,000 spent **\$3,000** remaining

Family deductible **\$6,000** maximum:

\$2,000 spent **\$4,000** remaining

Family out-of-pocket **\$8,000** maximum:

\$2,000 spent **\$6,000** remaining

See more procedures and costs for in-network providers by logging onto Healthcare Bluebook.

**BUCKINGHAM COUNTY PUBLIC SCHOOLS
SCHEDULE OF BENEFITS
PPO 2000 PLAN**

EFFECTIVE: 07/01/2024

	IN-NETWORK PROVIDERS	OUT-OF-NETWORK PROVIDERS
MAXIMUM PLAN YEAR BENEFIT AMOUNT	None (unlimited)	
DEDUCTIBLE, PER PLAN YEAR		
Individual <i>(per covered person)</i>	\$2,000	\$4,000
Family	\$4,000	\$8,000
<p>Amounts applied to the Deductible for charges from Network Providers will NOT be used to satisfy the Deductible for charges from Non-Network Providers and vice versa.</p> <p>For family coverage, the Plan has an embedded individual Deductible Amount. This means the Deductible for a Covered Person in the family unit will be satisfied after the Covered Person meets the deductible. The family unit must satisfy the family Deductible before the Plan considers the Deductible met for all Covered Persons in the family.</p>		
MAXIMUM OUT-OF-POCKET AMOUNT, PER PLAN YEAR		
Individual <i>(per covered person)</i>	\$5,500 <i>(includes copays, deductible and coinsurance)</i>	\$13,750 <i>(includes copays, deductible and coinsurance)</i>
Family	\$11,000 <i>(includes copays, deductible and coinsurance)</i>	\$27,500 <i>(includes copays, deductible and coinsurance)</i>
<p>Amounts applied to the Maximum Out-Of-Pocket Amount for charges from Network Providers will NOT be used to satisfy the Maximum Out-of-Pocket Amount for charges from Non-Network Providers and vice versa.</p> <p>For family coverage, the Plan has an embedded individual Maximum Out-of-Pocket Amount. This means Covered Services will be paid at 100% for a Covered Person in the family unit after the Covered Person meets a Maximum Out-of-Pocket Amount. The family unit must satisfy the family Maximum Out-of-Pocket Amount before the Plan will pay benefits at 100% for all Covered Persons in the family.</p> <p>The Plan will pay the designated percentage of Covered Charges until out-of-pocket amounts are reached, at which time the Plan will pay 100% of the remainder of Covered Charges for the rest of the Plan Year unless stated otherwise.</p>		
<p>The following charges do not apply toward the out-of-pocket maximum and are never paid at 100%.</p> <ul style="list-style-type: none">• Cost containment penalties• Non-Covered Expenses• Amounts that exceed an Allowable Charge• Amounts that exceed benefit maximums <p>NOTE: Prescription drug co-payments ARE included in the out-of-pocket maximum amount.</p>		

COVERED SERVICES

Percentages listed indicate the portion of the Allowable Charge that the Plan will pay in benefits subject to all exclusions and limitations described in this document. Copayments and deductibles are the Covered Person's responsibility to pay.

	IN-NETWORK PROVIDERS	OUT-OF-NETWORK PROVIDERS
PREVENTIVE CARE		
The Plan will cover the following preventive services from a Network Provider with no charge for the Covered Person:		
<ul style="list-style-type: none"> ➤ Evidence based items or services that have in effect a rating of A or B in the current recommendations of the United States Preventive Services Task Force <i>except</i> for the recommendations issued in or around November of 2009 for breast cancer screening, mammography, and prevention are not considered to be current. ➤ Immunizations for routine use in children, adolescents, and adults that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention. ➤ With respect to infants, children, and adolescents, evidence-informed preventive care and screenings provided for in comprehensive guidelines supported by the Health Resources and Services Administration; and ➤ With respect to women, evidence-informed preventive care and screenings provided for in comprehensive guidelines supported by the Health Resources and Services Administration. 		
<i>Benefits are subject to frequency guidelines set forth in the Affordable Care Act.</i>		
Routine Well Adult Care		
Office Visit including physical examination	100%, deductible waived	100%, deductible waived
Immunizations/flu shots	100%, deductible waived	100%, deductible waived
Lab tests and X-rays	100%, deductible waived	100%, deductible waived
Gynecological exam	100%, deductible waived	100%, deductible waived
Pap smear	100%, deductible waived	100%, deductible waived
Mammogram	100%, deductible waived	100%, deductible waived
Prostate exam/PSA	100%, deductible waived	100%, deductible waived
Bone Density	100%, deductible waived	100%, deductible waived
Endoscopic Tests (Sigmoidoscopy/Colonoscopy)	100%, deductible waived	100%, deductible waived
Hearing Screening	Not Covered	Not Covered
Annual Vision Exam	Not Covered	Not Covered
Vision Hardware (frames, lenses, and contacts)	Not Covered	Not Covered
Routine Well Child Care (for individuals from age 0 up to age 18)		
Office Visit including physical exam	100%, deductible waived	100%, deductible waived
Lab tests and X-rays	100%, deductible waived	100%, deductible waived
Immunizations/Flu shots	100%, deductible waived	100%, deductible waived
Hearing Screening	Not Covered except as required under the Affordable Care Act	Not Covered
Vision Services (exams, frames, lenses, etc.)	Not Covered except as required under the Affordable Care Act	

	IN-NETWORK PROVIDERS	OUT-OF-NETWORK PROVIDERS
HOSPITAL SERVICES		
Room and Board* <i>Benefits payable at the facility's semi-private room rate.</i>	80% after deductible	70% after deductible
Intensive Care Unit* <i>Benefits payable at the facility's ICU rate</i>	80% after deductible	70% after deductible
Skilled Nursing Facility*	80% after deductible	70% after deductible
Elective Surgery* <i>In a hospital setting, including Surgeon Charges</i>	80% after deductible	70% after deductible
Emergency Room <i>All services rendered during visit</i>	80% after in-network deductible	
Preadmission Testing	\$30 copayment, deductible waived	70% after deductible
Clinic Services <i>In a hospital setting</i>	\$30 copayment, deductible waived	70% after deductible
Labs <i>In a hospital setting</i>	80% after deductible	70% after deductible
X-Rays <i>In a hospital setting</i>	80% after deductible	70% after deductible
Diagnostic Test <i>In a hospital setting</i>	80% after deductible	70% after deductible
PHYSICIAN SERVICES		
Office Visit – Primary Care Physician	\$30 copayment, deductible waived	70% after deductible
Office Visit – Specialist Care Physician	\$50 copayment, deductible waived	70% after deductible
Telephonic or Virtual Consultations <i>Primary Care Physician</i> <i>Specialist Care Physician</i>	\$30 copayment, deductible waived \$50 copayment, deductible waived	70% after deductible 70% after deductible
Telemedicine via Teladoc <i>General Medicine</i>	\$0 fee	Not Applicable

*Requires Precertification

	IN-NETWORK PROVIDERS	OUT-OF-NETWORK PROVIDERS
OTHER SERVICES		
Ambulance Services	80% after in-network deductible	
Organ Transplants*	80% after deductible	70% after deductible
Elective Surgery* <i>All services rendered during an Ambulatory Surgery Center visit</i>	80% after deductible	70% after deductible
Labs <i>In an office setting, free-standing facility, or independent lab</i>	100%, deductible waived	70% after deductible
X-Rays <i>In an office setting or free-standing facility</i>	100%, deductible waived	70% after deductible
Diagnostic Test <i>In an office setting, free-standing facility, or independent lab</i>	100%, deductible waived	70% after deductible
Advanced Imaging*	\$250 copayment, deductible waived	70% after deductible
Maternity Services	80% after deductible <i>Deductible and coinsurance are waived for services included in the recommendations and guidelines listed above in this Schedule under preventive care (e.g., preventive prenatal and breastfeeding support services).</i>	70% after deductible
Termination of Pregnancy <i>When Medically Necessary</i>	80% after deductible	Not covered
Family Planning	100%, deductible waived	Not covered
Home Health Care* <i>Plan Year maximum: 60 visits</i>	80% after deductible	70% after deductible
Infusion Therapy <i>Home or Office setting</i>	80% after deductible	70% after deductible
Hospice Care <i>Includes bereavement services: 6 visits</i>	80% after deductible	70% after deductible
Spinal Manipulation/Chiropractic <i>Plan Year maximum: 30 visits</i>	\$50 copayment, deductible waived	70% after deductible
Massage Therapy	\$50 copayment, deductible waived	70% after deductible
Physical Therapy <i>Plan Year maximum: 30 visits combined with Speech and Occupational Therapy</i>	80% after deductible	70% after deductible
Speech Therapy <i>Plan Year maximum: 30 visits combined with Physical and Occupational Therapy</i>	80% after deductible	70% after deductible
Occupational Therapy <i>Plan Year maximum: 30 visits combined with Physical and Speech Therapy</i>	80% after deductible	70% after deductible
Cardiac Therapy <i>Plan Year maximum: 30 visits</i>	80% after deductible	70% after deductible

*Requires Precertification

	IN-NETWORK PROVIDERS	OUT-OF-NETWORK PROVIDERS
OTHER SERVICES		
Urgent Care	\$50 copayment, deductible waived	70% after deductible
Chemotherapy*	80% after deductible	70% after deductible
Radiation Therapy*	80% after deductible	70% after deductible
Diabetes Self-Management Training and Education	\$30 copayment, deductible waived	70% after deductible
Second Surgical Option	\$50 copayment, deductible waived	70% after deductible
Medical and Enteral Formula*	100%, deductible waived	Not covered
Dialysis <i>Limit: First 40 visits for outpatient renal dialysis</i>	80% after deductible	70% after deductible
Allergy Services <i>Includes serum and injections</i>	80% after deductible	70% after deductible
Allergy Testing	\$50 copayment, deductible waived	70% after deductible
Durable Medical Equipment*	80% after deductible	70% after deductible
Hearing Aids	80% after deductible	70% after deductible
Wigs <i>Plan Year maximum: 1 wig</i>	80% after deductible	70% after deductible

*Requires Precertification

	IN-NETWORK PROVIDERS	OUT-OF-NETWORK PROVIDERS
MENTAL HEALTH DISORDERS		
Inpatient/Partial Hospitalization*	80% after deductible	70% after deductible
Outpatient Facility	80% after deductible	70% after deductible
Office Visit	\$30 copayment, deductible waived	70% after deductible
SUBSTANCE USE DISORDER		
Inpatient/Partial Hospitalization*	80% after deductible	70% after deductible
Outpatient Facility	80% after deductible	70% after deductible
Office Visit	\$30 copayment, deductible waived	70% after deductible

*Requires Precertification

	IN-NETWORK PROVIDERS	OUT-OF-NETWORK PROVIDERS
ALL OTHER COVERED SERVICES	80% after deductible	70% after deductible

**PRESCRIPTION DRUG BENEFITS
PPO 2000 PLAN**

NOTE: If a Covered Person requests a Brand Name Drug instead of a Generic Drug recommended by the pharmacy, the Covered Person will pay the Brand Name Drug copayment as well as the prescription cost between the Brand Name and the Generic Drug. A Covered Person will not be required to pay the difference in price between a Brand Name and Generic Drug when the Physician writes "DAW," or "Dispense as Written" on the prescription.

