

BUCKINGHAM COUNTY PUBLIC SCHOOLS  
July 1, 2026 - June 30, 2027



# BENEFITS GUIDE



[Click Here to Visit the EBC](#)

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

# Employee Benefits Center

## A guide to your benefits!

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 or click the link below to learn more about the plans that are available this year!

[ffbenefits.ffga.com/bcps](http://ffbenefits.ffga.com/bcps)



# How to Enroll

## Benefits Enrollment

### Open Enrollment

During Open Enrollment, your FFGA Account Representative will be on-site to assist you with making your elections. Visit your Employee Benefit Center (EBC) for more information here: [ffbenefits.ffga.com/bcps](http://ffbenefits.ffga.com/bcps).

### New Employees

You have 31 days from your actively-at-work date to make benefit elections. To enroll online, scroll down to the blue box on this page and follow the instructions for our enrollment site.

You cannot make changes to your benefit elections during the plan year unless the Benefits Office receives notification in writing within 31 days of a Qualifying Mid-Year Event (QME). If the Benefits Office is not notified within 31 days of a status change, no changes can be made until the next annual Open Enrollment period.

IRS-Specified Qualifying Mid-Year Events:

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

# 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 of the month following the date-of-hire.

### 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.**

# Medical Coverage

## Covet Health (TPA)

Savvy CARES | 804-689-3773

The district's medical plans are offered through Covet Health (TPA) with the Cigna network. There are two medical plans to choose from. From in- and out-of-network options to comprehensive prescription drug coverage and special health and wellness programs, this plan offered by Covet Health, Savvy, HealthMe, and SunNav has been designed to flexibly meet your needs.

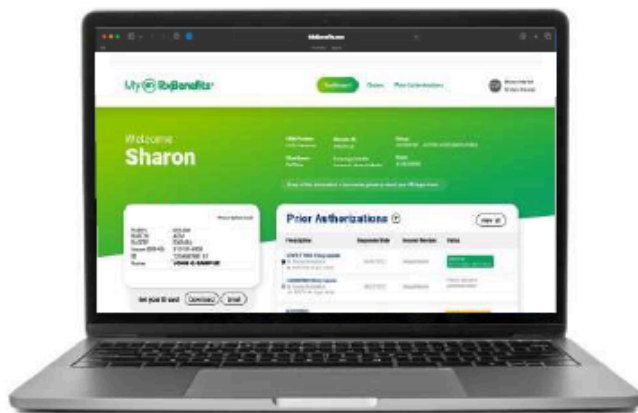


# Online Access to Your Pharmacy Benefits



By registering for My RxBenefits, you'll gain access to robust information related to your pharmacy benefits.

Access your information when it's convenient for you, **24 hours a day, 7 days a week.**



## My RxBenefits will allow you to:

- Chat with a live agent Monday - Friday, 9 a.m. to 6 p.m. CT
- Access real-time prior authorization status, including explanations of determinations, and view 18 months of prior authorization activity
- View, download and email copies of ID cards
- View 18 months of pharmacy claims (including claims for eligible dependents)
- Access your account across multiple devices, including computers, tablets, and phones
- Manage your communication preferences
- View pharmacy benefits coverage information

Sign up for the portal at:  
<https://member.rxbenefits.com>



# Savvy Care Services (Revised)

## Single Point of Contact: 804-689-3773

- Employees seeking to reduce deductible costs will call the Savvy Cares number. The phone or text is answered 24X7, but the employee engagement and service provider engagement is between the hours of 8AM and 6PM.
- Employees will request a Cares team member to speak to or a service they wish to discuss. The call/text will be routed to the Cares team. The employee will always be contacted the same day.
- The Cares team member will discuss the objective of the employee and act as the direct “facilitator “ to accomplish the employee’s objectives.
- If the employee wants the Cares team to engage a service provider and set an appointment to help defray deductibles, the Cares team requires a **3-7day advance notice**. The notice is required because service providers, in a number of cases, are very difficult to contact. The Cares team initiates the requests the same day. Unfortunately, we must contact the service provider multiple times before setting the service. The Cares team will always confirm the appointment with the employee.
- The Cares team objective is to set the appointment and pay for services prior to the employee’s visit.
- Unfortunately, co-pays are not often waived by the service provider. However, it is the Cares team’s objective to eliminate or reduce the employee out-of-pocket costs.

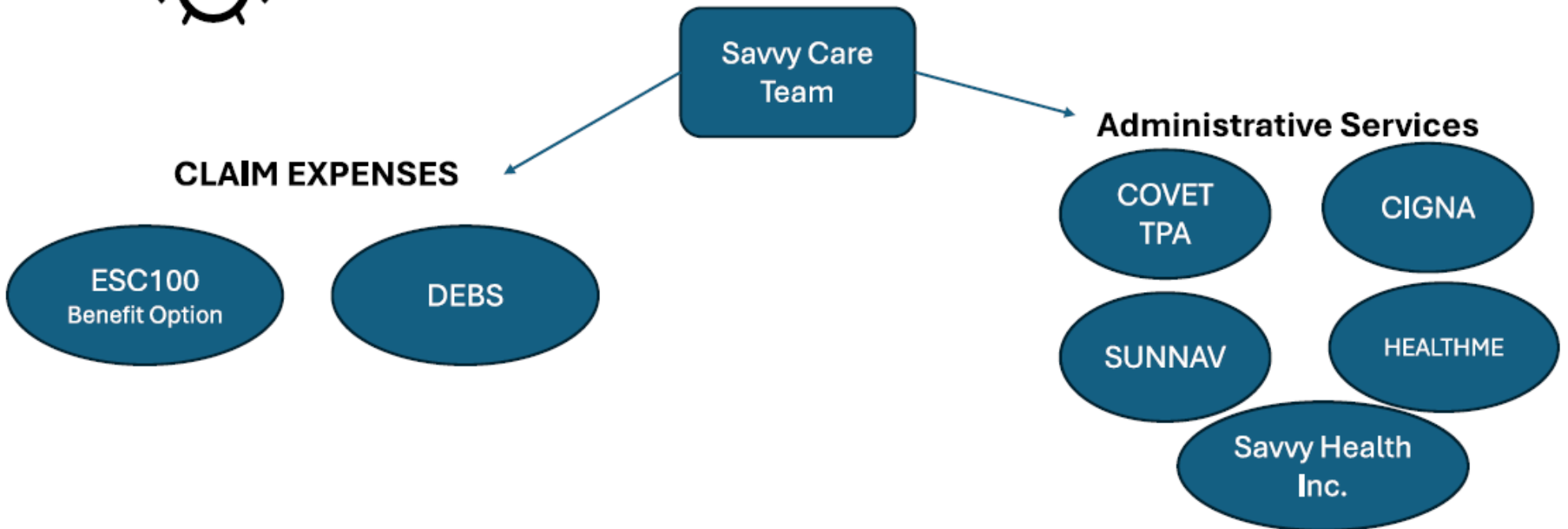
# Savvy Cares Process and Alternatives



**Contact Savvy Cares Team: 804-689-3773**



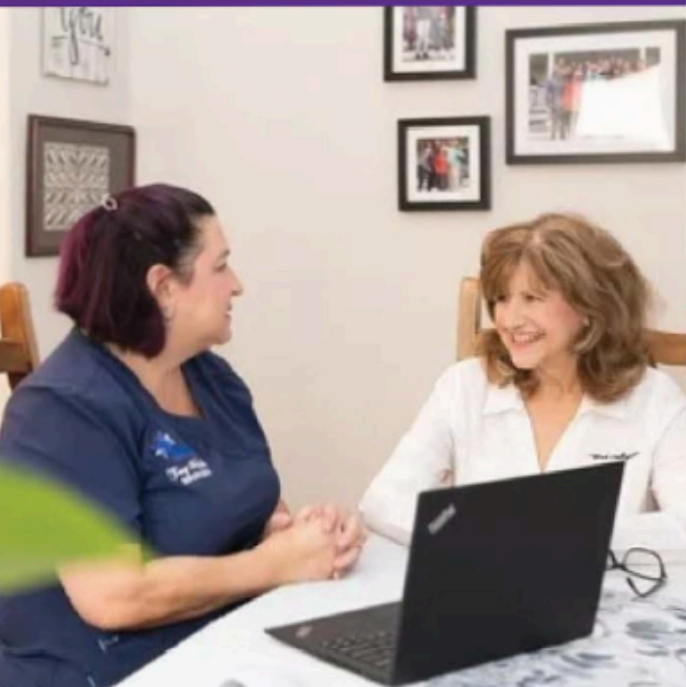
Savvy Cares team coordinates care with service providers.





Empowering  
your best  
decision-making  
during  
any health crisis

From birth to end of life care,  
an independent patient  
advocate can help you  
navigate the complex  
healthcare system.



## CONTACT US



214-273-0091



info@SunNavHCA.com



McKinney, Texas



www.sunnabhca.com

Scan to learn more or book  
your free 30 minute  
consultation



Terry McLellan  
BSN, RN, BCPA

## Patient Advocacy Services:

- Decision making empowerment
- Conflict resolution
- Shared decision making
- Medical assistance
- Insurance and billing
- Medicare advocacy
- Health coaching
- VA benefits specialist
- Referrals
- Care coordination



### ABOUT SUNNAV

We provide expert healthcare navigation. At SunNav Healthcare Advocates, LLC, we believe that everyone deserves access to exceptional medical care. Our skilled medical professionals are committed to providing personalized care to each patient, ensuring they are seen and heard. We offer a range of services, from medical assistance, shared decision making, health coaching and more.



### PATIENT ADVOCACY

We are dedicated to providing personalized care, ensuring each patient is seen and heard. By working with us, you'll save time and money while feeling confident in the medical decisions we empower you to make.

As Board Certified Independent Patient Healthcare Advocates, SunNav guides you to the best care possible.



Need to see a specialist?

# WE GIVE YOU A BETTER WAY.

✓ \$0 COPAYS

✓ \$0 DEDECTIBLES

✓ THE BEST SPECIALTY CARE

HealthMe is your new health benefits concierge. Whether you need an MRI, surgery, a second opinion, or just help finding a trusted doctor — our team is here to help, at no cost to you.

## HOW CAN WE HELP YOU?



Find high-quality doctors and facilities near you.



Save money on imaging and medical procedures.



Talk to a live care navigator who can assist.



Gain more understanding of your plan and benefits.

.....>  
Follow our Care Options and YOUR COSTS ARE WAIVED.



MEET YOUR DEDICATED CARE NAVIGATOR

**Dora Pozuc**

Director of Care Navigation Operations & Development



CALL HEALTHME

**1-888-488-1551**

## Common Services Available from HealthMe.



Office Visits



Imaging (MRIs)



Physical Therapy

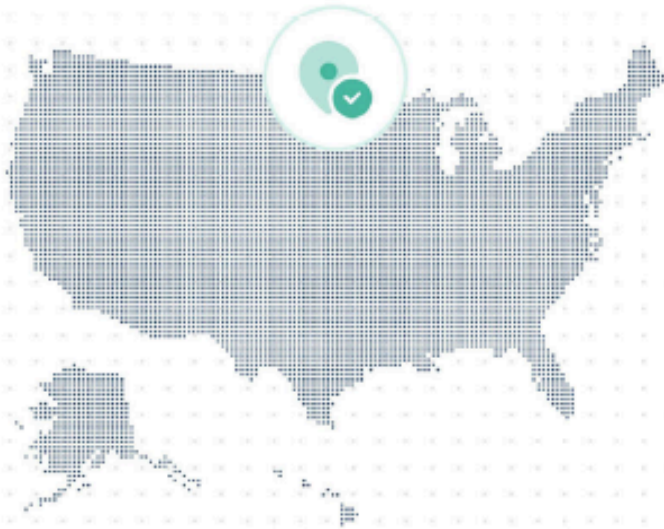


Surgeries

- ✓ Radiology (x-ray, MRI, etc.)
- ✓ Mammograms
- ✓ Orthopedics
- ✓ Physical Therapy
- ✓ Gastroenterology
- ✓ Mental Health
- ✓ Dermatology
- ✓ General Surgery
- ✓ Women's Health
- ✓ ENT
- ✓ Urology
- ✓ Oncology

*\* Our services are constantly being updated, so we recommend you always check with your navigator, Dora, to see if we have options for your care.*

## HealthMe Travel Benefit



Don't see a specialty in your market? We can still help. At your discretion, you can elect to have HealthMe coordinate travel to our specialists elsewhere in the country for your care. This benefit all comes at no cost to you and is your choice.

## How it works.

- 1 Contact Dora.  
Your DPC will also work with Dora.
- 2 HealthMe will search available providers and share options with you.
- 3 If there is a HealthMe match, we will make your appointment.
- 4 Receive your care from the provider and pay \$0 out of pocket.



**SAVE DORA'S  
CONTACT  
INFORMATION  
TO YOUR PHONE  
NOW.**

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

	<b>IN-NETWORK PROVIDERS</b>	<b>OUT-OF-NETWORK PROVIDERS</b>
<b>MAXIMUM PLAN YEAR BENEFIT AMOUNT</b>	None (unlimited)	
<b>DEDUCTIBLE, PER PLAN YEAR</b>		
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>		
<b>MAXIMUM OUT-OF-POCKET AMOUNT, PER PLAN YEAR</b>		
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"> <li>• Cost containment penalties</li> <li>• Non-Covered Expenses</li> <li>• Amounts that exceed an Allowable Charge</li> <li>• Amounts that exceed benefit maximums</li> </ul> <p style="text-align: center;"><b>NOTE: Prescription drug co-payments ARE included in the out-of-pocket maximum amount.</b></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
<b>PREVENTIVE CARE</b>		
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"> <li>➤ 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.</li> <li>➤ 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.</li> <li>➤ 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</li> <li>➤ With respect to women, evidence-informed preventive care and screenings provided for in comprehensive guidelines supported by the Health Resources and Services Administration.</li> </ul>		
<i>Benefits are subject to frequency guidelines set forth in the Affordable Care Act.</i>		
<b>Routine Well Adult Care</b>		
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
<b>Routine Well Child Care (for individuals from age 0 up to age 18)</b>		
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
<b>HOSPITAL SERVICES</b>		
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
<b>PHYSICIAN SERVICES</b>		
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
<b>OTHER SERVICES</b>		
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
<b>OTHER SERVICES</b>		
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
<b>MENTAL HEALTH DISORDERS</b>		
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
<b>SUBSTANCE USE DISORDER</b>		
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
<b>ALL OTHER COVERED SERVICES</b>	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.

<b>PRESCRIPTION DRUGS</b>		
	<b>RETAIL PHARMACY</b> <i>30-day supply</i>	<b>RETAIL/MAIL ORDER PHARMACY</b> <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
<b>SPECIALTY DRUGS</b>		
	<b>SPECIALTY PHARMACY</b> <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.*

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

	<b>IN-NETWORK PROVIDERS</b>	<b>OUT-OF-NETWORK PROVIDERS</b>
<b>MAXIMUM PLAN YEAR BENEFIT AMOUNT</b>	None (unlimited)	
<b>DEDUCTIBLE, PER PLAN YEAR</b>		
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>		
<b>MAXIMUM OUT-OF-POCKET AMOUNT, PER PLAN YEAR</b>		
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"> <li>• Cost containment penalties</li> <li>• Non-Covered Expenses</li> <li>• Amounts that exceed an Allowable Charge</li> <li>• Amounts that exceed benefit maximums</li> </ul> <p style="text-align: center;"><b>NOTE: Prescription drug co-payments ARE included in the out-of-pocket maximum amount.</b></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
<b>PREVENTIVE CARE</b>		
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"> <li>➤ 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.</li> <li>➤ 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.</li> <li>➤ 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</li> <li>➤ With respect to women, evidence-informed preventive care and screenings provided for in comprehensive guidelines supported by the Health Resources and Services Administration.</li> </ul>		
<i>Benefits are subject to frequency guidelines set forth in the Affordable Care Act.</i>		
<b>Routine Well Adult Care</b>		
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
<b>Routine Well Child Care (for individuals from age 0 up to age 18)</b>		
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
<b>HOSPITAL SERVICES</b>		
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
<b>PHYSICIAN SERVICES</b>		
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
<b>OTHER SERVICES</b>		
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
<b>OTHER SERVICES</b>		
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
<b>MENTAL HEALTH DISORDERS</b>		
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
<b>SUBSTANCE USE DISORDER</b>		
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
<b>ALL OTHER COVERED SERVICES</b>	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.

