

*Nelson County Public Schools*  
*October 1, 2023 - September 30, 2024*

# **BENEFITS GUIDE**



Tyler Webster, Sr. Account Executive  
First Financial Group of America  
[https://ffbenefits.ffga.com/  
nelsoncountypublicschools/](https://ffbenefits.ffga.com/nelsoncountypublicschools/)

Melissa Marrs, Nelson County Schools  
434.260.7646  
MMarrs@nelson.k12.va.us

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Nelson County offers eligible employees a competitive benefits package that includes both district-paid and voluntary products. We have worked closely with First Financial (FFGA) to provide you with a variety of benefits and resources to help you reach your healthcare and retirement needs. Details of all available benefits can be found on the Employee Benefits Center website, <https://ffbenefits.ffga.com/nelsoncountypublicschools/>.

Be sure to read the product descriptions carefully so you are well prepared before enrollment begins. If you have questions, feel free to reach out to your First Financial Account Manager or your Benefits department.

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\*TLC MEDICAL PLANS INCLUDE VISION COVERAGE. AMERITAS VISION IS SUPPLEMENTAL AND IS NOT INTERCHANGEABLE WITH THE TLC VISION PLAN.

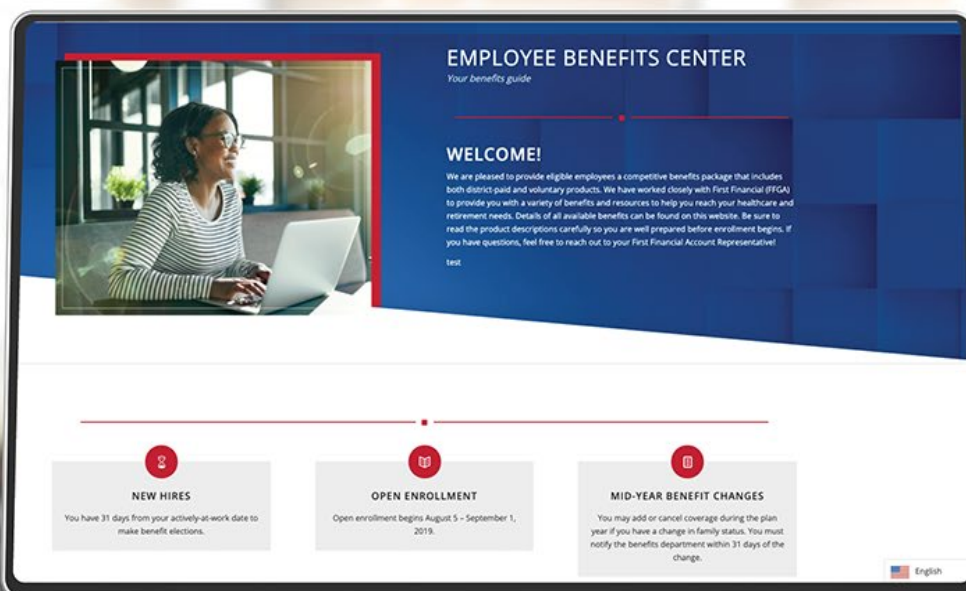
# EMPLOYEE BENEFITS CENTER

## YOUR ONE-STOP-SHOP FOR BENEFIT INFORMATION

Nelson County Public Schools and First Financial 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, claim forms, important phone numbers, and enrollment information.

There's no need to register for site access. Simply type the URL below into your browser and you will be directed to your Employee Benefits Center.

<https://ffbenefits.ffga.com/nelsoncountypublicschools/>



# HOW TO ENROLL

## ENROLLMENT ASSISTANCE CENTER INSTRUCTIONS

Call 855-765-4473 and follow the prompts to be connected to your local First Financial branch office. Hours of operation are 8 a.m. to 5 p.m. (local time) Monday through Friday. There is an option to leave a voice message for a representative to call you back. Phone calls will be returned as soon as possible or the next business day if it is after hours.

## ONLINE ENROLLMENT

To begin online enrollment, visit <https://ffga.benselect.com/Enroll/login.aspx>.

### LOGIN

- Login: Your Employee ID or Social Security Number (no dashes)
- PIN (first login only): The last four digits of your Social Security Number and the last two digits of the year you were born (six digits total)
- New PIN: The first time you log in you will be required to change to a new PIN. Please note your new PIN because you will use the new PIN from that point forward.

### VIEW CURRENT BENEFITS

After logging in, you will arrive at the welcome screen. Your current benefits and premium deductions will be listed on this screen.

### VIEW/ADD DEPENDENTS

Click next to view your dependents. It is very important to make sure the social security numbers and birth dates listed are correct. If you plan to add dependents, you will need to enter their social security numbers and birth dates.

### BEGIN ELECTIONS

Click next again to begin making your benefit elections. Remember, no changes to your elections can be made during the plan year unless you have either a qualified mid-year change under Section 125 or a special enrollment event.

## ON-SITE ENROLLMENT

When it's time to enroll in your benefits, your First Financial Account Representative will be on-site to assist you with making your elections. Visit your EBC to view the on-site enrollment schedule.



# ELIGIBILITY

## 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. Your New Hire Enrollment elections will be made at the <insert location>.

### EXISTING EMPLOYEES

When it's time to enroll in your benefits, your First Financial 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 & student plans, losing eligibility for Medicare, Medicaid, or CHIP, turning 26 and losing coverage through a parent's plan

## DECLINING COVERAGE

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

# SECTION 125 PLANS

## SECTION 125 PLAN INFORMATION AND RULES

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

### HERE'S HOW IT WORKS

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

### IS IT RIGHT FOR ME?

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

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

IRS specified changes in family status include:

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

SECTION 125 PLAN SAMPLE PAYCHECK		
	WITHOUT S125	WITH S125
<b>Monthly Salary</b>	\$2,000	\$2,000
<b>Less Medical Deductions</b>	-N/A	-\$250
<b>Taxable Gross Income</b>	\$2,000	\$1,750
<b>Less Taxes (Fed/State at 20%)</b>	-\$400	-\$350
<b>Less Estimated FICA (7.65%)</b>	-\$153	-\$133
<b>Less Medical Deductions</b>	-\$250	-N/A
<b>Take Home Pay</b>	\$1,197	\$1,267

**YOU COULD SAVE \$70 PER MONTH IN TAXES BY PAYING FOR YOUR BENEFITS ON A PRE-TAX BASIS!**

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

# 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. If your plan includes a grace period option, 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.

A Medical Flexible Spending Account (Medical FSA) is an IRS-approved program to help you save taxes and reimburse yourself for out-of-pocket medical expenses not covered under your medical plan. Your employer has chosen the

\$570 carryover option for your Medical FSA plan. This option allows you the opportunity to carry over up to \$570 of unclaimed Medical FSA funds into the following plan year. Keep in mind that balances more than \$570 will be forfeited under the use-it-or-lose-it rule.

**Your maximum contribution amount for 2023 is \$3,050.**

### 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 \$5,000 per tax year for reimbursement of dependent care services.  
If you are married and file a separate tax return, the limit is \$2,500.**

### 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

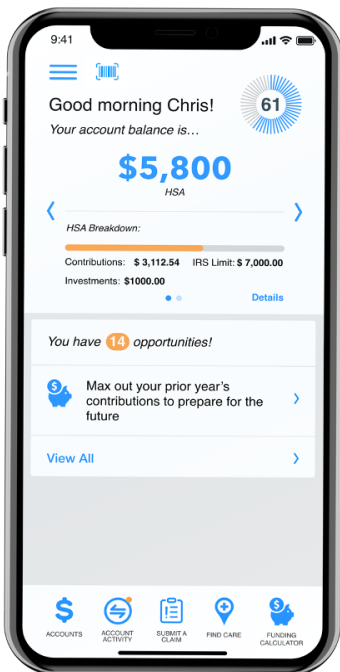
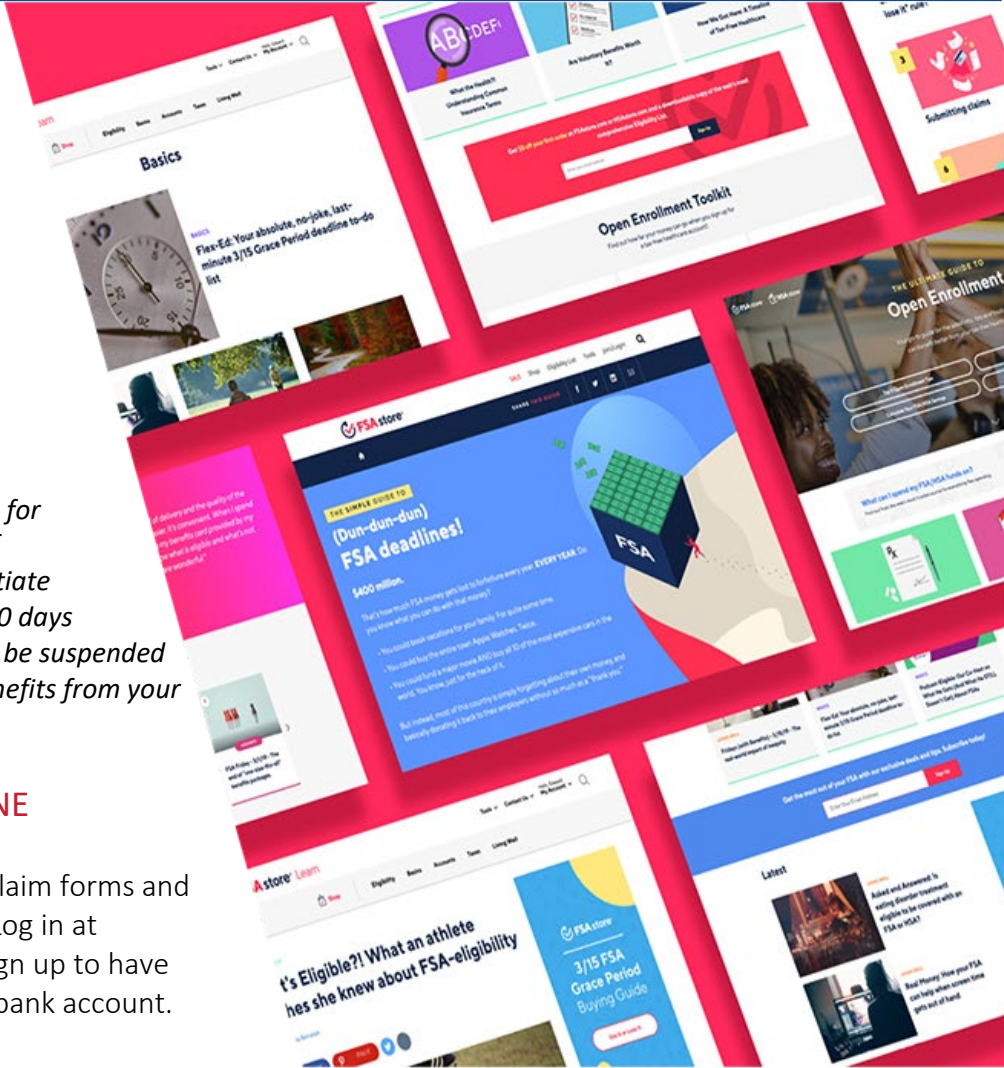
## BENEFITS CARD

The First Financial 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 First Financial 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. View the [Portal Log-in Guide](#) now!



## 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<sup>SM</sup> or Google Play Store<sup>TM</sup>. View the FF Mobile Account App [User Guide](#) and [Quick Reference Guide](#).

## FSA STORE

First Financial has partnered with the FSA Store to bring you an easy-to-use online store to better understand and manager 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.



# HEALTH SAVINGS ACCOUNTS

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

## HEALTH SAVINGS ACCOUNTS

A Health Savings Account (HSA) is a great way to help you control your healthcare costs. It works in conjunction with a qualified High Deductible Health Plan (HDHP) to combine tax-free savings earmarked for qualified medical expenses. An HSA allows you to set aside money to pay for higher deductibles associated with a lower monthly premium HDHP. The money you save in monthly insurance premiums is reserved for eligible medical expenses you incur in the future. Eligible expenses include things like co-pays and deductibles, prescriptions, vision expenses, dental care, therapy and medical supplies.

	2022	2023
<b>HSA Contribution Limit</b>	<ul style="list-style-type: none"><li>Self Only: <b>\$3,650</b></li><li>Family: <b>\$7,300</b></li></ul>	<ul style="list-style-type: none"><li>Self Only: <b>\$3,850</b></li><li>Family: <b>\$7,750</b></li></ul>
<b>HDHP Minimum Deductibles</b>	<ul style="list-style-type: none"><li>Self Only: <b>\$1,400</b></li><li>Family: <b>\$2,800</b></li></ul>	<ul style="list-style-type: none"><li>Self Only: <b>\$1,500</b></li><li>Family: <b>\$3,000</b></li></ul>
<i>\$1,000 catch-up contributions (age 55 or older)</i>		

## HIGHLIGHTS

- Balances roll over from year to year and earn interest along the way.
- Portable – you keep it even after you leave employment.
- Tax advantages – invest money in mutual funds to grow your tax savings for either future healthcare costs or retirement.
- Pay for expenses with a benefits debit card that gives you immediate access to your money at the time of purchase.
- Expenses also can be reimbursed through our online portal, online bill pay directly to your provider or submitting a distribution request form.
- Receipts are not required for reimbursement but be sure to save them for tax purposes.

## WHO CAN PARTICIPATE IN AN HSA?

- You must be enrolled in a qualified High Deductible Health Plan (HDHP).
- You cannot be enrolled in Tricare or Medicare or covered under your spouse's traditional (non-HDHP) health care plan.
- You cannot participate in a general purpose Flexible Spending Account (FSA) or Health Reimbursement Arrangement.
- Limited Purpose Flexible Spending Accounts are permitted (dental and vision expenses only).
- You cannot participate if your spouse has a general purpose FSA or HRA at their place of employment.
- You cannot participate if you are being claimed as a dependent on another person's tax return.



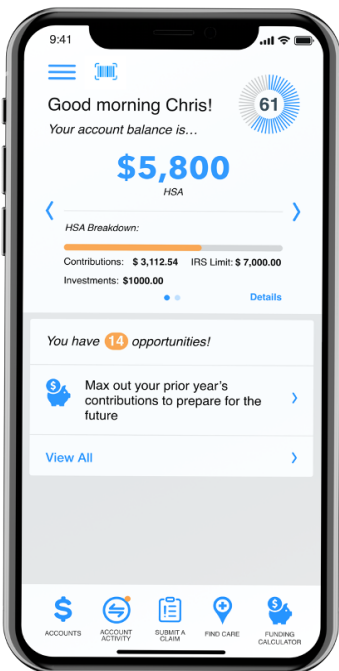
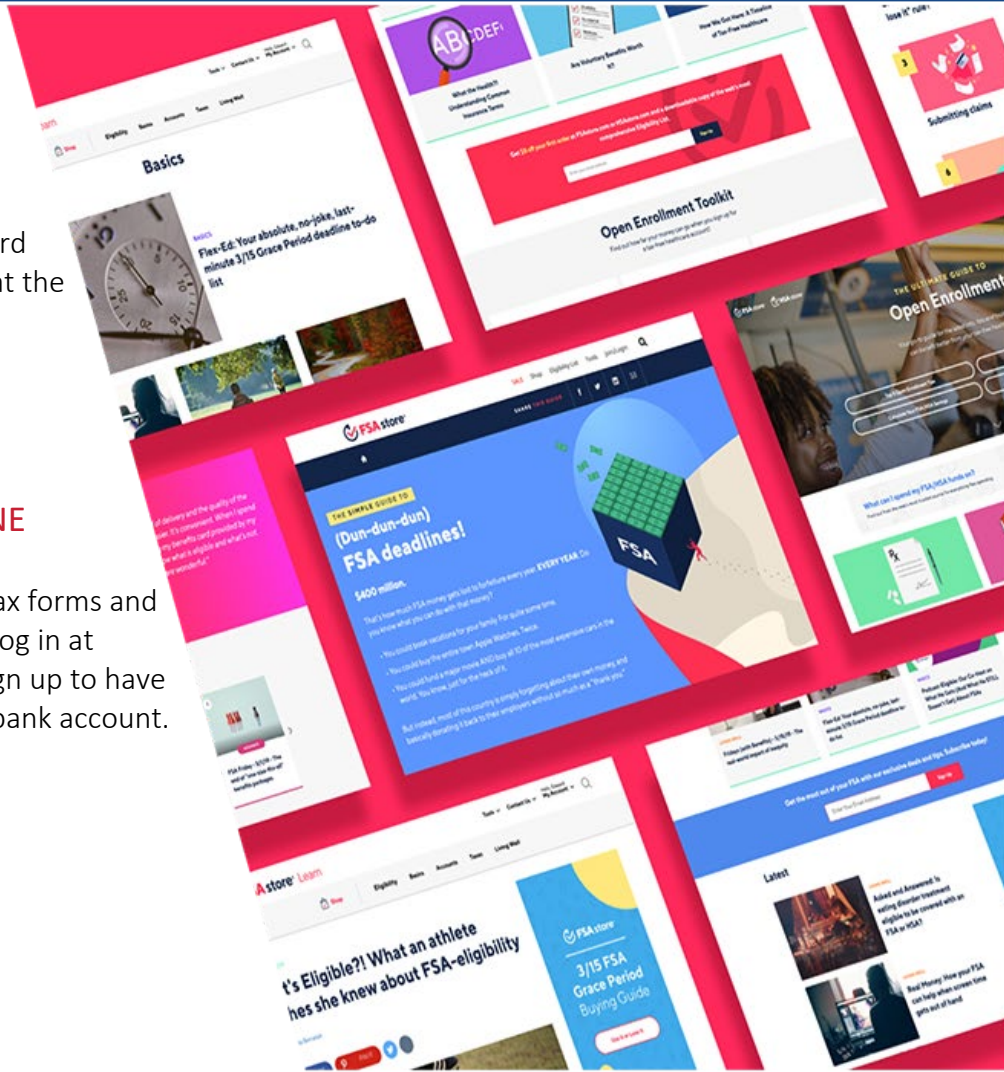
# HSA RESOURCES

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## HSA STORE

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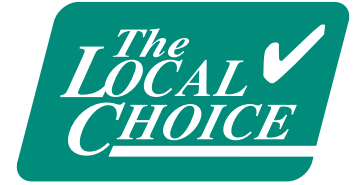
## ANTHEM RATE CHART

Monthly Premiums

October 1, 2023 - September 30, 2024

	Key Advantage 250 - Comprehensive Dental			Key Advantage 1000 - Comprehensive Dental			High Deductible Health Plan - Comprehensive Dental		
	EMPLOYER	EMPLOYEE	TOTAL	EMPLOYER	EMPLOYEE	TOTAL	EMPLOYER	EMPLOYEE	TOTAL
<b>Employee</b>	801.86	46.14	848.00	710.00	15.00	725.00	577.99	40.01	618.00
<b>Employee + 1</b>	1,193.56	374.44	1,568.00	1,047.93	292.07	1,340.00	860.76	282.24	1,143.00
<b>Family</b>	1,740.47	547.53	2,288.00	1,527.66	428.34	1,956.00	1,255.39	412.61	1,668.00

	Key Advantage 250 - Diagnostic & Preventive Dental			Key Advantage 1000 - Diagnostic & Preventive Dental			High Deductible Health Plan - Diagnostic & Preventive Dental		
	EMPLOYER	EMPLOYEE	TOTAL	EMPLOYER	EMPLOYEE	TOTAL	EMPLOYER	EMPLOYEE	TOTAL
<b>Employee</b>	801.86	28.14	830.00	707.00	-	707.00	577.99	22.01	600.00
<b>Employee + 1</b>	1,193.56	342.44	1,536.00	1,047.93	259.07	1,307.00	860.76	250.24	1,111.00
<b>Family</b>	1,740.47	500.53	2,241.00	1,527.66	380.34	1,908.00	1,255.39	365.61	1,621.00



# Getting the Most from Your High Deductible Health Plan (HDHP) Benefits Summary

Effective July 1, 2023 or October 1, 2023

# TLC HDHP

**THIS IS A SUMMARY** of your medical, vision, behavioral health and employee assistance program (EAP), prescription drug, and dental benefits.