PRESCRIPTION DRUGS		
	RETAIL PHARMACY <i>30-day supply</i>	RETAIL/MAIL ORDER PHARMACY <i>90-day supply</i>
Generic (Tier 1)	\$15 copayment, deductible waived	\$38 copayment, deductible waived
Preferred Brand Name (Tier 2)	\$50 copayment, deductible waived	\$125 copayment, deductible waived
Non-Preferred Brand Name (Tier 3)	\$85 copayment, deductible waived	\$213 copayment, deductible waived
Preventive Drugs (Prescription Drugs classified as a Preventive Drug by HHS)	\$0 copayment, deductible waived	\$0 copayment, deductible waived
SPECIALTY DRUGS		
	SPECIALTY PHARMACY <i>30-day supply</i>	
Specialty Generic	20% up to \$300 copayment, deductible waived	
Specialty Preferred Brand Name	20% up to \$300 copayment, deductible waived	
Specialty Non-Preferred Brand Name	20% up to \$300 copayment, deductible waived	

** Please note, all Specialty medication must be obtained via the CVS Caremark Specialty Pharmacy.*

FY25 JHP/WellNet-CIGNA NETWORK RATES

Effective July 1, 2024

HEALTH	Employee Portion	Employer Portion	Total
PPO 30/2000/20% \$2000 Deductible			
Employee	\$ 185.73	\$ 780.37	\$ 966.10
Employee + Children	\$ 315.70	\$ 1,279.63	\$ 1,595.33
Employee + Spouse	\$ 388.73	\$ 1,616.55	\$ 2,005.28
Family	\$ 589.74	\$ 2,337.08	\$ 2,926.82
PPO 30/4000/20% \$4,000 Deductible			
Employee	\$ 104.04	\$ 800.76	\$ 904.80
Employee + Children	\$ 176.17	\$ 1,308.96	\$ 1,485.13
Employee + Spouse	\$ 218.38	\$ 1,650.76	\$ 1,869.14
Family	\$ 329.72	\$ 2,389.63	\$ 2,719.35

**BUCKINGHAM COUNTY PUBLIC SCHOOLS
SCHEDULE OF BENEFITS
PPO 4000 PLAN**

EFFECTIVE: 07/01/2024

	IN-NETWORK PROVIDERS	OUT-OF-NETWORK PROVIDERS
MAXIMUM PLAN YEAR BENEFIT AMOUNT	None (unlimited)	
DEDUCTIBLE, PER PLAN YEAR		
Individual <i>(per covered person)</i>	\$4,000	\$8,000
Family	\$8,000	\$16,000
<p>Amounts applied to the Deductible for charges from Network Providers will NOT be used to satisfy the Deductible for charges from Non-Network Providers and vice versa.</p> <p>For family coverage, the Plan has an embedded individual Deductible Amount. This means the Deductible for a Covered Person in the family unit will be satisfied after the Covered Person meets the deductible. The family unit must satisfy the family Deductible before the Plan considers the Deductible met for all Covered Persons in the family.</p>		
MAXIMUM OUT-OF-POCKET AMOUNT, PER PLAN YEAR		
Individual <i>(per covered person)</i>	\$7,350 <i>(includes copays, deductible and coinsurance)</i>	\$18,375 <i>(includes copays, deductible and coinsurance)</i>
Family	\$14,700 <i>(includes copays, deductible and coinsurance)</i>	\$36,750 <i>(includes copays, deductible and coinsurance)</i>
<p>Amounts applied to the Maximum Out-Of-Pocket Amount for charges from Network Providers will NOT be used to satisfy the Maximum Out-of-Pocket Amount for charges from Non-Network Providers and vice versa.</p> <p>For family coverage, the Plan has an embedded individual Maximum Out-of-Pocket Amount. This means Covered Services will be paid at 100% for a Covered Person in the family unit after the Covered Person meets a Maximum Out-of-Pocket Amount. The family unit must satisfy the family Maximum Out-of-Pocket Amount before the Plan will pay benefits at 100% for all Covered Persons in the family.</p> <p>The Plan will pay the designated percentage of Covered Charges until out-of-pocket amounts are reached, at which time the Plan will pay 100% of the remainder of Covered Charges for the rest of the Plan Year unless stated otherwise.</p>		
<p>The following charges do not apply toward the out-of-pocket maximum and are never paid at 100%.</p> <ul style="list-style-type: none">• Cost containment penalties• Non-Covered Expenses• Amounts that exceed an Allowable Charge• Amounts that exceed benefit maximums <p>NOTE: Prescription drug co-payments ARE included in the out-of-pocket maximum amount.</p>		

COVERED SERVICES

Percentages listed indicate the portion of the Allowable Charge that the Plan will pay in benefits subject to all exclusions and limitations described in this document. Copayments and deductibles are the Covered Person's responsibility to pay.

	IN-NETWORK PROVIDERS	OUT-OF-NETWORK PROVIDERS
PREVENTIVE CARE		
The Plan will cover the following preventive services from a Network Provider with no charge for the Covered Person:		
<ul style="list-style-type: none"> ➤ Evidence based items or services that have in effect a rating of A or B in the current recommendations of the United States Preventive Services Task Force <i>except</i> for the recommendations issued in or around November of 2009 for breast cancer screening, mammography, and prevention are not considered to be current. ➤ Immunizations for routine use in children, adolescents, and adults that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention. ➤ With respect to infants, children, and adolescents, evidence-informed preventive care and screenings provided for in comprehensive guidelines supported by the Health Resources and Services Administration; and ➤ With respect to women, evidence-informed preventive care and screenings provided for in comprehensive guidelines supported by the Health Resources and Services Administration. 		
<i>Benefits are subject to frequency guidelines set forth in the Affordable Care Act.</i>		
Routine Well Adult Care		
Office Visit including physical examination	100%, deductible waived	100%, deductible waived
Immunizations/flu shots	100%, deductible waived	100%, deductible waived
Lab tests and X-rays	100%, deductible waived	100%, deductible waived
Gynecological exam	100%, deductible waived	100%, deductible waived
Pap smear	100%, deductible waived	100%, deductible waived
Mammogram	100%, deductible waived	100%, deductible waived
Prostate exam/PSA	100%, deductible waived	100%, deductible waived
Bone Density	100%, deductible waived	100%, deductible waived
Endoscopic Tests (Sigmoidoscopy/Colonoscopy)	100%, deductible waived	100%, deductible waived
Hearing Screening	Not Covered	Not Covered
Annual Vision Exam	Not Covered	Not Covered
Vision Hardware (frames, lenses, and contacts)	Not Covered	Not Covered
Routine Well Child Care (for individuals from age 0 up to age 18)		
Office Visit including physical exam	100%, deductible waived	100%, deductible waived
Lab tests and X-rays	100%, deductible waived	100%, deductible waived
Immunizations/Flu shots	100%, deductible waived	100%, deductible waived
Hearing Screening	Not Covered except as required under the Affordable Care Act	Not Covered
Vision Services (exams, frames, lenses, etc.)	Not Covered except as required under the Affordable Care Act	

	IN-NETWORK PROVIDERS	OUT-OF-NETWORK PROVIDERS
HOSPITAL SERVICES		
Room and Board* <i>Benefits payable at the facility's semi-private room rate.</i>	80% after deductible	70% after deductible
Intensive Care Unit* <i>Benefits payable at the facility's ICU rate</i>	80% after deductible	70% after deductible
Skilled Nursing Facility*	80% after deductible	70% after deductible
Elective Surgery* <i>In a hospital setting, including Surgeon Charges</i>	80% after deductible	70% after deductible
Emergency Room <i>All services rendered during visit</i>	80% after in-network deductible	
Preadmission Testing	\$30 copayment, deductible waived	70% after deductible
Clinic Services <i>In a hospital setting</i>	\$30 copayment, deductible waived	70% after deductible
Labs <i>In a hospital setting</i>	80% after deductible	70% after deductible
X-Rays <i>In a hospital setting</i>	80% after deductible	70% after deductible
Diagnostic Test <i>In a hospital setting</i>	80% after deductible	70% after deductible
PHYSICIAN SERVICES		
Office Visit – Primary Care Physician	\$30 copayment, deductible waived	70% after deductible
Office Visit – Specialist Care Physician	\$50 copayment, deductible waived	70% after deductible
Telephonic or Virtual Consultations <i>Primary Care Physician</i> <i>Specialist Care Physician</i>	\$30 copayment, deductible waived \$50 copayment, deductible waived	70% after deductible 70% after deductible
Telemedicine via Teladoc <i>General Medicine</i>	\$0 fee	Not Applicable

*Requires Precertification

	IN-NETWORK PROVIDERS	OUT-OF-NETWORK PROVIDERS
OTHER SERVICES		
Ambulance Services	80% after in-network deductible	
Organ Transplants*	80% after deductible	70% after deductible
Elective Surgery* <i>All services rendered during an Ambulatory Surgery Center visit</i>	80% after deductible	70% after deductible
Labs <i>In an office setting, free-standing facility, or independent lab</i>	100%, deductible waived	70% after deductible
X-Rays <i>In an office setting or free-standing facility</i>	100%, deductible waived	70% after deductible
Diagnostic Test <i>In an office setting, free-standing facility, or independent lab</i>	100%, deductible waived	70% after deductible
Advanced Imaging*	\$250 copayment, deductible waived	70% after deductible
Maternity Services	80% after deductible <i>Deductible and coinsurance are waived for services included in the recommendations and guidelines listed above in this Schedule under preventive care (e.g., preventive prenatal and breastfeeding support services).</i>	70% after deductible
Termination of Pregnancy <i>When Medically Necessary</i>	80% after deductible	Not covered
Family Planning	100%, deductible waived	Not covered
Home Health Care* <i>Plan Year maximum: 60 visits</i>	80% after deductible	70% after deductible
Infusion Therapy <i>Home or Office setting</i>	80% after deductible	70% after deductible
Hospice Care <i>Includes bereavement services: 6 visits</i>	80% after deductible	70% after deductible
Spinal Manipulation/Chiropractic <i>Plan Year maximum: 30 visits</i>	\$50 copayment, deductible waived	70% after deductible
Massage Therapy	\$50 copayment, deductible waived	70% after deductible
Physical Therapy <i>Plan Year maximum: 30 visits combined with Speech and Occupational Therapy</i>	80% after deductible	70% after deductible
Speech Therapy <i>Plan Year maximum: 30 visits combined with Physical and Occupational Therapy</i>	80% after deductible	70% after deductible
Occupational Therapy <i>Plan Year maximum: 30 visits combined with Physical and Speech Therapy</i>	80% after deductible	70% after deductible
Cardiac Therapy <i>Plan Year maximum: 30 visits</i>	80% after deductible	70% after deductible

*Requires Precertification

	IN-NETWORK PROVIDERS	OUT-OF-NETWORK PROVIDERS
OTHER SERVICES		
Urgent Care	\$50 copayment, deductible waived	70% after deductible
Chemotherapy*	80% after deductible	70% after deductible
Radiation Therapy*	80% after deductible	70% after deductible
Diabetes Self-Management Training and Education	\$30 copayment, deductible waived	70% after deductible
Second Surgical Option	\$50 copayment, deductible waived	70% after deductible
Medical and Enteral Formula*	100%, deductible waived	Not covered
Dialysis <i>Limit: First 40 visits for outpatient renal dialysis</i>	80% after deductible	70% after deductible
Allergy Services <i>Includes serum and injections</i>	80% after deductible	70% after deductible
Allergy Testing	\$50 copayment, deductible waived	70% after deductible
Durable Medical Equipment*	80% after deductible	70% after deductible
Hearing Aids	80% after deductible	70% after deductible
Wigs <i>Plan Year maximum: 1 wig</i>	80% after deductible	70% after deductible

*Requires Precertification

	IN-NETWORK PROVIDERS	OUT-OF-NETWORK PROVIDERS
MENTAL HEALTH DISORDERS		
Inpatient/Partial Hospitalization*	80% after deductible	70% after deductible
Outpatient Facility	80% after deductible	70% after deductible
Office Visit	\$30 copayment, deductible waived	70% after deductible
SUBSTANCE USE DISORDER		
Inpatient/Partial Hospitalization*	80% after deductible	70% after deductible
Outpatient Facility	80% after deductible	70% after deductible
Office Visit	\$30 copayment, deductible waived	70% after deductible

*Requires Precertification

	IN-NETWORK PROVIDERS	OUT-OF-NETWORK PROVIDERS
ALL OTHER COVERED SERVICES	80% after deductible	70% after deductible

**PRESCRIPTION DRUG BENEFITS
PPO 4000 PLAN**

NOTE: If a Covered Person requests a Brand Name Drug instead of a Generic Drug recommended by the pharmacy, the Covered Person will pay the Brand Name Drug copayment as well as the prescription cost between the Brand Name and the Generic Drug. A Covered Person will not be required to pay the difference in price between a Brand Name and Generic Drug when the Physician writes "DAW," or "Dispense as Written" on the prescription.