<b>PRESCRIPTION DRUGS</b>		
	<b>RETAIL PHARMACY</b> <i>30-day supply</i>	<b>RETAIL/MAIL ORDER PHARMACY</b> <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
<b>SPECIALTY DRUGS</b>		
	<b>SPECIALTY PHARMACY</b> <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.*

## CIGNA NETWORK RATES

<u>HEALTH</u>	<u>Employee Portion</u>	<u>Employer Portion</u>	<u>Total</u>
<b>PPO 30/2000/20% \$2000 Deductible</b>			
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
<b>PPO 30/4000/20% \$4,000 Deductible</b>			
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

# Dental Insurance

## Plan Choices



Delta Dental of VA | [deltadentalva.com](https://www.deltadentalva.com) | 800.237.6060

Taking care of your oral health is not a luxury, it is a necessity to long-term optimal health. Dental insurance can greatly reduce your costs when it comes to preventative, restorative, and emergency procedures. Review the plan benefits to see which option is best for you and your family's dental needs. A range of procedures may be covered, such as:

- Comprehensive Exams
- Cleanings
- X-Rays
- Fillings
- Tooth Extractions
- General Anesthesia
- Crown
- Root Canals



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

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

	<b>In-Network Coverage (Using an In-Network Vision Provider)</b>		<b>Out-of-Network Coverage (Using an Out-of-Network Vision Provider)</b>
<b>STANDARD LENS OPTIONS</b>	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. <sup>1</sup>	Progressive – Standard	\$55	\$50 allowance
	Progressive – Premium	\$110	
	Progressive – Ultra	\$150	
	Progressive – Ultimate	\$225	
	Ultra Violet Coating	\$12	
	Standard Polycarbonate (adult)	\$40	Applied to the allowance for the applicable corrective lens
	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	
<b>FRAMES</b>	Covered up to a \$150 allowance after any applicable Co-Payment		\$70 allowance after any applicable Co-Payment
<b>CONTACT LENSES</b>			
<b>FITTING AND EVALUATION</b>	<b>Standard Fit:</b> Covered in full after \$25 Co-Payment  <b>Specialty Fit:</b> \$50 allowance after \$25 Co-Payment		Applied to the allowance for contact lenses
<b>ELECTIVE</b>	<b>\$150 allowance</b>  Contact lenses are provided in place of lens and frame benefits available herein.		<b>\$105 allowance</b>  Contact lenses are provided in place of lens and frame benefits available herein.

## SCHEDULE OF BENEFITS (continued)

<p><b>NECESSARY</b></p>	<p><b>Covered in full</b></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><b>\$210 allowance</b></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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<sup>1</sup> 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.

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

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

## DEFINITIONS

As used in this certificate, the terms listed below will have the meanings set forth below. When defined terms are used in this certificate, they will appear with initial capitalization. The plural use of a term defined in the singular will share the same meaning.

**Actively at Work or Active Work** means that You are performing all of the usual and customary duties of Your job on a Full-Time basis. This must be done at:

- the Employer's place of business;
- an alternate place approved by the Employer; or
- a location to which the Employer's business requires You to travel.

You will be deemed to be Actively at Work during weekends or Employer-approved vacations, holidays or business closures if You were Actively at Work on the last scheduled work day preceding such time off.

**Anisometropia** means a condition of unequal refractive state of the two eyes, one eye requiring a different lens correction than the other.

**Child** means the following: (for residents of Connecticut, Louisiana, Minnesota, Montana, New Hampshire, New Mexico, Texas, Utah and Washington, the Child Definition is modified as explained in the Notice pages of this certificate - please consult the Notice)

For Vision Insurance, Your natural child; Your adopted child; Your stepchild (including the child of a Domestic Partner) or a child who resides with and is fully supported by You; and who, in each case, is under age 26.

The definition of Child includes newborns.

An adopted child includes a child placed in Your physical custody for purpose of adoption. If prior to completion of the legal adoption the child is removed from Your custody, the child's status as an adopted child will end.

If You provide Us notice, a Child also includes a child for whom You must provide Vision Insurance due to a Qualified Medical Child Support Order as defined in the United States Employee Retirement Income Security Act of 1974 as amended.

The term includes an Employee's Child who is incapable of self-sustaining employment because of a mental or physical disability as defined by applicable law, and has been so disabled continuously since a date before the Child reached the limiting age and who otherwise qualifies as a Child except for the age limit.

For the purposes of determining who may become covered for insurance, the term does not include any person who:

- is on active duty in the military of any country or international authority; however, active duty for this purpose does not include weekend or summer training for the reserve forces of the United States, including the National Guard; or
- is insured under the Group Policy as an employee.

**Contributory Insurance** means insurance for which the Employer requires You to pay any part of the premium.

Contributory Insurance includes: Vision Insurance for You and Your Dependents.

**Co-Payment or Co-Pay** means a fixed dollar amount for which We are not responsible, as shown in the Schedule of Benefits. You must pay Your Co-Payment at the time services are rendered or materials ordered.

**Covered Person(s)** means an Employee and/or a Dependent covered under this Certificate.

## **DEFINITIONS (continued)**

**Covered Services and Materials** means a vision service or materials used to treat Your or Your Dependent's vision condition which is:

- prescribed or performed by a Vision Provider while such person is insured for Vision Insurance;
- Necessary to treat the condition; and
- described in the SCHEDULE OF BENEFITS, VISION INSURANCE or VISION INSURANCE: DESCRIPTION OF COVERED SERVICES AND MATERIALS sections of this certificate.

**Dependent(s)** means Your Spouse or Domestic Partner and/or Child.

**Domestic Partner** means each of two people, one of whom is an employee of the Employer, who:

- have registered as each other's domestic partner, civil union partner or reciprocal beneficiary with a government agency where such registration is available; or
- are of the same or opposite sex and have a mutually dependent relationship so that each has an insurable interest in the life of the other. Each person must be:
  1. 18 years of age or older;
  2. unmarried;
  3. the sole domestic partner of the other;
  4. sharing a primary residence with the other; and
  5. not related to the other in a manner that would bar their marriage in the jurisdiction in which they reside.

A Domestic Partner declaration attesting to the existence of an insurable interest in one another's lives must be completed and Signed by the employee.

**Full-Time** means Active Work on the Employer's regular work schedule for the class of employees to which You belong. The work schedule must be at least 30.0 hours a week. Full-Time does not include temporary or seasonal employees.

**In-Network Vision Provider** means an optometrist, ophthalmologist, or optician licensed and otherwise qualified to practice vision care and/or provide vision care materials who is contracted to provide Plan Benefits to Covered Persons of MetLife and accepts reimbursement at the negotiated rate.

**Keratoconus** means a development or dystrophic deformity of the cornea in which it becomes cone shaped due to a thinning and stretching of the tissue in its central area.

**Maximum Benefit Allowance** means the maximum amount We will allow for Covered Services and Materials provided by a Vision Provider.

**Necessary** means Covered Services and Materials that are necessary and meet with professionally recognized standards of practice. The fact that a Vision Provider may prescribe, order, recommend or approve a service or material does not, in itself, make it medically necessary, or make it a Covered Service and Material even though it is listed in the Group Policy or the Benefit Schedule as Covered Service and Material.

**Noncontributory Insurance** means insurance for which the Employer does not require You to pay any part of the premium.

**Out-of-Network Vision Provider/Non-Network Vision Provider** means any optometrist, optician, ophthalmologist or other licensed and qualified vision care provider who has not contracted to provide vision care services and/or vision care materials to Covered Persons of MetLife.

**Plan or Plan Benefits** means the vision care services and vision care materials which a Covered Person is entitled to receive by virtue of coverage under this Certificate.

**Progressive Lens** means a multifocal lens that makes the transition from distance to near vision by a gradual, progressive addition of power. The result is a lens with a seamless appearance.

## DEFINITIONS (continued)

**Proof** means Written evidence satisfactory to Us that a person has satisfied the conditions and requirements for any benefit described in this certificate. When a claim is made for any benefit described in this certificate, Proof must establish:

- the nature and extent of the loss or condition;
- Our obligation to pay the claim; and
- the claimant's right to receive payment.

Proof must be provided at the claimant's expense.

**Service Interval or Frequency** means a period of consecutive months, as shown in the SCHEDULE OF BENEFITS, in which You or Your Dependent may receive Covered Services and Materials. This period starts on Your or Your Dependent's effective date of coverage. A subsequent service interval starts after vision services or materials are received. Once Covered Services and Materials are received during any service interval, additional services are not covered during the same service interval and are subject to an additional charge.

**Signed** means any symbol or method executed or adopted by a person with the present intention to authenticate a record, which is on or transmitted by paper or electronic media which is acceptable to Us and consistent with applicable law.

**Spouse** means Your lawful Spouse.

For the purposes of determining who may become covered for insurance, the term does not include any person who:

- is in the military of any country or subdivision of any country; or
- is insured under the Group Policy as an employee.

**Vision Provider** means an eye care professional who is an optometrist, ophthalmologist, or registered dispensing optician, who:

- is licensed as such by the proper authorities in the jurisdiction where such services are performed;
- is acting within the scope of such license; and

**The term does not include:**

- You;
- Your Spouse or Domestic Partner; or
- any member of Your immediate family including Your and/or Your Spouse's or Domestic Partner's:
  - parents;
  - children (natural, step or adopted);
  - siblings;
  - grandparents; or
  - grandchildren.

**We, Us and Our** mean MetLife.

**Written or Writing** means a record which is on or transmitted by paper or electronic media which is acceptable to Us and consistent with applicable law.

**Year or Yearly** means the 12 month period that begins January 1.

**You and Your** mean an employee who is insured under the Group Policy for the insurance described in this certificate.

## **ELIGIBILITY PROVISIONS: INSURANCE FOR YOU**

### **ELIGIBLE CLASS(ES)**

**All Active Full-Time Employees**

### **DATE YOU ARE ELIGIBLE FOR INSURANCE**

You may only become eligible for the insurance available for Your class as shown in the SCHEDULE OF BENEFITS.

#### **For All Active Full-Time Employees**

If You are in an eligible class on October 1, 2022, You will be eligible for insurance on that date.

If You enter an eligible class after October 1, 2022, You will be eligible for insurance on the first day of the month coincident with or next following the date You enter that class.

**Waiting Period** means the period of continuous membership in an eligible class that You must wait before You become eligible for insurance. This period begins on the date You enter an eligible class and ends on the date You complete the period(s) specified.

### **ENROLLMENT PROCESS FOR VISION INSURANCE**

If You are eligible for insurance, You may enroll for such insurance by completing the required form in Writing. If You enroll for Contributory Insurance, You must also give the Employer Written permission to deduct premiums from Your pay for such insurance. You will be notified by the Employer how much You will be required to contribute.

The Vision Insurance has a regular enrollment period established by the Employer. Subject to the rules of the Group Policy, You may enroll for Vision Insurance only when You are first eligible or during an annual enrollment period or if You have a Qualifying Event. You should contact the Employer for more information regarding the annual enrollment period.

### **DATE YOUR INSURANCE TAKES EFFECT**

#### **Enrollment When First Eligible**

If You complete the enrollment process within 31 days of becoming eligible for insurance, such insurance will take effect on the date You become eligible, provided You are Actively at Work on that date.

If You are not Actively at Work on the date the insurance would otherwise take effect, the benefit will take effect on the day You resume Active Work.

#### **If You Do Not Enroll When First Eligible**

If You do not complete the enrollment process within 31 days of becoming eligible, You will not be able to enroll for Vision Insurance until the next annual enrollment period, as determined by the Employer, following the date You first become eligible or if You have a Qualifying Event. At that time You will be able to enroll for insurance for which You are then eligible.

#### **Enrollment During An Annual Enrollment Period**

During any annual enrollment period as determined by the Employer, You may enroll for vision insurance for which You are eligible. The changes to Your insurance made during an annual enrollment period will take effect on the first day of the month following the enrollment period, if You are Actively at Work on that date.

If You are not Actively at Work on the date insurance would otherwise take effect, insurance will take effect on the day You resume Active Work.

## **ELIGIBILITY PROVISIONS: INSURANCE FOR YOU**

### **Enrollment Due to a Qualifying Event**

You may enroll for insurance for which You are eligible between annual enrollment periods only if You have a Qualifying Event.

If You have a Qualifying Event, You will have 31 days from the date of that change to make a request. This request must be consistent with the nature of the Qualifying Event. The insurance enrolled for or changes to Your insurance made as a result of a Qualifying Event will take effect on the first day of the month coincident with or next following the date of Your request, if You are Actively at Work on that date.

If You are not Actively at Work on the date insurance would otherwise take effect, insurance will take effect on the day You resume Active Work.

**Qualifying Event** includes:

- marriage; or
- the birth, adoption or placement for adoption of a dependent child; or
- divorce, legal separation or annulment; or
- the death of a dependent; or
- You previously did not enroll for vision coverage for You or Your dependent because You had other group coverage, but that coverage has ceased due to loss of eligibility for the other group coverage; or
- Your dependent's ceasing to qualify as a dependent under this insurance or under other group coverage.

### **DATE YOUR INSURANCE ENDS**

Your insurance will end on the earliest of:

1. the date the Group Policy ends;
2. the date insurance ends for Your class;
3. the end of the period for which the last premium has been paid for You;
4. the last day of the calendar month in which Your employment ends; Your employment will end if You cease to be Actively at Work in any eligible class, except as stated in the section entitled CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT;
5. the last day of the calendar month in which You retire in accordance with the Employer's retirement plan.

In certain cases insurance may be continued as stated in the section entitled CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT.

**Superior Vision by MetLife**

Employee	\$ 6.65	N/A	
Employee + Children	\$ 13.32	N/A	
Employee + Spouse	\$ 13.65	N/A	
Family	\$ 20.30	N/A	

# Flexible Spending Accounts

First Financial Administrators, Inc. | [www.ffga.com](http://www.ffga.com)  
1.866.853.3539 P.O. Box 161968 | Altamonte Springs, FL 32716

## Medical FSA

A Medical Flexible Spending Account (Medical FSA) is an IRS-approved program to help you save taxes and pay for out-of-pocket medical expenses not covered under your medical plan. Your plan includes a grace period option, so you have additional time to incur and claim against unused funds in the new plan year. Keep in mind that remaining balances after the grace period is exhausted will be forfeited under the use-it-or-lose-it rule.

**Your maximum contribution amount for 2026 is \$3,400.**

### Medical FSA Highlights

- Contributions are automatically deducted from your paycheck on a pre-tax basis, which helps reduce your taxable income and increase your spendable income.
- Your full election will be available to you at the beginning of the plan year.
- Be conservative – any money left in your account at the end of the plan year will be forfeited.
- Use your benefits card to pay for qualified expenses upfront without spending money out of pocket.
- Keep all receipts in case you need to substantiate a claim for tax purposes.