Your benefits are administered by Anthem Blue Cross and Blue Shield, with the exception of your dental benefits. Delta Dental of Virginia administers routine dental benefits.

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The TLC HDHP Member Handbook and this TLC HDHP Benefits Summary constitute a complete description of the benefits, exclusions, limitations, and reductions under the plan.

An electronic version of the handbook is available online at [thelocalchoice.virginia.gov](http://thelocalchoice.virginia.gov) and at [anthem.com/tlc](http://anthem.com/tlc).

## Plan Year

Your benefits are administered on a plan year basis which is July 1 through June 30, or October 1 through September 30, depending upon your renewal date.

## Who Is Eligible

- o **Active Employees and their Dependents**
- o **If offered, Retirees not eligible for Medicare and their Dependents not eligible for Medicare, and/or**
- o **Dependents of Medicare eligible Retirees who are not Medicare eligible.**

**NOTE:** Medicare eligible retirees and the Medicare eligible dependents of any retiree (Medicare eligible or otherwise), may not enroll in the High Deductible Health Plan.

The TLC HDHP has a plan year deductible that applies to your medical, behavioral health and prescription drug benefits. Deductible amounts are calculated on an individual basis for each family member. This is how the deductible works for each coverage type:

- o **One person:** If you have this coverage, you are responsible for satisfying the individual Deductible only.
- o **Two people:** Each of you must satisfy the individual Deductible.
- o **Family:** Deductible amounts for each individual member accumulate toward the family Deductible limit. However, no individual family member can contribute more than the single-only Deductible amount.

After the deductible is met, you pay 20% coinsurance for covered services, and the plan pays 80%.

Your dental benefits are administered by Delta Dental and they are separate from your TLC HDHP benefits.



## What's in Your TLC HDHP?

### Your plan includes:

- Medical, Behavioral Health, Employee Assistance Program (EAP), and Prescription Drug benefits administered by Anthem Blue Cross and Blue Shield
- Preventive and Comprehensive dental benefits administered by Delta Dental
- 100% coverage for in-network preventive care, no deductible
- Specialist visits with no referrals
- One routine eye exam per plan year
- In-network coverage through the Anthem PPO network in Virginia, and the BlueCard® PPO and Blue Cross Blue Shield Global Core Programs for care outside Virginia

### Out-of-Pocket Expense Limit

**In Network: \$5,000** for one person, **\$10,000** for two or more persons, each plan year.

- If two or more people are covered by the plan, the most all of you will pay out of your pocket is \$10,000. However, no family member will pay more than \$5,000 toward the limit. Then your payments for covered in-network services are \$0.

**Out of Network: \$10,000** for one person, **\$20,000** for two or more persons, each plan year.

- If two or more people are covered by the plan, the most all of you will pay out of your pocket is \$20,000. However, no family member will pay more than \$10,000 toward the limit. Then your payments for covered services are \$0. However, out-of-network providers may bill you for amounts above the plan's allowable charge, and payment is your responsibility.



There are separate medical out-of-pocket expense limits for in- and out-of-network services. Your medical and behavioral health deductible and coinsurance for **medical, behavioral health and prescription drugs** all count toward the limit. Once you reach the limit, you pay \$0 for covered in-network medical and behavioral health services, and covered prescription drugs for the remainder of the plan year.

These expenses do not count toward the limit:

- Amounts above the allowable charge or plan limits
- Services and supplies not covered by your plan
- Copayments, coinsurance and deductibles for routine vision benefits (exception: routine eye exam for members through the end of the month they turn 19 years old) and dental services
- Additional amount non-network providers may bill you when their charge is more than the plan's allowable charges





# TLC HDHP Benefits At-A-Glance

	Benefit	You Pay
<b>Plan Year Deductible</b> <i>(combined In and Out-of-Network)</i>	One Person	\$3,000
	Family (two or more people)	\$6,000
<b>Plan Year Out-Of-Pocket Expense Limit (In-Network)</b>	One Person	\$5,000
	Family (two or more people)	\$10,000
<b>Plan Year Out-Of-Pocket Expense Limit (Out-Of-Network)</b>	One Person	\$10,000
	Family (two or more people)	\$20,000
<b>Out-Of-Network Benefits</b>	Yes. Once you meet the combined deductible, you pay 40% coinsurance for medical, behavioral health and prescription drug services from Out-of-Network providers.	
<b>Medical and Behavioral Healthcare when traveling</b>	The BlueCard® PPO and BCBS Global Core programs are included for medical and behavioral healthcare outside Virginia.	
<b>Lifetime maximum</b>	Unlimited	

Covered Services	You Pay In-network		
<b>Ambulance Travel</b> <i>No Plan Year limit</i>	20% coinsurance, after deductible		
<b>Autism Spectrum Disorder</b>	20% coinsurance, after deductible		
<b>Behavioral Health</b>			
<b>Inpatient treatment</b>	20% coinsurance, after deductible		
<b>Residential Treatment</b>	20% coinsurance, after deductible		
<b>Partial Hospitalization (Day) Program</b>	20% coinsurance, after deductible		
<b>Intensive Outpatient Treatment Program (IOP)</b>	20% coinsurance, after deductible		
<b>Outpatient Treatment Program</b>			
Facility Services	20% coinsurance, after deductible		
Professional Provider Services	20% coinsurance, after deductible		
<b>Chiropractic, Spinal Manipulations and Other Manual Medical Interventions</b> 30-Visit Plan Year limit per member	20% coinsurance, after deductible		
<b>Dental Care (Delta Dental)</b>			
<b>Preventive Dental Option</b> <i>(diagnostic and preventive services only for lower premium)</i>	\$0		
<b>Comprehensive Dental Option</b> <i>(for higher premium)</i>			
Dental Plan Year Deductible	One Person \$25	Two People \$50	Family \$75
Plan Year Maximum (Except Orthodontics)	\$1,500		
Preventive Dental Care	\$0		
Primary Dental Care	20% coinsurance, after dental deductible		
Major Dental Care	50% coinsurance, after dental deductible		
Orthodontic Services (Includes Adult Ortho)	50% coinsurance, no dental deductible, with \$1,500 lifetime maximum		
<b>Dental Services (non-routine Medical)</b>	20% coinsurance, after deductible		
<b>Diabetic Education</b>	20% coinsurance, after deductible		
<b>Diabetic Equipment</b>	20% coinsurance, after deductible		

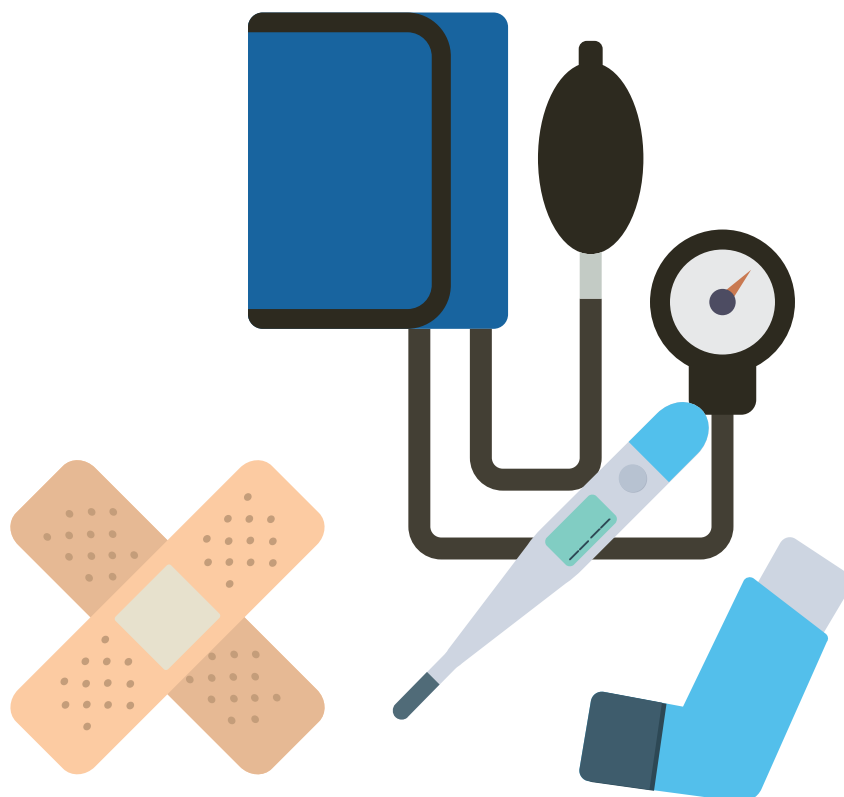
Covered Services	You Pay In-network
<b>Diagnostic Tests, Labs and X-rays</b>	
Outpatient Surgery	20% coinsurance, after deductible
Outpatient Diagnostic Services Only	20% coinsurance, after deductible
Outpatient Emergency Room	20% coinsurance, after deductible
<b>Dialysis Treatments</b>	
Facility Services	20% coinsurance, after deductible
Doctor's Office	20% coinsurance, after deductible
<b>Doctor's Visits (On an Outpatient basis)</b>	20% coinsurance, after deductible
<b>Employee Assistance Program (EAP)</b> Up to four Visits per issue ( <i>per plan year</i> )	\$0
<b>Early Intervention Services</b> (Birth to 3 years)	20% coinsurance, after deductible
<b>Emergency Room Visits</b>	
Facility Services	20% coinsurance, after deductible
Professional Provider Services	
Primary Care Physicians	20% coinsurance, after deductible
Specialty Care Providers	20% coinsurance, after deductible
Diagnostic Tests, Labs and X-rays	20% coinsurance, after deductible
<b>Home Health Services</b> <i>90-Visit Plan Year limit per member</i>	20% coinsurance, after deductible
<b>Home Private Duty Nurse's Services</b>	20% coinsurance, after deductible
<b>Hospice Care Services</b>	20% coinsurance, after deductible
<b>Hospital Services</b>	
<b>Inpatient Care</b>	
Facility Services	20% coinsurance, after deductible
Professional Provider Services	20% coinsurance, after deductible
Diagnostic Services	20% coinsurance, after deductible
<b>Outpatient Care</b>	
Facility Services	20% coinsurance, after deductible
Professional Provider Services	20% coinsurance, after deductible
Diagnostic Tests, Labs and X-rays	20% coinsurance, after deductible
<b>Maternity</b>	
Professional Provider Services ( <i>Prenatal and Postnatal Care</i> )	20% coinsurance, after deductible
<b>Hospital Services for Delivery</b> Delivery room, anesthesia, routine nursing care for newborn	20% coinsurance, after deductible
<b>Diagnostic Tests, Labs and X-rays</b>	20% coinsurance, after deductible
<b>Medical Equipment (durable), Appliances, Formulas, Prosthetics and Supplies</b>	20% coinsurance, after deductible
<b>Outpatient Prescription Drugs</b> ( <i>mandatory generic</i> )	
<b>Retail Pharmacy</b> Covered drugs per 34-day supply	20% coinsurance, after deductible
<b>Home Delivery Services (Mail Order)</b> Covered drugs for up to a 90-day supply	20% coinsurance, after deductible
<b>Diabetic Supplies</b>	20% coinsurance, after deductible
<b>Prescription Insulin Drug to Treat Diabetes</b>	34-day supply not to exceed \$50, no deductible 90-day supply not to exceed \$150, no deductible
<b>Shots – allergy &amp; therapeutic injections</b> At a doctor's office, Emergency room or Outpatient hospital department	20% coinsurance, after deductible

## TLC HDHP Benefits At-A-Glance (continued)

Covered Services	You Pay In-network
<b>Skilled Nursing Facility Stays</b> 180-day per Stay limit per member <sup>1</sup>	
Facility Services	20% coinsurance, after deductible
Professional Provider Services	20% coinsurance, after deductible
<b>Surgery</b>	
<b>Inpatient</b>	
Facility Services	20% coinsurance, after deductible
Professional Provider Services	20% coinsurance, after deductible
Diagnostic Services	20% coinsurance, after deductible
<b>Outpatient</b>	
Facility Services	20% coinsurance, after deductible
Professional Provider Services	20% coinsurance, after deductible
<b>Therapy – Outpatient Services</b>	
<b>Cardiac Rehabilitation Therapy</b>	20% coinsurance, after deductible
<b>Chemotherapy</b>	20% coinsurance, after deductible
<b>Infusion</b> (includes IV therapy and injected chemotherapy)	20% coinsurance, after deductible
<b>Occupational Therapy</b>	20% coinsurance, after deductible
<b>Physical Therapy</b>	20% coinsurance, after deductible
<b>Radiation Therapy</b>	20% coinsurance, after deductible
<b>Respiratory Therapy</b>	20% coinsurance, after deductible
<b>Speech Therapy</b>	20% coinsurance, after deductible
<b>Virtual Care through Sydney Health app</b>	
LiveHealth Online	Determined by services received
Symptom Checker	\$0
Text Chat or Video Visit with Medical Provider	\$39 or 20% coinsurance, after deductible
Virtual Wellness/Preventive Visit	\$0
<b>Vision Correction</b> After surgery or accident	20% coinsurance, after deductible
<b>Wellness and Preventive Care Services</b>	
<b>Well Child</b> (Birth to 18 years)	
Office Visits at specified intervals	
Primary Care Physicians	\$0, no deductible
Specialty Care Providers	\$0, no deductible
Immunizations	
Primary Care Physicians	\$0, no deductible
Specialty Care Providers	\$0, no deductible
Screening Tests	\$0, no deductible
<b>Routine Wellness</b> (18 years and older)	
Check-up Visit (one per Plan Year)	
Primary Care Physicians	\$0, no deductible

<sup>1</sup>A stay is the period from the admission to the date of discharge from a Facility. If there is less than a 90 day break between two admissions, the days allowable for the subsequent admission are reduced by the days used in the first. If there are more than 90 days between the two admissions, the days available for the subsequent admission start over for a full 180 days.

Covered Services	You Pay In-network
Specialty Care Providers	\$0, no deductible
Immunizations	
Primary Care Physicians	\$0, no deductible
Specialty Care Providers	\$0, no deductible
Routine Lab and X-ray Services	\$0, no deductible
<b>Wellness and Preventive Care Services</b> (one of each per Plan Year)	
Gynecological Exam	
Primary Care Physicians	\$0, no deductible
Specialty Care Providers	\$0, no deductible
Pap Test	\$0, no deductible
Mammography Screening	\$0, no deductible
Prostate Exam (digital rectal exam)	
Primary Care Physicians	\$0, no deductible
Specialty Care Providers	\$0, no deductible
Prostate Specific Antigen Test	\$0, no deductible
Colorectal Cancer Screenings	\$0, no deductible





## Routine Vision – Blue View Vision Network

You have an allowance for eyeglass lenses or contact lenses every plan year.  
You pay the remaining cost for frames and lenses after Your Health Plan's Reimbursement.

Covered Services	Blue View Vision Network (once per plan year)	Non-Blue View
<b>Routine eye exam</b>	You pay \$15 copayment	Plan pays up to \$50
<b>Eyeglass lenses</b>	You pay \$20 copayment	Plan pays up to: \$50 single lenses; \$75 bifocal; \$100 trifocal
<b>Eyeglass frames</b>	Plan pays up to \$100* retail allowance	Plan pays up to \$80
<b>Contact lenses</b> (in lieu of eyeglass lenses)		
Elective Conventional <sup>1</sup>	Plan pays up to \$100 allowance then 15% discount off remaining balance	Plan pays up to \$80
Elective Disposable <sup>1</sup>	Plan pays up to \$100 allowance (no additional discount)	Plan pays up to \$80
Non-Elective <sup>1</sup>	Plan pays up to \$250 allowance	Plan pays up to \$210
<b>Lens options</b>		
UV coating, tints, standard scratch-resistant	You pay \$15	Not available
Standard polycarbonate	You pay \$40	Not available
Standard progressive (in addition to bifocal copayment)	You pay \$65	Not available
Standard anti-reflective	You pay \$45	Not available
Other add-ons	You pay 20% off retail	Not available

\*You may select a frame greater than the covered allowance and receive a 20% discount for any additional cost over the allowance.

<sup>1</sup> Elective contact lenses are typically elected in lieu of eyeglass lenses. Non-Elective contact lenses are medically necessary contacts when glasses are not an option for vision correction, such as after cataract surgery.

## Your High Deductible Health Plan is HSA Compatible

Enrollment in a HDHP allows you to set up a personal Health Savings Account (HSA) through a bank or other financial institution to help you manage healthcare expenses or save for retirement. HSAs were created as part of Medicare reform legislation in 2003. An HSA is a tax-favored account that allows those covered by a HDHP to pay for certain qualified medical expenses. It can help you save on the cost of your health insurance and healthcare expenses, and also help pay for covered services before you satisfy the health plan deductible. If you decide to set up an HSA to work with your HDHP, confer with your tax advisor, bank or other financial institution.

The following web sites are a good place to start learning more about HSAs.

- o [www.treasury.gov](http://www.treasury.gov) – Provides an overview of HSAs, answers to frequently asked questions and important IRS forms and applications. Search using keyword HSA.
- o [www.irs.gov](http://www.irs.gov) – Provides information about how HSAs impact your Federal taxes and qualified medical expenses (Publications 969 and 502). Search using keyword HSA.
- o [www.hhs.gov](http://www.hhs.gov) – Provides general information about HSAs and other tax-favored health plans. Search using keyword HSA.

Note: If you have an HSA, you cannot also have a Flexible Spending Account unless it is limited in scope. More information is available from tax consultants or financial institutions.





## Medical and Behavioral Health

Many of your medical and behavioral health services require 20% coinsurance after meeting a deductible. See the TLC HDHP Benefits at a Glance for the details.

### Medical providers include:

- Primary care physicians who are general or family practitioners, internists and pediatricians
- Specialists such as endocrinologists or cardiologists (No Referral Needed)

### Behavioral health providers include:

- Clinical social workers, professional counselors, clinical nurse specialists, and marriage/family therapists
- Psychologists
- Psychiatrists

To avoid higher out-of-pocket costs, always check to be sure a provider is in the network. Simply ask the provider, call Anthem Health Guide, or use Find Care at [anthem.com/tlc](https://www.anthem.com/tlc).

### Deductible

**\$3,000** for one person, **\$6,000** for two or more persons, each plan year.

### Coinsurance

- 20% coinsurance after deductible
- Zero coinsurance and no deductible for Routine Wellness and Preventive services

### Care When Traveling – out of state or worldwide

#### BlueCard® PPO Program for care in the U.S.

What happens if you're traveling or living outside Virginia and you need care? You have access to care across the country through the **BlueCard® PPO Program**. This includes a large number of providers and hospitals nationwide. When you see a BlueCard program doctor or hospital you pay only your usual plan deductible, copayment or coinsurance, and the provider files your claim for you. If you go to a doctor or hospital outside the program, you'll need to pay the entire bill up front and file your own claim.

Always show your Anthem ID card when you receive services. The "PPO-in-a-suitcase" symbol shows you can get care from BlueCard PPO Program providers.



#### Looking for a BlueCard PPO Program doctor or hospital?

1. Go to [bcbs.com](https://www.bcbs.com) and select **Find a Doctor**.
2. Log in to the **Sydney Health mobile app** and select **Find Care**.
3. Call Anthem Member Services at **1-800-552-2682** for help.