PRESCRIPTION DRUGS		
	RETAIL PHARMACY <i>30-day supply</i>	RETAIL/MAIL ORDER PHARMACY <i>90-day supply</i>
Generic (Tier 1)	\$15 copayment, deductible waived	\$38 copayment, deductible waived
Preferred Brand Name (Tier 2)	\$50 copayment, deductible waived	\$125 copayment, deductible waived
Non-Preferred Brand Name (Tier 3)	\$85 copayment, deductible waived	\$213 copayment, deductible waived
Preventive Drugs (Prescription Drugs classified as a Preventive Drug by HHS)	\$0 copayment, deductible waived	\$0 copayment, deductible waived
SPECIALTY DRUGS		
	SPECIALTY PHARMACY <i>30-day supply</i>	
Specialty Generic	20% up to \$300 copayment, deductible waived	
Specialty Preferred Brand Name	20% up to \$300 copayment, deductible waived	
Specialty Non-Preferred Brand Name	20% up to \$300 copayment, deductible waived	

** Please note, all Specialty medication must be obtained via the CVS Caremark Specialty Pharmacy.*

FY25 JHP/WellNet-CIGNA NETWORK RATES

Effective July 1, 2024

HEALTH	<u>Employee Portion</u>	<u>Employer Portion</u>	<u>Total</u>
PPO 30/2000/20% \$2000 Deductible			
Employee	\$ 185.73	\$ 780.37	\$ 966.10
Employee + Children	\$ 315.70	\$ 1,279.63	\$ 1,595.33
Employee + Spouse	\$ 388.73	\$ 1,616.55	\$ 2,005.28
Family	\$ 589.74	\$ 2,337.08	\$ 2,926.82
PPO 30/4000/20% \$4,000 Deductible			
Employee	\$ 104.04	\$ 800.76	\$ 904.80
Employee + Children	\$ 176.17	\$ 1,308.96	\$ 1,485.13
Employee + Spouse	\$ 218.38	\$ 1,650.76	\$ 1,869.14
Family	\$ 329.72	\$ 2,389.63	\$ 2,719.35



Delta Dental

Delta Dental is America's largest, most experienced dental benefits company. Since 1954, we have worked to improve oral health by making dental coverage affordable while emphasizing preventive care. Delta Dental covers more than 89 million people in more than 166,000 groups, and we consistently retain more than 93% of our groups. We partner with our clients to provide cost-effective, hassle-free dental benefit programs that are customized to meet their specific needs. Delta Dental is the leading dental carrier in Virginia, partnering with nearly 70% of all Fortune 1000 companies in the Commonwealth.

Experience That Makes a Difference

- **Best effective discount** — Delta Dental has the largest subscriber base of any dental carrier and the largest dental networks. This combination helps secure the most competitive savings or best effective discount. Our dual-network approach maximizes access and network savings.
- **No leased networks** — The quality control of our dentist network is important to us. That's why we never lease our networks to other carriers, and we don't attempt to make our networks look larger by leasing other networks. This allows us to pass on true savings since we're not paying network access fees.
- **Award-winning service** — Our customer service center has earned the "Center of Excellence" certification for world-class customer service from BenchmarkPortal for 14 years.

Wellness Programs and Reporting That Make a Difference

- **Behavioral Oral Health Report** — Our Dental Action Report is a unique dashboard and in-depth report that takes utilization to a higher level. We identify at-risk populations, monitor changes over time, and work together to affect behavior changes positively. Our database contains more than 50 million members, providing a robust peer comparison at the state and national levels.
- **Healthy Smile, Healthy You®** — Additional benefits are available for enrolled members with one of the following conditions: heart disease, cancer, diabetes, weakened immune systems, kidney failure, or pregnancy.
- **Right Start 4 Kids®** — This program may be added to help remove cost barriers to dental care for children up to age 13. It provides 100% coverage for diagnostic, preventive, basic, and major services with no deductible when members visit an in-network dentist.*
- **Delta Dental — Virtual Visits** — Members have access to a dentist 24/7/365 if they have a dental emergency, need access to a dentist after hours, or need to consult a dentist while traveling.
- **Amplifon** — Delta Dental has partnered with Amplifon to offer up to 66% off retail savings on hearing care.

Compassion That Makes a Difference

As a not-for-profit entity, Delta Dental is making an enormous impact on the lives of the uninsured and underinsured in Virginia. Since 2012, the Delta Dental of Virginia Foundation has donated more than **\$10 million** to provide dental care to those who can't afford it. The foundation focuses on initiatives that support the dental safety net, boost prevention and accelerate learning.

*Delta Dental Plans Association, 2021

Low Plan - Delta Dental PPO Plus Premier™	Delta Dental PPO™	Delta Dental Premier®	Out-of-network
Diagnostic and Preventive <ul style="list-style-type: none"> • Oral exam and teeth cleaning — twice each calendar year • Periodontal maintenance — four times per calendar year less the number of regular cleanings • Fluoride application — twice each calendar year for enrollees under age 19 • Bitewing X-rays — once each calendar year; limited to four films in one visit • Full-mouth and panelpse — once every five years • Space maintainer for enrollees under age 14 — one quadrant per arch per lifetime • Sealant for enrollees under age 16 — one application per tooth every five years; limited to noncarious, nonrestored first and second permanent molars • Consultation and/or evaluation for deep sedation or general anesthesia — twice each calendar year and subject to benefit for regular exams • <i>Healthy Smile, Healthy You®</i> benefits • Prevention First benefit 	100% PPO Allowance	100% Premier Allowance	100% Non-Par Allowance
Basic <ul style="list-style-type: none"> • Routine restorative — amalgam, composite (anterior and posterior), stainless steel crowns • Oral surgery • Periodontics • Endodontics • Denture repair and recementation 	80% PPO Allowance	80% Premier Allowance	80% Non-Par Allowance
Deductible — Applies to Basic and Major services only Per patient per calendar year/three times maximum per family	\$25/\$75	\$25/\$75	\$25/\$75
Maximum benefit — per member <ul style="list-style-type: none"> • Calendar year maximum • Deductibles and maximums listed are a combined total of PPO, Premier and OON 	\$1,500	\$1,500	\$1,500
About the Delta Dental networks Delta Dental PPO™ dentists agree to accept contractual reimbursement as payment in full and will not balance bill. Delta Dental Premier® dentists agree to accept contractual reimbursement as payment in full and will not balance bill. Out-of-network dentists are not contracted with Delta Dental and therefore may balance bill the difference between Delta Dental's nonparticipating dentist payment and billed charges.			

High Plan - Delta Dental PPO Plus Premier™	Delta Dental PPO™	Delta Dental Premier®	Out-of-network
Diagnostic and Preventive <ul style="list-style-type: none"> • Oral exam and teeth cleaning — twice each calendar year • Periodontal maintenance — four times per calendar year less the number of regular cleanings • Fluoride application — twice each calendar year for enrollees under age 19 • Bitewing X-rays — once each calendar year; limited to four films in one visit • Full-mouth and panelpipse — once every five years • Space maintainer for enrollees under age 14 — one quadrant per arch per lifetime • Sealant for enrollees under age 16 — one application per tooth every five years; limited to noncarious, nonrestored first and second permanent molars • Consultation and/or evaluation for deep sedation or general anesthesia — twice each calendar year and subject to benefit for regular exams • <i>Healthy Smile, Healthy You®</i> benefits • Prevention First benefit 	100% PPO Allowance	100% Premier Allowance	100% Non-Par Allowance
Basic <ul style="list-style-type: none"> • Routine restorative — amalgam, composite (anterior and posterior), stainless steel crowns • Oral surgery • Periodontics • Endodontics • Denture repair and recementation 	80% PPO Allowance	80% Premier Allowance	80% Non-Par Allowance
Major <ul style="list-style-type: none"> • Crown coverage — once per tooth every seven years • Prosthetic coverage — once every seven years 	50% PPO Allowance	50% Premier Allowance	50% Non-Par Allowance
Orthodontics — Dependent children to age 26	50% PPO Allowance	50% Premier Allowance	50% Non-Par Allowance
Deductible — Applies to Basic and Major services only Per patient per calendar year/three times maximum per family	\$25/\$75	\$25/\$75	\$25/\$75
Maximum benefit — per member <ul style="list-style-type: none"> • Calendar year maximum — all services except orthodontics • Lifetime orthodontics maximum • Deductibles and maximums listed are a combined total of PPO, Premier and OON 	\$2,500 \$1,500	\$2,500 \$1,500	\$2,500 \$1,500

About the Delta Dental networks

Delta Dental PPO™ dentists agree to accept contractual reimbursement as payment in full and will not balance bill.

Delta Dental Premier® dentists agree to accept contractual reimbursement as payment in full and will not balance bill.

Out-of-network dentists are not contracted with Delta Dental and therefore may balance bill the difference between Delta Dental's nonparticipating dentist payment and billed charges.

DENTAL - DELTA DENTAL			
High Plan-\$2500 maximum			
Employee	\$ 27.20	\$ 13.15	\$ 40.35
Employee + Children	\$ 62.07	\$ 26.84	\$ 88.91
Employee + Spouse	\$ 53.24	\$ 21.08	\$ 74.32
Family	\$ 98.57	\$ 23.11	\$ 121.68
Low Plan-\$1500 maximum			
Employee	\$ 9.17	\$ 14.81	\$ 23.98
Employee + Children	\$ 26.84	\$ 25.95	\$ 52.79
Employee + Spouse	\$ 19.99	\$ 24.14	\$ 44.13
Family	\$ 44.15	\$ 28.12	\$ 72.27

Vision Insurance

Superior Vision | www.superiorvision.com | 800.507.3800

Proper vision care is essential to your overall well-being. Regular eye exams at any age will help prevent eye disease and keep your vision strong for years to come.

Your employer provides you with a vision plan to take care of you and your family's needs. You must enroll in the vision plan each plan year and premiums are typically paid through payroll deduction. Here are just a few of the areas where you will save money with your plan:

- Eye Exams
- Eyeglasses
- Contact lenses
- Eye surgeries
- Vision correction



SCHEDULE OF BENEFITS

This schedule shows the benefits that are available under the Group Policy. You and Your Dependents are only covered for insurance:

- for which You become and remain eligible;
- which You elect, if subject to election; and
- which are in effect.

In addition, You are eligible for Dependent Insurance only while You have Dependents who qualify.