**NOTE: The IRS requires proof that all expenses are eligible. Keep all receipts in case you need to substantiate a claim for tax purposes. Your receipt must include the date of purchase or service, amount you were required to pay after insurance, description of the product or service, merchant or provider name, and the patient's name.**

## Dependent Care FSA

With a Dependent Care Flexible Spending Account, you can set aside part of your pay on a pre-tax basis to pay for eligible dependent care expenses like childcare, babysitters, and adult day care.

**You may allocate up to \$7,500 per tax year for reimbursement of dependent care services.**

**If you are married and file a separate tax return, the limit is \$3,750.**

### Dependent Care FSA Highlights

- Eligible dependents must be claimed as an exemption on your tax return.
- Eligible dependents must be children under age 13 or an adult dependent incapable of self-care.
- Funds become available as contributions are made to your account.
- Keep all receipts in case you need to substantiate a claim for tax purposes.
- Balances will be forfeited at the end of the runoff or grace period.

# FSA Resources

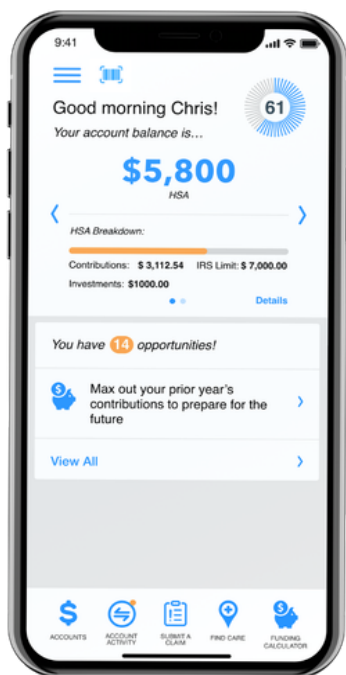
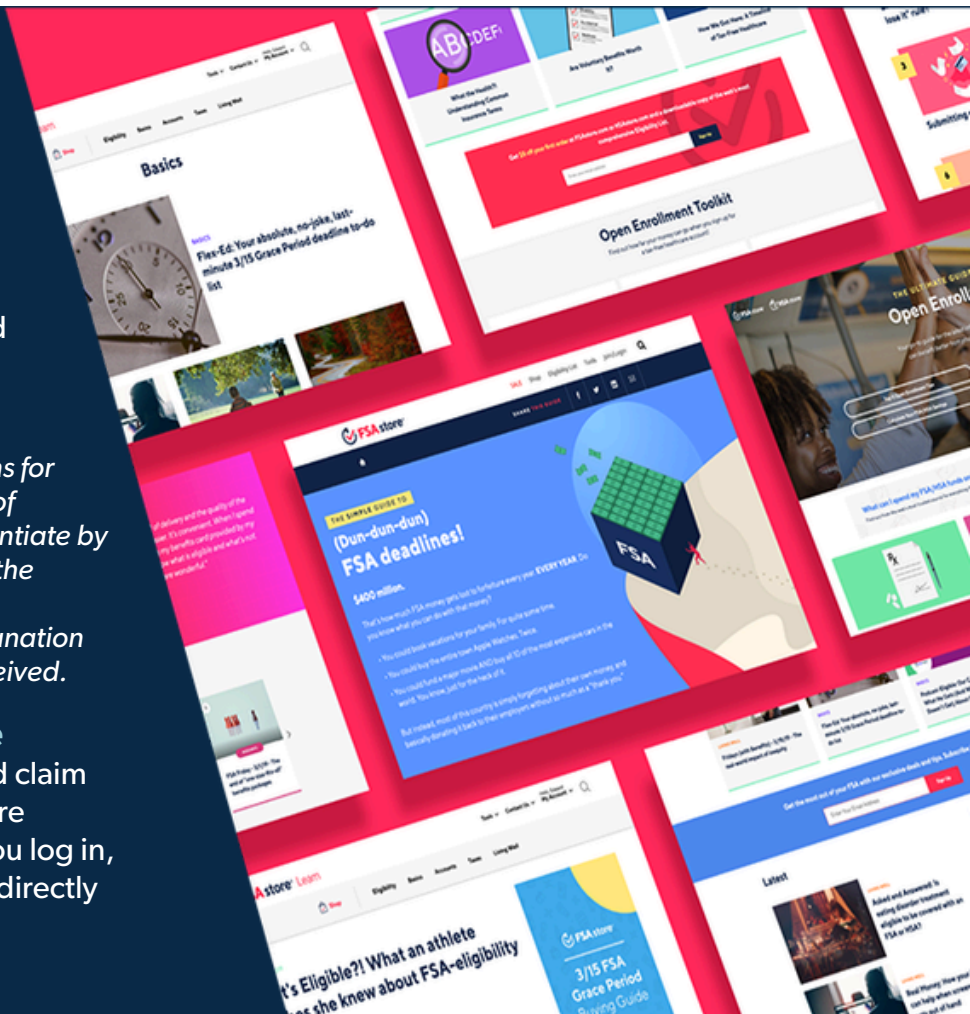
## Benefits Card

The FFGA Benefits Card is available to all employees that participate in a Medical FSA and/or a Dependent Care FSA. The Benefits Card gives you immediate access to your money at the point of purchase. Cards are available for participating employees, their spouse and any eligible dependents who are at least 18 years old.

*The IRS requires validation of most transactions for FSAs. You must submit receipts for validation of expenses when requested. If you fail to substantiate by providing a receipt to FFGA within 60 days of the purchase or date of service your card will be suspended until the necessary receipt or explanation of benefits from your insurance provider is received.*

## View Your Account Details Online

Sign up to view your account balance, find claim forms and check claims status on our secure website. Log in at [www.ffga.com](http://www.ffga.com). After you log in, you may sign up to have reimbursements directly deposited to your bank account.



## FF Mobile Account App

With the FF Mobile Account App, you can submit claims, view account balance and history, check claims status, view alerts, upload receipts and documentation and more! The FF Mobile Account App is available for Apple® and Android™ devices on either the App Store or Google Play Store.

## FSA Store

FFGA has partnered with the FSA Store to bring you an easy-to-use online store to better understand and manage your account. You can shop for eligible medical items like bandages and contact solution, browse for products and services using the Eligibility List and visit the Learning Center to find answers to commonly asked questions. Visit the store at <http://www.ffga.com/individuals/#stores> for more details and special deals.



# Voluntary Term Life

American Fidelity | [www.americanfidelity.com](http://www.americanfidelity.com) | 800-654-8489

## Voluntary Term Life Insurance

Voluntary life insurance is term life coverage you can purchase in addition to the basic life plan provided by your employer. It will cover you for a specific period of time while you are employed. Plan amounts are offered in tiers so you can choose the amount of coverage that works best for you and your family. Because it's a group plan, premiums are typically lower, so it's more affordable to gain the peace of mind that life insurance provides. Limitations apply, please see policy for details. Visit the Employee Benefits Center for more details.



# Term Life Insurance

Underwritten by: American Fidelity Assurance Company

10, 20 & 30 Year Renewable and Convertible  
Term Life Insurance



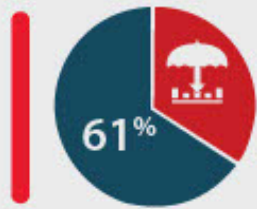
Easy Application Process · No Medical Exams · Excellent Customer Service · Learn More » »



**Marketed by:**  
First Financial Capital Corporation  
P.O. Box 670329 • Houston, TX 77267-0329  
Local (281) 847-8422 | Toll Free (800) 523-8422  
[ffga.com](http://ffga.com)

# Strengthen Your Family's Financial Plan

Life insurance is an essential piece of a robust financial plan. While there is no replacement for losing a loved one, **Term Life Insurance** can help protect your family in your absence. It supplies short-term coverage at a competitive price. Term Life Insurance can help fill temporary needs for those on a limited budget.



**61%** of adults in the United States have no individual life insurance.<sup>1</sup>

Life insurance provided by your employer is a significant benefit. However, it may not be enough protection to provide for your loved ones.

A term life policy can help supplement your existing coverage. Plus, you own this policy, meaning you can take it to a different job or retirement.



<sup>1</sup>LIMRA: Study Finds COVID-19 Spurs Greater Interest in Life Insurance; March 23, 2021; <sup>2</sup>According to the 2023 Insurance Barometer Study by LIMRA and Life Happens LIMRA: 2023 Insurance Barometer Study; May 5, 2023; P.7.

## Why You Need Life Insurance

Consider the following expenses when choosing the right life insurance plan for you.



**Term Life Insurance** is a great option for your working and earning years when costs are usually at their highest.

Premiums will remain the same for the initial term period selected.<sup>3</sup> The death benefit will not change for the life of the policy, and death benefits are generally paid tax free.

## Three Easy Steps to Get Covered

**1**

Select a Term Period

Choose from a 10, 20, or 30 year term.

**2**

Answer Three Health Questions<sup>4</sup>

Only three health questions are required to issue coverage. You do not have to take part in any invasive medical exams.

**3**

Get Death Benefit Coverage Immediately<sup>5</sup>

Your death benefit coverage starts when you sign the application.

<sup>3</sup>Rates will be adjusted on each renewed term period. <sup>4</sup>Issuance of the policy may depend on the answer to these questions. <sup>5</sup>Interim coverage for death will be in force from the date your application is signed if, on such date, the proposed insured is insurable per our underwriting guidelines for the requested coverage per the terms of the policy. This interim coverage for death will remain in force until the earlier of 1) the date a policy becomes effective, 2) the date we decline the application, or 3) the date we notify the proposed insured that they are ineligible for interim coverage. The employee and/or spouse must remain actively at work during the interim coverage period. If the death of the proposed insured occurs during the interim coverage period, the first month's premium will be subtracted from the policy proceeds. Interim coverage is only for death benefits under the base policy, Children's Term Rider and Spouse Term Rider. No interim coverage benefits are available under any Waiver of Premium Rider, Accidental Death and Dismemberment Rider, or Accelerated Benefit Rider for Long Term Illness. <sup>6</sup>Example is based on a 20-year term, monthly, non-tobacco, base policy with no attached riders. See your American Fidelity account manager for specific ages, rates, term periods or face amounts. <sup>7</sup>Premiums remain level for the initial term period selected. If you choose the 10 or 20-Year Term Life Plan, the renewal date will be every 10 or 20 years until the policy anniversary following age 70 or 60, respectively. Thereafter, premiums are renewable annually. The 30-Year Term Life Plan is renewable annually after the initial term period. All term plans expire on the policy anniversary following age 90. Rates will be adjusted on each renewed term period. <sup>8</sup>In the states of AK, AR, CO, IA, KS, MN, MO, ND, NH, OR, PA, RI, SC, TN and WI, the minimum issue age for younger employees is 18. <sup>9</sup>In the states of MO and PA, the minimum issue age for younger spouses is 18.

### EMPLOYEE ISSUE AGES

10 Year Term: 17-65  
20 Year Term: 17-60  
30 Year Term: 17-50

### EMPLOYEE ISSUE MAXIMUM

Ages 17-49: \$300,000  
Ages 50-65: \$100,000

### GUARANTEED LEVEL DEATH BENEFIT

Receive the full face amount of your policy provided no accelerated benefits are paid.

### SPOUSE ISSUE AGES AND MAXIMUMS

Ages 17-49: \$50,000  
Ages 50-60: \$25,000

### RATES BASED ON ISSUE AGE AND TOBACCO STATUS

Premiums will be based on your age on the date your policy becomes effective. You may be eligible for reduced rates if you are a non-tobacco user.

### RENEWABLE AND CONVERTIBLE<sup>7</sup>

Renew your coverage to age 90. You may convert to a whole life policy before age 70.

## Enhance Your Plan

### Waiver of Premium Rider

This rider waives the premium if the base insured becomes totally disabled, as defined in the rider, for at least six consecutive months. Premiums are waived for the base policy and any attached riders. The issue age is 17-60. The rider terminates at age 65.

### Accidental Death and Dismemberment Rider

This rider provides coverage upon death, dismemberment, or paralysis of the base insured before age 70 if such death, dismemberment, or paralysis results from accidental causes, as defined in the rider. This rider also provides an additional 10% seat belt benefit if the police accident report certifies the base insured was wearing a properly fastened seat belt at the time of death. Benefits are payable once per covered accident.

### Spouse Term Rider

This rider provides Term Life Insurance coverage for your spouse. The premiums for this rider are based on the spouse's age and tobacco usage. Coverage may be renewed for each additional renewal period up to the spouse's age of 90 while the base policy is active. Premiums are guaranteed to remain the same during the initial term period.<sup>7</sup>Premiums adjust upon renewal. The face amount must be equal to or less than the base policy.

### Children's Term Rider

This rider provides Term Life Insurance protection for all eligible children between the ages of one month through 19 (in MI and PA, age 17; MA and WA, age 14). Three benefit levels are available: \$10,000, \$20,000, and \$30,000 (\$15,000 in WA). Coverage remains on each child until age 26 or the child's marriage before age 26. Your covered child may also convert this rider for up to five times the amount of coverage (subject to a \$100,000 limit) to any form of permanent insurance offered by American Fidelity. One premium covers all eligible children.

### Accelerated Benefit Rider for Long Term Illness

(Available with 30-Year Term Life Only)

This rider provides for two equal advances of a portion of the base policy's death benefit due to a Long Term Illness if we receive satisfactory proof of Long Term Illness before each annual payment. Coverage is available on the base insured only.

### SAMPLE 20-YEAR TERM NON- TOBACCO MONTHLY PREMIUM RATES<sup>6</sup>

	\$25K*	\$50K*	\$100K	\$150K	\$300K
25	\$6.50	\$9.00	\$16.00	\$20.00	\$38.00
35	\$7.50	\$11.50	\$21.00	\$27.50	\$53.00
45	\$11.75	\$20.50	\$39.00	\$56.00	\$110.00
55	\$25.25	\$38.50	\$75.00	n/a	n/a

\*Shaded amounts available for spouse base policy purchases.

Premium and amount of benefits vary dependent upon level selected at time of application.

Social Security numbers are required at the time of application for spouses and dependents.

Additional riders are subject to our general underwriting criteria and coverage is not guaranteed. Rider availability may vary by state.

Third Party Notice: The owner has the right to designate a third party to receive notice of lapse or termination of an individual life insurance policy due to nonpayment of premium. Such notice will be sent to the policy owner and the third party at least 30 calendar days before cancellation. This designation may be done at this time, or at any time the policy is in force. Please contact us to request a form to designate, change or update this information at a later date. M3437.R118

## Accelerated Benefit Summary and Disclosure Notice

THIS DOCUMENT SERVES ONLY AS A SUMMARY AND A DISCLOSURE NOTICE. PLEASE REFER TO YOUR POLICY OR RIDER FOR ACTUAL CONTRACT PROVISIONS.

THE POLICY/RIDER PROVIDES AN ACCELERATED BENEFIT OPTION. YOU SHOULD CONSULT WITH A PERSONAL TAX ADVISOR IF YOU ARE CONSIDERING ELECTING PAYMENT UNDER AN ACCELERATED BENEFIT PROVISION. BENEFITS AS SPECIFIED IN THE POLICY/RIDER WILL BE REDUCED UPON RECEIPT OF AN ACCELERATED BENEFIT PAYMENT. RECEIPT OF ACCELERATED BENEFIT PAYMENTS: 1) MAY BE TAXABLE; 2) MAY AFFECT YOUR ELIGIBILITY FOR BENEFITS UNDER STATE OR FEDERAL LAW; AND, 3) DO NOT AND ARE NOT INTENDED TO QUALIFY AS LONG-TERM CARE INSURANCE.