### Blue Cross Blue Shield Global Core Program for care outside the U.S.



If you're outside the U.S. and need care:

- Go to [bcbsglobalcore.com](https://www.bcbsglobalcore.com) and register or login. You can also download the **Blue Cross Blue Shield Global Core app** to search for a doctor or hospital.
- Need help finding a doctor or hospital, or have questions about getting care abroad? Call the Blue Cross Blue Shield Global Core Service Center at **1-800-810-2583 (BLUE)** or call collect at **1-804-673-1177**. A service representative will help you set up a doctor visit or hospital stay. An assistance coordinator, together with a medical professional, will arrange a doctor's appointment or hospital stay, if needed.
- Contact the Blue Cross Blue Shield Global Core service center if admitted to the hospital, and call the Anthem Member Services number shown on your ID card for precertification.
- You will need to pay up front for care, then fill out a Blue Cross Blue Shield Global Core claim form. Send the form and the bill(s) to the address on the form. Download the claim form from [bcbsglobalcore.com](https://www.bcbsglobalcore.com) and enter the three-digit alpha prefix found on your ID card. Or call Blue Cross Blue Shield Global Core at **1-800-810-2583 (BLUE)** to request the form.

### Good to Know



**Medical transport** from another country to the United States (known as medical repatriation) is not covered under your plan. You may want to purchase travel insurance to cover that for you.

# Virtual Care Options through Sydney Health



**Check Symptoms,  
Chat with a Doctor,  
Check-ups and  
Ongoing Care**

## Use for:

- **Primary care**
  - Wellness visit and other preventive care
  - Chronic condition management (diabetes, asthma, etc.)
- **Urgent care for common health concerns**
  - Bladder issues
  - Chickenpox
  - Cold and flu
  - Ear infections
  - Pink eye
  - Minor cuts
  - Seasonal allergies
  - Sinus infections
  - Skin conditions
  - Sore throat
  - Sprains
  - Stomach ailments
- **Prescriptions**
- **Referrals for specialized care**

## How to access:

- **For primary care, preventive care, virtual annual wellness visits, and chronic condition management,** set up an appointment through our Sydney Health app. From the homepage, select **Check-ups and Ongoing Care**.
- **Hours for primary and preventive care:**  
Monday through Friday, 9 a.m. to 9 p.m. ET  
Saturday and Sunday, 9 a.m. to 5 p.m. ET
- **For urgent or sick care,** select **Chat with a Doctor 24/7** or **Check Symptoms**.
- **Hours for urgent or sick care:** 24/7



**LiveHealth  
Online**

## Use for:

- **Mental health**
  - Anxiety
  - Depression
- **Specialty care**
  - Dermatology
  - Allergies
  - Sleep
- **Urgent care for common health concerns**
  - Cold, flu, pink eye, sinus infection, and more

## How to access:

- **For mental health and specialty care,** set up an appointment through our Sydney Health app. From the homepage, select **Care**, then **Video Visit**.
- **Hours for primary and preventive care:**  
Monday through Friday, 9 a.m. to 9 p.m. ET
- **For urgent,** begin a session **at any time** through our Sydney Health app. From the homepage, select **Care**, then **Video Visit**.
- **Hours for urgent:** 24/7



**Employee  
Assistance  
Program (EAP)**

Your EAP gives you, your covered dependents and members of your household **up to four free confidential counseling sessions per issue** each plan year.

Turn to your EAP for information and resources about:

- Emotional well-being
- Addiction and recovery
- Work and career
- Childcare and parenting
- Helping aging parents
- Financial issues  
(including free credit monitoring and identity theft recovery)
- Legal concerns
- Smoking cessation

**Learn all about your  
EAP services and resources.  
Call 1-855-223-9277 or visit  
online at [anthemEAP.com](https://www.anthemEAP.com).**



Enter **Commonwealth of Virginia** as company name and select *The Local Choice*



## Prescription Drugs

Your prescription drug benefits are through Anthem Pharmacy, delivered by CarelonRx. It is a **mandatory generic** program.

### Q. Can I get a 90-day supply of my drug at a network retail pharmacy?

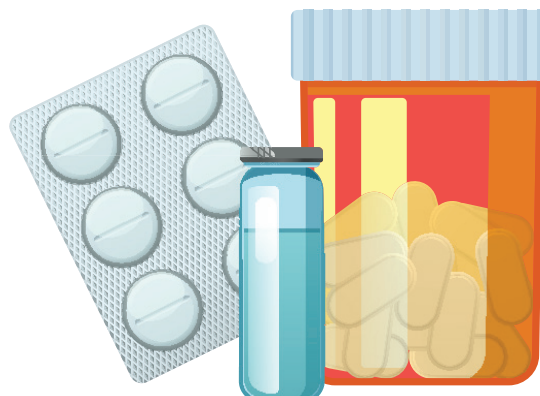
Yes. You'll pay applicable deductible or coinsurance.

### Q. Can I get a brand name drug instead of a generic?

You have a mandatory generic drug program. However, if there is no generic equivalent for the drug, you may get the brand and pay only the applicable deductible or coinsurance. If there is a generic equivalent available, you may opt to use the brand, but you'll pay the applicable deductible or coinsurance plus the difference between the brand and generic allowable charge.

### Q. What if I need more than a 34-day supply because I'm travelling out of the country and won't have access to a participating pharmacy?

You can submit the Prescription Drug Refill Exception Request form to the Department of Human Resource Management (DHRM). It's available at [anthem.com/tlc](https://www.anthem.com/tlc) under Forms.



## Retail Pharmacy

Your retail pharmacy network has more than 67,000 pharmacies across the country – including most chains and some local, independent pharmacies. To check if your pharmacy is in the network, simply ask your pharmacist, go to [anthem.com](https://www.anthem.com), or call us at **1-833-267-3108**.

When you use a network pharmacy, you pay only the applicable deductible or coinsurance. If you choose an out-of-network pharmacy, you'll need to pay the total cost of the drug when you pick it up, and then file a Prescription Drug Claim Form to get reimbursed for the applicable benefit. You may be responsible for the difference between the pharmacy's charge and the plan's allowable charge for the drug.

## Home Delivery Pharmacy

Switching to home delivery is simple. You can place your first order by phone or online at [anthem.com](https://www.anthem.com).

**By phone:** Call **1-833-267-3108**. A representative will help you with your order. Have your prescription, doctor's name, phone number, drug name and strength, and credit card handy when you call.

**Online:** Login to [anthem.com](https://www.anthem.com) and select Pharmacy under My Plans to request a new prescription or refill a current prescription. Use your online Pharmacy tools to set up automatic refills, compare drug costs, and get details about medications.



## Specialty Pharmacy

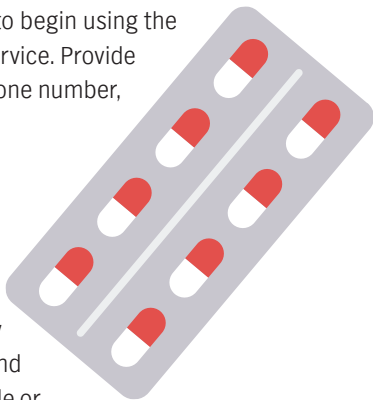
### Specialty Home Delivery

Your pharmacy program includes access to home delivery of specialty drugs. Specialty medications include biopharmaceutical and injectable drugs.

Contact **1-833-267-3108** to begin using the Specialty Home Delivery service. Provide your doctor's name and phone number, and we'll do all the rest.

### Specialty Retail

You can also obtain your specialty drugs from a participating retail pharmacy for up to a 34-day supply, or a 90-day supply and pay the applicable deductible or coinsurance.



## Prior Authorization

*(required for some prescriptions)*

Most prescriptions are filled right away when you take them to the pharmacy. However, some drugs need to be reviewed before they are covered. This process is called Prior Authorization. It focuses on drugs that may have:

- A risk of side effects or harmful effects when taken with other drugs
- The potential for incorrect use or abuse
- Options that cost you less and may work better
- Rules for use with certain health conditions

If Prior Authorization is needed, your doctor must submit the request. A decision whether the drug will be covered is usually made within 24-48 hours from the time of the request.



Need help? Call Anthem Pharmacy at **1-833-267-3108**. Available 24/7/365.

## Managing Prescription Drug Costs

- **Dose Optimization** typically means increasing the drug dose or amount so that you only have to take it once a day.
- **Quantity Limits** ensure a drug is prescribed according to Federal Drug Administration (FDA) and industry standards.
- **Step Therapy** is used for certain drugs to help you and your doctor choose the drug that's right for you by trying certain drugs first in a step-by-step process.

For more details, see the **Prescription Drug Plan** brochure or your plan Member Handbook at [anthem.com/tlc](http://anthem.com/tlc).

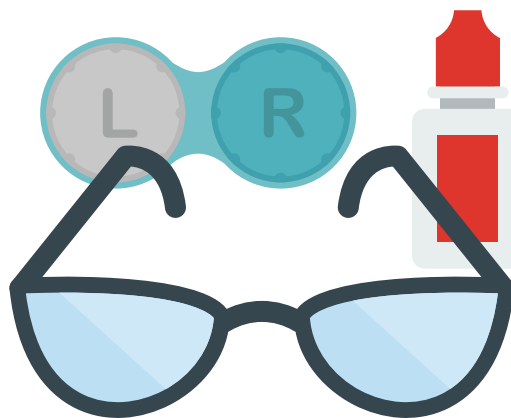


## Routine Vision Benefits

Your routine vision benefits are available from Blue View Vision<sup>SM</sup> once every plan year. You may have your eye exam and purchase lenses and frames from any Blue View participating optician, optometrist or retail setting, including 1-800 CONTACTS, LensCrafters<sup>®</sup>, Target<sup>®</sup> Optical, Sears Optical<sup>SM</sup>, and JCPenney<sup>®</sup> Optical. If you receive your eye exam, eyeglass frames or lenses from a non-Blue View provider, the non-Blue View network benefits will apply. Please see page 6 for more details on your routine vision benefits.

Go to [anthem.com/tlc](http://anthem.com/tlc) and click on **Find Care** to find a **Blue View provider near you**.

Note: If you need medical, non-routine treatment for your eyes, consult your physician or an Anthem PPO network eye specialist.





## Dental

(administered by Delta Dental)

You have two choices for your dental benefits. The Comprehensive dental option includes Preventive, Primary, Major, and Orthodontic dental services. The Preventive option is available for a lower premium but only includes the twice per plan year routine oral exam, cleaning, x-rays, sealants, and fluoride for children. You indicate your dental option when you make your enrollment selection.

To reduce your out-of-pocket expense, choose a Delta Dental network dentist. View the Delta PPO and Premier networks of dentists at [deltadentalva.com](http://deltadentalva.com). Claims will be handled by the

dentist's office and you will be responsible only for the dental deductible and coinsurance that applies to the covered care you receive. If you go to a non-network dentist, you pay the dental deductible and coinsurance plus any amount above the allowable charge that the dentist may bill you.

When you anticipate dental charges over \$250, have your Delta Dental dentist file a pre-determination (pre-treatment) estimate.

Get the details at [deltadentalva.com](http://deltadentalva.com). Click on **The Local Choice** from the home page.

- View your benefits booklet
- Find a dentist
- Check claims
- Learn about good oral health



## Health & Wellness Programs

Your TLC HDHP plan includes access to personalized plan/benefit guidance via **Anthem Health Guide**. A team of care professionals can connect you to a host of free and confidential health and wellness programs to help guide you in managing your health issues. Conveniently talk via phone call, chat session, email, or schedule a call back through your computer or mobile device.

- **Sydney:** The **Sydney Health mobile app** acts like a personal health assistant, answering your questions and connecting you to the right resources at the right time. And you can use the chatbot to get answers quickly. Download from the App Store (iOS) or Google Play (Android).
- **ConditionCare:** Take advantage of free and confidential support to manage these conditions:
  - Asthma
  - Heart failure
  - Diabetes
  - Chronic obstructive pulmonary disease (COPD)
  - Coronary artery disease (CAD)
  - Hypertension

You may receive a call from ConditionCare if your claims indicate you or an enrolled family member may be dealing with one or more of these conditions. While you're encouraged to enroll and take advantage of help from registered nurses and other healthcare professionals, you may also opt out of the program when they call.
- **Future Moms:** Enroll for free pre- and post-natal support. Access a nurse coach and other maternity support specially designed to help women have healthy pregnancies and healthy babies.
- **MyHealth Advantage:** Receive personalized health-related suggestions, tips, and reminders via mail or email to alert you of potential health risks, care gaps or cost-saving opportunities.
- **24/7 NurseLine & Audio Health Library:** Sometimes you need health questions answered right away – even in the middle of the night. Call 24/7 NurseLine **(800-337-4770)** to speak with a nurse. Or use the Audio Health Library if you want to learn about a health topic on your own. Your call is always free and completely confidential.
- **Anthem's Diabetes Prevention Program (DPP):** A personalized digital health coaching solution that leverages artificial intelligence, cognitive behavioral therapy, and smart connected devices to lower risk for type 2 diabetes. Eligible members will be invited to participate in the program which has shown to lower a person's risk for type 2 diabetes by 60%.



See more information on Health & Wellness programs at [anthem.com/tlc](http://anthem.com/tlc).



# We're here for you – in many languages

The law requires us to include a message in all of these different languages. Curious what they say? Here's the English version: "You have the right to get help in your language for free. Just call the Member Services number on your ID card." Visually impaired? You can also ask for other formats of this document.

## Spanish

Usted tiene derecho a recibir ayuda en su idioma en forma gratuita. Simplemente llame al número de Servicios para Miembros que figura en su tarjeta de identificación.

## Chinese

您有權免費獲得透過您使用的語言提供的幫助。請撥打您的ID卡片上的會員服務電話號碼。若您為視障人士，還可索取本文件的其他格式版本。

## Vietnamese

Quý vị có quyền nhận miễn phí trợ giúp bằng ngôn ngữ của mình. Chỉ cần gọi số Dịch vụ dành cho thành viên trên thẻ ID của quý vị. Bị khiếm thị? Quý vị cũng có thể hỏi xin định dạng khác của tài liệu này."

## Korean

귀하는 자국어로 무료 지원을 받을 권리가 있습니다. ID 카드에 있는 멤버 서비스번호로 연락하십시오.

## Tagalog

May karapatan ka na makakuha ng tulong sa iyong wika nang libre. Tawagan lamang ang numero ng Member Services sa iyong ID card. May kapansanan ka ba sa paningin? Maaari ka ring humiling ng iba pang format ng dokumentong ito.

## Russian

Вы имеете право на получение бесплатной помощи на вашем языке. Просто позвоните по номеру обслуживания клиентов, указанному на вашей идентификационной карте. Пациенты с нарушением зрения могут заказать документ в другом формате.

## Armenian

Դուք իրավունք ունեք ստանալ անվճար օգնություն ձեր լեզվով: Պարզապես զանգահարեք Անդամների սպասարկման կենտրոն, որի հեռախոսահամարը նշված է ձեր ID քարտի վրա:

## Farsi

"شما این حق را دارید تا به صورت رایگان به زبان مادری تان کمک دریافت کنید. کافی است با شماره خدمات اعضا (Member Services) درج شده روی کارت شناسایی خود تماس بگیرید." دچار اختلال بینایی هستید؟ می توانید این سند را به فرمت های دیگری نیز درخواست دهید.

## French

Vous pouvez obtenir gratuitement de l'aide dans votre langue. Il vous suffit d'appeler le numéro réservé aux membres qui figure sur votre carte d'identification. Si vous êtes malvoyant, vous pouvez également demander à obtenir ce document sous d'autres formats.

## Arabic

لك الحق في الحصول على مساعدة بلغتك مجاناً. ما عليك سوى الاتصال برقم خدمة الأعضاء الموجود على بطاقة الهوية. هل أنت ضعيف البصر؟ يمكنك طلب أشكال أخرى من هذا المستند.

## Japanese

お客様の言語で無償サポートを受けることができます。IDカードに記載されているメンバーサービス番号までご連絡ください。

## Haitian

Se dwa ou pou w jwenn èd nan lang ou gratis. Annik rele nimewo Sèvis Manm ki sou kat ID ou a. Èske ou gen pwoblèm pou wè? Ou ka mande dokiman sa a nan lòt fòm tou.

## Italian

Ricevere assistenza nella tua lingua è un tuo diritto. Chiama il numero dei Servizi per i membri riportato sul tuo tesserino. Sei ipovedente? È possibile richiedere questo documento anche in formati diversi

## Polish

Masz prawo do uzyskania darmowej pomocy udzielonej w Twoim języku. Wystarczy zadzwonić na numer działu pomocy znajdujący się na Twojej karcie identyfikacyjnej.

## Punjabi

ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮੁਫਤ ਵਿੱਚ ਮਦਦ ਹਾਸਲ ਕਰਨ ਦਾ ਿਅਧਕਾਰ ਹੈ। ਬਸ ਆਪਣੀ ਆਈਡੀ ਕਾਰਡ ਤੇ ਦਿੱਤੇ ਸਿਰਵਸ ਨੰਬਰ ਤੇ ਕਾਲ ਕਰੋ। ਨਜ਼ਰ ਕਮਜ਼ੋਰ ਹੈ? ਤੁਸ ਇਸ ਦਸਤਾਵੇਜ਼ ਦੇ ਹੋਰ ਰੂਪਾਂਤਰ ਮੰਗ ਸਕਦੇ ਹੋ।

## TTY/TTD:711




## It's important we treat you fairly

We follow federal civil rights laws in our health programs and activities. By calling Member Services, our members can get free in-language support, and free aids and services if you have a disability. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people whose primary language isn't English, we offer free language assistance services through interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TDD: 711). If you think we failed in any of these areas, you can mail a complaint to: Compliance Coordinator, P.O. Box 27401, Mail Drop VA2002-N160, Richmond, VA 23279, or directly to the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201. You can also call 1-800-368-1019 (TDD: 1-800-537-7697) or visit <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

# Quick Access to Your Plan






## [Anthem.com/tlc](https://www.anthem.com/tlc)

Your dedicated website for health benefits documents, no log in needed

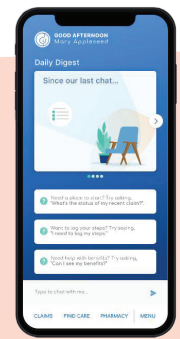
-  Download your health benefits summary and member handbook
-  Find a doctor and urgent care
-  Register for LiveHealth Online video doctor visits
-  Learn about your Employee Assistance Program (EAP)


## [Anthem.com](https://www.anthem.com)






Log in to your confidential and secure account

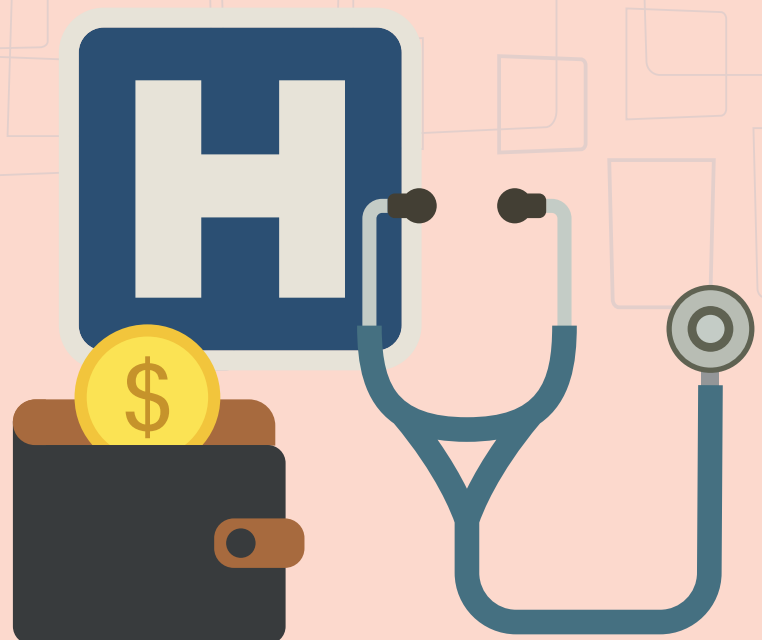
-  View your claims
-  Download your ID card
-  Find a doctor and urgent care
-  Refill prescriptions online
-  Compare costs for hundreds of medical procedures

## Sydney Health mobile app



 Log in using your [anthem.com](https://www.anthem.com) username and password to:

-  View your ID card
-  See all your medical and pharmacy benefits in one place
-  Use the chatbot to get answers and resources quickly
-  Connect easily to virtual care
-  Track your health goals and fitness



# Who To Contact Quick Reference



<b>Anthem Health Guide</b> <ul style="list-style-type: none"> <li>o Medical Customer Service</li> <li>o Health and Wellness Programs</li> </ul>	<b>1-800-552-2682</b>   <a href="https://www.anthem.com/tlc">anthem.com/tlc</a>
<b>Anthem Behavioral Health and Employee Assistance Program (EAP)</b>	<b>1-855-223-9277</b>   <a href="https://www.anthemEAP.com">anthemEAP.com</a> <i>(Company Name: Commonwealth of Virginia)</i>
<b>Anthem ID Card Order Line</b>	<b>1-866-587-6713</b>
<b>BlueCard PPO</b> <i>(coverage outside Virginia)</i>	<b>1-800-810-2583</b>   <a href="https://www.bcbs.com">bcbs.com</a>
<b>Blue Cross Blue Shield Global Core</b> <i>(coverage outside of the U.S.)</i>	<b>1-800-810-2583</b>   <a href="https://www.bcbsglobalcore.com">bcbsglobalcore.com</a>
<b>Delta Dental</b>	<b>1-888-335-8296</b>   <a href="https://www.deltadentalva.com">deltadentalva.com</a>
<b>Anthem Pharmacy</b>	<b>1-833-267-3108</b>   <a href="https://www.anthem.com/tlc">anthem.com/tlc</a>
<b>Virtual Care Options including LiveHealth Online</b>	<b>Sydney Health App or <a href="https://www.anthem.com/tlc">anthem.com/tlc</a></b>
<b>The Local Choice</b>	<b>Commonwealth of Virginia                  Department of Human Resource Management                  101 N. 14th Street - 13th Floor                  Richmond, VA 23219  <a href="mailto:tlc@dhrm.virginia.gov">tlc@dhrm.virginia.gov</a></b>

**Eligibility questions?** If you have questions about eligibility for the TLC health benefits program, please contact your Benefits Administrator for further information.