BENEFIT

BENEFIT AMOUNTS AND HIGHLIGHTS

Provider Network:

Superior Vision Network

Vision Insurance For You and Your Dependents

	Exam	Lenses	Frame	Contacts
Service Interval	12 months	12 months	12 months	12 months

	In-Network	Out-of-Network
Exam Co-Payment <i>Co-Payment shall not apply to Retinal Imaging</i>	\$20	\$0
Materials Co-Payment <i>Co-Payment shall not apply to Contact Lenses</i>	\$20	\$0

	In-Network Coverage (Using an In-Network Vision Provider)	Out-of-Network Coverage (Using an Out-of-Network Vision Provider)	
EYE EXAMINATION (one per frequency)	Covered in full after any applicable Co- Payment Comprehensive examination of visual functions and prescription of corrective eyewear.	\$45 allowance after any applicable Co- Payment Comprehensive examination of visual functions and prescription of corrective eyewear.	
RETINAL IMAGING	Covered in full with a Co-Payment not to exceed \$39 Coverage for retinal imaging is an enhancement to eye examination. Retinal imaging is not available at all provider locations – contact your In- Network Vision Provider to see if this technology (or equipment or service) is available.	Applied to the allowance for the eye examination	
STANDARD CORRECTIVE LENSES	Covered in full after any applicable Co- Payment Lenses (Single, Lined Bifocal, Lined Trifocal or Lenticular)	Single Vision	\$30 allowance
		Lined Bifocal	\$50 allowance
		Lined Trifocal	\$65 allowance
		Lenticular	\$100 allowance

SCHEDULE OF BENEFITS (continued)

	In-Network Coverage (Using an In-Network Vision Provider)		Out-of-Network Coverage (Using an Out-of-Network Vision Provider)
STANDARD LENS OPTIONS	Standard Polycarbonate (child up to age 18)	Covered in full	Applied to the allowance for the applicable corrective lens
These lens options are available with a "not to exceed" pricing/maximum member out of pocket amount. ¹	Progressive – Standard	\$55	\$50 allowance
	Progressive – Premium	\$110	
	Progressive – Ultra	\$150	
	Progressive – Ultimate	\$225	
	Ultra Violet Coating	\$12	Applied to the allowance for the applicable corrective lens
	Standard Polycarbonate (adult)	\$40	
	Scratch Resistant Coating	Tier 1 - \$15 Tier 2 - \$30	
	Anti-Reflective Coating	Tier 1 - \$50 Tier 2 - \$70 Tier 3 - \$85 Tier 4 - \$120	
	Tints/Dyes – Solid	\$15	
	Tints/Dyes – Gradient	\$18	
	Photochromic	\$80	
	Blue Light Filtering	\$15	
	Digital Single Vision	\$30	
	Polarized	\$75	
	High Index (1.67/1.74)	\$80/\$120	
FRAMES	Covered up to a \$150 allowance after any applicable Co-Payment		\$70 allowance after any applicable Co-Payment
CONTACT LENSES			
FITTING AND EVALUATION	Standard Fit: Covered in full after \$25 Co-Payment Specialty Fit: \$50 allowance after \$25 Co-Payment		Applied to the allowance for contact lenses
ELECTIVE	\$150 allowance Contact lenses are provided in place of lens and frame benefits available herein.		\$105 allowance Contact lenses are provided in place of lens and frame benefits available herein.

SCHEDULE OF BENEFITS (continued)

NECESSARY	<p>Covered in full</p> <p>Necessary contact lenses are a Plan Benefit when specific benefit criteria are satisfied and when prescribed by Covered Person's In-Network Vision Provider.</p> <p>Contact lenses are provided in place of lens and frame benefits available herein.</p>	<p>\$210 allowance</p> <p>Necessary contact lenses are a Plan Benefit when specific benefit criteria are satisfied and when prescribed by Covered Person's In-Network Vision Provider.</p> <p>Contact lenses are provided in place of lens and frame benefits available herein.</p>
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¹ Not all providers participate in vision program discounts, including the member out-of-pocket features. Call your provider prior to scheduling an appointment to confirm if the discount and member out-of-pocket features are offered at that location. Discounts and member out-of-pocket are not insurance and subject to change without notice.

Value-Added Features Available At In-Network Vision Providers (These features are not insurance.)	
ADDITIONAL SAVINGS ON GLASSES AND SUNGLASSES	20% savings on additional pairs of prescription glasses and nonprescription sunglasses, including lens enhancements. ²
ADDITIONAL SAVINGS ON LENS ENHANCEMENTS	Average 20-25% savings on all lens enhancements not otherwise covered under the Superior Vision by MetLife vision benefit program. ²
ADDITIONAL SAVINGS ON FRAMES	20% off any amount over your frames allowance. ²
SAVINGS ON ADDITIONAL EXAMS	30% savings on additional exams. ²
ADDITIONAL SAVINGS ON CONTACTS	<p>10% off any amount over your disposable contact lens allowance or 20% off any amount over your conventional contact lens allowance.²</p> <p>10% - 20% discount on additional contacts.²</p>

² These features may not be available in all states and with all In-Network Vision Providers. Please check with Your In-Network Vision Provider.

<u>Superior Vision by MetLife</u>			
Employee	\$ 6.65	N/A	
Employee + Children	\$ 13.32	N/A	
Employee + Spouse	\$ 13.65	N/A	
Family	\$ 20.30	N/A	

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 is permanent life insurance which features long guarantees¹ and one of the highest death benefits per payroll-deducted dollar offered at the worksite.² PURELIFE-PLUS is an ideal complement to any group term and optional life insurance your employer might provide, and it has the following features:



YOU OWN IT
THE COST IS REASONABLE



**YOU CAN TAKE IT WITH
YOU WHEN YOU CHANGE
JOBS OR RETIRE⁴**



**YOU PAY FOR IT
THROUGH CONVENIENT
PAYROLL DEDUCTIONS**



**YOU CAN COVER YOUR
SPOUSE, CHILDREN AND
GRANDCHILDREN, TOO³**



**YOU CAN GET A LIVING
BENEFIT IF YOU BECOME
TERMINALLY ILL⁵**



**YOU CAN GET CASH TO COVER
LIVING EXPENSES IF YOU
BECOME CHRONICALLY ILL⁶**



3 QUICK QUESTIONS

You can qualify by answering
just 3 questions.⁷

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?

**TEXASLIFE INSURANCE
COMPANY**
Since 1901 | 900 WASHINGTON | POST OFFICE BOX 830 | WACO, TEXAS 76703-0830



**First
Financial
Group
of America**
First in Service and Expertise

- 1 Guarantees are subject to product terms, limitations, exclusions and the insurer's claims paying ability and financial strength. Current average premium guarantee is 45 years.
- 2 Voluntary Universal and Whole Life Products, Eastbridge Consulting Group, Inc. (2022)
- 3 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.
- 4 As long as the necessary premiums are paid.
- 5 Conditions apply. Accelerated Death Benefit Due to Terminal Illness Rider Form ICC07-ULABR-07 or Form Series ULABR-07
- 6 Chronic Illness Rider available for an additional cost for employees and their spouses. Conditions apply. Form ICC15-ULABR-CI-15 or Form Series ULABR-CI-15
- 7 Issuance of coverage will depend on answers to these questions.

23MO21-C FFGA 1019 (exp0325) Not for use in CA, FL or NH.

The agent/agency offering this proposal is not affiliated with Texas Life other than to market its products. Claims payments are the responsibility of Texas Life Insurance Company.

PureLife-plus is a Flexible Premium Adjustable Life Insurance to Age 121. As with most life insurance products, Texas Life contracts and riders contain certain exclusions, limitations, exceptions, reductions of benefits, waiting periods and terms for keeping them in force. Please contact a Texas Life representative or see the PureLife-plus brochure for costs and complete details. Form ICC18-PRFNG-NI-18, Form Series PRFNG-NI-18 or PRFNG-NI-20-OHIO. Texas Life is licensed to do business in the District of Columbia and every state but New York. Payment of this rider terminates the contract and any obligations under other riders, endorsements and supplemental benefits as if the insured had died.



LIFE INSURANCE HIGHLIGHTS

For the employee

PURELIFE-PLUS

Voluntary permanent life insurance can be an ideal complement to the group term and optional term life insurance your employer might provide. This voluntary permanent universal life product is yours to keep, even when you change jobs or retire, as long as you pay the necessary premium. Group and voluntary term life insurance may be portable if you change jobs, but even if you can keep them after you retire, they usually cost more and decline in death benefit.

The contract, PURELIFE-PLUS, is underwritten by Texas Life Insurance Company, and it has the following features:

- **High Death Benefit.** Written on a minimal cash-value Universal Life frame, PURELIFE-PLUS features one of the highest death benefits per payroll-deducted dollar offered at the worksite.¹
- **Refund of Premium.** Unique in the workplace, PURELIFE-PLUS offers you a refund of 10 years' premium, should you surrender the contract if initial specified premium paid for ever increases. *(Conditions apply.)*
- **Accelerated Death Benefit Due to Terminal Illness Rider.** Should you be diagnosed as terminally ill with the expectation of death within 12 months, you will have the option to receive 92% of the death benefit, minus a \$150 (\$100 in Florida) administrative fee. Included with your contract at no additional cost, this valuable living benefit helps give you peace of mind knowing that, should you need it, you can take the large majority of your death benefit while still alive. *(Conditions apply.) (Form ICC07-ULABR-07 or Form Series ULABR-07)*
- **Accelerated Death Benefit for Chronic Illness Rider.** Included on employee and spouse contracts at an additional cost, this rider will be triggered by the loss of two out of six Activities of Daily Living² or severe cognitive impairment for a period of 90 days. It pays the insured up to 92% of the death benefit minus a small administrative fee, should the insured decide to exercise it. This valuable living benefit can help offset the cost of either in-home care or care in a resident facility. *(Conditions apply.) (Form ICC15-ULABR-CI-15 or Form Series ULABR-CI-15)*



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)	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	
15D-1										81
2-4										80
5-8										79
9-10										79
11-16										77
17-20		13.05	23.85	34.65	45.45	67.05	88.65	110.25	131.85	75
21-22		13.33	24.40	35.48	46.55	68.70	90.85	113.00	135.15	74
23		13.60	24.95	36.30	47.65	70.35	93.05	115.75	138.45	75
24-25		13.88	25.50	37.13	48.75	72.00	95.25	118.50	141.75	74
26		14.43	26.60	38.78	50.95	75.30	99.65	124.00	148.35	75
27-28		14.70	27.15	39.60	52.05	76.95	101.85	126.75	151.65	74
29		14.98	27.70	40.43	53.15	78.60	104.05	129.50	154.95	74
30-31		15.25	28.25	41.25	54.25	80.25	106.25	132.25	158.25	73
32		16.08	29.90	43.73	57.55	85.20	112.85	140.50	168.15	74
33		16.63	31.00	45.38	59.75	88.50	117.25	146.00	174.75	74
34		17.45	32.65	47.85	63.05	93.45	123.85	154.25	184.65	75
35		18.55	34.85	51.15	67.45	100.05	132.65	165.25	197.85	76
36		19.10	35.95	52.80	69.65	103.35	137.05	170.75	204.45	76
37		19.93	37.60	55.28	72.95	108.30	143.65	179.00	214.35	77
38		20.75	39.25	57.75	76.25	113.25	150.25	187.25	224.25	77
39		22.13	42.00	61.88	81.75	121.50	161.25	201.00	240.75	78
40	10.75	23.50	44.75	66.00	87.25	129.75	172.25	214.75	257.25	79
41	11.52	25.43	48.60	71.78	94.95	141.30	187.65	234.00	280.35	80
42	12.40	27.63	53.00	78.38	103.75	154.50	205.25	256.00	306.75	81
43	13.17	29.55	56.85	84.15	111.45	166.05	220.65	275.25	329.85	82
44	13.94	31.48	60.70	89.93	119.15	177.60	236.05	294.50	352.95	83
45	14.71	33.40	64.55	95.70	126.85	189.15	251.45	313.75	376.05	83
46	15.59	35.60	68.95	102.30	135.65	202.35	269.05	335.75	402.45	84
47	16.36	37.53	72.80	108.08	143.35	213.90	284.45	355.00	425.55	84
48	17.13	39.45	76.65	113.85	151.05	225.45	299.85	374.25	448.65	85
49	18.12	41.93	81.60	121.28	160.95	240.30	319.65	399.00	478.35	85
50	19.22	44.68	87.10	129.53	171.95					86
51	20.54	47.98	93.70	139.43	185.15					87
52	21.97	51.55	100.85	150.15	199.45					88
53	23.07	54.30	106.35	158.40	210.45					88
54	24.17	57.05	111.85	166.65	221.45					88
55	25.38	60.08	117.90	175.73	233.55					89
56	26.48	62.83	123.40	183.98	244.55					89
57	27.80	66.13	130.00	193.88	257.75					89
58	29.01	69.15	136.05	202.95	269.85					89
59	30.33	72.45	142.65	212.85	283.05					89
60	31.18	74.58	146.90	219.23	291.55					90
61	32.61	78.15	154.05	229.95	305.85					90
62	34.37	82.55	162.85	243.15	323.45					90
63	36.13	86.95	171.65	256.35	341.05					90
64	38.00	91.63	181.00	270.38	359.75					90
65	40.09	96.85	191.45	286.05	380.65					90
66	42.40									90
67	44.93									91
68	47.68									91
69	50.43									91
70	53.29									91

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".