The policy and/or rider you are applying for has an Accelerated Benefit provision. The provision allows a portion of the death benefits to be advanced if certain conditions are met. Please see policy/rider for conditions and definitions, as applicable.

Prior to the payment of any Accelerated Benefit, the following conditions must be met:

- The maximums vary by policy/rider (see specific information below) and shall not exceed the Benefit Amount for the policy shown on the Policy Schedule.
- Only one Accelerated Benefit election will be made under the policy and/or each rider even if the Owner does not elect the full acceleration amount.
- If two or more Accelerated Benefits are payable on behalf of the Insured/Covered Person under the policy or any attached riders for the same or related sickness, injury or loss, benefits will be paid in the following order:
  - 1) Accelerated Benefit for Long Term Illness, if this optional rider is attached to the policy; and
  - 2) Accelerated Benefit for Terminal Condition.
- Additional limitations and exclusions may apply, please read your policy/rider carefully.

Upon request to accelerate the policy/rider proceeds, and upon the payment of the accelerated benefit, the Owner and any irrevocable beneficiary shall be given a statement demonstrating the effect of the acceleration on the payment of policy proceeds, cash value, death benefit, premium, and policy loans, as applicable.

### Accelerated Benefit for Terminal Condition

Prior to the payment of any Accelerated Benefit, the Insured/Covered Person must have a Terminal Condition, defined as an imminent death expected as a result of a non-correctable medical condition that with reasonable medical certainty will result in a drastically limited life span of the Insured/Covered Person of 12 months or less. The maximum payable is the lesser of: 50% of the eligible proceeds as defined in the policy/rider, or \$100,000. There is no premium associated with this provision.

Payment of an Accelerated Benefit, if elected, will have the following effect on your contract:

- Upon payment of the Accelerated Benefit, the policy/rider will remain in force. Any premiums due to keep the policy/rider in force will be paid by us, and will be deducted from the policy proceeds upon death, unless you are currently exercising the Automatic Premium Loan option. If you are currently exercising the Automatic Premium Loan option, any premiums will continue to be paid under this option, until such time as this option is exhausted or discontinued.

- Policy proceeds which are payable on the death of the Insured/Covered Person will be reduced by the amount of the Accelerated Benefit, any outstanding policy loans, and any premiums paid by us on your behalf.
- Cash values, if any, will continue to accumulate as specified in your policy or rider. Access to the policy cash value may be restricted to the excess of the cash value over the sum of the amount accelerated and any premiums paid by us and any other outstanding policy loans.
- Any outstanding loan, including interest will not be deducted from the Accelerated Benefit payment.
- **This Accelerated Benefit will be treated as a lien against the death benefit and applied at time of death.**

### Accelerated Benefit for Long Term Illness (optional rider)

Prior to the payment of any Accelerated Benefit, the Insured must have a Long Term Illness, which means the Insured has been certified within the last 12 months by a Licensed Health Care Practitioner as permanently unable to perform, without Substantial Assistance from another individual, at least two out of five Activities of Daily Living for a period of at least 90 days due to a loss of functional capacity; or requiring Substantial Supervision due to permanent Severe Cognitive Impairment. The maximum payable is the lesser of 50% of the Eligible Proceeds available at the time of claim payable in two equal annual payments up to a maximum of 25% of the Eligible Proceeds per year for two consecutive years; or \$100,000 payable in two equal annual payments up to a maximum of \$50,000 per year for two consecutive years. Premium is required to keep this rider in force.

Payment of an Accelerated Benefit for Long Term Illness, if elected, will have the following effect on your contract:

- Upon payment of the Accelerated Benefit, the rider will terminate and no additional benefits will be due under the rider, even for recurrence. The policy will remain in force and premiums will continue to be billed and payable as due.
- Policy proceeds which are payable on the death of the Insured will be reduced by the amount of the Accelerated Benefit.
- Cash values, if any, will continue to accumulate as specified in your policy or rider. The cash values will be adjusted proportionally by the percent accelerated.
- Any outstanding policy loan, including interest, will be proportionally reduced by the percent accelerated and will be deducted from the Accelerated Benefit payment.
- **The Accelerated Benefit will reduce the Benefit Amount and will be applied immediately upon acceleration. ICC18 DN111**

This brochure does not constitute the full policy and is intended to provide basic information about American Fidelity Assurance Company's Renewable and Convertible Term Life Insurance product, ICC14 RCTL14 / RCTL14 Series. For specific details, limitations and exclusions, please refer to your policy, riders. Please consult your tax advisor for your specific situation. This policy is not eligible under Section 125. Rider availability may vary by state.

We will not pay the policy proceeds if the insured commits suicide, while sane or insane for the period of time as described in the insured's policy, from the Effective date. Instead, we will return all premiums paid.

Underwritten and administered by:

**AMERICAN FIDELITY**   
a different opinion

American Fidelity Assurance Company  
9000 Cameron Parkway  
Oklahoma City, Oklahoma 73114  
800-662-1113  
[americanfidelity.com](http://americanfidelity.com)

For Use In: AZ, LA, NM, NC, VA  
051-536, 051-537, 051-546,  
051-547, 051-556, 051-557

# TERM LIFE INSURANCE

## Renewable and Convertible

Marketed by:



Underwritten by American Fidelity Assurance Company

Spouse Coverage Available<sup>1</sup>

10 YEAR RATES Tobacco Users Rates

ISSUE AGE	DEATH BENEFIT										
	Monthly Premium Including Policy Fee										
	\$25,000	\$30,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000	\$175,000	\$200,000	\$250,000	\$300,000
17	8.25	9.50	12.00	17.00	22.00	24.50	29.00	33.50	38.00	47.00	56.00
18	8.25	9.50	12.00	17.00	22.00	24.50	29.00	33.50	38.00	47.00	56.00
19	8.25	9.50	12.00	17.00	22.00	24.50	29.00	33.50	38.00	47.00	56.00
20	8.25	9.50	12.00	17.00	22.00	24.50	29.00	33.50	38.00	47.00	56.00
21	8.25	9.50	12.50	17.75	23.00	24.50	29.00	33.50	38.00	47.00	56.00
22	8.25	9.50	13.00	18.50	24.00	24.50	29.00	33.50	38.00	47.00	56.00
23	8.25	9.50	13.00	18.50	24.00	24.50	29.00	33.50	38.00	47.00	56.00
24	8.25	9.50	13.50	19.25	25.00	24.50	29.00	33.50	38.00	47.00	56.00
25	8.25	9.50	14.00	20.00	26.00	24.50	29.00	33.50	38.00	47.00	56.00
26	8.25	9.50	14.50	20.75	27.00	24.50	29.00	33.50	38.00	47.00	56.00
27	8.50	9.80	14.50	20.75	27.00	24.50	29.00	33.50	38.00	47.00	56.00
28	8.50	9.80	15.00	21.50	28.00	25.75	30.50	35.25	40.00	49.50	59.00
29	8.75	10.10	15.00	21.50	28.00	25.75	30.50	35.25	40.00	49.50	59.00
30	8.75	10.10	15.50	22.25	29.00	25.75	30.50	35.25	40.00	49.50	59.00
31	9.00	10.40	16.00	23.00	30.00	27.00	32.00	37.00	42.00	52.00	62.00
32	9.50	11.00	17.00	24.50	32.00	28.25	33.50	38.75	44.00	54.50	65.00
33	9.75	11.30	17.50	25.25	33.00	29.50	35.00	40.50	46.00	57.00	68.00
34	10.00	11.60	18.00	26.00	34.00	32.00	38.00	44.00	50.00	62.00	74.00
35	10.50	12.20	19.00	27.50	36.00	33.25	39.50	45.75	52.00	64.50	77.00
36	11.25	13.10	20.00	29.00	38.00	37.00	44.00	51.00	58.00	72.00	86.00
37	12.00	14.00	21.50	31.25	41.00	40.75	48.50	56.25	64.00	79.50	95.00
38	12.75	14.90	23.00	33.50	44.00	44.50	53.00	61.50	70.00	87.00	104.00
39	13.50	15.80	24.50	35.75	47.00	49.50	59.00	68.50	78.00	97.00	116.00
40	14.50	17.00	26.00	38.00	50.00	54.50	65.00	75.50	86.00	107.00	128.00
41	15.75	18.50	28.50	41.75	55.00	57.00	68.00	79.00	90.00	112.00	134.00
42	17.00	20.00	31.00	45.50	60.00	60.75	72.50	84.25	96.00	119.50	143.00
43	18.25	21.50	34.00	50.00	66.00	63.25	75.50	87.75	100.00	124.50	149.00
44	19.75	23.30	37.50	55.25	73.00	67.00	80.00	93.00	106.00	132.00	158.00
45	21.50	25.40	41.00	60.50	80.00	70.75	84.50	98.25	112.00	139.50	167.00
46	24.00	28.40	42.50	62.75	83.00	73.25	87.50	101.75	116.00	144.50	173.00
47	27.00	32.00	44.00	65.00	86.00	77.00	92.00	107.00	122.00	152.00	182.00
48	30.50	36.20	45.50	67.25	89.00	80.75	96.50	112.25	128.00	159.50	191.00
49	34.25	40.70	47.00	69.50	92.00	84.50	101.00	117.50	134.00	167.00	200.00
50	38.50	45.80	48.50	71.75	95.00	-	-	-	-	-	-
51	40.50	48.20	53.00	78.50	104.00	-	-	-	-	-	-
52	42.75	50.90	58.00	86.00	114.00	-	-	-	-	-	-
53	45.25	53.90	63.00	93.50	124.00	-	-	-	-	-	-
54	47.50	56.60	69.00	102.50	136.00	-	-	-	-	-	-
55	50.25	59.90	75.50	112.25	149.00	-	-	-	-	-	-
56	56.50	67.40	84.00	125.00	166.00	-	-	-	-	-	-
57	63.50	75.80	93.00	138.50	184.00	-	-	-	-	-	-
58	71.25	85.10	103.50	154.25	205.00	-	-	-	-	-	-
59	80.25	95.90	115.50	172.25	229.00	-	-	-	-	-	-
60	90.50	108.20	128.50	191.75	255.00	-	-	-	-	-	-
61	90.75	108.50	137.50	205.25	273.00	-	-	-	-	-	-
62	91.25	109.10	147.50	220.25	293.00	-	-	-	-	-	-
63	91.50	109.40	158.50	236.75	315.00	-	-	-	-	-	-
64	92.00	110.00	170.00	254.00	338.00	-	-	-	-	-	-
65	92.25	110.30	182.50	272.75	363.00	-	-	-	-	-	-

*This insert must be used in conjunction with AF-2726 and any state specific deviations thereof. Rates are guaranteed not to increase during the initial term period. However, they will increase upon renewal. This is a brief description of the coverage and does not constitute the complete policy. For additional details, limitations, exclusions and other provisions, please refer to the policy/ rider. Rider availability may vary by state. Not eligible under section 125. <sup>1</sup>Maximum face amount available is \$50,000.*

# TERM LIFE INSURANCE

## Renewable and Convertible

### RIDER RATES (Monthly Premium)

**SPOUSE TERM RIDER:** Use the rate sheet to find the the spouse's coordinating age, face amount, and tobacco use and deduct \$2.00.

**CHILDREN'S TERM RIDER: \$10,000: \$4.80 / \$20,000: \$9.60 / \$30,000: \$14.40.** Issue ages 1mo thru 19. Subject to the overall child maximum of \$50,000. Grandchildren are not eligible for this rider.

**ACCIDENTAL DEATH & DISMEMBERMENT RIDER:** For the monthly rate, multiply .08 per \$1,000 of coverage.

**WAIVER OF PREMIUM RIDER:** Add the base policy and all other riders and multiply by 7% to get the premium amount for the rider.

Spouse Coverage Available<sup>1</sup>

# 10 YEAR RATES Non-Tobacco Users Rates

ISSUE AGE	DEATH BENEFIT										
	Monthly Premium Including Policy Fee										
	\$25,000	\$30,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000	\$175,000	\$200,000	\$250,000	\$300,000
17	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
18	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
19	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
20	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
21	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
22	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
23	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
24	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
25	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
26	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
27	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
28	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
29	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
30	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
31	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
32	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
33	6.75	7.70	9.00	12.50	16.00	17.00	20.00	23.00	26.00	32.00	38.00
34	6.75	7.70	9.00	12.50	16.00	17.00	20.00	23.00	26.00	32.00	38.00
35	6.75	7.70	9.00	12.50	16.00	17.00	20.00	23.00	26.00	32.00	38.00
36	7.00	8.00	9.50	13.25	17.00	18.25	21.50	24.75	28.00	34.50	41.00
37	7.25	8.30	10.00	14.00	18.00	19.50	23.00	26.50	30.00	37.00	44.00
38	7.50	8.60	10.50	14.75	19.00	20.75	24.50	28.25	32.00	39.50	47.00
39	7.75	8.90	11.00	15.50	20.00	22.00	26.00	30.00	34.00	42.00	50.00
40	8.00	9.20	11.50	16.25	21.00	23.25	27.50	31.75	36.00	44.50	53.00
41	8.25	9.50	12.00	17.00	22.00	24.50	29.00	33.50	38.00	47.00	56.00
42	8.75	10.10	13.00	18.50	24.00	27.00	32.00	37.00	42.00	52.00	62.00
43	9.00	10.40	13.50	19.25	25.00	28.25	33.50	38.75	44.00	54.50	65.00
44	9.25	10.70	14.00	20.00	26.00	29.50	35.00	40.50	46.00	57.00	68.00
45	9.75	11.30	15.00	21.50	28.00	32.00	38.00	44.00	50.00	62.00	74.00
46	10.50	12.20	16.00	23.00	30.00	34.50	41.00	47.50	54.00	67.00	80.00
47	11.50	13.40	17.50	25.25	33.00	37.00	44.00	51.00	58.00	72.00	86.00
48	12.50	14.60	18.50	26.75	35.00	40.75	48.50	56.25	64.00	79.50	95.00
49	13.50	15.80	20.00	29.00	38.00	44.50	53.00	61.50	70.00	87.00	104.00
50	14.75	17.30	21.50	31.25	41.00	--	--	--	--	--	--
51	15.50	18.20	23.00	33.50	44.00	--	--	--	--	--	--
52	16.50	19.40	24.00	35.00	46.00	--	--	--	--	--	--
53	17.50	20.60	25.50	37.25	49.00	--	--	--	--	--	--
54	18.50	21.80	27.50	40.25	53.00	--	--	--	--	--	--
55	19.50	23.00	29.00	42.50	56.00	--	--	--	--	--	--
56	21.25	25.10	32.00	47.00	62.00	--	--	--	--	--	--
57	23.00	27.20	35.00	51.50	68.00	--	--	--	--	--	--
58	25.00	29.60	38.50	56.75	75.00	--	--	--	--	--	--
59	27.25	32.30	42.50	62.75	83.00	--	--	--	--	--	--
60	29.75	35.30	46.50	68.75	91.00	--	--	--	--	--	--
61	31.00	36.80	50.50	74.75	99.00	--	--	--	--	--	--
62	32.00	38.00	54.50	80.75	107.00	--	--	--	--	--	--
63	33.25	39.50	59.00	87.50	116.00	--	--	--	--	--	--
64	34.75	41.30	64.00	95.00	126.00	--	--	--	--	--	--
65	36.00	42.80	69.50	103.25	137.00	--	--	--	--	--	--

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# TERM LIFE INSURANCE

## Renewable and Convertible

Marketed by:



Underwritten by American Fidelity Assurance Company

Spouse Coverage Available<sup>1</sup>

20 YEAR RATES Tobacco Users Rates

ISSUE AGE	DEATH BENEFIT										
	Monthly Premium Including Policy Fee										
	\$25,000	\$30,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000	\$175,000	\$200,000	\$250,000	\$300,000
17	8.75	10.10	12.50	17.75	23.00	25.75	30.50	35.25	40.00	49.50	59.00
18	8.75	10.10	12.50	17.75	23.00	25.75	30.50	35.25	40.00	49.50	59.00
19	8.75	10.10	12.50	17.75	23.00	25.75	30.50	35.25	40.00	49.50	59.00
20	8.75	10.10	12.50	17.75	23.00	25.75	30.50	35.25	40.00	49.50	59.00
21	8.75	10.10	13.00	18.50	24.00	25.75	30.50	35.25	40.00	49.50	59.00
22	8.75	10.10	13.50	19.25	25.00	27.00	32.00	37.00	42.00	52.00	62.00
23	8.75	10.10	13.50	19.25	25.00	27.00	32.00	37.00	42.00	52.00	62.00
24	8.75	10.10	14.00	20.00	26.00	28.25	33.50	38.75	44.00	54.50	65.00
25	8.75	10.10	14.50	20.75	27.00	28.25	33.50	38.75	44.00	54.50	65.00
26	9.00	10.40	15.00	21.50	28.00	29.50	35.00	40.50	46.00	57.00	68.00
27	9.25	10.70	15.50	22.25	29.00	30.75	36.50	42.25	48.00	59.50	71.00
28	9.25	10.70	16.00	23.00	30.00	30.75	36.50	42.25	48.00	59.50	71.00
29	9.50	11.00	16.50	23.75	31.00	32.00	38.00	44.00	50.00	62.00	74.00
30	9.75	11.30	17.00	24.50	32.00	33.25	39.50	45.75	52.00	64.50	77.00
31	10.25	11.90	18.00	26.00	34.00	34.50	41.00	47.50	54.00	67.00	80.00
32	11.00	12.80	19.50	28.25	37.00	37.00	44.00	51.00	58.00	72.00	86.00
33	11.50	13.40	20.50	29.75	39.00	39.50	47.00	54.50	62.00	77.00	92.00
34	12.25	14.30	22.00	32.00	42.00	40.75	48.50	56.25	64.00	79.50	95.00
35	13.00	15.20	23.50	34.25	45.00	43.25	51.50	59.75	68.00	84.50	101.00
36	14.00	16.40	25.50	37.25	49.00	47.00	56.00	65.00	74.00	92.00	110.00
37	15.00	17.60	27.50	40.25	53.00	52.00	62.00	72.00	82.00	102.00	122.00
38	16.25	19.10	30.00	44.00	58.00	55.75	66.50	77.25	88.00	109.50	131.00
39	17.50	20.60	32.50	47.75	63.00	60.75	72.50	84.25	96.00	119.50	143.00
40	18.75	22.10	35.50	52.25	69.00	67.00	80.00	93.00	106.00	132.00	158.00
41	20.25	23.90	38.50	56.75	75.00	74.50	89.00	103.50	118.00	147.00	176.00
42	22.00	26.00	42.00	62.00	82.00	84.50	101.00	117.50	134.00	167.00	200.00
43	24.00	28.40	46.00	68.00	90.00	94.50	113.00	131.50	150.00	187.00	224.00
44	26.25	31.10	50.00	74.00	98.00	105.75	126.50	147.25	168.00	209.50	251.00
45	28.50	33.80	54.50	80.75	107.00	118.25	141.50	164.75	188.00	234.50	281.00
46	31.50	37.40	57.00	84.50	112.00	124.50	149.00	173.50	198.00	247.00	296.00
47	34.75	41.30	59.50	88.25	117.00	130.75	156.50	182.25	208.00	259.50	311.00
48	38.25	45.50	62.50	92.75	123.00	138.25	165.50	192.75	220.00	274.50	329.00
49	42.25	50.30	65.50	97.25	129.00	145.75	174.50	203.25	232.00	289.50	347.00
50	46.75	55.70	68.50	101.75	135.00	-	-	-	-	-	-
51	50.25	59.90	74.00	110.00	146.00	-	-	-	-	-	-
52	53.75	64.10	80.00	119.00	158.00	-	-	-	-	-	-
53	57.75	68.90	86.00	128.00	170.00	-	-	-	-	-	-
54	62.00	74.00	93.00	138.50	184.00	-	-	-	-	-	-
55	66.50	79.40	100.50	149.75	199.00	-	-	-	-	-	-
56	73.50	87.80	108.50	161.75	215.00	-	-	-	-	-	-
57	81.25	97.10	117.50	175.25	233.00	-	-	-	-	-	-
58	89.75	107.30	127.00	189.50	252.00	-	-	-	-	-	-
59	99.25	118.70	137.50	205.25	273.00	-	-	-	-	-	-
60	110.00	131.60	149.00	222.50	296.00	-	-	-	-	-	-

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# TERM LIFE INSURANCE

## Renewable and Convertible

### RIDER RATES (Monthly Premium)

**SPOUSE TERM RIDER:** Use the rate sheet to find the the spouse's coordinating age, face amount, and tobacco use and deduct \$2.00.

**CHILDREN'S TERM RIDER:** \$10,000: \$4.80 / \$20,000: \$9.60 / \$30,000: \$14.40. Issue ages 1mo thru 19. Subject to the overall child maximum of \$50,000. Grandchildren are not eligible for this rider.

**ACCIDENTAL DEATH & DISMEMBERMENT RIDER:** For the monthly rate, multiply .08 per \$1,000 of coverage.

**WAIVER OF PREMIUM RIDER:** Add the base policy and all other riders and multiply by 7% to get the premium amount for the rider.

Spouse Coverage Available<sup>1</sup>

# 20 YEAR RATES Non-Tobacco Users Rates

ISSUE AGE	DEATH BENEFIT										
	Monthly Premium Including Policy Fee										
	\$25,000	\$30,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000	\$175,000	\$200,000	\$250,000	\$300,000
17	6.50	7.40	9.00	12.50	16.00	15.75	18.50	21.25	24.00	29.50	35.00
18	6.50	7.40	9.00	12.50	16.00	15.75	18.50	21.25	24.00	29.50	35.00
19	6.50	7.40	9.00	12.50	16.00	15.75	18.50	21.25	24.00	29.50	35.00
20	6.50	7.40	9.00	12.50	16.00	15.75	18.50	21.25	24.00	29.50	35.00
21	6.50	7.40	9.00	12.50	16.00	15.75	18.50	21.25	24.00	29.50	35.00
22	6.50	7.40	9.00	12.50	16.00	15.75	18.50	21.25	24.00	29.50	35.00
23	6.50	7.40	9.00	12.50	16.00	17.00	20.00	23.00	26.00	32.00	38.00
24	6.50	7.40	9.00	12.50	16.00	17.00	20.00	23.00	26.00	32.00	38.00
25	6.50	7.40	9.00	12.50	16.00	17.00	20.00	23.00	26.00	32.00	38.00
26	6.50	7.40	9.00	12.50	16.00	17.00	20.00	23.00	26.00	32.00	38.00
27	6.50	7.40	9.00	12.50	16.00	18.25	21.50	24.75	28.00	34.50	41.00
28	6.50	7.40	9.50	13.25	17.00	18.25	21.50	24.75	28.00	34.50	41.00
29	6.50	7.40	9.50	13.25	17.00	19.50	23.00	26.50	30.00	37.00	44.00
30	6.50	7.40	9.50	13.25	17.00	19.50	23.00	26.50	30.00	37.00	44.00
31	6.75	7.70	10.00	14.00	18.00	20.75	24.50	28.25	32.00	39.50	47.00
32	7.00	8.00	10.00	14.00	18.00	20.75	24.50	28.25	32.00	39.50	47.00
33	7.00	8.00	10.50	14.75	19.00	22.00	26.00	30.00	34.00	42.00	50.00
34	7.25	8.30	11.00	15.50	20.00	22.00	26.00	30.00	34.00	42.00	50.00
35	7.50	8.60	11.50	16.25	21.00	23.25	27.50	31.75	36.00	44.50	53.00
36	7.75	8.90	12.00	17.00	22.00	24.50	29.00	33.50	38.00	47.00	56.00
37	8.00	9.20	13.00	18.50	24.00	27.00	32.00	37.00	42.00	52.00	62.00
38	8.25	9.50	13.50	19.25	25.00	28.25	33.50	38.75	44.00	54.50	65.00
39	8.75	10.10	14.00	20.00	26.00	30.75	36.50	42.25	48.00	59.50	71.00
40	9.00	10.40	15.00	21.50	28.00	33.25	39.50	45.75	52.00	64.50	77.00
41	9.50	11.00	16.00	23.00	30.00	35.75	42.50	49.25	56.00	69.50	83.00
42	10.00	11.60	17.00	24.50	32.00	38.25	45.50	52.75	60.00	74.50	89.00
43	10.50	12.20	18.00	26.00	34.00	40.75	48.50	56.25	64.00	79.50	95.00
44	11.00	12.80	19.00	27.50	36.00	43.25	51.50	59.75	68.00	84.50	101.00
45	11.75	13.70	20.50	29.75	39.00	47.00	56.00	65.00	74.00	92.00	110.00
46	12.75	14.90	21.50	31.25	41.00	49.50	59.00	68.50	78.00	97.00	116.00
47	14.00	16.40	22.50	32.75	43.00	52.00	62.00	72.00	82.00	102.00	122.00
48	15.25	17.90	24.00	35.00	46.00	55.75	66.50	77.25	88.00	109.50	131.00
49	16.75	19.70	25.00	36.50	48.00	58.25	69.50	80.75	92.00	114.50	137.00
50	18.50	21.80	26.50	38.75	51.00	--	--	--	--	--	--
51	19.75	23.30	28.50	41.75	55.00	--	--	--	--	--	--
52	21.00	24.80	30.50	44.75	59.00	--	--	--	--	--	--
53	22.25	26.30	33.00	48.50	64.00	--	--	--	--	--	--
54	23.75	28.10	35.50	52.25	69.00	--	--	--	--	--	--
55	25.25	29.90	38.50	56.75	75.00	--	--	--	--	--	--
56	27.50	32.60	42.50	62.75	83.00	--	--	--	--	--	--
57	30.00	35.60	47.00	69.50	92.00	--	--	--	--	--	--
58	32.50	38.60	52.00	77.00	102.00	--	--	--	--	--	--
59	35.50	42.20	58.00	86.00	114.00	--	--	--	--	--	--
60	38.75	46.10	64.00	95.00	126.00	--	--	--	--	--	--

*This insert must be used in conjunction with AF-2726 and any state specific deviations thereof. Rates are guaranteed not to increase during the initial term period. However, they will increase upon renewal. This is a brief description of the coverage and does not constitute the complete policy. For specific details, limitations, and exclusions, please refer to the policy/rider. Rider availability may vary by state. Not eligible under section 125. <sup>1</sup>Maximum face amount available is \$50,000.*

# TERM LIFE INSURANCE

## Renewable and Convertible

Marketed by:



Underwritten by American Fidelity Assurance Company

## 30 YEAR RATES *Non-Tobacco Users Rates*

ISSUE AGE	Death Benefit													
	Monthly Premium Including Policy Fee													
	\$25,000		\$50,000		\$100,000		\$150,000		\$200,000		\$250,000		\$300,000	
	Base	ABLTI	Base	ABLTI	Base	ABLTI	Base	ABLTI	Base	ABLTI	Base	ABLTI	Base	ABLTI
17	7.00	0.20	10.50	0.39	19.00	0.78	24.50	1.17	32.00	1.56	39.50	1.95	47.00	2.34
18	7.00	0.20	10.50	0.39	19.00	0.78	24.50	1.17	32.00	1.56	39.50	1.95	47.00	2.34
19	7.00	0.20	10.50	0.39	19.00	0.78	24.50	1.17	32.00	1.56	39.50	1.95	47.00	2.34
20	7.00	0.20	10.50	0.39	19.00	0.78	24.50	1.17	32.00	1.56	39.50	1.95	47.00	2.34
21	7.00	0.20	10.50	0.40	19.00	0.80	24.50	1.20	32.00	1.60	39.50	2.00	47.00	2.40
22	7.00	0.21	10.50	0.42	19.00	0.83	24.50	1.25	32.00	1.66	39.50	2.08	47.00	2.49
23	7.25	0.21	11.00	0.43	20.00	0.85	26.00	1.28	34.00	1.70	42.00	2.13	50.00	2.55
24	7.25	0.22	11.00	0.44	20.00	0.88	26.00	1.32	34.00	1.76	42.00	2.20	50.00	2.64
25	7.25	0.23	11.00	0.47	20.00	0.93	26.00	1.40	34.00	1.86	42.00	2.33	50.00	2.79
26	7.25	0.25	11.00	0.50	20.00	1.00	27.50	1.50	36.00	2.00	44.50	2.50	53.00	3.00
27	7.50	0.27	11.50	0.54	21.00	1.08	27.50	1.62	36.00	2.16	44.50	2.70	53.00	3.24
28	7.50	0.29	11.50	0.58	21.00	1.15	29.00	1.73	38.00	2.30	47.00	2.88	56.00	3.45
29	7.75	0.31	12.00	0.62	22.00	1.23	29.00	1.85	38.00	2.46	47.00	3.08	56.00	3.69
30	7.75	0.33	12.00	0.65	22.00	1.30	30.50	1.95	40.00	2.60	49.50	3.25	59.00	3.90
31	8.00	0.35	12.50	0.70	23.00	1.40	32.00	2.10	42.00	2.80	52.00	3.50	62.00	4.20
32	8.25	0.38	13.00	0.75	24.00	1.50	32.00	2.25	42.00	3.00	52.00	3.75	62.00	4.50
33	8.25	0.40	13.00	0.80	24.00	1.60	33.50	2.40	44.00	3.20	54.50	4.00	65.00	4.80
34	8.50	0.43	13.50	0.85	25.00	1.70	33.50	2.55	44.00	3.40	54.50	4.25	65.00	5.10
35	8.75	0.45	14.00	0.90	26.00	1.80	35.00	2.70	46.00	3.60	57.00	4.50	68.00	5.40
36	9.25	0.48	15.00	0.97	28.00	1.93	38.00	2.90	50.00	3.86	62.00	4.83	74.00	5.79
37	9.75	0.51	16.00	1.03	30.00	2.05	41.00	3.08	54.00	4.10	67.00	5.13	80.00	6.15
38	10.25	0.55	17.00	1.09	32.00	2.18	44.00	3.27	58.00	4.36	72.00	5.45	86.00	6.54
39	10.75	0.58	18.00	1.15	34.00	2.30	47.00	3.45	62.00	4.60	77.00	5.75	92.00	6.90
40	11.50	0.60	19.50	1.20	37.00	2.39	51.50	3.59	68.00	4.78	84.50	5.98	101.00	7.17
41	12.25	0.64	21.00	1.28	40.00	2.56	56.00	3.84	74.00	5.12	92.00	6.40	110.00	7.68
42	13.25	0.68	23.00	1.36	44.00	2.71	62.00	4.07	82.00	5.42	102.00	6.78	122.00	8.13
43	14.25	0.72	24.50	1.43	47.00	2.86	66.50	4.29	88.00	5.72	109.50	7.15	131.00	8.58
44	15.25	0.75	27.00	1.51	52.00	3.01	72.50	4.52	96.00	6.02	119.50	7.53	143.00	9.03
45	16.50	0.79	29.00	1.58	56.00	3.15	80.00	4.73	106.00	6.30	132.00	7.88	158.00	9.45
46	17.75	0.86	31.50	1.73	61.00	3.45	87.50	5.18	116.00	6.90	144.50	8.63	173.00	10.35
47	19.00	0.93	34.00	1.87	66.00	3.73	95.00	5.60	126.00	7.46	157.00	9.33	188.00	11.19
48	20.25	1.00	37.00	2.00	72.00	4.00	104.00	6.00	138.00	8.00	172.00	10.00	206.00	12.00
49	21.75	1.07	40.50	2.14	79.00	4.27	114.50	6.41	152.00	8.54	189.50	10.68	227.00	12.81
50	23.50	1.13	44.00	2.25	86.00	4.50	--	--	--	--	--	--	--	--

Spouse Coverage Available<sup>1</sup>

*This insert must be used in conjunction with AF-2726 and any state specific deviations thereof. Rates are guaranteed not to increase during the initial term period. However, they will increase upon renewal. This is a brief description of the coverage and does not constitute the complete policy. For specific details, limitations, exclusions and other provisions, please refer to the policy/ rider. Rider availability may vary by state. Not eligible under section 125. <sup>1</sup>Maximum face amount available is \$50,000.*

# TERM LIFE INSURANCE

## Renewable and Convertible

### RIDER RATES (Monthly Premium)

- SPOUSE TERM RIDER:** Use the rate sheet to find the spouse's coordinating age, face amount, and tobacco use and deduct \$2.00.
- CHILDREN'S TERM RIDER:** \$10,000: \$4.80 / \$20,000: \$9.60 / \$30,000: \$14.40. Issue ages 1mo thru 19. Subject to the overall child maximum of \$50,000. Grandchildren are not eligible for this rider.
- ACCIDENTAL DEATH & DISMEMBERMENT RIDER:** For the monthly rate, multiply .08 per \$1,000 of coverage.
- WAIVER OF PREMIUM RIDER:** Add the base policy and all other riders and multiply by 7% to get the premium amount for the rider.
- ACCELERATED BENEFIT FOR LONG TERM ILLNESS RIDER (ABLTI):** Add the rate shown in the ABLTI column to the base rate.