Language Access Services - (TTY/TDD: 711)

(Spanish) - Tiene el derecho de obtener esta información y ayuda en su idioma en forma gratuita. Llame al número de Servicios para Miembros que figura en su tarjeta de identificación para obtener ayuda.

(Korean) - 귀하에게는 무료로 이 정보를 얻고 귀하의 언어로 도움을 받을 권리가 있습니다. 도움을 얻으려면 귀하의 ID 카드에 있는 회원 서비스 번호로 전화하십시오.

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# Getting the Most from Your Key Advantage 250 Benefits Summary

**Effective July 1, 2023 or October 1, 2023**

## Key Advantage 250

**THIS IS A SUMMARY** of your medical, vision, behavioral health and employee assistance program (EAP), prescription drug, and dental benefits.

Your benefits are administered by Anthem Blue Cross and Blue Shield, with the exception of your dental benefits. Delta Dental of Virginia administers routine dental benefits.

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The TLC Key Advantage Member Handbook and this Key Advantage 250 Benefits Summary constitute a complete description of the benefits, exclusions, limitations, and reductions under the plan.

An electronic version of the handbook is available online at [thelocalchoice.virginia.gov](http://thelocalchoice.virginia.gov) and at [anthem.com/tlc](http://anthem.com/tlc).

### Plan Year

Your benefits are administered on a plan year basis which is July 1 through June 30, or October 1 through September 30, depending upon your renewal date.

### Who Is Eligible

- o **Active Employees and their Dependents**
- o **If offered, Retirees not eligible for Medicare and their Dependents not eligible for Medicare, and/or**
- o **Dependents of Medicare eligible Retirees who are not Medicare eligible.**

**NOTE:** Medicare eligible retirees and the Medicare eligible dependents of any retiree (Medicare eligible or otherwise), may not enroll in Key Advantage 250.



## What's in Your Key Advantage 250 Plan?

### Your plan includes:

- Medical, Behavioral Health, Employee Assistance Program (EAP), and Prescription Drug benefits administered by Anthem Blue Cross and Blue Shield
- Preventive and Comprehensive dental benefits administered by Delta Dental
- Specialist visits with no referrals
- In-network coverage through the Anthem PPO network in Virginia, and the BlueCard® PPO and Blue Cross Blue Shield Global Core Programs for care outside Virginia

### Out-of-Pocket Expense Limit

**In Network: \$3,000** for one person, **\$6,000** for two or more persons, each plan year.

**Out of Network: \$5,000** for one person, **\$10,000** for two or more persons, each plan year.

There are separate out-of-pocket expense limits for in- and out-of-network services. Your medical and behavioral health deductible, and copayments/coinsurance for **medical, behavioral health and prescription drugs** all count toward the limit. Once you reach the limit, you pay \$0 for covered in-network medical and behavioral health services, and covered prescription drugs for the remainder of the plan year.

These expenses do not count toward the limit:

- Amounts above the allowable charge or plan limits
- Services and supplies not covered by your plan
- Copayments, coinsurance and deductibles for routine vision benefits (exception: routine eye exam for members through the end of the month they turn 19 years old) and dental services
- Additional amount non-network providers may bill you when their charge is more than the plan's allowable charges







# Key Advantage 250 Benefits At-A-Glance

	Benefit	In-Network	Out-of-Network
<b>Plan Year Deductible</b> <i>(applies as indicated)</i>	One Person	\$250	\$500
	Family (two or more people)	\$500	\$1,000
<b>Plan Year Out-Of-Pocket Expense Limit</b>	One Person	\$3,000	\$5,000
	Family (two or more people)	\$6,000	\$10,000
<b>Out-of-network benefits</b>	Yes. Once you meet the out-of-network deductible, you pay 30% coinsurance for medical and behavioral health services. Copayments do not apply to out-of-network medical and behavioral health services. Copayments and coinsurance for routine vision, outpatient prescription drugs and dental services will still apply.		
<b>Medical and Behavioral Healthcare when traveling</b>	The BlueCard® PPO and BCBS Global Core programs are included for medical and behavioral healthcare outside Virginia.		
<b>Lifetime maximum</b>	Unlimited		

Covered Services	You Pay In-network		
<b>Ambulance Travel</b> <i>No Plan Year limit</i>	20% coinsurance, after deductible		
<b>Autism Spectrum Disorder</b>	Copayment/coinsurance determined by service received		
<b>Behavioral Health</b>			
<b>Inpatient treatment</b>	\$400 copayment per stay <sup>1</sup>		
<b>Residential Treatment</b>	\$400 copayment per stay <sup>1</sup>		
<b>Partial Hospitalization (Day) Program</b>	\$150 copayment per stay <sup>1</sup>		
<b>Intensive Outpatient Treatment Program (IOP)</b>	\$150 copayment per episode of care		
<b>Outpatient Treatment Program</b>			
Facility Services	\$150 copayment		
Professional Provider Services	\$20 copayment		
<b>Chiropractic, Spinal Manipulations and Other Manual Medical Interventions</b> 30-Visit Plan Year limit per member			
Primary Care Physicians	\$20 copayment		
Specialty Care Providers	\$35 copayment		
<b>Dental Care (Delta Dental)</b>			
<b>Preventive Dental Option</b> <i>(diagnostic and preventive services only for lower premium)</i>	\$0		
<b>Comprehensive Dental Option</b> <i>(for higher premium)</i>			
Dental Plan Year Deductible	One Person \$25	Two People \$50	Family \$75
Plan Year Maximum (Except Orthodontics)	\$1,500		
Preventive Dental Care	\$0		
Primary Dental Care	20% coinsurance, after dental deductible		
Major Dental Care	50% coinsurance, after dental deductible		
Orthodontic Services (Includes Adult Ortho)	50% coinsurance, no dental deductible, with \$1,500 lifetime maximum		

<sup>1</sup>A stay is the period from the admission to the date of discharge from a Facility. All hospital stays less than 90 days apart for the same diagnosis are considered the same stay, and a new hospital inpatient copayment will not apply. If you are readmitted within 90 days for a different diagnosis, a copayment will apply. For Behavioral Health Partial Day Program or Intensive Outpatient Treatment Program (IOP), the copayment is also waived if you are admitted within 15 days if an inpatient stay is for the same diagnosis.

Covered Services	You Pay In-network
<b>Dental Services (non-routine Medical)</b>	20% coinsurance, after deductible
<b>Diabetic Education</b>	\$0
<b>Diabetic Equipment</b>	20% coinsurance, after deductible
<b>Diagnostic Tests, Labs and X-rays</b>	
Outpatient Surgery	20% coinsurance, after deductible
Outpatient Diagnostic Services Only	20% coinsurance, after deductible
Outpatient Emergency Room	20% coinsurance, after deductible
<b>Dialysis Treatments</b>	
Facility Services	\$0
Doctor's Office	\$0
<b>Doctor's Visits (On an Outpatient basis)</b>	
Primary Care Physicians	\$20 copayment
Specialty Care Providers	\$35 copayment
<b>Employee Assistance Program (EAP)</b> Up to four Visits per issue (per plan year)	\$0
<b>Early Intervention Services</b> (Birth to 3 years)	Copayment/coinsurance determined by service received
<b>Emergency Room Visits</b>	
Facility Services	\$350 copayment per visit (waived if admitted to hospital)
Professional Provider Services	
Primary Care Physicians	\$20 copayment
Specialty Care Providers	\$35 copayment
Diagnostic Tests, Labs and X-rays	20% coinsurance, after deductible
<b>Home Health Services</b> 90-Visit Plan Year limit per member	\$0
<b>Home Private Duty Nurse's Services</b>	20% coinsurance, after deductible
<b>Hospice Care Services</b>	\$0
<b>Hospital Services</b>	
<b>Inpatient Care</b>	
Facility Services	\$400 copayment per stay
Professional Provider Services	
Primary Care Physicians	\$0
Specialty Care Providers	\$0
Diagnostic Services	\$0
<b>Outpatient Care</b>	
Facility Services	\$150 copayment per visit
Professional Provider Services	
Primary Care Physicians	\$20 copayment
Specialty Care Providers	\$35 copayment
Diagnostic Tests, Labs and X-rays	20% coinsurance, after deductible
<b>Maternity<sup>2</sup></b>	
Professional Provider Services	
Prenatal and Postnatal Care	
Primary Care Physicians	\$20 copayment
Specialty Care Providers	\$35 copayment
Delivery	
Primary Care Physicians	\$0
Specialty Care Providers	\$0
<b>Hospital Services for Delivery</b> Delivery room, anesthesia, routine nursing care for newborn	\$400 copayment per stay

<sup>2</sup>This plan will waive the hospital copayment if the member enrolls in the Future Moms pre-natal program within the first 16 weeks of pregnancy, has a dental cleaning during pregnancy, and satisfactorily completes the entire program. Call Future Moms at 1-800-828-5891 to enroll.

## Key Advantage 250 Benefits At-A-Glance (continued)

Covered Services	You Pay In-network
<b>Diagnostic Tests, Labs and X-rays</b>	20% coinsurance, after deductible
<b>Medical Equipment (durable), Appliances, Formulas, Prosthetics and Supplies</b>	20% coinsurance, after deductible
<b>Outpatient Prescription Drugs</b> <i>(mandatory generic)</i>	
<b>Retail Pharmacy</b> Covered drugs per 34-day supply	
Tier 1	\$10 copayment
Tier 2	\$30 copayment
Tier 3	\$45 copayment
Tier 4	\$55 copayment
<b>Home Delivery Services (Mail Order)</b> Covered drugs for up to a 90-day supply	
Tier 1	\$20 copayment
Tier 2	\$60 copayment
Tier 3	\$90 copayment
Tier 4	\$110 copayment
<b>Diabetic Supplies</b>	20% coinsurance, no deductible
<b>Shots – allergy &amp; therapeutic injections</b> At a doctor's office, Emergency room or Outpatient hospital department	20% coinsurance, after deductible
<b>Skilled Nursing Facility Stays</b> 180-day per Stay limit per member <sup>3</sup>	
Facility Services	\$0
Professional Provider Services	\$0
<b>Surgery</b>	
<b>Inpatient</b>	
Facility Services	\$400 copayment per stay
Professional Provider Services	
Primary Care Physicians	\$0
Specialty Care Providers	\$0
Diagnostic Services	\$0
<b>Outpatient</b>	
Facility Services	\$150 copayment per visit
Professional Provider Services	
Primary Care Physicians	\$20 copayment
Specialty Care Providers	\$35 copayment
<b>Therapy – Outpatient Services</b>	
<b>Cardiac Rehabilitation Therapy</b>	20% coinsurance, after deductible
<b>Chemotherapy</b>	20% coinsurance, after deductible
<b>Infusion</b> <i>(includes IV therapy and injected chemotherapy)</i>	20% coinsurance, after deductible
<b>Therapy – Outpatient Services</b> (continued)	
<b>Occupational Therapy</b>	20% coinsurance, after deductible

<sup>3</sup>A stay is the period from the admission to the date of discharge from a Facility. If there is less than a 90 day break between two admissions, the days allowable for the subsequent admission are reduced by the days used in the first. If there are more than 90 days between the two admissions, the days available for the subsequent admission start over for a full 180 days.

Covered Services	You Pay In-network
<b>Physical Therapy</b>	20% coinsurance, after deductible
<b>Radiation Therapy</b>	20% coinsurance, after deductible
<b>Respiratory Therapy</b>	20% coinsurance, after deductible
<b>Speech Therapy</b>	20% coinsurance, after deductible
<b>Virtual Care through Sydney Health app</b>	
LiveHealth Online	\$0
Symptom Checker	\$0
Text Chat or Video Visit with Medical Provider	\$0
Virtual Wellness/Preventive Visit	\$0
<b>Vision Correction</b> After surgery or accident	20% coinsurance, after deductible
<b>Wellness and Preventive Care Services</b>	
<b>Well Child</b> (Birth to 18 years)	
Office Visits at specified intervals	
Primary Care Physicians	No copayment, coinsurance, or deductible
Specialty Care Providers	No copayment, coinsurance, or deductible
Immunizations	
Primary Care Physicians	No copayment, coinsurance, or deductible
Specialty Care Providers	No copayment, coinsurance, or deductible
Screening Tests	No copayment, coinsurance, or deductible
<b>Routine Wellness</b> (18 years and older)	
Check-up Visit (one per Plan Year)	
Primary Care Physicians	No copayment, coinsurance, or deductible
Specialty Care Providers	No copayment, coinsurance, or deductible
Immunizations	
Primary Care Physicians	No copayment, coinsurance, or deductible
Specialty Care Providers	No copayment, coinsurance, or deductible
Routine Lab and X-ray Services	No copayment, coinsurance, or deductible
<b>Wellness and Preventive Care Services</b> (one of each per Plan Year)	
Gynecological Exam	
Primary Care Physicians	No copayment, coinsurance, or deductible
Specialty Care Providers	No copayment, coinsurance, or deductible
Pap Test	No copayment, coinsurance, or deductible
Mammography Screening	No copayment, coinsurance, or deductible
Prostate Exam (digital rectal exam)	
Primary Care Physicians	No copayment, coinsurance, or deductible
Specialty Care Providers	No copayment, coinsurance, or deductible
Prostate Specific Antigen Test	No copayment, coinsurance, or deductible
Colorectal Cancer Screenings	No copayment, coinsurance, or deductible

# Key Advantage 250 Benefits At-A-Glance (continued)

## Routine Vision – Blue View Vision Network

You have an allowance for eyeglass lenses or contact lenses every plan year. You pay the remaining cost for frames and lenses after Your Health Plan's Reimbursement.

Covered Services	Blue View Vision Network (once per plan year)	Non-Blue View
<b>Routine eye exam</b>	You pay \$35 copayment	Plan pays up to to \$50
<b>Eyeglass lenses</b>	You pay \$20 copayment	Plan pays up to: \$50 single lenses; \$75 bifocal; \$100 trifocal
<b>Eyeglass frames</b>	Plan pays up to \$100* retail allowance	Plan pays up to \$80
<b>Contact lenses</b> (in lieu of eyeglass lenses)		
Elective Conventional <sup>1</sup>	Plan pays up to \$100 allowance then 15% discount off remaining balance	Plan pays up to \$80
Elective Disposable <sup>1</sup>	Plan pays up to \$100 allowance (no additional discount)	Plan pays up to \$80
Non-Elective <sup>1</sup>	Plan pays up to \$250 allowance	Plan pays up to \$210
<b>Lens options</b>		
UV coating, tints, standard scratch-resistant	You pay \$15	Not available
Standard polycarbonate	You pay \$40	Not available
Standard progressive (in addition to bifocal copayment)	You pay \$65	Not available
Standard anti-reflective	You pay \$45	Not available
Other add-ons	You pay 20% off retail	Not available

\*You may select a frame greater than the covered allowance and receive a 20% discount for any additional cost over the allowance.

<sup>1</sup> Elective contact lenses are typically elected in lieu of eyeglass lenses. Non-Elective contact lenses are medically necessary contacts when glasses are not an option for vision correction, such as after cataract surgery.





## Medical and Behavioral Health

Many of your medical and behavioral health services require a copayment. Some services require 20% coinsurance after meeting a deductible. See the Key Advantage 250 Benefits at a Glance for the details.

### Medical providers include:

- Primary care physicians who are general or family practitioners, internists and pediatricians
- Specialists such as endocrinologists or cardiologists (No Referral Needed)

### Behavioral health providers include:

- Clinical social workers, professional counselors, clinical nurse specialists, and marriage/family therapists
- Psychologists
- Psychiatrists

To avoid higher out-of-pocket costs, always check to be sure a provider is in the network. Simply ask the provider, call Anthem Health Guide, or use Find Care at [anthem.com/tlc](https://www.anthem.com/tlc).

## Care When Traveling – out of state or worldwide

### BlueCard® PPO Program for care in the U.S.



What happens if you're traveling or living outside Virginia and you need care? You have access to care across the country through the **BlueCard® PPO Program**. This includes a large number of providers and hospitals nationwide. When you see a BlueCard program doctor or hospital you pay only your usual plan deductible, copayment or coinsurance, and the provider files your claim for you. If you go to a doctor or hospital outside the program, you'll need to pay the entire bill up front and file your own claim.

Always show your Anthem ID card when you receive services. The "PPO-in-a-suitcase" symbol shows you can get care from BlueCard PPO Program providers.



### Looking for a BlueCard PPO Program doctor or hospital?

1. Go to [bcbs.com](https://www.bcbs.com) and select **Find a Doctor**.
2. Log in to the **Sydney Health mobile app** and select Find Care.
3. Call Anthem Member Services at **1-800-552-2682** for help.