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

Issue Age (ALB)	Prem For \$10,000 Face	Life Insurance Face Amounts for Monthly Premiums 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
		\$18.00	\$20.00	\$24.00	\$28.00	\$30.00	\$32.00	\$35.00	\$40.00	
15D-1										81
2-4										80
5-8										79
9-10										79
11-16										77
17-20		36,453	41,088	50,348	59,607	64,234	68,866	75,811	87,385	75
21-22		35,561	40,068	49,098	58,127	62,642	67,156	73,928	85,215	74
23		34,691	39,097	47,908	56,719	61,124	65,529	72,137	83,150	75
24-25		33,871	38,173	46,775	55,377	59,678	63,979	70,431	81,186	74
26		32,337	36,445	44,663	52,875	56,982	61,089	67,249	77,516	75
27-28		31,627	35,645	43,675	51,707	55,723	59,739	65,764	75,804	74
29		30,937	34,873	42,730	50,590	54,519	58,448	64,342	74,167	74
30-31		30,289	34,135	41,827	49,520	53,366	57,212	62,981	72,597	73
32		28,482	32,098	39,331	46,565	50,181	53,803	59,220	68,265	74
33		27,392	30,870	37,827	44,783	48,261	51,740	56,957	65,656	74
34		25,907	29,195	35,774	42,352	45,642	48,931	53,864	62,089	75
35		24,157	27,221	33,359	39,494	42,563	45,629	50,231	57,899	76
36		23,368	26,336	32,271	38,205	41,176	44,140	48,591	56,010	76
37		22,278	25,107	30,764	36,422	39,251	42,078	46,323	53,395	77
38		21,284	23,987	29,392	34,798	37,501	40,203	44,257	51,014	77
39		19,812	22,328	27,359	32,390	34,906	37,424	41,192	47,484	78
40	10.75	18,530	20,883	25,589	30,295	32,648	35,001	38,530	44,412	79
41	11.52	16,991	19,150	23,461	27,778	29,936	32,093	35,330	40,720	80
42	12.40	15,518	17,488	21,430	25,370	27,340	29,312	32,267	37,193	81
43	13.17	14,424	16,255	19,919	23,581	25,413	27,244	29,991	34,570	82
44	13.94	13,474	15,187	18,606	22,028	23,739	25,449	28,016	32,293	83
45	14.71	12,641	14,246	17,456	20,667	22,272	23,877	26,285	30,298	83
46	15.59	11,807	13,306	16,395	19,303	20,803	22,303	24,551	28,299	84
47	16.36	11,163	12,580	15,415	18,250	19,667	21,085	23,210	26,755	84
48	17.13	10,585	11,929	14,617	17,306	18,650	19,994	22,010	25,370	85
49	18.12		11,187	13,704	16,226	17,485	18,747	20,637	23,788	85
50	19.22		10,459	12,817	15,174	16,353	17,531	19,299	22,246	86
51	20.54			11,892	14,078	15,173	16,266	17,906	20,640	87
52	21.97			11,030	13,058	14,072	15,087	16,607	19,144	88
53	23.07			10,447	12,368	13,326	14,290	15,731	18,132	88
54	24.17				11,747	12,660	13,570	14,940	17,221	88
55	25.38				11,133	11,997	12,863	14,161	16,321	89
56	26.48				10,628	11,453	12,279	13,517	15,579	89
57	27.80				10,077	10,862	11,644	12,819	14,776	89
58	29.01					10,370	11,118	12,239	14,107	89
59	30.33						10,594	11,664	13,444	89
60	31.18						10,284	11,321	13,049	90
61	32.61							10,788	12,435	90
62	34.37							10,196	11,753	90
63	36.13								11,143	90
64	38.00								10,560	90
65	40.09									90
66	42.40									90
67	44.93									91
68	47.68									91
69	50.43									91
70	53.29									91

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".

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

Issue Age (ALB)	Monthly Premiums for Life Insurance Face Amounts Shown Includes Added Cost for Accidental Death Benefit (Ages 17-59)									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000	
15D-1				9.25					16.25	81
2-4				9.50					16.75	80
5-8				9.75					17.25	79
9-10				10.00					17.75	79
11-16				10.25					18.25	77
17-20				12.25					22.25	75
21-22				12.50					22.75	74
23				12.75					23.25	75
24-25				13.00					23.75	74
26				13.50					24.75	75
27-28										74
29										74
30-31										73
32										74
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70										91

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".

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

Issue Age (ALB)	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	
15D-1										81
2-4										80
5-8										79
9-10										79
11-16										77
17-20		18.55	34.85	51.15	67.45	100.05	132.65	165.25	197.85	71
21-22		19.38	36.50	53.63	70.75	105.00	139.25	173.50	207.75	71
23		20.20	38.15	56.10	74.05	109.95	145.85	181.75	217.65	72
24-25		20.75	39.25	57.75	76.25	113.25	150.25	187.25	224.25	71
26		21.30	40.35	59.40	78.45	116.55	154.65	192.75	230.85	72
27-28		21.85	41.45	61.05	80.65	119.85	159.05	198.25	237.45	71
29		22.13	42.00	61.88	81.75	121.50	161.25	201.00	240.75	71
30-31		24.88	47.50	70.13	92.75	138.00	183.25	228.50	273.75	72
32		25.70	49.15	72.60	96.05	142.95	189.85	236.75	283.65	72
33		25.98	49.70	73.43	97.15	144.60	192.05	239.50	286.95	72
34		26.25	50.25	74.25	98.25	146.25	194.25	242.25	290.25	71
35		28.18	54.10	80.03	105.95	157.80	209.65	261.50	313.35	72
36		29.00	55.75	82.50	109.25	162.75	216.25	269.75	323.25	72
37		30.93	59.60	88.28	116.95	174.30	231.65	289.00	346.35	73
38		31.75	61.25	90.75	120.25	179.25	238.25	297.25	356.25	73
39		33.95	65.65	97.35	129.05	192.45	255.85	319.25	382.65	74
40	16.14	36.98	71.70	106.43	141.15	210.60	280.05	349.50	418.95	76
41	17.13	39.45	76.65	113.85	151.05	225.45	299.85	374.25	448.65	77
42	18.34	42.48	82.70	122.93	163.15	243.60	324.05	404.50	484.95	78
43	19.88	46.33	90.40	134.48	178.55	266.70	354.85	443.00	531.15	80
44	20.65	48.25	94.25	140.25	186.25	278.25	370.25	462.25	554.25	80
45	21.75	51.00	99.75	148.50	197.25	294.75	392.25	489.75	587.25	81
46	22.63	53.20	104.15	155.10	206.05	307.95	409.85	511.75	613.65	81
47	23.73	55.95	109.65	163.35	217.05	324.45	431.85	539.25	646.65	82
48	24.72	58.43	114.60	170.78	226.95	339.30	451.65	564.00	676.35	82
49	26.15	62.00	121.75	181.50	241.25	360.75	480.25	599.75	719.25	83
50	27.36	65.03	127.80	190.58	253.35					83
51	28.57	68.05	133.85	199.65	265.45					83
52	30.33	72.45	142.65	212.85	283.05					84
53	31.87	76.30	150.35	224.40	298.45					85
54	33.30	79.88	157.50	235.13	312.75					85
55	34.84	83.73	165.20	246.68	328.15					85
56	36.60	88.13	174.00	259.88	345.75					85
57	38.36	92.58	182.80	273.08	363.35					86
58	40.23	97.20	192.15	287.10	382.05					86
59	42.10	101.88	201.50	301.13	400.75					86
60	43.28	104.83	207.40	309.98	412.55					86
61	45.81	111.15	220.05	328.95	437.85					86
62	48.23	117.20	232.15	347.10	462.05					87
63	50.65	123.25	244.25	365.25	486.25					87
64	53.07	129.30	256.35	383.40	510.45					87
65	55.71	135.90	269.55	403.20	536.85					87
66	58.57									88
67	61.65									88
68	64.84									88
69	68.25									88
70	71.88									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".

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

Issue Age (ALB)	Prem For \$10,000 Face	Life Insurance Face Amounts for Monthly Premiums 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
		\$26.00	\$28.00	\$30.00	\$35.00	\$40.00	\$45.00	\$50.00	\$55.00	
15D-1										81
2-4										80
5-8										79
9-10										79
11-16										77
17-20		36,433	39,494	42,563	50,231	57,899	65,567	73,237	80,905	71
21-22		34,672	37,590	40,511	47,811	55,110	62,410	69,709	77,008	71
23		33,077	35,864	38,650	45,612	52,577	59,544	66,505	73,468	72
24-25		32,091	34,798	37,501	44,257	51,014	57,771	64,528	71,284	71
26		31,170	33,793	36,418	42,980	49,541	56,103	62,665	69,226	72
27-28		30,294	32,845	35,396	41,774	48,151	54,529	60,906	67,284	71
29		29,875	32,390	34,906	41,192	47,484	53,774	60,063	66,353	71
30-31		26,244	28,454	30,663	36,188	41,713	47,238	52,763	58,288	72
32		25,320	27,453	29,583	34,917	40,246	45,576	50,907	56,237	72
33		25,027	27,134	29,242	34,511	39,779	45,048	50,316	55,585	72
34			26,818	28,907	34,115	39,318	44,532	49,740	54,943	71
35		22,903	24,832	26,760	31,580	36,404	41,224	46,047	50,867	72
36		22,194	24,062	25,938	30,608	35,281	39,949	44,627	49,300	72
37		20,706	22,448	24,190	28,553	32,913	37,272	41,631	45,990	73
38		20,128	21,823	23,517	27,754	31,992	36,229	40,464	44,704	73
39		18,731	20,311	21,885	25,828	29,772	33,715	37,658	41,601	74
40	16.14	17,099	18,539	19,978	23,575	27,181	30,778	34,378	37,977	76
41	17.13	15,962	17,306	18,650	22,010	25,370	28,730	32,089	35,449	77
42	18.34	14,761	16,004	17,247	20,355	23,462	26,570	29,677	32,785	78
43	19.88	13,472	14,606	15,741	18,577	21,413	24,249	27,085	29,921	80
44	20.65	12,908	13,995	15,082	17,799	20,517	23,234	25,952	28,669	80
45	21.75	12,180	13,205	14,231	16,795	19,359	21,924	24,488	27,052	81
46	22.63	11,655	12,635	13,617	16,070	18,524	20,977	23,430	25,884	81
47	23.73	11,057	11,988	12,919	15,247	17,575	19,903	22,230	24,558	82
48	24.72	10,570	11,459	12,350	14,575	16,801	19,026	21,251	23,476	82
49	26.15		10,775	11,611	13,702	15,795	17,888	19,978	22,071	83
50	27.36		10,255	11,053	13,043	15,034	17,026	19,017	21,008	83
51	28.57			10,544	12,441	14,342	16,243	18,143	20,042	83
52	30.33				11,664	13,444	15,223	17,005	18,786	84
53	31.87				11,057	12,745	14,434	16,121	17,809	85
54	33.30				10,548	12,159	13,769	15,379	16,989	85
55	34.84				10,051	11,583	13,118	14,653	16,186	85
56	36.60					10,990	12,444	13,902	15,357	85
57	38.36					10,453	11,839	13,224	14,609	86
58	40.23						11,256	12,572	13,890	86
59	42.10						10,728	11,983	13,238	86
60	43.28						10,419	11,638	12,856	86
61	45.81							10,962	12,109	86
62	48.23							10,385	11,472	87
63	50.65								10,898	87
64	53.07								10,379	87
65	55.71									87
66	58.57									88
67	61.65									88
68	64.84									88
69	68.25									88
70	71.88									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".

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

Issue Age (ALB)	Monthly Premiums for Life Insurance Face Amounts Shown Includes Added Cost for Accidental Death Benefit (Ages 17-59)									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000	
15D-1										81
2-4										80
5-8										79
9-10										79
11-16										77
17-20				17.25					32.25	71
21-22				18.00					33.75	71
23				18.75					35.25	72
24-25				19.25					36.25	71
26				19.75					37.25	72
27-28										71
29										71
30-31										72
32										72
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70										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".