# 30 YEAR RATES *Tobacco Users Rates*

ISSUE AGE	Death Benefit Monthly Premium Including Policy Fee													
	\$25,000		\$50,000		\$100,000		\$150,000		\$200,000		\$250,000		\$300,000	
	Base	ABLTI	Base	ABLTI	Base	ABLTI	Base	ABLTI	Base	ABLTI	Base	ABLTI	Base	ABLTI
17	9.50	0.30	15.00	0.59	28.00	1.18	38.00	1.77	50.00	2.36	62.00	2.95	74.00	3.54
18	9.50	0.30	15.00	0.59	28.00	1.18	38.00	1.77	50.00	2.36	62.00	2.95	74.00	3.54
19	9.50	0.30	15.00	0.59	28.00	1.18	38.00	1.77	50.00	2.36	62.00	2.95	74.00	3.54
20	9.50	0.30	15.00	0.59	28.00	1.18	38.00	1.77	50.00	2.36	62.00	2.95	74.00	3.54
21	9.75	0.31	15.50	0.62	29.00	1.23	39.50	1.85	52.00	2.46	64.50	3.08	77.00	3.69
22	10.00	0.32	16.00	0.64	30.00	1.28	41.00	1.92	54.00	2.56	67.00	3.20	80.00	3.84
23	10.25	0.33	16.50	0.67	31.00	1.33	42.50	2.00	56.00	2.66	69.50	3.33	83.00	3.99
24	10.50	0.35	17.00	0.69	32.00	1.38	44.00	2.07	58.00	2.76	72.00	3.45	86.00	4.14
25	10.75	0.35	17.50	0.70	33.00	1.40	45.50	2.10	60.00	2.80	74.50	3.50	89.00	4.20
26	11.00	0.38	18.00	0.75	34.00	1.50	47.00	2.25	62.00	3.00	77.00	3.75	92.00	4.50
27	11.25	0.40	18.50	0.80	35.00	1.60	48.50	2.40	64.00	3.20	79.50	4.00	95.00	4.80
28	11.50	0.43	19.00	0.85	36.00	1.70	50.00	2.55	66.00	3.40	82.00	4.25	98.00	5.10
29	11.75	0.45	19.50	0.90	37.00	1.80	51.50	2.70	68.00	3.60	84.50	4.50	101.00	5.40
30	12.00	0.49	20.00	0.98	38.00	1.95	53.00	2.93	70.00	3.90	87.00	4.88	104.00	5.85
31	13.00	0.53	22.00	1.05	42.00	2.10	57.50	3.15	76.00	4.20	94.50	5.25	113.00	6.30
32	14.00	0.56	24.00	1.13	46.00	2.25	62.00	3.38	82.00	4.50	102.00	5.63	122.00	6.75
33	15.25	0.60	26.50	1.20	51.00	2.40	66.50	3.60	88.00	4.80	109.50	6.00	131.00	7.20
34	16.50	0.64	29.00	1.28	56.00	2.55	72.50	3.83	96.00	5.10	119.50	6.38	143.00	7.65
35	17.75	0.68	32.00	1.37	62.00	2.73	78.50	4.10	104.00	5.46	129.50	6.83	155.00	8.19
36	19.00	0.73	34.50	1.47	67.00	2.93	84.50	4.40	112.00	5.86	139.50	7.33	167.00	8.79
37	20.50	0.78	37.50	1.57	73.00	3.13	90.50	4.70	120.00	6.26	149.50	7.83	179.00	9.39
38	22.25	0.83	40.50	1.67	79.00	3.33	98.00	5.00	130.00	6.66	162.00	8.33	194.00	9.99
39	24.00	0.88	43.50	1.77	85.00	3.53	105.50	5.30	140.00	7.06	174.50	8.83	209.00	10.59
40	25.75	0.91	47.00	1.83	92.00	3.65	113.00	5.48	150.00	7.30	187.00	9.13	224.00	10.95
41	27.75	0.99	51.00	1.97	100.00	3.94	122.00	5.91	162.00	7.88	202.00	9.85	242.00	11.82
42	30.00	1.06	55.50	2.11	109.00	4.22	131.00	6.33	174.00	8.44	217.00	10.55	260.00	12.66
43	32.50	1.13	60.50	2.25	119.00	4.50	141.50	6.75	188.00	9.00	234.50	11.25	281.00	13.50
44	35.25	1.19	66.00	2.38	130.00	4.76	153.50	7.14	204.00	9.52	254.50	11.90	305.00	14.28
45	38.25	1.26	72.00	2.52	142.00	5.04	165.50	7.56	220.00	10.08	274.50	12.60	329.00	15.12
46	41.00	1.40	74.50	2.79	147.00	5.58	173.00	8.37	230.00	11.16	287.00	13.95	344.00	16.74
47	44.00	1.53	77.00	3.05	152.00	6.10	179.00	9.15	238.00	12.20	297.00	15.25	356.00	18.30
48	47.25	1.65	80.00	3.30	158.00	6.60	188.00	9.90	250.00	13.20	312.00	16.50	374.00	19.80
49	50.75	1.77	82.50	3.55	163.00	7.09	197.00	10.64	262.00	14.18	327.00	17.73	392.00	21.27
50	54.50	1.89	85.50	3.79	169.00	7.57	--	--	--	--	--	--	--	--

Spouse Coverage Available<sup>1</sup>

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# Texas Life

## Permanent Life



Texas Life | [www.texaslife.com](http://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!



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 guarantees<sup>1</sup> and one of the highest death benefits per payroll-deducted dollar offered at the worksite.<sup>2</sup> 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 RETIRE<sup>4</sup>**



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



**YOU CAN COVER YOUR SPOUSE, CHILDREN AND GRANDCHILDREN, TOO<sup>3</sup>**



**YOU CAN GET A LIVING BENEFIT IF YOU BECOME TERMINALLY ILL<sup>5</sup>**



**YOU CAN GET CASH TO COVER LIVING EXPENSES IF YOU BECOME CHRONICALLY ILL<sup>6</sup>**



You can qualify by answering just 3 questions.<sup>7</sup>

## 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



<sup>1</sup> 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.

<sup>2</sup> Voluntary Universal and Whole Life Products, Eastbridge Consulting Group, Inc. (2022)

<sup>3</sup> 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.

<sup>4</sup> As long as the necessary premiums are paid.

<sup>5</sup> Conditions apply. Accelerated Death Benefit Due to Terminal Illness Rider Form ICC07-ULABR-07 or Form Series ULABR-07

<sup>6</sup> 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

<sup>7</sup> 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.<sup>1</sup>
- **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 Living<sup>2</sup> 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								GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium		
		Includes Added Cost for										
		Accidental Death Benefit (Ages 17-59)				and Accelerated Death Benefit for Chronic Illness (All Ages)						
		\$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	16,305	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
33										74
34										75
35										76
36										76
37										77
38										77
39										78
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41										80
42										81
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67										91
68										91
69										91
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	92.53	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								GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium		
		Includes Added Cost for										
		Accidental Death Benefit (Ages 17-59)				and Accelerated Death Benefit for Chronic Illness (All Ages)						
		\$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	85		
56	36.60						10,990	12,444	13,902	85		
57	38.36						10,453	11,839	13,224	86		
58	40.23							11,256	12,572	86		
59	42.10							10,728	11,983	86		
60	43.28							10,419	11,638	86		
61	45.81								10,962	86		
62	48.23								10,385	87		
63	50.65									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
33										72
34										71
35										72
36										72
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70										89

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# 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.

## Disability Income Coverage

<b>Coverage type</b>	Disability Income Plus provides a monthly disability income benefit as a result of an accident or sickness.		
<b>Product</b>	<b>Policy Type:</b>	Group	
	<b>Policy Name:</b>	Disability Income Plus	
	<b>Policy Form:</b>	M-8014	
<b>Eligibility</b>	<b>Issue Age:</b>	<b>Employee:</b>	18 – 70
	<b>Criteria:</b>	<ul style="list-style-type: none"> <li>Employee is benefit eligible, actively at work full-time, working at least 20 hours per week. Employee only coverage.</li> </ul>	
	<b>Termination Age:</b>	<ul style="list-style-type: none"> <li>Age 70 unless actively at work, then on last day of active employment.</li> </ul>	
<b>Underwriting Offer</b>	<b>Employee:</b>	Guaranteed Issue up to 65% of base salary to a max benefit of \$3,000.	
	<b>Superintendent:</b>	Guaranteed Issue up to 65% of base salary to a max benefit of \$5,000.	
<b>Target Participation</b>	<b>Minimum to Issue:</b>	10 Employee applications or 1% of eligible Employees, whichever is greater.	
	<b>Guarantee Issue:</b>	Waived, expectation of 15% of all eligible enrolled by end of the enrollment	
<b>Benefit Amounts</b>	<b>Employee:</b>	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.

**Plan Design**

**Accident & Sickness – Elimination Period/Duration**

0 Day Accident/7 Day Sickness (Illness)/3-month Duration  
 0 Day Accident/14 Day Sickness (Illness)/3-month Duration  
 14 Day Accident/14 Day Sickness (Illness)/6-month Duration

<b>Partial Disability</b>	50%, up to 6 months
<b>Recurrent Disability</b>	Recurrs within 180 days
<b>Pre-existing Provision</b>	12/12
<b>Pregnancy</b>	Treated as any other illness
<b>Portability</b>	Included, Not available in AK, VT
<b>Waiver of Premium</b>	After 90 Days

## 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
\$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
\$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
\$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.

## Critical Illness/Cancer Coverage

Coverage type	Voluntary Critical Illness insurance is a group policy that includes coverage for vascular, cancer, and other critical illnesses.		
<b>Product</b>	<b>Policy Type:</b>	Group	
	<b>Policy Name:</b>	Critical Illness	
	<b>Policy Form:</b>	M-8021	
<b>Eligibility</b>	<b>Issue Ages:</b>	Employee:	18 – 69
		Spouse:	18 – 69
		Child:	Under age 26
	<b>Criteria:</b>	<ul style="list-style-type: none"> <li>Employee is benefit eligible, actively at work full-time, working at least 20 hours per week.</li> <li>Spouse and children not eligible if Employee is not issued coverage.</li> <li>Spouse includes domestic partner where allowed by state and Employer.</li> </ul>	
	<b>Termination Age:</b>	<ul style="list-style-type: none"> <li>Employee: Age 70 unless actively at work, then on last day of active employment.</li> <li>Spouse: When Employee terminates.</li> <li>Child: Age 26, or when Employee terminates, whichever is earlier.</li> </ul>	
		<b>Guarantee Issue</b>	<b>Simplified Issue*</b>
<b>Underwriting Offer</b>	<b>Employee:</b>	\$30,000	\$50,000
	<b>Spouse:</b>	100% of the Employee's benefit	\$50,000
	<b>Child(ren):</b>	50% of the Employee's benefit	\$25,000
<b>Target Participation</b>	<b>Minimum to Issue:</b>	5 enrolled or 1% of all eligible, whichever is greater.	
	<b>Guarantee Issue:</b>	Waived, expectation of 15% of all eligible enrolled by end of the enrollment	
<b>Benefit Amounts</b>	<b>Employee:</b>	\$10,000 - \$50,000	
	<b>Spouse:</b>	\$5,000 - \$50,000, 100% of Employee election	
	<b>Child(ren):</b>	\$5,000- \$25,000, 50% of Employee election	

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

## 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

## Employer Elected Optional Benefits

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

**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, and Skin Cancer.

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	\$1.85	\$3.66	\$5.46	\$7.29	\$9.09	\$10.89	\$12.70	\$14.50	\$16.30	\$18.11
30-39	\$3.67	\$7.18	\$10.69	\$14.17	\$17.68	\$21.19	\$24.69	\$28.18	\$31.69	\$35.21
40-49	\$8.42	\$16.50	\$24.56	\$32.65	\$40.72	\$48.80	\$56.87	\$64.94	\$72.99	\$81.08
50-59	\$16.93	\$33.17	\$49.43	\$65.70	\$81.96	\$98.19	\$114.46	\$130.72	\$146.96	\$163.22
60-64	\$27.01	\$53.05	\$79.09	\$105.15	\$131.21	\$157.25	\$183.29	\$209.34	\$235.39	\$261.43
65-69	\$34.85	\$68.48	\$102.11	\$135.74	\$169.40	\$203.03	\$236.65	\$270.30	\$303.94	\$337.58

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	\$3.71	\$7.34	\$10.94	\$14.55	\$18.16	\$21.79	\$25.39	\$29.00	\$32.62	\$36.25
30-39	\$7.33	\$14.32	\$21.34	\$28.34	\$35.36	\$42.35	\$49.38	\$56.36	\$63.38	\$70.37
40-49	\$16.87	\$33.01	\$49.17	\$65.31	\$81.45	\$97.59	\$113.73	\$129.87	\$146.03	\$162.16
50-59	\$33.84	\$66.37	\$98.86	\$131.39	\$163.89	\$196.41	\$228.91	\$261.42	\$293.95	\$326.46
60-64	\$54.01	\$106.11	\$158.21	\$210.30	\$262.39	\$314.49	\$366.59	\$418.68	\$470.78	\$522.86
65-69	\$69.68	\$136.95	\$204.23	\$271.51	\$338.78	\$406.05	\$473.34	\$540.60	\$607.87	\$675.14

\*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	\$1.85	\$3.66	\$5.46	\$7.29	\$9.09	\$10.89	\$12.70	\$14.50	\$16.30	\$18.11
30-39	\$3.67	\$7.18	\$10.69	\$14.17	\$17.68	\$21.19	\$24.69	\$28.18	\$31.69	\$35.21
40-49	\$8.42	\$16.50	\$24.56	\$32.65	\$40.72	\$48.80	\$56.87	\$64.94	\$72.99	\$81.08
50-59	\$16.93	\$33.17	\$49.43	\$65.70	\$81.96	\$98.19	\$114.46	\$130.72	\$146.96	\$163.22
60-64	\$27.01	\$53.05	\$79.09	\$105.15	\$131.21	\$157.25	\$183.29	\$209.34	\$235.39	\$261.43
65-69	\$34.85	\$68.48	\$102.11	\$135.74	\$169.40	\$203.03	\$236.65	\$270.30	\$303.94	\$337.58

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

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	\$3.71	\$7.34	\$10.94	\$14.55	\$18.16	\$21.79	\$25.39	\$29.00	\$32.62	\$36.25
30-39	\$7.33	\$14.32	\$21.34	\$28.34	\$35.36	\$42.35	\$49.38	\$56.36	\$63.38	\$70.37
40-49	\$16.87	\$33.01	\$49.17	\$65.31	\$81.45	\$97.59	\$113.73	\$129.87	\$146.03	\$162.16
50-59	\$33.84	\$66.37	\$98.86	\$131.39	\$163.89	\$196.41	\$228.91	\$261.42	\$293.95	\$326.46
60-64	\$54.01	\$106.11	\$158.21	\$210.30	\$262.39	\$314.49	\$366.59	\$418.68	\$470.78	\$522.86
65-69	\$69.68	\$136.95	\$204.23	\$271.51	\$338.78	\$406.05	\$473.34	\$540.60	\$607.87	\$675.14

\*Spouse Amount is 100% of Employee Amount. Child Amount is 50% of Employee Amount, capped at \$5,000.