### Blue Cross Blue Shield Global Core Program for care outside the U.S.



If you're outside the U.S. and need care:

- Go to [bcbsglobalcore.com](https://www.bcbsglobalcore.com) and register or login. You can also download the **Blue Cross Blue Shield Global Core app** to search for a doctor or hospital.
- Need help finding a doctor or hospital, or have questions about getting care abroad? Call the Blue Cross Blue Shield Global Core Service Center at **1-800-810-2583 (BLUE)** or call collect at **1-804-673-1177**. A service representative will help you set up a doctor visit or hospital stay. An assistance coordinator, together with a medical professional, will arrange a doctor's appointment or hospital stay, if needed.
- Contact the Blue Cross Blue Shield Global Core service center if admitted to the hospital, and call the Anthem Member Services number shown on your ID card for precertification.
- You will need to pay up front for care, then fill out a Blue Cross Blue Shield Global Core claim form. Send the form and the bill(s) to the address on the form. Download the claim form from [bcbsglobalcore.com](https://www.bcbsglobalcore.com) and enter the three-digit alpha prefix found on your ID card. Or call Blue Cross Blue Shield Global Core at **1-800-810-2583 (BLUE)** to request the form.

### Good to Know



**Medical transport** from another country to the United States (known as medical repatriation) is not covered under your plan. You may want to purchase travel insurance to cover that for you.



# Virtual Care Options through Sydney Health



## Check Symptoms, Chat with a Doctor, Check-ups and Ongoing Care

### Use for:

- **Primary care**
  - Wellness visit and other preventive care
  - Chronic condition management (diabetes, asthma, etc.)
- **Urgent care for common health concerns**
  - Bladder issues
  - Chickenpox
  - Cold and flu
  - Ear infections
  - Pink eye
  - Minor cuts
  - Seasonal allergies
  - Sinus infections
  - Skin conditions
  - Sore throat
  - Sprains
  - Stomach ailments
- **Prescriptions**
- **Referrals for specialized care**

### How to access:

- **For primary care, preventive care, virtual annual wellness visits, and chronic condition management,** set up an appointment through our Sydney Health app. From the homepage, select **Check-ups and Ongoing Care**.
- **Hours for primary and preventive care:**  
Monday through Friday, 9 a.m. to 9 p.m. ET  
Saturday and Sunday, 9 a.m. to 5 p.m. ET
- **For urgent or sick care,** select **Chat with a Doctor 24/7** or **Check Symptoms**.
- **Hours for urgent or sick care:** 24/7



## LiveHealth Online

### Use for:

- **Mental health**
  - Anxiety
  - Depression
- **Specialty care**
  - Dermatology
  - Allergies
  - Sleep
- **Urgent care for common health concerns**
  - Cold, flu, pink eye, sinus infection, and more

### How to access:

- **For mental health and specialty care,** set up an appointment through our Sydney Health app. From the homepage, select **Care**, then **Video Visit**.
- **Hours for primary and preventive care:**  
Monday through Friday, 9 a.m. to 9 p.m. ET
- **For urgent,** begin a session **at any time** through our Sydney Health app. From the homepage, select **Care**, then **Video Visit**.
- **Hours for urgent:** 24/7



## Employee Assistance Program (EAP)

Your EAP gives you, your covered dependents and members of your household **up to four free confidential counseling sessions per issue** each plan year.

Turn to your EAP for information and resources about:

- Emotional well-being
- Addiction and recovery
- Work and career
- Childcare and parenting
- Helping aging parents
- Financial issues (including free credit monitoring and identity theft recovery)
- Legal concerns
- Smoking cessation

**Learn all about your EAP services and resources. Call 1-855-223-9277 or visit online at [anthemEAP.com](http://anthemEAP.com).**



Enter **Commonwealth of Virginia** as company name and select *The Local Choice*



## Prescription Drugs

Your prescription drug benefits are through Anthem Pharmacy, delivered by CarelonRx. It is a **mandatory generic** program which means if you or your doctor requests a brand name drug when a generic is available, you will pay for the brand copayment plus the difference between the allowable charge for the generic and the brand name drug.

### Drug Tiers

Your pharmacy benefit categorizes covered drugs into four tiers, and each tier has a specific copayment. Periodically a drug may move from one tier to another.

<b>Tier 1</b>	Generic drugs
<b>Tier 2</b>	Lower cost preferred brand name drugs
<b>Tier 3</b>	Higher cost non-preferred brand name drugs
<b>Tier 4</b>	High cost Specialty drugs

See page 4 for co-pay amounts.

#### Q. Can I get a 90-day supply of my drug at a network retail pharmacy?

Yes. You'll pay three one month copayments for the drug. Keep in mind that you pay **only two copayments for a 90-day supply** when you use the home delivery pharmacy.

#### Q. Can I get a brand name drug instead of a generic?

You have a mandatory generic drug program. However, if there is no generic equivalent for the drug, you may get the brand and pay only the applicable copayment. If there is a generic equivalent available, you may opt to use the brand, but you'll pay the brand copayment plus the difference between the brand and generic allowable charge.

#### Q. What if I need more than a 34-day supply because I'm travelling out of the country and won't have access to a participating pharmacy?

You can submit the Prescription Drug Refill Exception Request form to the Department of Human Resource Management (DHRM). It's available at [anthem.com/tlc](https://www.anthem.com/tlc) under Forms.



### Retail Pharmacy

Get up to a 34-day supply of covered drugs at a network retail pharmacy. You can also get up to a three month supply of the drug by paying three one month copayments at the time of purchase.

Your retail pharmacy network has more than 67,000 pharmacies across the country – including most chains and some local, independent pharmacies. To check if your pharmacy is in the network, simply ask your pharmacist, go to [anthem.com](https://www.anthem.com), or call us at **1-833-267-3108**.

When you use a network pharmacy, you pay only the applicable cost. If you choose an out-of-network pharmacy, you'll need to pay the total cost of the drug when you pick it up, and then file a Prescription Drug Claim Form to get reimbursed for the applicable benefit. You may be responsible for the difference between the pharmacy's charge and the plan's allowable charge for the drug.

### Home Delivery Pharmacy

This is a convenient, cost-saving way to get up to a 90-day supply of medications you take on a regular basis. You pay two copayments for a three-month supply of drugs, and the medication is delivered right to your home.

**By phone:** Call **1-833-267-3108**. A representative will help you with your order. Have your prescription, doctor's name, phone number, drug name and strength, and credit card handy when you call.

**Online:** Login to [anthem.com](https://www.anthem.com) and select Pharmacy under My Plans to request a new prescription or refill a current prescription. Use your online Pharmacy tools to set up automatic refills, compare drug costs, and get details about medications.

You pay **only two one month copayments for a three-month supply** of drugs when you use the Home Delivery service, and the medication is delivered right to your home.



## Specialty Pharmacy

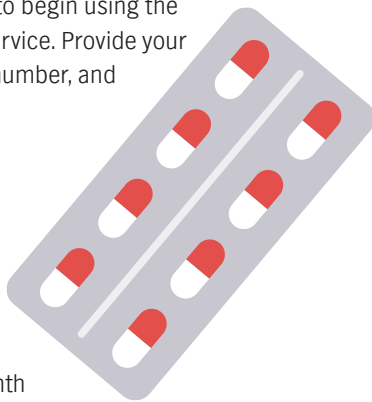
### Specialty Home Delivery

Your pharmacy program includes access to home delivery of specialty drugs. Specialty medications include biopharmaceutical and injectable drugs.

Contact **1-833-267-3108** to begin using the Specialty Home Delivery service. Provide your doctor's name and phone number, and we'll do all the rest.

### Specialty Retail

You can also obtain your specialty drugs from a participating retail pharmacy for up to a 34-day supply, or pay three copayments for a three month supply.



## Prior Authorization

*(required for some prescriptions)*

Most prescriptions are filled right away when you take them to the pharmacy. However, some drugs need to be reviewed before they are covered. This process is called Prior Authorization. It focuses on drugs that may have:

- A risk of side effects or harmful effects when taken with other drugs
- The potential for incorrect use or abuse
- Options that cost you less and may work better
- Rules for use with certain health conditions

If Prior Authorization is needed, your doctor must submit the request. A decision whether the drug will be covered is usually made within 24-48 hours from the time of the request.



Need help? Call Anthem Pharmacy at **1-833-267-3108**. Available 24/7/365.

## Managing Prescription Drug Costs

- **Dose Optimization** typically means increasing the drug dose or amount so that you only have to take it once a day.
- **Quantity Limits** ensure a drug is prescribed according to Federal Drug Administration (FDA) and industry standards.
- **Step Therapy** is used for certain drugs to help you and your doctor choose the drug that's right for you by trying certain drugs first in a step-by-step process.

For more details, see the **Prescription Drug Plan** brochure or your plan Member Handbook at [anthem.com/tlc](http://anthem.com/tlc).

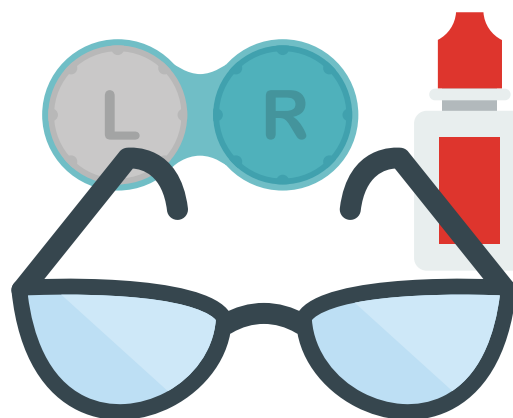


## Routine Vision Benefits

Your routine vision benefits are available from Blue View Vision<sup>SM</sup> once every plan year. You may have your eye exam and purchase lenses and frames from any Blue View participating optician, optometrist or retail setting, including 1-800 CONTACTS, LensCrafters<sup>®</sup>, Target<sup>®</sup> Optical, Sears Optical<sup>SM</sup>, and JCPenney<sup>®</sup> Optical. If you receive your eye exam, eyeglass frames or lenses from a non-Blue View provider, the non-Blue View network benefits will apply. Please see page 6 for more details on your routine vision benefits.

Go to [anthem.com/tlc](http://anthem.com/tlc) and click on **Find Care** to find a **Blue View provider near you**.

Note: If you need medical, non-routine treatment for your eyes, consult your physician or an Anthem PPO network eye specialist.





## Dental

(administered by Delta Dental)

You have two choices for your dental benefits. The Comprehensive dental option includes Preventive, Primary, Major, and Orthodontic dental services. The Preventive option is available for a lower premium but only includes the twice per plan year routine oral exam, cleaning, x-rays, sealants, and fluoride for children. You indicate your dental option when you make your enrollment selection.

To reduce your out-of-pocket expense, choose a Delta Dental network dentist. View the Delta PPO and Premier networks of dentists at [deltadentalva.com](http://deltadentalva.com). Claims will be handled by the

dentist's office and you will be responsible only for the dental deductible and coinsurance that applies to the covered care you receive. If you go to a non-network dentist, you pay the dental deductible and coinsurance plus any amount above the allowable charge that the dentist may bill you.

When you anticipate dental charges over \$250, have your Delta Dental dentist file a pre-determination (pre-treatment) estimate.

Get the details at [deltadentalva.com](http://deltadentalva.com). Click on **The Local Choice** from the home page.

- View your benefits booklet
- Find a dentist
- Check claims
- Learn about good oral health



## Health & Wellness Programs

Your Key Advantage 250 plan includes access to personalized plan/benefit guidance via **Anthem Health Guide**. A team of care professionals can connect you to a host of free and confidential health and wellness programs to help guide you in managing your health issues. Conveniently talk via phone call, chat session, email, or schedule a call back through your computer or mobile device.

- **Sydney:** The **Sydney Health mobile app** acts like a personal health assistant, answering your questions and connecting you to the right resources at the right time. And you can use the chatbot to get answers quickly. Download from the App Store (iOS) or Google Play (Android).
- **ConditionCare:** Take advantage of free and confidential support to manage these conditions:
  - Asthma
  - Heart failure
  - Diabetes
  - Chronic obstructive pulmonary disease (COPD)
  - Coronary artery disease (CAD)
  - Hypertension

You may receive a call from ConditionCare if your claims indicate you or an enrolled family member may be dealing with one or more of these conditions. While you're encouraged to enroll and take advantage of help from registered nurses and other healthcare professionals, you may also opt out of the program when they call.

- **Future Moms:** Enroll for free pre- and post-natal support. Access a nurse coach and other maternity support specially designed to help women have healthy pregnancies and healthy babies.

### Key Advantage Expanded or Key Advantage 250 members:

Enroll within the first 16 weeks of your pregnancy and your plan will waive the hospital copayment for delivery.

- **MyHealth Advantage:** Receive personalized health-related suggestions, tips, and reminders via mail or email to alert you of potential health risks, care gaps or cost-saving opportunities.
- **24/7 NurseLine & Audio Health Library:** Sometimes you need health questions answered right away – even in the middle of the night. Call 24/7 NurseLine **(800-337-4770)** to speak with a nurse. Or use the Audio Health Library if you want to learn about a health topic on your own. Your call is always free and completely confidential.
- **Anthem's Diabetes Prevention Program (DPP):** A personalized digital health coaching solution that leverages artificial intelligence, cognitive behavioral therapy, and smart connected devices to lower risk for type 2 diabetes. Eligible members will be invited to participate in the program which has shown to lower a person's risk for type 2 diabetes by 60%.



See more information on Health & Wellness programs at [anthem.com/tlc](http://anthem.com/tlc).

# We're here for you – in many languages

The law requires us to include a message in all of these different languages. Curious what they say? Here's the English version: "You have the right to get help in your language for free. Just call the Member Services number on your ID card." Visually impaired? You can also ask for other formats of this document.

## Spanish

Usted tiene derecho a recibir ayuda en su idioma en forma gratuita. Simplemente llame al número de Servicios para Miembros que figura en su tarjeta de identificación.

## Chinese

您有權免費獲得透過您使用的語言提供的幫助。請撥打您的ID卡片上的會員服務電話號碼。若您為視障人士，還可索取本文件的其他格式版本。

## Vietnamese

Quý vị có quyền nhận miễn phí trợ giúp bằng ngôn ngữ của mình. Chỉ cần gọi số Dịch vụ dành cho thành viên trên thẻ ID của quý vị. Bị khiếm thị? Quý vị cũng có thể hỏi xin định dạng khác của tài liệu này."

## Korean

귀하는 자국어로 무료지원을 받을 권리가 있습니다. ID 카드에 있는 멤버 서비스번호로 연락하십시오.

## Tagalog

May karapatan ka na makakuha ng tulong sa iyong wika nang libre. Tawagan lamang ang numero ng Member Services sa iyong ID card. May kapansanan ka ba sa paningin? Maaari ka ring humiling ng iba pang format ng dokumentong ito.

## Russian

Вы имеете право на получение бесплатной помощи на вашем языке. Просто позвоните по номеру обслуживания клиентов, указанному на вашей идентификационной карте. Пациенты с нарушением зрения могут заказать документ в другом формате.

## Armenian

Դուք իրավունք ունեք ստանալ անվճար օգնություն ձեր լեզվով: Պարզապես զանգահարեք Անդամների սպասարկման կենտրոն, որի հեռախոսահամարը նշված է ձեր ID քարտի վրա:

## Farsi

"شما این حق را دارید تا به صورت رایگان به زبان مادری تان کمک دریافت کنید. کافی است با شماره خدمات اعضا (Member Services) درج شده روی کارت شناسایی خود تماس بگیرید." دچار اختلال بینایی هستید؟ می توانید این سند را به فرمت های دیگری نیز درخواست دهید.

## French

Vous pouvez obtenir gratuitement de l'aide dans votre langue. Il vous suffit d'appeler le numéro réservé aux membres qui figure sur votre carte d'identification. Si vous êtes malvoyant, vous pouvez également demander à obtenir ce document sous d'autres formats.

## Arabic

لك الحق في الحصول على مساعدة بلغتك مجاناً. ما عليك سوى الاتصال برقم خدمة الأعضاء الموجود على بطاقة الهوية. هل أنت ضعيف البصر؟ يمكنك طلب أشكال أخرى من هذا المستند.

## Japanese

お客様の言語で無償サポートを受けることができます。IDカードに記載されているメンバーサービス番号までご連絡ください。

## Haitian

Se dwa ou pou w jwenn èd nan lang ou gratis. Annik rele nimewo Sèvis Manm ki sou kat ID ou a. Èske ou gen pwoblèm pou wè? Ou ka mande dokiman sa a nan lòt fòm tou.

## Italian

Ricevere assistenza nella tua lingua è un tuo diritto. Chiama il numero dei Servizi per i membri riportato sul tuo tesserino. Sei ipovedente? È possibile richiedere questo documento anche in formati diversi

## Polish

Masz prawo do uzyskania darmowej pomocy udzielonej w Twoim języku. Wystarczy zadzwonić na numer działu pomocy znajdujący się na Twojej karcie identyfikacyjnej.

## Punjabi

ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮੁਫਤ ਵਿੱਚ ਮਦਦ ਹਾਸਲ ਕਰਨ ਦਾ ਿਅਧਕਾਰ ਹੈ। ਬਸ ਆਪਣੀ ਆਈਡੀ ਕਾਰਡ ਤੇ ਦਿੱਤੇ ਸਿਰਵਸ ਨੰਬਰ ਤੇ ਕਾਲ ਕਰੋ। ਨਜ਼ਰ ਕਮਜ਼ੋਰ ਹੈ? ਤੁਸ ਇਸ ਦਸਤਾਵੇਜ਼ ਦੇ ਹੋਰ ਰੂਪਾਂਤਰ ਮੰਗ ਸਕਦੇ ਹੋ।

## TTY/TTD:711





## It's important we treat you fairly

We follow federal civil rights laws in our health programs and activities. By calling Member Services, our members can get free in-language support, and free aids and services if you have a disability. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people whose primary language isn't English, we offer free language assistance services through interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TDD: 711). If you think we failed in any of these areas, you can mail a complaint to: Compliance Coordinator, P.O. Box 27401, Mail Drop VA2002-N160, Richmond, VA 23279, or directly to the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201. You can also call 1-800-368-1019 (TDD: 1-800-537-7697) or visit <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

# Quick Access to Your Plan






## [Anthem.com/tlc](https://www.anthem.com/tlc)

Your dedicated website for health benefits documents, no log in needed

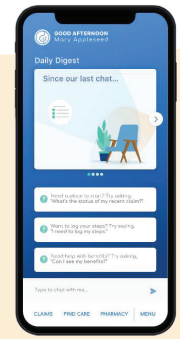
-  Download your health benefits summary and member handbook
-  Find a doctor and urgent care
-  Register for LiveHealth Online video doctor visits
-  Learn about your Employee Assistance Program (EAP)


## [Anthem.com](https://www.anthem.com)






Log in to your confidential and secure account

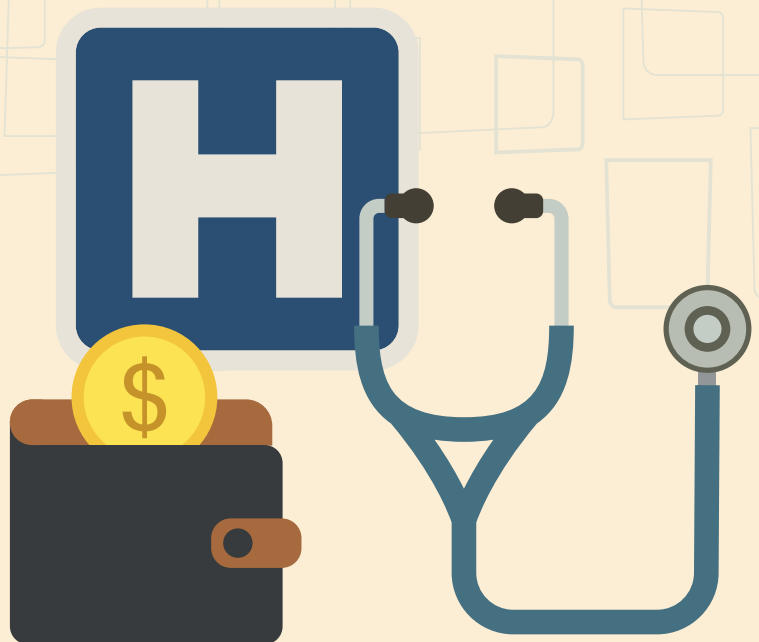
-  View your claims
-  Download your ID card
-  Find a doctor and urgent care
-  Refill prescriptions online
-  Compare costs for hundreds of medical procedures

## Sydney Health mobile app



 Log in using your [anthem.com](https://www.anthem.com) username and password to:

-  View your ID card
-  See all your medical and pharmacy benefits in one place
-  Use the chatbot to get answers and resources quickly
-  Connect easily to virtual care
-  Track your health goals and fitness





# Who To Contact Quick Reference



<b>Anthem Health Guide</b> <ul style="list-style-type: none"> <li>Medical Customer Service</li> <li>Health and Wellness Programs</li> </ul>	<b>1-800-552-2682</b>   <a href="https://www.anthem.com/tlc">anthem.com/tlc</a>
<b>Anthem Behavioral Health and Employee Assistance Program (EAP)</b>	<b>1-855-223-9277</b>   <a href="https://www.anthemEAP.com">anthemEAP.com</a> <i>(Company Name: Commonwealth of Virginia)</i>
<b>Anthem ID Card Order Line</b>	<b>1-866-587-6713</b>
<b>BlueCard PPO</b> (coverage outside Virginia)	<b>1-800-810-2583</b>   <a href="https://www.bcbs.com">bcbs.com</a>
<b>Blue Cross Blue Shield Global Core</b> (coverage outside of the U.S.)	<b>1-800-810-2583</b>   <a href="https://www.bcbsglobalcore.com">bcbsglobalcore.com</a>
<b>Delta Dental</b>	<b>1-888-335-8296</b>   <a href="https://www.deltadentalva.com">deltadentalva.com</a>
<b>Anthem Pharmacy</b>	<b>1-833-267-3108</b>   <a href="https://www.anthem.com/tlc">anthem.com/tlc</a>
<b>Virtual Care Options including LiveHealth Online</b>	<b>Sydney Health app or <a href="https://www.anthem.com/tlc">anthem.com/tlc</a></b>
<b>The Local Choice</b>	<b>Commonwealth of Virginia                      Department of Human Resource Management                      101 N. 14th Street - 13th Floor                      Richmond, VA 23219  <a href="mailto:tlc@dhrm.virginia.gov">tlc@dhrm.virginia.gov</a></b>

**Eligibility questions?** If you have questions about eligibility for the TLC health benefits program, please contact your Benefits Administrator for further information.