Disability Insurance

Manhattan Life | [ManhattanLife.com](https://www.ManhattanLife.com) | 800.669.9030

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?



Disability Income

Supplemental income protection



Protect your financial well-being with Voluntary Disability

A Disability plan will help with day-to-day expenses – housing, food, car payments, even additional medical costs – if you become disabled from an accident or illness. You will not have to worry about using your savings or incurring additional debt to cover these costs and care for your family.

Why do I need Disability coverage?

Most people can't afford to be disabled, even for a short time. Almost 90 percent of disabling accidents and illnesses are not work related, so you can't count on Workers Compensation to be there for you and your loved ones.

National Safety Council, Injury Facts 2008 Ed.

Because you can't know when a disabling illness or injury will impact your ability to bring home a paycheck, you can enroll in Disability coverage from ManhattanLife to help you and your family deal with the unexpected. You will be able to concentrate on your recovery after a sickness or accident and return to your job.

Here's how it works

Benefits from your ManhattanLife plan are paid in addition to any Disability coverage you already have. Your monthly coverage, elimination period, benefit period and any optional benefits will depend on the plan design your employer selects. You will find the plan to be easy and economical – your premiums are conveniently paid through payroll deduction.

This is not a complete disclosure of plan qualifications and limitations. The amount of benefits provided depends on the plan selected. Premiums will vary according to the selection made. THIS POLICY PROVIDES LIMITED BENEFITS. Underwritten by ManhattanLife Insurance and Annuity Company, and ManhattanLife Insurance Company for FL, NJ, & NY. Applications will not be accepted under this offer until written acceptance of this offer, the Employer Agreement and minimum Participation Requirements are received in ManhattanLife's New Business Department.

Disability Income Coverage

Coverage type	Disability Income Plus provides a monthly disability income benefit as a result of an accident or sickness.		
Product	Policy Type:	Group	
	Policy Name:	Disability Income Plus	
	Policy Form:	M-8014	
Eligibility	Issue Age:	Employee:	18 – 70
	Criteria:	<ul style="list-style-type: none"> Employee is benefit eligible, actively at work full-time, working at least 20 hours per week. Employee only coverage. 	
	Termination Age:	<ul style="list-style-type: none"> Age 70 unless actively at work, then on last day of active employment. 	
Underwriting Offer	Employee:	Guaranteed Issue up to 65% of base salary to a max benefit of \$3,000.	
	Superintendent:	Guaranteed Issue up to 65% of base salary to a max benefit of \$5,000.	
Target Participation	Minimum to Issue:	10 Employee applications or 1% of eligible Employees, whichever is greater.	
	Guarantee Issue:	Waived, expectation of 15% of all eligible enrolled by end of the enrollment	
Benefit Amounts	Employee:	Minimum benefit of \$300 and maximum benefit of \$5,000* per month, not to exceed 65% of base monthly income.	

*If Enrollment technology does not support SI Underwriting all applications must be taken on paper applications.

This is not a complete disclosure of plan qualifications and limitations. The amount of benefits provided depends on the plan selected. Premiums will vary according to the selection made. THIS POLICY PROVIDES LIMITED BENEFITS. Underwritten by ManhattanLife Insurance and Annuity Company, and ManhattanLife Insurance Company for FL, NJ, & NY. Applications will not be accepted under this offer until written acceptance of this offer, the Employer Agreement and minimum Participation Requirements are received in ManhattanLife's New Business Department.

Benefit Definitions

OCCUPATIONAL INCOME: The Eligible Persons' monthly rate of earnings from His Employer as of the day before the start of Total Disability. Occupational Income including commissions will be averaged over a period of time (see certificate of coverage). Occupational Income does not include overtime pay, bonuses, or extra compensation other than commissions.

ACCIDENT & SICKNESS: Provides coverage for disabilities caused by either an accidental injury or sickness.

ELIMINATION PERIOD: The number of continuous days, beginning with the first day of a total disability, before any monthly benefit amount is payable. Separate elimination periods apply to injury and illness.

BENEFIT PERIOD: The period of time for which Monthly Income Benefits are payable for disability due to the same cause.

TOTAL DISABILITY: For the first 24 months of a disability that the Employee/member is unable to perform the substantial and material duties of his or her regular occupation, not working in any other occupation, and under the care of a physician for the disability. After 24 months of total disability, totally disabled means that the Employee/member is unable to perform the duties of any occupation, and under the care of a physician for the disability.

PARTIAL DISABILITY: Because of a covered sickness or injury, the Employee/member is working more than 20% but not more than 80% of the normal pre-disability schedule, and under the regular care of a physician.

RECURRENT DISABILITY: Total and/or partial disability that is due to the same or related causes as a prior period of disability, follows a prior period for which a monthly benefit was paid, and occurs within 180 days after the end of a prior period for which a monthly benefit was paid. The elimination period is waived, and benefits are immediately available for up to the remaining benefit from the previous disability.

PORTABILITY: Portable after six months of continuous coverage if group master policy remains in force and the insured is less than age 70, not Totally Disabled, and no longer Actively at work for the Employer. Participants may continue coverage by paying premiums on a direct billing method. All ported certificates will be subject to any rate increases on the Employer's Master Policy. Portability not available for groups located in AK and VT.

WAIVER OF PREMIUM: Premium is waived if the Employee is totally disabled for more than 90 days or the elimination period, whichever is longer. Waiver of Premium will continue while the insured is receiving a Total Disability Income Benefit.

PRE-EXISTING CONDITION LIMITATION: If a member has a pre-existing condition that is diagnosed or symptoms occurred in the 12 months prior to the policy effective date, no benefits will be paid for the first 12 months of the policy effective date. Refer to the certificate of coverage for the specific pre-existing limitations.

Disability Income Plus Rates Virginia

3 Month Benefit Period, 0/7 Elimination Period

Displaying Monthly Premiums for Non-Occ Coverage

Age	Uni-Tobacco				
Benefit	18-35	36-45	46-55	56-65	66+
\$300	\$9.51	\$10.08	\$10.68	\$11.66	\$14.69
\$400	\$11.94	\$12.69	\$13.49	\$14.80	\$18.84
\$500	\$14.36	\$15.30	\$16.30	\$17.93	\$22.98
\$600	\$16.78	\$17.90	\$19.11	\$21.07	\$27.13
\$700	\$19.20	\$20.51	\$21.92	\$24.20	\$31.28
\$800	\$21.62	\$23.12	\$24.74	\$27.34	\$35.42
\$900	\$24.04	\$25.73	\$27.55	\$30.48	\$39.57
\$1,000	\$26.47	\$28.34	\$30.36	\$33.61	\$43.72
\$1,100	\$28.89	\$30.95	\$33.17	\$36.75	\$47.86
\$1,200	\$31.31	\$33.56	\$35.98	\$39.89	\$52.01
\$1,300	\$33.73	\$36.17	\$38.79	\$43.02	\$56.16
\$1,400	\$36.15	\$38.78	\$41.60	\$46.16	\$60.30
\$1,500	\$38.57	\$41.39	\$44.41	\$49.30	\$64.45
\$1,600	\$40.99	\$44.00	\$47.22	\$52.43	\$68.60
\$1,700	\$43.42	\$46.60	\$50.03	\$55.57	\$72.74
\$1,800	\$45.84	\$49.21	\$52.84	\$58.70	\$76.89
\$1,900	\$48.26	\$51.82	\$55.65	\$61.84	\$81.04
\$2,000	\$50.68	\$54.43	\$58.46	\$64.98	\$85.18
\$2,100	\$53.10	\$57.04	\$61.27	\$68.11	\$89.33
\$2,200	\$55.52	\$59.65	\$64.08	\$71.25	\$93.48
\$2,300	\$57.95	\$62.26	\$66.90	\$74.39	\$97.62
\$2,400	\$60.37	\$64.87	\$69.71	\$77.52	\$101.77
\$2,500	\$62.79	\$67.48	\$72.52	\$80.66	\$105.92
\$2,600	\$65.21	\$70.09	\$75.33	\$83.80	\$110.07
\$2,700	\$67.63	\$72.70	\$78.14	\$86.93	\$114.21
\$2,800	\$70.05	\$75.30	\$80.95	\$90.07	\$118.36
\$2,900	\$72.47	\$77.91	\$83.76	\$93.20	\$122.51
\$3,000	\$74.90	\$80.52	\$86.57	\$96.34	\$126.65
\$3,100	\$77.32	\$83.13	\$89.38	\$99.48	\$130.80
\$3,200	\$79.74	\$85.74	\$92.19	\$102.61	\$134.95
\$3,300	\$82.16	\$88.35	\$95.00	\$105.75	\$139.09
\$3,400	\$84.58	\$90.96	\$97.81	\$108.89	\$143.24
\$3,500	\$87.00	\$93.57	\$100.62	\$112.02	\$147.39
\$3,600	\$89.43	\$96.18	\$103.43	\$115.16	\$151.53
\$3,700	\$91.85	\$98.79	\$106.24	\$118.30	\$155.68
\$3,800	\$94.27	\$101.39	\$109.06	\$121.43	\$159.83
\$3,900	\$96.69	\$104.00	\$111.87	\$124.57	\$163.97
\$4,000	\$99.11	\$106.61	\$114.68	\$127.70	\$168.12
\$4,100	\$101.53	\$109.22	\$117.49	\$130.84	\$172.27
\$4,200	\$103.95	\$111.83	\$120.30	\$133.98	\$176.41
\$4,300	\$106.38	\$114.44	\$123.11	\$137.11	\$180.56
\$4,400	\$108.80	\$117.05	\$125.92	\$140.25	\$184.71
\$4,500	\$111.22	\$119.66	\$128.73	\$143.39	\$188.85
\$4,600	\$113.64	\$122.27	\$131.54	\$146.52	\$193.00
\$4,700	\$116.06	\$124.88	\$134.35	\$149.66	\$197.15
\$4,800	\$118.48	\$127.49	\$137.16	\$152.80	\$201.29
\$4,900	\$120.91	\$130.09	\$139.97	\$155.93	\$205.44
\$5,000	\$123.33	\$132.70	\$142.78	\$159.07	\$209.59