NTU: Non-tobacco user, TU: Tobacco user

## Critical Illness & Cancer Virginia

Displaying Monthly payroll deductions including Recurrence, Infectious Disease, Progressive Disease, Childhood Conditions, Sudden Cardiac Arrest, and Skin Cancer.

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	\$2.36	\$4.65	\$6.95	\$9.26	\$11.54	\$13.81	\$16.13	\$18.41	\$20.70	\$22.99
30-39	\$5.68	\$11.09	\$16.52	\$21.94	\$27.37	\$32.79	\$38.20	\$43.62	\$49.06	\$54.47
40-49	\$14.57	\$28.47	\$42.43	\$56.35	\$70.27	\$84.19	\$98.12	\$112.06	\$125.99	\$139.90
50-59	\$29.79	\$58.40	\$86.98	\$115.60	\$144.20	\$172.80	\$201.40	\$230.00	\$258.60	\$287.21
60-64	\$47.31	\$92.92	\$138.52	\$184.13	\$229.75	\$275.37	\$320.97	\$366.58	\$412.20	\$457.81
65-69	\$59.87	\$117.65	\$175.45	\$233.24	\$291.04	\$348.82	\$406.61	\$464.42	\$522.21	\$580.00

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	\$4.71	\$9.32	\$13.87	\$18.47	\$23.05	\$27.66	\$32.21	\$36.80	\$41.39	\$45.99
30-39	\$11.33	\$22.17	\$33.03	\$43.87	\$54.71	\$65.54	\$76.41	\$87.23	\$98.07	\$108.91
40-49	\$29.11	\$56.99	\$84.83	\$112.70	\$140.54	\$168.41	\$196.25	\$224.11	\$251.97	\$279.84
50-59	\$59.59	\$116.79	\$173.99	\$231.20	\$288.40	\$345.61	\$402.80	\$460.02	\$517.22	\$574.43
60-64	\$94.61	\$185.82	\$277.06	\$368.28	\$459.50	\$550.72	\$641.95	\$733.17	\$824.40	\$915.61
65-69	\$119.72	\$235.31	\$350.89	\$466.49	\$582.07	\$697.65	\$813.24	\$928.83	\$1,044.41	\$1,159.99

\*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	\$2.36	\$4.65	\$6.95	\$9.26	\$11.54	\$13.81	\$16.13	\$18.41	\$20.70	\$22.99
30-39	\$5.68	\$11.09	\$16.52	\$21.94	\$27.37	\$32.79	\$38.20	\$43.62	\$49.06	\$54.47
40-49	\$14.57	\$28.47	\$42.43	\$56.35	\$70.27	\$84.19	\$98.12	\$112.06	\$125.99	\$139.90
50-59	\$29.79	\$58.40	\$86.98	\$115.60	\$144.20	\$172.80	\$201.40	\$230.00	\$258.60	\$287.21
60-64	\$47.31	\$92.92	\$138.52	\$184.13	\$229.75	\$275.37	\$320.97	\$366.58	\$412.20	\$457.81
65-69	\$59.87	\$117.65	\$175.45	\$233.24	\$291.04	\$348.82	\$406.61	\$464.42	\$522.21	\$580.00

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

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	\$4.71	\$9.32	\$13.87	\$18.47	\$23.05	\$27.66	\$32.21	\$36.80	\$41.39	\$45.99
30-39	\$11.33	\$22.17	\$33.03	\$43.87	\$54.71	\$65.54	\$76.41	\$87.23	\$98.07	\$108.91
40-49	\$29.11	\$56.99	\$84.83	\$112.70	\$140.54	\$168.41	\$196.25	\$224.11	\$251.97	\$279.84
50-59	\$59.59	\$116.79	\$173.99	\$231.20	\$288.40	\$345.61	\$402.80	\$460.02	\$517.22	\$574.43
60-64	\$94.61	\$185.82	\$277.06	\$368.28	\$459.50	\$550.72	\$641.95	\$733.17	\$824.40	\$915.61
65-69	\$119.72	\$235.31	\$350.89	\$466.49	\$582.07	\$697.65	\$813.24	\$928.83	\$1,044.41	\$1,159.99

\*Spouse Amount is 100% of Employee Amount. Child Amount is 50% of Employee Amount, capped at \$5,000.

NTU: Non-tobacco user, TU: Tobacco user

# Accident Insurance

Manhattan Life | [ManhattanLife.com](https://www.ManhattanLife.com) | 800-669-9030

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

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



# Accident

Protection that surrounds you and your family



## Accident coverage can protect your whole family

An Accident plan offers coverage for accidents, injuries, ambulance services, and accidental death in addition to your primary medical insurance. It is also available to your spouse and children – a plan that can protect your whole family.

## Why do I need Accident coverage?

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

- Nearly 40 percent of self-reported episodes of injury leading to hospitalization occurred during sports or leisure activities, and 44 percent occurred in or around the home.
- Where the external cause of nonfatal injuries is specified, falls are the leading cause of inpatient and outpatient care in emergency rooms, outpatient clinics and doctors' offices.
- Injuries due to motor vehicle traffic accidents and striking against or being struck accidentally by objects also make up a large portion of injuries.

## Here's how it works

When you or a covered family member has an Accident, you may seek treatment from a physician, urgent care or hospital. Based on the Accident plan you choose, you will receive a benefit paid directly to you to assist with medical plan deductibles and bills from your provider.

## Accident Indemnity Plus Coverage

<b>Coverage type</b>		There are no annual maximums. Benefits start all over with each accident and are paid in addition to any other coverage in place. Payroll deduction for your premiums makes it easy, too.	
<b>Product</b>	<b>Policy Type:</b>	Group	
	<b>Policy Name:</b>	Accident Indemnity Plus Insurance	
	<b>Policy Form:</b>	M-8026	
<b>Eligibility</b>	<b>Issue Ages:</b>	Employee:	18 – 70
		Spouse:	18 – 70
		Child:	Under age 26
	<b>Criteria:</b>	<ul style="list-style-type: none"> <li>Employee is benefit eligible, actively at work full-time, working at least 20 hours per week. Spouse and children not eligible if Employee is not issued coverage.</li> <li>Spouse includes domestic partner where allowed by state and Employer.</li> </ul>	
	<b>Termination Age:</b>	<ul style="list-style-type: none"> <li>Employee: Age 71 unless actively at work, then on last day of active employment.</li> <li>Spouse: Age 71, or when Employee terminates, whichever is earlier.</li> <li>Child: Age 26, or when Employee terminates, whichever is earlier.</li> </ul>	
		<b>Guarantee Issue</b>	
<b>Underwriting Offer</b>	<b>Employee:</b>	Guarantee Issue	
	<b>Spouse:</b>	Guarantee Issue	
	<b>Child(ren):</b>	Guarantee Issue	
<b>Target Participation</b>	<b>Minimum to Issue:</b>	2 Employees enrolled	
	<b>Participation Expectation:</b>	2 Employees enrolled	

## Benefits and Features

	Enhanced	Premier
Urgent Care	\$150	\$200
Doctor's Office Visit	\$100	\$150
Emergency Room Treatment	\$100	\$150
Ground Ambulance	\$200	\$300
Air Ambulance	\$800	\$1,000
First Hospitalization Benefit	\$1,000	\$1,500
Intensive Care Unit Admission	\$2,000	\$3,000
Hospital Confinement	\$250 per day	\$375 per day
Intensive Care Unit Confinement	\$500 per day	\$750 per day
Rehabilitation – Admission:	\$1,000	\$1,500
Daily Benefit/Confinement:	\$150	\$200
Physical Therapy	\$30	\$45
Chiropractic Treatment	\$30 per day	\$45 per day
Accident Follow-Up Treatment	\$25 per visit/max of 4 per accident	\$50 per visit/max of 4 per accident
Blood and Plasma	\$100	\$150
Major Diagnostic – X-Ray:	\$75	\$100
Medical Imaging:	\$150	\$200
EEG:	\$150	\$200
Exploratory Surgery without repair	\$200	\$300
Concussion	\$200	\$300
Coma	\$10,000	\$12,500
Ruptured Disc	\$400	\$500
Medical Appliances	\$100	\$150
Prosthesis – Single:	\$500	\$750
Multiple:	\$1,000	\$1,500
Transportation - Train or Plane:	\$300	\$400
Bus:	\$150	\$200
Family Lodging	\$100 per night	\$150 per night



Accidental Death, Dismemberment, and Loss of Sight (AD&D)	Enhanced	Premier
Loss of Life	\$50,000	\$75,000
Double Dismemberment - Any Combination of Two or More Hands, Feet, or Sight in Both Eyes	\$50,000	\$75,000
Single Dismemberment Loss of Single Hand, Foot or Sight	\$12,500	\$18,750
Loss of Four Fingers of the Same Hand	\$2,500	\$3,750
Loss of Thumb and Index Finger of Same Hand	\$500	\$750
Severance and Reattachment of Hand or Foot	\$500	\$750
Common Carrier Accidental Death	\$100,000	\$150,000

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



Fractures (Closed Reduction)	Enhanced	Premier
Hip/Thigh	\$4,000	\$5,000
Vertebrae (Except Process)	\$3,600	\$4,500
Pelvis	\$3,200	\$4,000
Skull (Depressed)	\$3,000	\$3,750
Skull (Simple)	\$1,400	\$1,750
Leg	\$2,400	\$3,000
Foot/Ankle/Kneecap	\$2,000	\$2,500
Fore/Hand	\$2,000	\$2,500
Lower Jaw	\$1,600	\$2,000
Shoulder Blade/Collar Bone	\$1,600	\$2,000
Upper Arm/Upper Jaw	\$1,400	\$1,750
Facial Bones (Except Teeth)	\$1,200	\$1,500
Vertebral Processes	\$800	\$1,000
Coccyx, Rib, Finger, Toe	\$320	\$400
Chips	25%	25%
Open Reduction	200% of Closed Reduction	200% of Closed Reduction



Dislocations (Closed Reduction)	Enhanced	Premier
Hip	\$2,700	\$3,600
Knee (Excluding Patella)	\$1,950	\$2,600
Shoulder	\$1,500	\$2,000
Foot/Ankle	\$1,200	\$1,600
Ankle Joint	\$600	\$800
Hand	\$1,050	\$1,400
Lower Jaw	\$900	\$1,200
Wrist	\$750	\$1,000
Elbow	\$600	\$800
Finger/Toe	\$240	\$320
Partial	25%	25%
Open Reduction	200% of Closed Reduction	200% of Closed Reduction
Repaired Ligament – Single:	\$400	\$500
Multiple:	\$600	\$750
Repaired Knee Cartilage – Single:	\$400	\$500
Multiple:	\$600	\$750
Repaired Tendon – Single:	\$400	\$500
Multiple:	\$600	\$750
Repaired Rotator Cuff – Single:	\$250	\$375
Multiple:	\$500	\$750



	Enhanced	Premier
Burns - Second Degree (<10%):	\$200	\$300
Second Degree (10%-25%):	\$400	\$600
Second Degree (25%-35%):	\$1,000	\$1,500
Second Degree (>35%):	\$2,000	\$3,000
Third Degree (<10%):	\$1,000	\$1,500
Third Degree (10%-25%):	\$6,000	\$9,000
Third Degree (25%-35%):	\$10,000	\$15,000
Third Degree (>35%):	\$20,000	\$30,000
Paralysis Benefit – Quadriplegia:	\$10,000	\$12,500
Paraplegia:	\$5,000	\$6,250
Eye Injury Benefit - Surgical Repair:	\$250	\$375
Removal of Foreign Body:	\$50	\$75
Laceration Benefit - Over 6":	\$400	\$600
2"-6":	\$200	\$300
Under 2":	\$50	\$75
Lacerations not Requiring Stitches:	\$50	\$75
Emergency Dental Work – Repaired with Crown:	\$200	\$300
Resulting in Extraction:	\$60	\$90
Total Disability Premium Waiver		Included
Portability		Included

## Employer Elected Optional Benefits

On the Job (24 Hour Insurance) Benefit	Included
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## Benefit Definitions

**ACCIDENT FOLLOW-UP TREATMENT:** For an injury received as a result of a Covered Accident, a benefit will be paid if the covered person receives initial treatment within 72 hours after covered accident, receives doctor prescribed follow up treatment, and the follow up treatment begins within 90 days after the covered accident or discharge from the hospital. Treatment received within 30 days in TX.

**GROUND AMBULANCE:** Pays a benefit when a covered person requires transportation in an ambulance from a covered accident. The total amount payable for all ground ambulance services in connection with any one covered accident will not exceed the benefit chosen. The benefit is limited to one trip per accident.

**AIR AMBULANCE:** Pays a benefit when a covered person requires transportation in an ambulance from a covered accident. The total amount payable for all ground ambulance services in connection with any one covered accident will not exceed the benefit chosen. The benefit is limited to one trip per accident.

**HOSPITAL CONFINEMENT:** Pays a benefit if a covered person is confined as an inpatient in a hospital for an injury received because of a covered accident, for each day of Hospital Confinement starting with the first full day of confinement. A day is a 24-hour period. The benefit is limited to 365 days per accident.

**FIRST HOSPITALIZATION BENEFIT:** Pays benefit amount for covered person's first hospital confinement for an injury received as a result of a covered accident; must be admitted for at least 24 hours and be at the direction of and under the supervision of a doctor. Benefit limited to one (1) per calendar year for each covered person.

**INTENSIVE CARE UNIT ADMISSION:** Pays a benefit amount if a covered person is confined to a hospital and is placed in a hospital intensive care unit (ICU) within the first 48 hours of admission for an injury received as a result of a covered accident. This benefit is payable in addition to the First Hospital Admission Benefit. Limited to one (1) per calendar year for each covered person.

**INTENSIVE CARE UNIT CONFINEMENT:** Pays a benefit if a covered person is confined as an inpatient in a hospital intensive care unit (ICU) for an injury received because of a covered accident. The benefit is limited to 30 days per accident.