Language Access Services - (TTY/TDD: 711)

(Spanish) - Tiene el derecho de obtener esta información y ayuda en su idioma en forma gratuita. Llame al número de Servicios para Miembros que figura en su tarjeta de identificación para obtener ayuda.

(Korean) - 귀하에게는 무료로 이 정보를 얻고 귀하의 언어로 도움을 받을 권리가 있습니다. 도움을 얻으려면 귀하의 ID 카드에 있는 회원 서비스 번호로 전화하십시오.

The Commonwealth of Virginia complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ©2019 Anthem Inc.

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Sydney Health is offered through an arrangement with Caredon Digital Platforms, a separate company offering mobile application services on behalf of your health plan ©2020-2023.



# Getting the Most from Your Key Advantage 1000 Benefits Summary

Effective July 1, 2023 or October 1, 2023

# Key Advantage 1000

**THIS IS A SUMMARY** of your medical, vision, behavioral health and employee assistance program (EAP), prescription drug, and dental benefits.

Your benefits are administered by Anthem Blue Cross and Blue Shield, with the exception of your dental benefits. Delta Dental of Virginia administers routine dental benefits.

# Table of Contents

- What’s In Your Key Advantage 1000 Plan? . . . . . 1**
- Key Advantage 1000 Benefits at a Glance . . . . . 2**
- Medical and Behavioral Health . . . . . 7**
- Care When Traveling . . . . . 7**
- Virtual Care Options and Employee Assistance Program (EAP) . . . . . 8**
- Prescription Drugs . . . . . 9**
- Delta Dental . . . . . 11**
- Health & Wellness Programs . . . . . 11**
- Get Help in Your Language . . . . . 12**
- Quick Access to Your Plan . . . . . Inside Back Cover**
- Who to Contact for Assistance . . . . . Back Cover**

The TLC Key Advantage Member Handbook and this Key Advantage 1000 Benefits Summary constitute a complete description of the benefits, exclusions, limitations, and reductions under the plan.

An electronic version of the handbook is available online at [thelocalchoice.virginia.gov](http://thelocalchoice.virginia.gov) and at [anthem.com/tlc](http://anthem.com/tlc).

## Plan Year

Your benefits are administered on a plan year basis which is July 1 through June 30, or October 1 through September 30, depending upon your renewal date.

## Who Is Eligible

- o **Active Employees and their Dependents**
- o **If offered, Retirees not eligible for Medicare and their Dependents not eligible for Medicare, and/or**
- o **Dependents of Medicare eligible Retirees who are not Medicare eligible.**

**NOTE:** Medicare eligible retirees and the Medicare eligible dependents of any retiree (Medicare eligible or otherwise), may not enroll in Key Advantage 1000.



## What's in Your Key Advantage 1000 Plan?

### Your plan includes:

- Medical, Behavioral Health, Employee Assistance Program (EAP), and Prescription Drug benefits administered by Anthem Blue Cross and Blue Shield
- Preventive and Comprehensive dental benefits administered by Delta Dental
- Specialist visits with no referrals
- In-network coverage through the Anthem PPO network in Virginia, and the BlueCard® PPO and Blue Cross Blue Shield Global Core Programs for care outside Virginia

### Out-of-Pocket Expense Limit

**In Network: \$5,000** for one person, **\$10,000** for two or more persons, each plan year.

**Out of Network: \$9,000** for one person, **\$18,000** for two or more persons, each plan year.

There are separate out-of-pocket expense limits for in- and out-of-network services. Your medical and behavioral health deductible, and copayments/coinsurance for **medical, behavioral health and prescription drugs** all count toward the limit. Once you reach the limit, you pay \$0 for covered in-network medical and behavioral health services, and covered prescription drugs for the remainder of the plan year.

These expenses do not count toward the limit:

- Amounts above the allowable charge or plan limits
- Services and supplies not covered by your plan
- Copayments, coinsurance and deductibles for routine vision benefits (exception: routine eye exam for members through the end of the month they turn 19 years old) and dental services
- Additional amount non-network providers may bill you when their charge is more than the plan's allowable charges





# Key Advantage 1000 Benefits At-A-Glance

	Benefit	In-Network	Out-of-Network
<b>Plan Year Deductible</b> <i>(applies as indicated)</i>	One Person	\$1,000	\$2,000
	Family (two or more people)	\$2,000	\$4,000
<b>Plan Year Out-Of-Pocket Expense Limit</b>	One Person	\$5,000	\$9,000
	Family (two or more people)	\$10,000	\$18,000
<b>Out-of-network benefits</b>	Yes. Once you meet the out-of-network deductible, you pay 30% coinsurance for medical and behavioral health services. Copayments do not apply to out-of-network medical and behavioral health services. Copayments and coinsurance for routine vision, outpatient prescription drugs and dental services will still apply.		
<b>Medical and Behavioral Healthcare when traveling</b>	The BlueCard® PPO and BCBS Global Core programs are included for medical and behavioral healthcare outside Virginia.		
<b>Lifetime maximum</b>	Unlimited		

Covered Services	You Pay In-network		
<b>Ambulance Travel</b> <i>No Plan Year limit</i>	20% coinsurance, after deductible		
<b>Autism Spectrum Disorder</b>	Copayment/coinsurance determined by service received		
<b>Behavioral Health</b>			
<b>Inpatient treatment</b>	20% coinsurance, after deductible		
<b>Residential Treatment</b>	20% coinsurance, after deductible		
<b>Partial Hospitalization (Day) Program</b>	20% coinsurance, after deductible		
<b>Intensive Outpatient Treatment Program (IOP)</b>	20% coinsurance, after deductible		
<b>Outpatient Treatment Program</b>			
Facility Services	20% coinsurance, after deductible		
Professional Provider Services	\$25 copayment		
<b>Chiropractic, Spinal Manipulations and Other Manual Medical Interventions</b> 30-Visit Plan Year limit per member			
Primary Care Physicians	\$25 copayment		
Specialty Care Providers	\$40 copayment		
<b>Dental Care (Delta Dental)</b>			
<b>Preventive Dental Option</b> <i>(diagnostic and preventive services only for lower premium)</i>	\$0		
<b>Comprehensive Dental Option</b> <i>(for higher premium)</i>			
Dental Plan Year Deductible	One Person \$25	Two People \$50	Family \$75
Plan Year Maximum (Except Orthodontics)	\$1,500		
Preventive Dental Care	\$0		
Primary Dental Care	20% coinsurance, after dental deductible		
Major Dental Care	50% coinsurance, after dental deductible		
Orthodontic Services (Includes Adult Ortho)	50% coinsurance, no dental deductible, with \$1,500 lifetime maximum		
<b>Dental Services (non-routine Medical)</b>	20% coinsurance, after deductible		

Covered Services	You Pay In-network
<b>Diabetic Education</b>	\$0
<b>Diabetic Equipment</b>	20% coinsurance, after deductible
<b>Diagnostic Tests, Labs and X-rays</b>	
Outpatient Surgery	20% coinsurance, after deductible
Outpatient Diagnostic Services Only	20% coinsurance, after deductible
Outpatient Emergency Room	20% coinsurance, after deductible
<b>Dialysis Treatments</b>	
Facility Services	\$0
Doctor's Office	\$0
<b>Doctor's Visits</b> ( <i>On an Outpatient basis</i> )	
Primary Care Physicians	\$25 copayment
Specialty Care Providers	\$40 copayment
<b>Employee Assistance Program (EAP)</b> Up to four visits per issue ( <i>per plan year</i> )	\$0
<b>Early Intervention Services</b> (Birth to 3 years)	Copayment/coinsurance determined by service received
<b>Emergency Room Visits</b>	
Facility Services	20% coinsurance, after deductible
Professional Provider Services	
Primary Care Physicians	\$25 copayment
Specialty Care Providers	\$40 copayment
Diagnostic Tests, Labs and X-rays	20% coinsurance, after deductible
<b>Home Health Services</b> <i>90-Visit Plan Year limit per member</i>	\$0
<b>Home Private Duty Nurse's Services</b>	20% coinsurance, after deductible
<b>Hospice Care Services</b>	\$0
<b>Hospital Services</b>	
<b>Inpatient Care</b>	
Facility Services	20% coinsurance, after deductible
Professional Provider Services	
Primary Care Physicians	\$0
Specialty Care Providers	\$0
Diagnostic Services	20% coinsurance, after deductible
<b>Outpatient Care</b>	
Facility Services	20% coinsurance, after deductible
Professional Provider Services	
Primary Care Physicians	\$25 copayment
Specialty Care Providers	\$40 copayment
Diagnostic Tests, Labs and X-rays	20% coinsurance, after deductible
<b>Maternity</b>	
Professional Provider Services	
Prenatal and Postnatal Care	
Primary Care Physicians	\$25 copayment
Specialty Care Providers	\$40 copayment
Delivery	
Primary Care Physicians	\$0
Specialty Care Providers	\$0
<b>Hospital Services for Delivery</b> Delivery room, anesthesia, routine nursing care for newborn	20% coinsurance, after deductible
<b>Diagnostic Tests, Labs and X-rays</b>	20% coinsurance, after deductible



# Key Advantage 1000 Benefits At-A-Glance (continued)

Covered Services	You Pay In-network
<b>Medical Equipment (durable), Appliances, Formulas, Prosthetics and Supplies</b>	20% coinsurance, after deductible
<b>Outpatient Prescription Drugs</b> <i>(mandatory generic)</i>	
<b>Retail Pharmacy</b> Covered drugs per 34-day supply	
Tier 1	\$10 copayment
Tier 2	\$30 copayment
Tier 3	\$45 copayment
Tier 4	\$55 copayment
<b>Home Delivery Services (Mail Order)</b> Covered drugs for up to a 90-day supply	
Tier 1	\$20 copayment
Tier 2	\$60 copayment
Tier 3	\$90 copayment
Tier 4	\$110 copayment
<b>Diabetic Supplies</b>	20% coinsurance, no deductible
<b>Shots – allergy &amp; therapeutic injections</b> At a doctor's office, Emergency room or Outpatient hospital department	20% coinsurance, after deductible
<b>Skilled Nursing Facility Stays</b> 180-day per Stay limit per member <sup>1</sup>	
Facility Services	\$0
Professional Provider Services	\$0
<b>Surgery</b>	
<b>Inpatient</b>	
Facility Services	20% coinsurance, after deductible
Professional Provider Services	
Primary Care Physicians	\$0
Specialty Care Providers	\$0
Diagnostic Services	20% coinsurance, after deductible
<b>Outpatient</b>	
Facility Services	20% coinsurance, after deductible
Professional Provider Services	
Primary Care Physicians	\$25 copayment
Specialty Care Providers	\$40 copayment
<b>Therapy – Outpatient Services</b>	
<b>Cardiac Rehabilitation Therapy</b>	20% coinsurance, after deductible
<b>Chemotherapy</b>	20% coinsurance, after deductible
<b>Infusion</b> <i>(includes IV therapy and injected chemotherapy)</i>	20% coinsurance, after deductible
<b>Therapy – Outpatient Services</b> <i>(continued)</i>	
<b>Occupational Therapy</b>	20% coinsurance, after deductible
<b>Physical Therapy</b>	20% coinsurance, after deductible

<sup>1</sup>A stay is the period from the admission to the date of discharge from a Facility. If there is less than a 90 day break between two admissions, the days allowable for the subsequent admission are reduced by the days used in the first. If there are more than 90 days between the two admissions, the days available for the subsequent admission start over for a full 180 days.

Covered Services	You Pay In-network
<b>Radiation Therapy</b>	20% coinsurance, after deductible
<b>Respiratory Therapy</b>	20% coinsurance, after deductible
<b>Speech Therapy</b>	20% coinsurance, after deductible
<b>Virtual Care through Sydney Health app</b>	
LiveHealth Online	\$0
Symptom Checker	\$0
Text Chat or Video Visit with Medical Provider	\$0
Virtual Wellness/Preventive Visit	\$0
<b>Vision Correction</b> After surgery or accident	20% coinsurance, after deductible
<b>Wellness and Preventive Care Services</b>	
<b>Well Child</b> (Birth to 18 years)	
Office Visits at specified intervals	
Primary Care Physicians	No copayment, coinsurance, or deductible
Specialty Care Providers	No copayment, coinsurance, or deductible
Immunizations	
Primary Care Physicians	No copayment, coinsurance, or deductible
Specialty Care Providers	No copayment, coinsurance, or deductible
Screening Tests	No copayment, coinsurance, or deductible
<b>Routine Wellness</b> (18 years and older)	
Check-up Visit (one per Plan Year)	
Primary Care Physicians	No copayment, coinsurance, or deductible
Specialty Care Providers	No copayment, coinsurance, or deductible
Immunizations	
Primary Care Physicians	No copayment, coinsurance, or deductible
Specialty Care Providers	No copayment, coinsurance, or deductible
Routine Lab and X-ray Services	No copayment, coinsurance, or deductible
<b>Wellness and Preventive Care Services</b> (one of each per Plan Year)	
Gynecological Exam	
Primary Care Physicians	No copayment, coinsurance, or deductible
Specialty Care Providers	No copayment, coinsurance, or deductible
Pap Test	No copayment, coinsurance, or deductible
Mammography Screening	No copayment, coinsurance, or deductible
Prostate Exam (digital rectal exam)	
Primary Care Physicians	No copayment, coinsurance, or deductible
Specialty Care Providers	No copayment, coinsurance, or deductible
Prostate Specific Antigen Test	No copayment, coinsurance, or deductible
Colorectal Cancer Screenings	No copayment, coinsurance, or deductible

# Key Advantage 1000 Benefits At-A-Glance (continued)

## Routine Vision – Blue View Vision Network

You have an allowance for eyeglass lenses or contact lenses every plan year. You pay the remaining cost for frames and lenses after Your Health Plan's Reimbursement.

Covered Services	Blue View Vision Network (once per plan year)	Non-Blue View
<b>Routine eye exam</b>	You pay \$40 copayment	Plan pays up to to \$50
<b>Eyeglass lenses</b>	You pay \$20 copayment	Plan pays up to: \$50 single lenses; \$75 bifocal; \$100 trifocal
<b>Eyeglass frames</b>	Plan pays up to \$100* retail allowance	Plan pays up to \$80
<b>Contact lenses</b> (in lieu of eyeglass lenses)		
Elective Conventional <sup>1</sup>	Plan pays up to \$100 allowance then 15% discount off remaining balance	Plan pays up to \$80
Elective Disposable <sup>1</sup>	Plan pays up to \$100 allowance (no additional discount)	Plan pays up to \$80
Non-Elective <sup>1</sup>	Plan pays up to \$250 allowance	Plan pays up to \$210
<b>Lens options</b>		
UV coating, tints, standard scratch-resistant	You pay \$15	Not available
Standard polycarbonate	You pay \$40	Not available
Standard progressive (in addition to bifocal copayment)	You pay \$65	Not available
Standard anti-reflective	You pay \$45	Not available
Other add-ons	You pay 20% off retail	Not available

\*You may select a frame greater than the covered allowance and receive a 20% discount for any additional cost over the allowance.

<sup>1</sup> Elective contact lenses are typically elected in lieu of eyeglass lenses. Non-Elective contact lenses are medically necessary contacts when glasses are not an option for vision correction, such as after cataract surgery.





## Medical and Behavioral Health

Many of your medical and behavioral health services require 20% coinsurance after meeting a deductible. See the Key Advantage 1000 Benefits Benefits at a Glance for the details .

### Medical providers include:

- Primary care physicians who are general or family practitioners, internists and pediatricians
- Specialists such as endocrinologists or cardiologists (No Referral Needed)

### Behavioral health providers include:

- Clinical social workers, professional counselors, clinical nurse specialists, and marriage/family therapists
- Psychologists
- Psychiatrists

To avoid higher out-of-pocket costs, always check to be sure a provider is in the network. Simply ask the provider, call Anthem Health Guide, or use Find Care at [anthem.com/tlc](https://www.anthem.com/tlc).

## Care When Traveling – out of state or worldwide



### BlueCard® PPO Program for care in the U.S.

What happens if you're traveling or living outside Virginia and you need care? You have access to care across the country through the **BlueCard® PPO Program**. This includes a large number of providers and hospitals nationwide. When you see a BlueCard program doctor or hospital you pay only your usual plan deductible, copayment or coinsurance, and the provider files your claim for you. If you go to a doctor or hospital outside the program, you'll need to pay the entire bill up front and file your own claim.

Always show your Anthem ID card when you receive services. The "PPO-in-a-suitcase" symbol shows you can get care from BlueCard PPO Program providers.



### Looking for a BlueCard PPO Program doctor or hospital?

1. Go to [bcbs.com](https://www.bcbs.com) and select **Find a Doctor**.
2. Log in to the **Sydney Health mobile app** and select **Find Care**.
3. Call Anthem Member Services at **1-800-552-2682** for help.