Disability Income Plus Rates Virginia

3 Month Benefit Period, 0/14 Elimination Period

Displaying Monthly Premiums for Non-Occ Coverage

Age	Uni-Tobacco				
Benefit	18-35	36-45	46-55	56-65	66+
\$300	\$7.63	\$8.07	\$8.45	\$9.19	\$11.43
\$400	\$9.42	\$10.02	\$10.51	\$11.51	\$14.50
\$500	\$11.21	\$11.96	\$12.58	\$13.82	\$17.56
\$600	\$13.00	\$13.90	\$14.65	\$16.14	\$20.62
\$700	\$14.79	\$15.84	\$16.71	\$18.45	\$23.68
\$800	\$16.59	\$17.78	\$18.78	\$20.77	\$26.74
\$900	\$18.38	\$19.72	\$20.84	\$23.08	\$29.80
\$1,000	\$20.17	\$21.66	\$22.91	\$25.40	\$32.86
\$1,100	\$21.96	\$23.61	\$24.97	\$27.71	\$35.93
\$1,200	\$23.75	\$25.55	\$27.04	\$30.03	\$38.99
\$1,300	\$25.55	\$27.49	\$29.11	\$32.34	\$42.05
\$1,400	\$27.34	\$29.43	\$31.17	\$34.66	\$45.11
\$1,500	\$29.13	\$31.37	\$33.24	\$36.97	\$48.17
\$1,600	\$30.92	\$33.31	\$35.30	\$39.29	\$51.23
\$1,700	\$32.72	\$35.25	\$37.37	\$41.60	\$54.29
\$1,800	\$34.51	\$37.20	\$39.44	\$43.92	\$57.36
\$1,900	\$36.30	\$39.14	\$41.50	\$46.23	\$60.42
\$2,000	\$38.09	\$41.08	\$43.57	\$48.55	\$63.48
\$2,100	\$39.88	\$43.02	\$45.63	\$50.86	\$66.54
\$2,200	\$41.68	\$44.96	\$47.70	\$53.17	\$69.60
\$2,300	\$43.47	\$46.90	\$49.76	\$55.49	\$72.66
\$2,400	\$45.26	\$48.84	\$51.83	\$57.80	\$75.73
\$2,500	\$47.05	\$50.79	\$53.90	\$60.12	\$78.79
\$2,600	\$48.84	\$52.73	\$55.96	\$62.43	\$81.85
\$2,700	\$50.64	\$54.67	\$58.03	\$64.75	\$84.91
\$2,800	\$52.43	\$56.61	\$60.09	\$67.06	\$87.97
\$2,900	\$54.22	\$58.55	\$62.16	\$69.38	\$91.03
\$3,000	\$56.01	\$60.49	\$64.23	\$71.69	\$94.09
\$3,100	\$57.80	\$62.43	\$66.29	\$74.01	\$97.16
\$3,200	\$59.60	\$64.38	\$68.36	\$76.32	\$100.22
\$3,300	\$61.39	\$66.32	\$70.42	\$78.64	\$103.28
\$3,400	\$63.18	\$68.26	\$72.49	\$80.95	\$106.34
\$3,500	\$64.97	\$70.20	\$74.56	\$83.27	\$109.40
\$3,600	\$66.76	\$72.14	\$76.62	\$85.58	\$112.46
\$3,700	\$68.56	\$74.08	\$78.69	\$87.90	\$115.52
\$3,800	\$70.35	\$76.02	\$80.75	\$90.21	\$118.59
\$3,900	\$72.14	\$77.97	\$82.82	\$92.53	\$121.65
\$4,000	\$73.93	\$79.91	\$84.88	\$94.84	\$124.71
\$4,100	\$75.73	\$81.85	\$86.95	\$97.16	\$127.77
\$4,200	\$77.52	\$83.79	\$89.02	\$99.47	\$130.83
\$4,300	\$79.31	\$85.73	\$91.08	\$101.79	\$133.89
\$4,400	\$81.10	\$87.67	\$93.15	\$104.10	\$136.95
\$4,500	\$82.89	\$89.61	\$95.21	\$106.41	\$140.02
\$4,600	\$84.69	\$91.56	\$97.28	\$108.73	\$143.08
\$4,700	\$86.48	\$93.50	\$99.35	\$111.04	\$146.14
\$4,800	\$88.27	\$95.44	\$101.41	\$113.36	\$149.20
\$4,900	\$90.06	\$97.38	\$103.48	\$115.67	\$152.26
\$5,000	\$91.85	\$99.32	\$105.54	\$117.99	\$155.32

Disability Income Plus Rates Virginia

6 Month Benefit Period, 14/14 Elimination Period

Displaying Monthly Premiums for Non-Occ Coverage

Age	Uni-Tobacco				
Benefit	18-35	36-45	46-55	56-65	66+
\$300	\$8.15	\$8.58	\$9.62	\$10.82	\$13.70
\$400	\$10.12	\$10.68	\$12.08	\$13.67	\$17.52
\$500	\$12.08	\$12.79	\$14.53	\$16.53	\$21.34
\$600	\$14.05	\$14.90	\$16.99	\$19.38	\$25.16
\$700	\$16.02	\$17.01	\$19.45	\$22.24	\$28.97
\$800	\$17.98	\$19.12	\$21.90	\$25.09	\$32.79
\$900	\$19.95	\$21.23	\$24.36	\$27.95	\$36.61
\$1,000	\$21.92	\$23.34	\$26.82	\$30.80	\$40.43
\$1,100	\$23.88	\$25.45	\$29.27	\$33.66	\$44.25
\$1,200	\$25.85	\$27.55	\$31.73	\$36.51	\$48.06
\$1,300	\$27.82	\$29.66	\$34.19	\$39.37	\$51.88
\$1,400	\$29.78	\$31.77	\$36.64	\$42.22	\$55.70
\$1,500	\$31.75	\$33.88	\$39.10	\$45.08	\$59.52
\$1,600	\$33.72	\$35.99	\$41.56	\$47.93	\$63.34
\$1,700	\$35.68	\$38.10	\$44.01	\$50.79	\$67.15
\$1,800	\$37.65	\$40.21	\$46.47	\$53.64	\$70.97
\$1,900	\$39.62	\$42.32	\$48.93	\$56.50	\$74.79
\$2,000	\$41.58	\$44.42	\$51.38	\$59.35	\$78.61
\$2,100	\$43.55	\$46.53	\$53.84	\$62.21	\$82.42
\$2,200	\$45.52	\$48.64	\$56.30	\$65.06	\$86.24
\$2,300	\$47.48	\$50.75	\$58.75	\$67.92	\$90.06
\$2,400	\$49.45	\$52.86	\$61.21	\$70.77	\$93.88
\$2,500	\$51.42	\$54.97	\$63.67	\$73.63	\$97.70
\$2,600	\$53.38	\$57.08	\$66.12	\$76.48	\$101.51
\$2,700	\$55.35	\$59.19	\$68.58	\$79.34	\$105.33
\$2,800	\$57.32	\$61.29	\$71.04	\$82.19	\$109.15
\$2,900	\$59.28	\$63.40	\$73.49	\$85.05	\$112.97
\$3,000	\$61.25	\$65.51	\$75.95	\$87.90	\$116.79
\$3,100	\$63.22	\$67.62	\$78.41	\$90.76	\$120.60
\$3,200	\$65.18	\$69.73	\$80.86	\$93.61	\$124.42
\$3,300	\$67.15	\$71.84	\$83.32	\$96.47	\$128.24
\$3,400	\$69.12	\$73.95	\$85.78	\$99.32	\$132.06
\$3,500	\$71.09	\$76.05	\$88.23	\$102.18	\$135.87
\$3,600	\$73.05	\$78.16	\$90.69	\$105.03	\$139.69
\$3,700	\$75.02	\$80.27	\$93.15	\$107.89	\$143.51
\$3,800	\$76.99	\$82.38	\$95.60	\$110.74	\$147.33
\$3,900	\$78.95	\$84.49	\$98.06	\$113.60	\$151.15
\$4,000	\$80.92	\$86.60	\$100.52	\$116.45	\$154.96
\$4,100	\$82.89	\$88.71	\$102.97	\$119.31	\$158.78
\$4,200	\$84.85	\$90.82	\$105.43	\$122.16	\$162.60
\$4,300	\$86.82	\$92.92	\$107.89	\$125.02	\$166.42
\$4,400	\$88.79	\$95.03	\$110.34	\$127.87	\$170.24
\$4,500	\$90.75	\$97.14	\$112.80	\$130.73	\$174.05
\$4,600	\$92.72	\$99.25	\$115.26	\$133.58	\$177.87
\$4,700	\$94.69	\$101.36	\$117.71	\$136.44	\$181.69
\$4,800	\$96.65	\$103.47	\$120.17	\$139.29	\$185.51
\$4,900	\$98.62	\$105.58	\$122.63	\$142.15	\$189.32
\$5,000	\$100.59	\$107.69	\$125.08	\$145.00	\$193.14

Critical Illness Insurance

Manhattan Life | [ManhattanLife.com](https://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

Helping protect you and your family with lump sum coverage



Critical Illness/Cancer voluntary coverages pay benefits to you

With our Critical Illness and Cancer plans, you'll receive a benefit after a serious illness or a condition such as a heart attack, stroke, coronary artery disease, or cancer is diagnosed. During your recovery, you and your loved ones can rest a little easier knowing you won't have to deplete your bank accounts or take on additional debt to cover day-to-day living expenses.

Why do I need Critical Illness and Cancer coverages?

These plans can assist you with a variety of expenses so you can focus on getting better. You can use the benefit however you want:

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

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

Here's how it works

All benefit payments are made directly to you, placing you in control at a time when you may feel that your options are limited. Some or all of the benefit is available to you after your initial diagnosis, so it's there when you need it most. You will save on your premiums because coverage through your employer typically is less expensive than purchasing on your own, and you can pay premiums through automatic payroll deduction. You can continue the coverage even if you change employers.

This is not a complete disclosure of plan qualifications and limitations. The amount of benefits provided depends on the plan selected. Premiums will vary according to the selection made. THIS POLICY PROVIDES LIMITED BENEFITS. Underwritten by ManhattanLife Insurance and Annuity Company, and ManhattanLife Insurance Company for FL, NJ, & NY. Applications will not be accepted under this offer until written acceptance of this offer, the Employer Agreement and minimum Participation Requirements are received in ManhattanLife's New Business Department.

Benefits and Features Conditions

Covered Conditions		Percent Payment
Cardiac Benefits	• Myocardial Infarction	100%
	• Coronary Heart Disease	25%
	• Sudden Cardiac Arrest	100%
Cerebral Vascular Disease Benefit	• Stroke	100%
	• Ruptured Brain Aneurysm	10%
	• Transient Ischemic Attack	10%
Cancer	• Invasive	100%
	• Non-Invasive	25%
	• Skin Cancer	\$250
	• 30 day waiting period	Waived
Other Specified Illness Category	• Benign Brain Tumor	100%
	• Major Organ Failure	100%
	• End Stage Renal Failure*	100%
	• Coma	100%
	• Severe Burns	100%
	• Permanent Paralysis*	100%
	• Functional Loss of Hearing*	100%
	• Functional Loss of Speech*	100%
	• Functional Loss of Sight*	100%
	• Occupational HIV/Hepatitis*	100%

*not eligible for recurrence benefit.

Additional Occurrence Benefit	Included
Pre-existing Condition Limitation	Waived
Waiver of Premium for Disability	After 180 days
Portability	Included
Benefit Reduction	Waived

This is not a complete disclosure of plan qualifications and limitations. The amount of benefits provided depends on the plan selected. Premiums will vary according to the selection made. THIS POLICY PROVIDES LIMITED BENEFITS. Underwritten by ManhattanLife Insurance and Annuity Company, and ManhattanLife Insurance Company for FL, NJ, & NY. Applications will not be accepted under this offer until written acceptance of this offer, the Employer Agreement and minimum Participation Requirements are received in ManhattanLife's New Business Department.

Employer Elected Optional Benefits

Recurrence	Included
Wellness Screening	\$50
Infectious Disease	25% Benefit per condition. Covered Conditions: <ul style="list-style-type: none"> • Cerebrospinal Meningitis • Malaria • Encephalitis • Legionnaire's disease • Necrotizing Fasciitis • Osteomyelitis • Tuberculosis
Childhood Condition Benefit*	25% Benefit per condition. Covered Conditions: <ul style="list-style-type: none"> • Cerebral Palsy • Cleft Lip/Cleft Palate • Cystic Fibrosis • Down Syndrome • Spina Bifida • Type 1 Diabetes
*not eligible for recurrence benefit.	
Progressive Disease*	100% Benefit per condition. Covered Conditions: <ul style="list-style-type: none"> • ALS (Lou Gehrig's Disease) • Multiple Sclerosis • Advanced Dementia (including Alzheimer's) • Advanced Parkinson's

*not eligible for recurrence benefit.

Benefit Definitions

ADDITIONAL OCCURRENCE BENEFIT: once benefits have been paid for a Critical Illness, a benefit is paid for an additional different Critical Illness when; 1) the Date of Diagnosis for the new Critical Illness is separated from the prior Critical Illness by at least six (6) consecutive months, and 2) the new Critical Illness is not caused by a Critical Illness for which benefits have been paid, and 3) a benefit is not paid for more than one Critical Illness within a six (6) month period.

WAIVER OF PREMIUM FOR DISABILITY: This waives an Employee's premium if he or she becomes totally disabled for at least 180 days after the effective date of coverage. Total Disability must start while policy is in force, for employees ages 18-55.