**EMERGENCY ROOM TREATMENT:** Pays a benefit amount chosen for an injury because of a covered accident when a covered person requires examination and treatment by a doctor in a hospital emergency room within 72 hours after the covered accident. This benefit is paid once per covered accident and limited to 5 covered accidents per covered person per calendar year. Treatment will be covered within 30 days of accident in TX.

**URGENT CARE:** Pays a benefit if a covered person receives initial treatment and/or advice by a doctor in an urgent care facility for an injury received because of a covered accident. Treatment must be within 60 days of covered accident and must be the result of the covered accident, and not for routine examinations or preventative testing. Benefit paid once per covered accident and is not payable if Emergency Room Treatment benefit is paid for the same covered accident.

**DOCTOR'S OFFICE VISIT:** Pays a benefit if a covered person receives initial treatment and/or advice by a doctor in a doctor's office for an injury received because of a covered accident. Treatment must be within 60 days of covered accident and must be the result of the covered accident, and not for routine examinations or preventative testing. Benefit paid once per covered accident and is not payable if Emergency Room Treatment benefit is paid for the same covered accident.

**CHIROPRACTIC TREATMENT:** Pays a benefit if a covered person suffers a structural imbalance for an injury received because of a covered accident and receives Chiropractic Care Services by a Chiropractor in a chiropractor's office. Treatment must begin within 60 days after the covered accident and must be completed within 180 days after the covered accident. Maximum of 3 visits per accident.

**PHYSICAL THERAPY:** Pays a benefit amount for each day a covered person receives physical therapy for an Injury received because of a covered accident. Therapy must begin within 90 days after the covered accident and be completed within 1 year after the covered accident. Benefit is not payable for the same visit that the Accident Follow-Up benefit is paid. Maximum of 10 visits per accident.

**TRANSPORTATION:** Pays a benefit for train, plane, or bus transportation. This benefit is payable if, because of an Injury received because of a Covered Accident, a Covered Person: is injured and requires doctor-recommended hospital treatment or diagnostic study that is not available in the covered person's resident city. Use of such transportation must begin within 90 days after the covered accident date. The distance to the hospital treatment or diagnostic study must be greater than 50 miles from the Covered Person's residence. Maximum of 1 trip.

**FAMILY LODGING:** Pays a benefit each night's lodging in a motel/hotel room for an adult family member of a covered person. Benefit is payable for an injury received as a result of a covered accident: the covered person must be confined to a hospital for treatment of an injury, the hospital and motel/hotel must be more than 100 miles from the covered person's residence; and the treatment must be prescribed by the covered person's local doctor. Max 30 nights per covered accident.

**BLOOD AND PLASMA:** Pays a benefit for an injury received because of a covered accident, the covered person is injured and receives blood or plasma within 90 days after the covered accident.

**PROSTHESIS:** Pays a benefit for each covered prosthetic device the covered person uses when needed due to a covered accident. Benefit paid will be based on the number (single or multiple) of prosthetics received and is limited to one (1) payment per covered accident.

**MEDICAL APPLIANCES:** Pays a benefit if a doctor advises a covered person to use a medical appliance. The medical appliance must be used for an injury received because of a covered accident. It must be used as an aid in personal locomotion. Benefit is limited to one (1) payment per covered accident.

**MAJOR DIAGNOSTIC:** Pays a benefit if a covered person receives one of the following exams for an Injury received as a result of a covered accident CT (computerized tomography) scan, MRI (magnetic resonance imaging), EEG (electroencephalogram), or X-rays. Exams must be performed in a hospital or a doctor's office. Benefit amount paid once per covered accident.

**EXPLORATORY SURGERY:** Pays a benefit if an injury received because of a covered accident requires a covered person to have exploratory surgery (without repair).

**CONCUSSION:** Pays a benefit if a covered person has a concussion from an injury received as a result of a covered accident. The concussion must be diagnosed by a doctor within 72 hours after the Covered Accident using any type of medical imaging such as x-ray (computerized tomography) scan; CT (computerized tomography); or MRI (magnetic resonance imaging). Treatment must be within 30 days of the accident in TX.

**RUPTURED DISC:** Pays a benefit if a covered person receives an injury as a result of a covered accident and ruptures a disc in the spine, receives treatment from a doctor within 60 days after the covered accident, and has surgical repair by a doctor within one year after the Covered Accident.

**COMA:** If a Covered Person is in a coma lasting 30 days or more from an injury received because of a covered accident, a benefit is payable based on the amount selected. The diagnosis of a coma must indicate that permanent neurological deficit is present. This benefit is paid once per covered person per covered accident.

**REHABILITATION DAILY/CONFINEMENT AND ADMISSION:** Pays a benefit for an Injury received as a result of a Covered Accident if the Covered Person is admitted for a Hospital Confinement, is transferred to a bed in a Rehabilitation Unit of a Hospital for Treatment and incurs a charge. Benefit is limited to 30 days for each covered person per period of hospital confinement. Benefit is also limited to a Calendar Year Max of 60 days.



**ACCIDENTAL DEATH, DISMEMBERMENT, AND LOSS OF LIFE:** Pays a benefit chosen based on loss of life of covered person or dismemberment of covered person based on a covered accident.

**FRACTURE BENEFITS:** Fracture is a break in a bone that can be seen by X-ray. If a bone is fractured in an injury received because of a covered accident and is diagnosed and treated by a doctor within 90 days of the accident, pays benefit selected based upon the fracture benefit listed.

**DISLOCATION BENEFITS:** Dislocation refers to a completely separated joint. If a joint is dislocated in an injury received because of a covered accident and is diagnosed and treated by a doctor within 90 days of the accident, pays benefit selected based upon the dislocation benefit listed.

**BURNS BENEFIT:** Pays a benefit if a Covered Person receives burns because of a covered accident, according to the percentage of body surface burned. Must be treated for burns by a Doctor within 72 hours after the Covered Accident. First-degree burns are not covered. Treatment must be within 30 days of the accident in TX.

**PARALYSIS BENEFIT:** Pays a benefit for an Injury received as a result of a covered accident where the injury causes paralysis which lasts more than 90 days, and the paralysis is diagnosed by a doctor within 90 days after the Covered Accident. The amount paid will be based on the number of limbs paralyzed.

**EYE INJURY BENEFIT:** Pays a benefit for eye injuries requiring surgical repair, for an Injury received as a result of a Covered Accident and the insured injures an eye, doctor repairs the eye through surgery, and the eye surgery occurs within 90 days after the Covered Accident. For eye injuries requiring removal of a foreign body, benefit pays the amount selected if a Doctor removes a foreign body from the eye.

**LACERATION BENEFIT:** Pays a benefit if a covered person receives a laceration from an injury received because of a covered accident. Laceration must be repaired with stitches by a doctor within 72 hours after the covered accident. The amount paid will be based on the length of the laceration. The covered person may receive a laceration that does not require stitches. If treated by a doctor within 72 hours after the covered accident, the benefit will pay the appropriate amount shown in the certificate. Treatment must be within 30 days of the accident in TX.

**EMERGENCY DENTAL WORK:** Pays a benefit if the covered person has an injury to sound natural teeth as the result of a covered accident.

**TOTAL DISABILITY PREMIUM WAIVER:** If the insured becomes disabled before age 65, and as results of injuries suffered in an accident, premiums will be waived after 90 days of total and continuous disability. Limit 12 months per disability.

**LIMITED PORTABILITY:** Employees are able to continue their coverage if they leave their Employer, as long as master contract remains in force. Coverage is portable assuming the following parameters are met Employee is less than 70, Insured is not totally disabled, Master Policy issued to the Employer is active. Employees on ported coverage terminate at age 70. Dependents on ported certificates terminate when the spouse attained age is 70 or the child attained age is 25, or when the primary insured's insurance terminates.

**ON-THE-JOB COVERAGE:** Pays a benefit for injuries, (including Total Disability Premium Waiver), due to an Accident, that are covered by Worker's Compensation or occupational disease law.



## Accident Rates

### Rate Assumption Information

Rate Structure:	Composite
Tobacco Status:	Uni-Tobacco
Rate Guarantee Period:	One (1) Year
Contributions:	100% Employee paid
Coverage Type: Benefits	24 Hour Coverage
Included: Participation	As shown above in the Benefits and Optional Benefits sections.
Expectation:	2 Employees enrolled

Monthly (12) premium				
Benefit:	Employee	Employee/Spouse	Employee/Child(ren)	Family
Enhanced	\$10.81	\$18.37	\$23.60	\$31.37

Monthly (12) premium				
Benefit:	Employee	Employee/Spouse	Employee/Child(ren)	Family
Premier	\$15.02	\$25.49	\$33.01	\$43.76

## PRODUCT QUALIFICATIONS AND CONTINGENCIES

- If benefit is elected, they are included on all covered lives.
- Group may elect a maximum of two coverage plans.
- Riders apply to all accident plans chosen.
- If spouse is also an Employee, they may apply as an Employee or as a dependent, but not as both.
- If both parents are Employees of the company, then the child(ren) may be covered under only one parent, not both.
- Offer is based on no other accident plans are in force.
- Please refer to certificate/policy for full benefit and limitation information.

# Hospital Indemnity Insurance

Manhattan Life | [ManhattanLife.com](https://www.ManhattanLife.com) | 800-669-9030

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

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

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





ManhattanLife.

# Hospital Indemnity

Providing supplemental hospital benefits for you and your family



## Cash benefits paid to you

Hospital Indemnity plans pay employees a lump-sum cash benefit when they're hospitalized. These cash benefits pay in addition to other coverage. Benefits can be used however they choose: to help pay medical bills and cover everyday expenses. It can help them get back on their feet and back to work.

## Here are some more benefits to you

- Receive a cash benefit regardless of any other insurance you have.
- Don't worry about a physical exam; it's not required.
- Pay your premiums through payroll deduction.

## Here's how it works

You'll be reimbursed a specified amount for covered hospital confinement. Benefits are paid directly to you, and you can use the cash however you want. It's that simple.

## Hospital Indemnity

Coverage type		Hospital Indemnity is a group policy form that includes coverage for inpatient confinement along with other benefits to pay expenses for hospital stays.	
Product	Policy Type:	Group	
	Policy Name:	Hospital Indemnity Insurance	
	Policy Form:	M-8019	
Eligibility	Issue Age:	Employee:	18-90
		Spouse:	18-90
		Child:	Under age 26
	Criteria:	<ul style="list-style-type: none"> <li>Employee is benefit eligible, actively at work full-time, working at least 20 hours per week. Spouse and children not eligible if Employee is not issued coverage.</li> <li>Spouse includes domestic partner where allowed by state and Employer.</li> </ul>	
	Termination Age:	<ul style="list-style-type: none"> <li>EE: Age 91 unless actively at work, then on last day of active employment.</li> <li>SP: Age 91, or when Employee terminates, whichever is earlier.</li> <li>Child: Age 26, or when Employee terminates, whichever is earlier.</li> </ul>	
		Coverage Tier	Guarantee Issue
Underwriting Offer		Employee:	Guarantee Issue
		Spouse:	Guarantee Issue
		Child(ren):	Guarantee Issue
Target Participation	Minimum to Issue:	5 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	

## Benefits and Features

	Option One
Hospital Indemnity	\$200
Pre-existing Condition Limitation	12/12
Maternity Waiting Period	None
Portability	None
Waiver of Premium	Included
First Admission	\$1,500
Intensive Care/Cardiac Care/ Burn Unit	\$200

## Definitions

**HOSPITAL INDEMNITY BENEFIT:** If a covered person is confined as an inpatient in a hospital, pays a daily benefit. Hospital confinement must be for at least 18 hours. Max 30 days.

**WAIVER OF PREMIUM:** Maximum waiver of premium benefit is limited to a total of 12 consecutive months per disability. This waives an Employee's premium if he or she becomes totally disabled for at least 90 days after the effective date of coverage. There is no lifetime maximum. Issue age 18-55.

**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.

**FIRST HOSPITAL ADMISSION BENEFIT:** If a covered person is confined as an inpatient in a hospital for the first time during a calendar year, pays a one-time lump sum per year. Hospital confinement must be for at least 18 hours as an inpatient.

**INTENSIVE CARE (ICU)/CARDIAC CARE (CCU)/BURN UNIT BENEFIT:** Pays a daily benefit when confined to an intensive care unit. Max 30 days Hospital confinement must be for at least 18 hours as an inpatient.



## Hospital Indemnity

### Rate Assumption Information

<b>Rate Structure:</b>	Composite
<b>Tobacco Status:</b>	Uni-tobacco
<b>Rate Guarantee Period:</b>	One (1) Year
<b>Contributions:</b>	100% Employee Paid
<b>Takeover:</b>	Yes
<b>Benefits Included:</b>	As shown above in the Benefits and Optional Benefits sections.
<b>Participation Expectation:</b>	Waived, expectation of 15% of all eligible enrolled by end of the enrollment

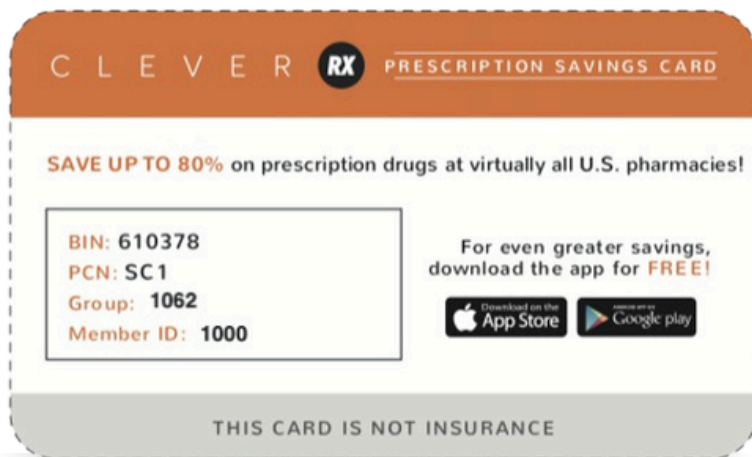
Benefit	Monthly (12) premium			
	Employee	Employee/Spouse	Employee/Child(ren)	Family
Option 1	\$31.63	\$60.64	\$48.08	\$77.07

# Clever RX

Clever RX | <https://partner.cleverrx.com/ffga> | 800-873-1195

Clever RX helps you save money by using a prescription drug savings card. They partner with the healthcare community to bring state-of-the-art, money-savings tools to participants. It helps you save up to 80% off prescriptions drugs and often beats the average copay. Plus, it's completely free. Thanks to Clever RX, you will never overpay for prescriptions again!

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



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

## Clever RX Highlights

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

# Contact Information

Product	Carrier	Website	Phone
Medical	Savvy CARES		804-689-3773
Dental	Delta Dental	<a href="http://DeltaDentalVA.com">DeltaDentalVA.com</a>	800-237-6060
Vision	Superior Vision	<a href="http://superiorvision.com">superiorvision.com</a>	800-507-3800
Flexible Spending Account	FFGA	<a href="http://ffa.wealthcareportal.com">ffa.wealthcareportal.com</a>	866-853-3539
Term Life	American Fidelity	<a href="http://www.americanfidelity.com">www.americanfidelity.com</a>	800-654-8489
Permanent Life	Texas Life	<a href="http://www.texaslife.com">www.texaslife.com</a>	800-283-9233
Short Term Disability	Manhattan Life	<a href="http://www.manhattanlife.com">www.manhattanlife.com</a>	800-669-9030
Critical Illness	Manhattan Life	<a href="http://www.manhattanlife.com">www.manhattanlife.com</a>	800-669-9030
Accident	Manhattan Life	<a href="http://www.manhattanlife.com">www.manhattanlife.com</a>	800-669-9030
Hospital Indemnity	Manhattan Life	<a href="http://www.manhattanlife.com">www.manhattanlife.com</a>	800-669-9030