## Blue Cross Blue Shield Global Core Program for care outside the U.S.



If you're outside the U.S. and need care:

- Go to [bcbsglobalcore.com](https://www.bcbsglobalcore.com) and register or login. You can also download the **Blue Cross Blue Shield Global Core app** to search for a doctor or hospital.
- Need help finding a doctor or hospital, or have questions about getting care abroad? Call the Blue Cross Blue Shield Global Core Service Center at **1-800-810-2583 (BLUE)** or call collect at **1-804-673-1177**. A service representative will help you set up a doctor visit or hospital stay. An assistance coordinator, together with a medical professional, will arrange a doctor's appointment or hospital stay, if needed.
- Contact the Blue Cross Blue Shield Global Core service center if admitted to the hospital, and call the Anthem Member Services number shown on your ID card for precertification.
- You will need to pay up front for care, then fill out a Blue Cross Blue Shield Global Core claim form. Send the form and the bill(s) to the address on the form. Download the claim form from [bcbsglobalcore.com](https://www.bcbsglobalcore.com) and enter the three-digit alpha prefix found on your ID card. Or call Blue Cross Blue Shield Global Core at **1-800-810-2583 (BLUE)** to request the form.

## Good to Know



**Medical transport** from another country to the United States (known as medical repatriation) is not covered under your plan. You may want to purchase travel insurance to cover that for you.

# Virtual Care Options through Sydney Health



## Check Symptoms, Chat with a Doctor, Check-ups and Ongoing Care

### Use for:

#### ◦ Primary care

- Wellness visit and other preventive care
- Chronic condition management (diabetes, asthma, etc.)

#### ◦ Urgent care for common health concerns

- Bladder issues
- Chickenpox
- Cold and flu
- Ear infections
- Pink eye
- Minor cuts
- Seasonal allergies
- Sinus infections
- Skin conditions
- Sore throat
- Sprains
- Stomach ailments

#### ◦ Prescriptions

#### ◦ Referrals for specialized care

### How to access:

- **For primary care, preventive care, virtual annual wellness visits, and chronic condition management,** set up an appointment through our Sydney Health app. From the homepage, select **Check-ups and Ongoing Care**.
- **Hours for primary and preventive care:**  
Monday through Friday, 9 a.m. to 9 p.m. ET  
Saturday and Sunday, 9 a.m. to 5 p.m. ET
- **For urgent or sick care,** select **Chat with a Doctor 24/7** or **Check Symptoms**.
- **Hours for urgent or sick care:** 24/7



## LiveHealth Online

### Use for:

#### ◦ Mental health

- Anxiety
- Depression

#### ◦ Specialty care

- Dermatology
- Allergies
- Sleep

#### ◦ Urgent care for common health concerns

- Cold, flu, pink eye, sinus infection, and more

### How to access:

- **For mental health and specialty care,** set up an appointment through our Sydney Health app. From the homepage, select **Care**, then **Video Visit**.
- **Hours for primary and preventive care:**  
Monday through Friday, 9 a.m. to 9 p.m. ET
- **For urgent,** begin a session **at any time** through our Sydney Health app. From the homepage, select **Care**, then **Video Visit**.
- **Hours for urgent:** 24/7



## Employee Assistance Program (EAP)

Your EAP gives you, your covered dependents and members of your household **up to four free confidential counseling sessions per issue** each plan year.

Turn to your EAP for information and resources about:

- Emotional well-being
- Addiction and recovery
- Work and career
- Childcare and parenting
- Helping aging parents
- Financial issues  
(including free credit monitoring and identity theft recovery)
- Legal concerns
- Smoking cessation

**Learn all about your EAP services and resources. Call 1-855-223-9277 or visit online at [anthemEAP.com](https://www.anthemEAP.com).**



Enter **Commonwealth of Virginia** as company name and select *The Local Choice*



## Prescription Drugs

Your prescription drug benefits are through Anthem Pharmacy, delivered by CarelonRx. It is a **mandatory generic** program which means if you or your doctor requests a brand name drug when a generic is available, you will pay for the brand copayment plus the difference between the allowable charge for the generic and the brand name drug.

### Drug Tiers

Your pharmacy benefit categorizes covered drugs into four tiers, and each tier has a specific copayment. Periodically a drug may move from one tier to another.

<b>Tier 1</b>	Generic drugs
<b>Tier 2</b>	Lower cost preferred brand name drugs
<b>Tier 3</b>	Higher cost non-preferred brand name drugs
<b>Tier 4</b>	High cost Specialty drugs

See page 4 for co-pay amounts.

#### Q. Can I get a 90-day supply of my drug at a network retail pharmacy?

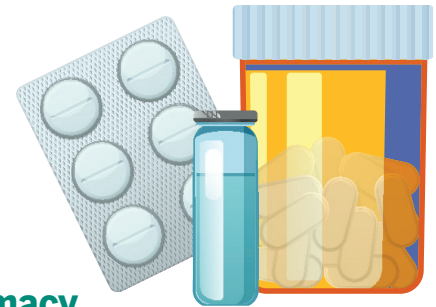
Yes. You'll pay three one month copayments for the drug. Keep in mind that you pay **only two copayments for a 90-day supply** when you use the home delivery pharmacy.

#### Q. Can I get a brand name drug instead of a generic?

You have a mandatory generic drug program. However, if there is no generic equivalent for the drug, you may get the brand and pay only the applicable copayment. If there is a generic equivalent available, you may opt to use the brand, but you'll pay the brand copayment plus the difference between the brand and generic allowable charge.

#### Q. What if I need more than a 34-day supply because I'm travelling out of the country and won't have access to a participating pharmacy?

You can submit the Prescription Drug Refill Exception Request form to the Department of Human Resource Management (DHRM). It's available at [anthem.com/tlc](http://anthem.com/tlc) under Forms.



### Retail Pharmacy

Get up to a 34-day supply of covered drugs at a network retail pharmacy. You can also get up to a three month supply of the drug by paying three one month copayments at the time of purchase.

Your retail pharmacy network has more than 67,000 pharmacies across the country – including most chains and some local, independent pharmacies. To check if your pharmacy is in the network, simply ask your pharmacist, go to [anthem.com](http://anthem.com), or call us at **1-833-267-3108**.

When you use a network pharmacy, you pay only the applicable cost. If you choose an out-of-network pharmacy, you'll need to pay the total cost of the drug when you pick it up, and then file a Prescription Drug Claim Form to get reimbursed for the applicable benefit. You may be responsible for the difference between the pharmacy's charge and the plan's allowable charge for the drug.

### Home Delivery Pharmacy

This is a convenient, cost-saving way to get up to a 90-day supply of medications you take on a regular basis. You pay two copayments for a three-month supply of drugs, and the medication is delivered right to your home.

**By phone:** Call **1-833-267-3108**. A representative will help you with your order. Have your prescription, doctor's name, phone number, drug name and strength, and credit card handy when you call.

**Online:** Login to [anthem.com](http://anthem.com) and select Pharmacy under My Plans to request a new prescription or refill a current prescription. Use your online Pharmacy tools to set up automatic refills, compare drug costs, and get details about medications.

You pay **only two copayments for a three-month supply** of drugs when you use the Home Delivery service, and the medication is delivered right to your home.



## Specialty Pharmacy

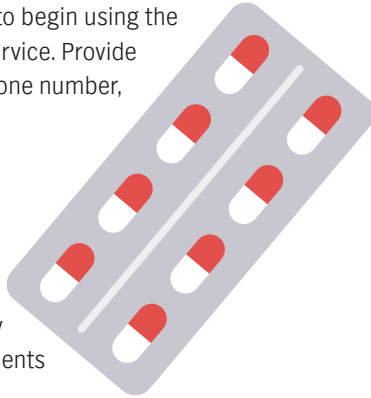
### Specialty Home Delivery

Your pharmacy program includes access to home delivery of specialty drugs. Specialty medications include biopharmaceutical and injectable drugs.

Contact **1-833-267-3108** to begin using the Specialty Home Delivery service. Provide your doctor's name and phone number, and we'll do all the rest.

### Specialty Retail

You can also obtain your specialty drugs from a participating retail pharmacy for up to a 34-day supply, or pay three copayments for a three month supply.



## Prior Authorization

*(required for some prescriptions)*

Most prescriptions are filled right away when you take them to the pharmacy. However, some drugs need to be reviewed before they are covered. This process is called Prior Authorization. It focuses on drugs that may have:

- o A risk of side effects or harmful effects when taken with other drugs
- o The potential for incorrect use or abuse
- o Options that cost you less and may work better
- o Rules for use with certain health conditions

If Prior Authorization is needed, your doctor must submit the request. A decision whether the drug will be covered is usually made within 24-48 hours from the time of the request.

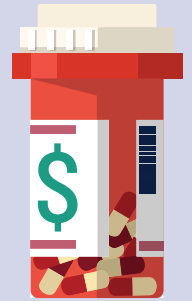


Need help? Call Anthem Pharmacy at **1-833-267-3108**. Available 24/7/365.

## Managing Prescription Drug Costs

- o **Dose Optimization** typically means increasing the drug dose or amount so that you only have to take it once a day.
- o **Quantity Limits** ensure a drug is prescribed according to Federal Drug Administration (FDA) and industry standards.
- o **Step Therapy** is used for certain drugs to help you and your doctor choose the drug that's right for you by trying certain drugs first in a step-by-step process.

For more details, see the **Prescription Drug Plan** brochure or your plan Member Handbook at [anthem.com/tlc](http://anthem.com/tlc).

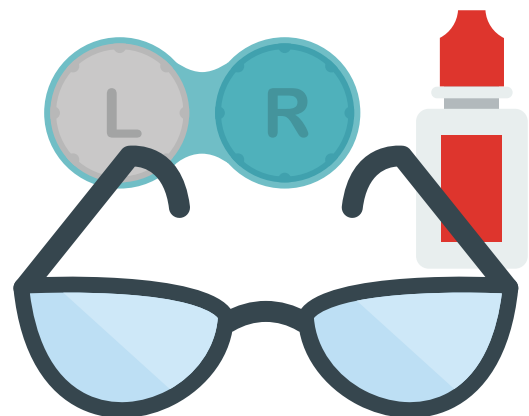


## Routine Vision Benefits

Your routine vision benefits are available from Blue View Vision<sup>SM</sup> once every plan year. You may have your eye exam and purchase lenses and frames from any Blue View participating optician, optometrist or retail setting, including 1-800 CONTACTS, LensCrafters<sup>®</sup>, Target<sup>®</sup> Optical, Sears Optical<sup>SM</sup>, and JCPenney<sup>®</sup> Optical. If you receive your eye exam, eyeglass frames or lenses from a non-Blue View provider, the non-Blue View network benefits will apply. Please see page 6 for more details on your routine vision benefits.

Go to [anthem.com/tlc](http://anthem.com/tlc) and click on **Find Care** to find a **Blue View provider near you**.

Note: If you need medical, non-routine treatment for your eyes, consult your physician or an Anthem PPO network eye specialist.







## Dental

(administered by Delta Dental)

You have two choices for your dental benefits. The Comprehensive dental option includes Preventive, Primary, Major, and Orthodontic dental services. The Preventive option is available for a lower premium but only includes the twice per plan year routine oral exam, cleaning, x-rays, sealants, and fluoride for children. You indicate your dental option when you make your enrollment selection.

To reduce your out-of-pocket expense, choose a Delta Dental network dentist. View the Delta PPO and Premier networks of dentists at [deltadentalva.com](http://deltadentalva.com). Claims will be handled by the

dentist's office and you will be responsible only for the dental deductible and coinsurance that applies to the covered care you receive. If you go to a non-network dentist, you pay the dental deductible and coinsurance plus any amount above the allowable charge that the dentist may bill you.

When you anticipate dental charges over \$250, have your Delta Dental dentist file a pre-determination (pre-treatment) estimate.

Get the details at [deltadentalva.com](http://deltadentalva.com). Click on **The Local Choice** from the home page.

- View your benefits booklet
- Find a dentist
- Check claims
- Learn about good oral health



## Health & Wellness Programs

Your Key Advantage 1000 plan includes access to personalized plan/benefit guidance via **Anthem Health Guide**. A team of care professionals can connect you to a host of health and wellness programs to help guide you in managing your health issues. Conveniently talk via phone call, chat session, email, or schedule a call back through your computer or mobile device.

- **Sydney:** The **Sydney Health mobile app** acts like a personal health assistant, answering your questions and connecting you to the right resources at the right time. And you can use the chatbot to get answers quickly. Download from the App Store (iOS) or Google Play (Android).
- **ConditionCare:** Take advantage of free and confidential support to manage these conditions:
  - Asthma
  - Heart failure
  - Diabetes
  - Chronic obstructive pulmonary disease (COPD)
  - Coronary artery disease (CAD)
  - Hypertension

You may receive a call from ConditionCare if your claims indicate you or an enrolled family member may be dealing with one or more of these conditions. While you're encouraged to enroll and take advantage of help from registered nurses and other healthcare professionals, you may also opt out of the program when they call.
- **Future Moms:** Enroll for free pre- and post-natal support. Access a nurse coach and other maternity support specially designed to help women have healthy pregnancies and healthy babies.
- **MyHealth Advantage:** Receive personalized health-related suggestions, tips, and reminders via mail or email to alert you of potential health risks, care gaps or cost-saving opportunities.
- **24/7 NurseLine & Audio Health Library:** Sometimes you need health questions answered right away – even in the middle of the night. Call 24/7 NurseLine **(800-337-4770)** to speak with a nurse. Or use the Audio Health Library if you want to learn about a health topic on your own. Your call is always free and completely confidential.
- **Anthem's Diabetes Prevention Program (DPP):** A personalized digital health coaching solution that leverages artificial intelligence, cognitive behavioral therapy, and smart connected devices to lower risk for type 2 diabetes. Eligible members will be invited to participate in the program which has shown to lower a person's risk for type 2 diabetes by 60%.



See more information on Health & Wellness programs at [anthem.com/tlc](http://anthem.com/tlc).

# We're here for you – in many languages

The law requires us to include a message in all of these different languages. Curious what they say? Here's the English version: "You have the right to get help in your language for free. Just call the Member Services number on your ID card." Visually impaired? You can also ask for other formats of this document.

## Spanish

Usted tiene derecho a recibir ayuda en su idioma en forma gratuita. Simplemente llame al número de Servicios para Miembros que figura en su tarjeta de identificación.

## Chinese

您有權免費獲得透過您使用的語言提供的幫助。請撥打您的 ID 卡片上的會員服務電話號碼。若您為視障人士，還可索取本文件的其他格式版本。

## Vietnamese

Quý vị có quyền nhận miễn phí trợ giúp bằng ngôn ngữ của mình. Chỉ cần gọi số Dịch vụ dành cho thành viên trên thẻ ID của quý vị. Bị khiếm thị? Quý vị cũng có thể hỏi xin định dạng khác của tài liệu này."

## Korean

귀하는 자국어로 무료 지원을 받을 권리가 있습니다. ID 카드에 있는 멤버 서비스번호로 연락하십시오.

## Tagalog

May karapatan ka na makakuha ng tulong sa iyong wika nang libre. Tawagan lamang ang numero ng Member Services sa iyong ID card. May kapansanan ka ba sa paningin? Maaari ka ring humiling ng iba pang format ng dokumentong ito.

## Russian

Вы имеете право на получение бесплатной помощи на вашем языке. Просто позвоните по номеру обслуживания клиентов, указанному на вашей идентификационной карте. Пациенты с нарушением зрения могут заказать документ в другом формате.

## Armenian

Դուք իրավունք ունեք ստանալ անվճար օգնություն ձեր լեզվով: Պարզապես զանգահարեք Անդամների սպասարկման կենտրոն, որի հեռախոսահամարը նշված է ձեր ID քարտի վրա:

## Farsi

"شما این حق را دارید تا به صورت رایگان به زبان مادری تان کمک دریافت کنید. کافی است با شماره خدمات اعضا (Member Services) درج شده روی کارت شناسایی خود تماس بگیرید." دچار اختلال بینایی هستید؟ می توانید این سند را به فرمت های دیگری نیز درخواست دهید.

## French

Vous pouvez obtenir gratuitement de l'aide dans votre langue. Il vous suffit d'appeler le numéro réservé aux membres qui figure sur votre carte d'identification. Si vous êtes malvoyant, vous pouvez également demander à obtenir ce document sous d'autres formats.

## Arabic

لك الحق في الحصول على مساعدة بلغتك مجاناً. ما عليك سوى الاتصال برقم خدمة الأعضاء الموجود على بطاقة الهوية. هل أنت ضعيف البصر؟ يمكنك طلب أشكال أخرى من هذا المستند.

## Japanese

お客様の言語で無償サポートを受けることができます。IDカードに記載されているメンバーサービス番号までご連絡ください。

## Haitian

Se dwa ou pou w jwenn èd nan lang ou gratis. Annik rele nimewo Sèvis Manm ki sou kat ID ou a. Èske ou gen pwoblèm pou wè? Ou ka mande dokiman sa a nan lòt fòm tou.

## Italian

Ricevere assistenza nella tua lingua è un tuo diritto. Chiama il numero dei Servizi per i membri riportato sul tuo tesserino. Sei ipovedente? È possibile richiedere questo documento anche in formati diversi

## Polish

Masz prawo do uzyskania darmowej pomocy udzielonej w Twoim języku. Wystarczy zadzwonić na numer działu pomocy znajdujący się na Twojej karcie identyfikacyjnej.