PORTABILITY: Portable after six months of continuous coverage if group master policy remains in force and the insured is less than age 70, not Totally Disabled, and no longer Actively at work for the Employer. Participants may continue coverage by paying premiums on a direct billing method. All ported certificates will be subject to any rate increases on the Employer's Master Policy. Dependents on ported certificates terminate when the spouse attained age is 70 or the child attained age is 25. If the policy terminates the ported Certificate terminates.

PRE-EXISTING CONDITION LIMITATION: If a member has a pre-existing condition that is diagnosed or symptoms occurred in the 12 months prior to the policy effective date, no benefits will be paid for the first 12 months of the policy effective date. Refer to the certificate of coverage for specific pre-existing limitations. This has been waived for this offer.

Optional Benefit Definition(s):

RECURRENCE: This provides a one-time additional benefit for the same condition if a covered participant is treatment-free for at least 12 months.

WELLNESS SCREENING: Pays a cash benefit when a member has one or more of the 21 covered screening tests. This screening benefit is payable once per covered person per calendar year.

INFECTIOUS DISEASE BENEFIT: Pays a benefit when a Covered Person has been diagnosed by a Physician with an Infectious Disease. An Infectious Disease means the following infectious or contagious diseases that are caused by organisms, such as bacteria, viruses, fungi, or parasites.

CHILDHOOD CONDITION BENEFITS: Pays a benefit upon a covered dependent child's initial date of diagnosis on or after the policy effective date for one of the childhood conditions listed.

PROGRESSIVE DISEASE: Pays a benefit when a covered person is unable to perform two or more Activities of Daily Living due to one of the Progressive Diseases listed. These must be diagnosed by a Physician after the effective date of this policy.

Critical Illness & Cancer Virginia

Displaying Monthly payroll deductions including Recurrence, Infectious Disease, Progressive Disease, Childhood Conditions, Sudden Cardiac Arrest, Skin Cancer, and \$50 Wellness Screening Benefit.

Issue Age	Employee - NTU									
Benefit:	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$3.10	\$4.91	\$6.71	\$8.54	\$10.34	\$12.14	\$13.95	\$15.75	\$17.55	\$19.36
30-39	\$4.92	\$8.43	\$11.94	\$15.42	\$18.93	\$22.44	\$25.94	\$29.43	\$32.94	\$36.46
40-49	\$9.67	\$17.75	\$25.81	\$33.90	\$41.97	\$50.05	\$58.12	\$66.19	\$74.24	\$82.33
50-59	\$18.18	\$34.42	\$50.68	\$66.95	\$83.21	\$99.44	\$115.71	\$131.97	\$148.21	\$164.47
60-64	\$28.26	\$54.30	\$80.34	\$106.40	\$132.46	\$158.50	\$184.54	\$210.59	\$236.64	\$262.68
65-69	\$36.10	\$69.73	\$103.36	\$136.99	\$170.65	\$204.28	\$237.90	\$271.55	\$305.19	\$338.83

Issue Age	Employee & Spouse - NTU									
Benefit:	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$5.36	\$8.99	\$12.59	\$16.20	\$19.81	\$23.44	\$27.04	\$30.65	\$34.27	\$37.90
30-39	\$8.98	\$15.97	\$22.99	\$29.99	\$37.01	\$44.00	\$51.03	\$58.01	\$65.03	\$72.02
40-49	\$18.52	\$34.66	\$50.82	\$66.96	\$83.10	\$99.24	\$115.38	\$131.52	\$147.68	\$163.81
50-59	\$35.49	\$68.02	\$100.51	\$133.04	\$165.54	\$198.06	\$230.56	\$263.07	\$295.60	\$328.11
60-64	\$55.66	\$107.76	\$159.86	\$211.95	\$264.04	\$316.14	\$368.24	\$420.33	\$472.43	\$524.51
65-69	\$71.33	\$138.60	\$205.88	\$273.16	\$340.43	\$407.70	\$474.99	\$542.25	\$609.52	\$676.79

*Spouse Amount is 100% of Employee Amount.

Issue Age	Employee & Children - NTU									
Benefit:	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$3.10	\$4.91	\$6.71	\$8.54	\$10.34	\$12.14	\$13.95	\$15.75	\$17.55	\$19.36
30-39	\$4.92	\$8.43	\$11.94	\$15.42	\$18.93	\$22.44	\$25.94	\$29.43	\$32.94	\$36.46
40-49	\$9.67	\$17.75	\$25.81	\$33.90	\$41.97	\$50.05	\$58.12	\$66.19	\$74.24	\$82.33
50-59	\$18.18	\$34.42	\$50.68	\$66.95	\$83.21	\$99.44	\$115.71	\$131.97	\$148.21	\$164.47
60-64	\$28.26	\$54.30	\$80.34	\$106.40	\$132.46	\$158.50	\$184.54	\$210.59	\$236.64	\$262.68
65-69	\$36.10	\$69.73	\$103.36	\$136.99	\$170.65	\$204.28	\$237.90	\$271.55	\$305.19	\$338.83

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

Issue Age	Family - NTU									
Benefit:	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$5.36	\$8.99	\$12.59	\$16.20	\$19.81	\$23.44	\$27.04	\$30.65	\$34.27	\$37.90
30-39	\$8.98	\$15.97	\$22.99	\$29.99	\$37.01	\$44.00	\$51.03	\$58.01	\$65.03	\$72.02
40-49	\$18.52	\$34.66	\$50.82	\$66.96	\$83.10	\$99.24	\$115.38	\$131.52	\$147.68	\$163.81
50-59	\$35.49	\$68.02	\$100.51	\$133.04	\$165.54	\$198.06	\$230.56	\$263.07	\$295.60	\$328.11
60-64	\$55.66	\$107.76	\$159.86	\$211.95	\$264.04	\$316.14	\$368.24	\$420.33	\$472.43	\$524.51
65-69	\$71.33	\$138.60	\$205.88	\$273.16	\$340.43	\$407.70	\$474.99	\$542.25	\$609.52	\$676.79

*Spouse Amount is 100% of Employee Amount. Child Amount is 50% of Employee Amount, capped at \$25,000.

NTU: Non-tobacco user; TU: Tobacco user

The proposed rates are for an effective date no later than 10/1/2024

Note: Final implementation rate may vary slightly due to rounding

Critical Illness & Cancer Virginia

Displaying Monthly payroll deductions including Recurrence, Infectious Disease, Progressive Disease, Childhood Conditions, Sudden Cardiac Arrest, Skin Cancer, and \$50 Wellness Screening Benefit.

Issue Age	Employee - TU									
Benefit:	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$3.61	\$5.90	\$8.20	\$10.51	\$12.79	\$15.06	\$17.38	\$19.66	\$21.95	\$24.24
30-39	\$6.93	\$12.34	\$17.77	\$23.19	\$28.62	\$34.04	\$39.45	\$44.87	\$50.31	\$55.72
40-49	\$15.82	\$29.72	\$43.68	\$57.60	\$71.52	\$85.44	\$99.37	\$113.31	\$127.24	\$141.15
50-59	\$31.04	\$59.65	\$88.23	\$116.85	\$145.45	\$174.05	\$202.65	\$231.25	\$259.85	\$288.46
60-64	\$48.56	\$94.17	\$139.77	\$185.38	\$231.00	\$276.62	\$322.22	\$367.83	\$413.45	\$459.06
65-69	\$61.12	\$118.90	\$176.70	\$234.49	\$292.29	\$350.07	\$407.86	\$465.67	\$523.46	\$581.25

Issue Age	Employee & Spouse - TU									
Benefit:	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$6.36	\$10.97	\$15.52	\$20.12	\$24.70	\$29.31	\$33.86	\$38.45	\$43.04	\$47.64
30-39	\$12.98	\$23.82	\$34.68	\$45.52	\$56.36	\$67.19	\$78.06	\$88.88	\$99.72	\$110.56
40-49	\$30.76	\$58.64	\$86.48	\$114.35	\$142.19	\$170.06	\$197.90	\$225.76	\$253.62	\$281.49
50-59	\$61.24	\$118.44	\$175.64	\$232.85	\$290.05	\$347.26	\$404.45	\$461.67	\$518.87	\$576.08
60-64	\$96.26	\$187.47	\$278.71	\$369.93	\$461.15	\$552.37	\$643.60	\$734.82	\$826.05	\$917.26
65-69	\$121.37	\$236.96	\$352.54	\$468.14	\$583.72	\$699.30	\$814.89	\$930.48	\$1,046.06	\$1,161.64

*Spouse Amount is 100% of Employee Amount.

Issue Age	Employee & Children - TU									
Benefit:	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$3.61	\$5.90	\$8.20	\$10.51	\$12.79	\$15.06	\$17.38	\$19.66	\$21.95	\$24.24
30-39	\$6.93	\$12.34	\$17.77	\$23.19	\$28.62	\$34.04	\$39.45	\$44.87	\$50.31	\$55.72
40-49	\$15.82	\$29.72	\$43.68	\$57.60	\$71.52	\$85.44	\$99.37	\$113.31	\$127.24	\$141.15
50-59	\$31.04	\$59.65	\$88.23	\$116.85	\$145.45	\$174.05	\$202.65	\$231.25	\$259.85	\$288.46
60-64	\$48.56	\$94.17	\$139.77	\$185.38	\$231.00	\$276.62	\$322.22	\$367.83	\$413.45	\$459.06
65-69	\$61.12	\$118.90	\$176.70	\$234.49	\$292.29	\$350.07	\$407.86	\$465.67	\$523.46	\$581.25

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

Issue Age	Family - TU									
Benefit:	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$6.36	\$10.97	\$15.52	\$20.12	\$24.70	\$29.31	\$33.86	\$38.45	\$43.04	\$47.64
30-39	\$12.98	\$23.82	\$34.68	\$45.52	\$56.36	\$67.19	\$78.06	\$88.88	\$99.72	\$110.56
40-49	\$30.76	\$58.64	\$86.48	\$114.35	\$142.19	\$170.06	\$197.90	\$225.76	\$253.62	\$281.49
50-59	\$61.24	\$118.44	\$175.64	\$232.85	\$290.05	\$347.26	\$404.45	\$461.67	\$518.87	\$576.08
60-64	\$96.26	\$187.47	\$278.71	\$369.93	\$461.15	\$552.37	\$643.60	\$734.82	\$826.05	\$917.26
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*Spouse Amount is 100% of Employee Amount. Child Amount is 50% of Employee Amount, capped at \$25,000.

NTU: Non-tobacco user; TU: Tobacco user

The proposed rates are for an effective date no later than 10/1/2024

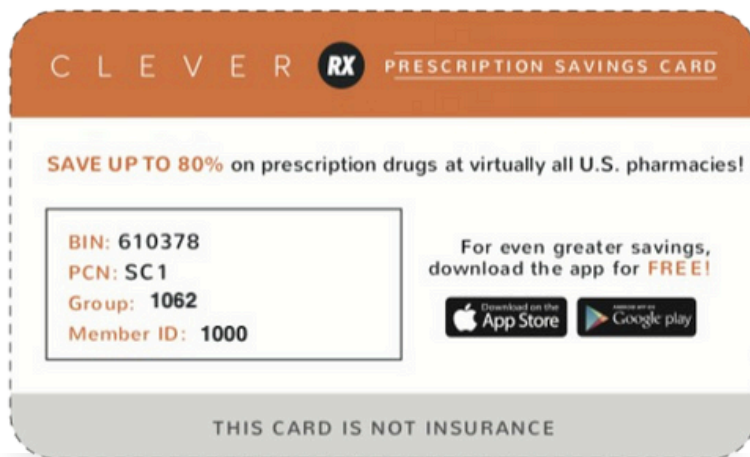
Note: Final implementation rate may vary slightly due to rounding

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Product	Carrier	Website	Phone
Medical	WellNet	www.wellnet.com	800.727.1733
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Permanent Life	Texas Life	www.texaslife.com	800.283.9233
Short Term Disability	Manhattan Life	www.manhattanlife.com	800.669.9030
Critical Illness	Manhattan Life	www.manhattanlife.com	800.669.9030