## Punjabi

ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮੁਫਤ ਵਿੱਚ ਮਦਦ ਹਾਸਲ ਕਰਨ ਦਾ ਿਅਧਕਾਰ ਹੈ। ਬਸ ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ ਤੇ ਦਿੱਤੇ ਸਿਰਵਸ ਨੰਬਰ ਤੇ ਕਾਲ ਕਰੋ। ਨਜ਼ਰ ਕਮਜ਼ੋਰ ਹੈ? ਤੁਸ ਇਸ ਦਸਤਾਵੇਜ਼ ਦੇ ਹੋਰ ਰੂਪਾਂਤਰ ਮੰਗ ਸਕਦੇ ਹੋ।

## TTY/TTD:711




## It's important we treat you fairly

We follow federal civil rights laws in our health programs and activities. By calling Member Services, our members can get free in-language support, and free aids and services if you have a disability. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people whose primary language isn't English, we offer free language assistance services through interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TDD: 711). If you think we failed in any of these areas, you can mail a complaint to: Compliance Coordinator, P.O. Box 27401, Mail Drop VA2002-N160, Richmond, VA 23279, or directly to the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201. You can also call 1-800-368-1019 (TDD: 1-800-537-7697) or visit <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

# Quick Access to Your Plan






## [Anthem.com/tlc](https://www.anthem.com/tlc)

Your dedicated website for health benefits documents, no log in needed

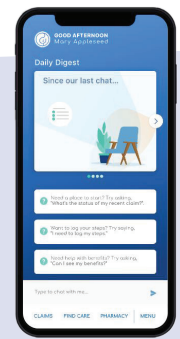
-  Download your health benefits summary and member handbook
-  Find a doctor and urgent care
-  Register for LiveHealth Online video doctor visits
-  Learn about your Employee Assistance Program (EAP)


## [Anthem.com](https://www.anthem.com)






Log in to your confidential and secure account

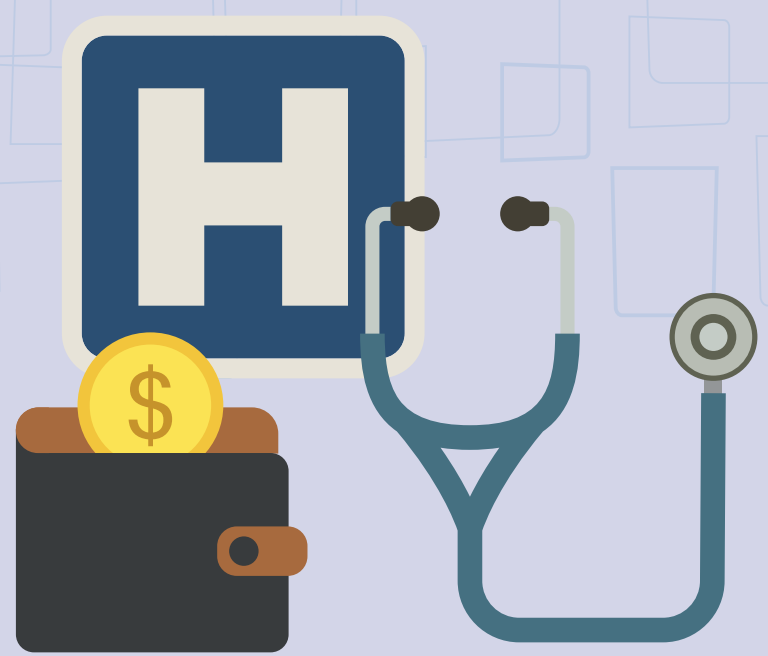
-  View your claims
-  Download your ID card
-  Find a doctor and urgent care
-  Refill prescriptions online
-  Compare costs for hundreds of medical procedures

## Sydney Health mobile app



 Log in using your [anthem.com](https://www.anthem.com) username and password to:

-  View your ID card
-  See all your medical and pharmacy benefits in one place
-  Use the chatbot to get answers and resources quickly
-  Connect easily to virtual care
-  Track your health goals and fitness



# Who To Contact Quick Reference



<b>Anthem Health Guide</b> <ul style="list-style-type: none"> <li>o Medical Customer Service</li> <li>o Health and Wellness Programs</li> </ul>	<b>1-800-552-2682</b>   <a href="http://anthem.com/tlc">anthem.com/tlc</a>
<b>Anthem Behavioral Health and Employee Assistance Program (EAP)</b>	<b>1-855-223-9277</b>   <a href="http://anthemEAP.com">anthemEAP.com</a> <i>(Company Name: Commonwealth of Virginia)</i>
<b>Anthem ID Card Order Line</b>	<b>1-866-587-6713</b>
<b>BlueCard PPO</b> <i>(coverage outside Virginia)</i>	<b>1-800-810-2583</b>   <a href="http://bcbs.com">bcbs.com</a>
<b>Blue Cross Blue Shield Global Core</b> <i>(coverage outside of the U.S.)</i>	<b>1-800-810-2583</b>   <a href="http://bcbsglobalcore.com">bcbsglobalcore.com</a>
<b>Delta Dental</b>	<b>1-888-335-8296</b>   <a href="http://deltadentalva.com">deltadentalva.com</a>
<b>Anthem Pharmacy</b>	<b>1-833-267-3108</b>   <a href="http://anthem.com/tlc">anthem.com/tlc</a>
<b>Virtual Care Options including LiveHealth Online</b>	<b>Sydney Health app or <a href="http://anthem.com/tlc">anthem.com/tlc</a></b>
<b>The Local Choice</b>	<b>Commonwealth of Virginia                  Department of Human Resource Management                  101 N. 14th Street - 13th Floor                  Richmond, VA 23219  <a href="mailto:tlc@dhrm.virginia.gov">tlc@dhrm.virginia.gov</a></b>

**Eligibility questions?** If you have questions about eligibility for the TLC health benefits program, please contact your Benefits Administrator for further information.

Language Access Services - (TTY/TDD: 711)

(Spanish) - Tiene el derecho de obtener esta información y ayuda en su idioma en forma gratuita. Llame al número de Servicios para Miembros que figura en su tarjeta de identificación para obtener ayuda.

(Korean) - 귀하에게는 무료로 이 정보를 얻고 귀하의 언어로 도움을 받을 권리가 있습니다. 도움을 얻으려면 귀하의 ID 카드에 있는 회원 서비스 번호로 전화하십시오.

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Sydney Health is offered through an arrangement with Caredon Digital Platforms, a separate company offering mobile application services on behalf of your health plan ©2020-2023.

### Focus® Plan Summary

	VSP Network	Out of Network
<b>Deductibles</b>		
	\$15 Exam	\$15 Exam
	\$15 Eye Glass Lenses or Frames*	\$15 Eye Glass Lenses or Frames
	Covered in full	Up to \$45
<b>Annual Eye Exam</b>		
<b>Lenses (per pair)</b>		
<b>Single Vision</b>	Covered in full	Up to \$35
<b>Bifocal</b>	Covered in full	Up to \$50
<b>Trifocal</b>	Covered in full	Up to \$70
<b>Lenticular</b>	Covered in full	Up to \$90
<b>Progressive</b>	See lens options	NA
<b>Contacts</b>		
<b>Fit &amp; Follow Up Exams</b>	15% discount See Additional Focus Features.	No benefit
<b>Elective</b>	Up to \$105	Up to \$105
<b>Medically Necessary</b>	Covered in full	Up to \$210
<b>Frame Allowance</b>	\$120	Up to \$50
<b>Frequencies (months)</b>		
<b>Exam/Lens/Frame</b>	12/12/24 Based on date of service	12/12/24 Based on date of service

\*Deductible applies to a complete pair of glasses or to frames, whichever is selected.

### Lens Options (member cost)\*

	VSP Network	Out of Network
<b>Progressive Lenses</b>	Up to provider's contracted fee for Lined Trifocal Lenses. The patient is responsible for the difference between the base lens and the Progressive Lens charge.	Up to Lined Trifocal allowance.
<b>Std. Polycarbonate</b>	Covered in full for dependent children	No benefit
	\$25 adults	
<b>Solid Plastic Dye</b>	\$13	No benefit
	(except Pink I & II)	
<b>Plastic Gradient Dye</b>	\$15	No benefit
<b>Photochromatic Lenses</b>	\$27-\$76	No benefit
(Glass & Plastic)		
<b>Scratch Resistant Coating</b>	\$15-\$29	No benefit
<b>Anti-Reflective Coating</b>	\$39-\$75	No benefit
<b>Ultraviolet Coating</b>	\$14	No benefit

\*Lens Option member costs vary by prescription, option chosen and retail locations.

### Monthly Rates with a Two-Year Rate Guarantee

<b>Employee Only (EE)</b>	\$10.68
<b>EE + Family</b>	\$26.16

### Additional Focus® Features

<b>Contact Lenses Elective</b>	Allowance can be applied to disposables, but the dollar amount must be used all at once (provider will order 3 or 6 month supply). Applies when contacts are chosen in lieu of glasses. For plans without a separate contact fitting & evaluation (which includes follow up contact lens exams), the cost of the fitting and evaluation is deducted from the allowance.
<b>Additional Glasses</b>	20% off additional complete pairs of prescription glasses and/or prescription sunglasses.*
<b>Frame Discount</b>	VSP offers 20% off any amount above the retail allowance.*
<b>Laser VisionCare</b>	VSP offers an average discount of 15% off or 5% off a promotional offer for LASIK Custom LASIK and PRK. The maximum out-of-pocket per eye for members is \$1,800 for LASIK and \$2,300 for custom LASIK using Wavefront technology, and \$1,500 for PRK. In order to receive the benefit, a VSP provider must coordinate the procedure.
<b>Low Vision</b>	With prior authorization, 75% of approved amount (up to \$1,000 is covered every two years).

Based on applicable laws, reduced costs may vary by doctor location.

**\*TLC MEDICAL PLANS INCLUDE VISION COVERAGE. AMERITAS VISION IS SUPPLEMENTAL AND IS NOT INTERCHANGEABLE WITH THE TLC VISION PLAN.**

### Rx Savings

Our valued plan members and their covered dependents can save on prescription medications at over 60,000 pharmacies across the nation including CVS, Walgreens, Rite Aid and Walmart. This Rx discount is offered at no additional cost, and it is not insurance.

To receive this Rx discount, Ameritas plan members just need to visit us at [ameritas.com](http://ameritas.com) and sign into (or create) a secure member account where they can access and print an online-only Rx discount savings ID card.

### Eye Care Plan Member Service

Focus eye care from Ameritas Group features the money-saving eye care network of VSP. Customer service is available to plan members through VSP's well-trained and helpful service representatives. Call or go online to locate the nearest VSP network provider, view plan benefit information and more.

VSP Call Center: 1-800-877-7195

- Service representative hours: 5 a.m. to 7 p.m. PST Monday through Friday, 6 a.m. to 2:30 p.m. PST Saturday
- Interactive Voice Response available 24/7

Locate a VSP provider at: [ameritas.com](http://ameritas.com)

View plan benefit information at: [vsp.com](http://vsp.com)

### Section 125

This plan is provided as part of the Policyholder's Section 125 Plan. Each employee has the option under the Section 125 Plan of participating or not participating in this plan. If an employee does not elect to participate when initially eligible, he/she may elect to participate at the Policyholder's next Annual Election Period.

### Worldwide Support

When our members travel abroad, they'll have peace of mind knowing that should a dental or vision need arise, help is just a phone call away. Through AXA Assistance, Ameritas offers its dental and vision plan members 24-hour access to dental or vision provider referrals when traveling outside the U.S.

Immediately after a call is made to AXA, an assistance coordinator assesses the situation, provides credible provider referrals and can even assist with making the appointment. Within 48 hours following the appointment, the coordinator calls the member to find out if additional assistance is needed. If all is well, the case is closed. Then, the plan member may submit a claim to Ameritas for reimbursement consideration based on applicable plan benefits.

Contact AXA Assistance USA toll free by calling 866-662-2731, or call collect from anywhere in the world by dialing 1-312-935-3727.

### Language Services

We recognize the importance of communicating with our growing number of multilingual customers. That is why we offer a language assistance program that gives you access to: Spanish-speaking claims contact center representatives, telephone interpretation services in a wide range of languages, online dental network provider search in Spanish and a variety of Spanish documents such as enrollment forms, claim forms and certificates of insurance.

This document is a highlight of plan benefits provided by Ameritas Life Insurance Corp. as selected by your employer. It is not a certificate of insurance and does not include exclusions and limitations. For exclusions and limitations, or a complete list of covered procedures, contact your benefits administrator.

**\*TLC MEDICAL PLANS INCLUDE VISION COVERAGE. AMERITAS VISION IS SUPPLEMENTAL AND IS NOT INTERCHANGEABLE WITH THE TLC VISION PLAN.**





# Maximize Your Ameritas Vision Benefits

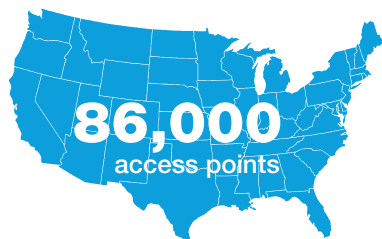
Select the vision provider that's right for you. Keep in mind your out-of-pocket cost will be lower when you see a network provider.



**86%** of VSP doctors offer early morning, evening or weekend hours.

## The VSP Choice Network

- More than 86,000 provider access points nationwide
- VSP offers the nation's largest network of independent doctors. Find your local providers at [vsp.com](http://vsp.com)



- Over 8,000 retail locations plus an online option



- Use your out-of-network benefits at Walmart or Sam's Club. They'll file your claim; however, your benefit will be lower compared to an in-network VSP provider.
- No claim forms for in-network services. When you visit a VSP provider, your claim is submitted for you.

## Savings

Take advantage of VSP provider discounts, plus visit [vsp.com](http://vsp.com) for other exclusive member extras.



**20% off** remaining frame balance



**20% off** additional noncovered complete prescription glasses



**20-25% off** noncovered lens options, such as UV coating and polycarbonate lenses



**Extra \$20-\$40** to spend on featured frame brands ( [vsp.com/specialoffers](http://vsp.com/specialoffers) )



**LASIK or PRK** laser vision correction at an average of **15% off** the usual price, or **5% off** a promotional price, through VSP and a contracted laser surgery center

Based on applicable laws, reduced costs may vary by doctor location.



## Shop Online

Browse and buy online at [eyeconic.com](http://eyeconic.com). It's in the VSP network, and your vision benefits will be applied directly to your online order. Create an account there to connect your vision benefits, and get the newest deals on eyewear.

## LASIK or PRK

Have you always dreamed of better vision without glasses or contacts? Make your dream a reality by using your VSP laser vision correction discount. To get started, visit your VSP provider for a screening to see if you are a candidate for the procedure.

## Using Your Vision Benefit Is Easy Once You Enroll

1.



Find a VSP network provider who's right for you at [vsp.com](http://vsp.com), or call 800-877-7195

2.



Schedule an appointment with the vision care provider of your choice. Be sure to confirm they accept VSP.

3.



If you are visiting a VSP network provider\*, simply tell them you have VSP through Ameritas. No ID card is necessary.

4.



That's it. Your VSP provider will handle the rest, and even submit your claim for you.

\*For out-of-network eye care providers, you'll need to pay the provider, get an itemized receipt, and submit it along with a VSP Vision Out-of-Network Claim Form. This form is located at [ameritas.com/vision](http://ameritas.com/vision), Forms, Claim Forms. Send a copy of the itemized bill and completed claim form to: VSP, P.O. Box 385018, Birmingham, AL 35238-5018.



**VSP**  
800-877-7195  
[www.vsp.com](http://www.vsp.com)  
Mon-Fri 5am-8pm  
Sat 7am-8pm  
Sun 7am-7pm (PST)



**Ameritas**  
800-659-2223  
[www.ameritas.com/vision](http://www.ameritas.com/vision)  
Mon-Thu 7am-7pm  
Fri 7am-5:30pm (CST)

This information is provided by Ameritas Life Insurance Corp. (Ameritas Life). Group dental, vision and hearing care products (9000 Rev. 03-16, dates may vary by state) and individual dental and vision products (Indiv. 9000 Rev. 07-16) are issued by Ameritas Life. Ameritas, the bison design, "fulfilling life" and product names designated with SM or ® are service marks or registered service marks of Ameritas Life, affiliate Ameritas Holding Company or Ameritas Mutual Holding Company. All other brands are property of their respective owners. © 2018 Ameritas Mutual Holding Company.

# 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 important piece of a strong financial plan. While there is no replacement for the loss of a loved one, AF™ **Term Life Insurance** can help protect your family in your absence. It supplies short-term coverage at a competitive price. For those on a limited budget, Term Life Insurance can help fill temporary needs.



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

A term life policy can help supplement your existing coverage should you need it. Plus, this is an individual policy which means you own it and can take it with you to a different job or in retirement.

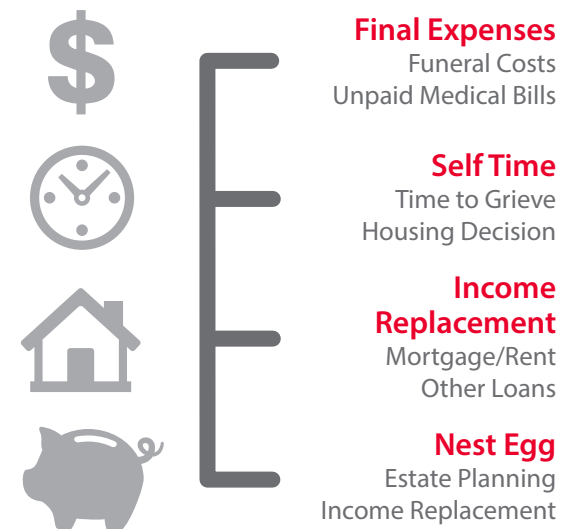


AF™ **Term Life Insurance** is a great option for your working and earning years when costs are usually at their highest.

Premiums will remain the same for the initial term period selected.<sup>2</sup> The death benefit will not change for the life of the policy, and death benefits are generally paid tax free.

## Why You Need Life Insurance

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



## 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, and you don't have to participate 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>1</sup>LIMRA: 2019 Insurance Barometer Study; March 29, 2019, p25. <sup>2</sup>Rates will be adjusted on each renewed term period. <sup>3</sup>LIMRA: The Facts of Life and Annuities - 2019 Update; January 7, 2020, p5. <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 in accordance with 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. For specific ages, rates, term periods or face amounts, see your American Fidelity account manager. <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.

### 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 prior to 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. 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 prior to age 70 if such death, dismemberment, or paralysis results from accidental causes, as defined in the rider. This rider also provides an additional 10% seatbelt benefit, if the police accident report certifies the base Insured was wearing a properly fastened seatbelt at time of death. Benefits are payable once per covered Accident.

### Spouse Term Rider

This rider provides level Term Life Insurance coverage on 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 90, while the base policy is in force.<sup>7</sup> Premiums adjust upon renewal. Face amount must be equal to or less than the base policy.

### Children's Term Rider

This rider provides level Term Life Insurance protection for all your eligible children who are between the ages of one month through age 19. Coverage remains on each child until age 26 or marriage of the child prior to 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 overall) to any form of permanent insurance offered by American Fidelity for conversions. One premium covers all eligible children. Three benefit levels are available: \$10,000, \$20,000, and \$30,000.

### 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 prior to 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.

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 maximum Accelerated Benefit varies 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.

ICC14 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  
800-654-8489  
[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 SB-30357 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 SB-30357 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 SB-30357 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 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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# LIFE INSURANCE YOU CAN KEEP!

PURELIFE-PLUS

Life insurance can be an ideal way to provide money for your family when they need it most. PURELIFE-PLUS offers permanent insurance with a high death benefit and long guarantees<sup>1</sup> that can provide financial peace of mind for you and your loved ones. PURELIFE-PLUS is an ideal complement to any group term and optional term life insurance your employer might provide and has the following features:



**IT'S AFFORDABLE**  
You own it



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



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



**YOU CAN COVER YOUR SPOUSE, CHILDREN AND GRANDCHILDREN, TOO<sup>2</sup>**



**YOU CAN GET A LIVING BENEFIT IF YOU BECOME TERMINALLY ILL<sup>3</sup>**



**YOU CAN GET CASH TO COVER LIVING EXPENSES IF YOU BECOME CHRONICALLY ILL<sup>4</sup>**

## 3 QUICK QUESTIONS

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

### DURING THE LAST SIX MONTHS, HAS THE PROPOSED INSURED:

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

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

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



# TEXASLIFE INSURANCE COMPANY



# WOW!

## LIFE INSURANCE YOU CAN KEEP!

PURELIFE-PLUS



**IT'S AFFORDABLE  
YOU OWN IT**



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



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



**YOU CAN COVER YOUR SPOUSE, CHILDREN  
AND GRANDCHILDREN, TOO<sup>1</sup>**



**YOU CAN GET A LIVING BENEFIT IF YOU  
BECOME TERMINALLY ILL<sup>2</sup>**



**YOU CAN GET CASH TO COVER  
LIVING EXPENSES IF YOU BECOME  
CHRONICALLY ILL<sup>3</sup>**



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

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

2. Conditions apply.

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

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

19M004-C FFGA 1003 (exp0321)

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*First in Service and Expertise*

**TEXASLIFE** INSURANCE  
COMPANY

75

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

Issue Age (ALB)	Monthly Premiums for Life Insurance Face Amounts Shown									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".

Accelerated Death Benefit for Chronic Illness Rider Form ICC15-ULABR-CI-15, ULABR-CI-15 or CA-ULABR-CI-18  
 Accidental Death Benefit Form ICC 07-ULCL-ADB-07 or Form Series ULCL-ADB-07



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

Issue Age (ALB)	Monthly Premiums for Life Insurance Face Amounts Shown									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
	Includes Added Cost for Accidental Death Benefit (Ages 17-59)									
	\$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	14.25	16.25	18.25	20.25	22.25	75
21-22				12.50	14.55	16.60	18.65	20.70	22.75	74
23				12.75	14.85	16.95	19.05	21.15	23.25	75
24-25				13.00	15.15	17.30	19.45	21.60	23.75	74
26				13.50	15.75	18.00	20.25	22.50	24.75	75
27-28				13.75	16.05	18.35	20.65	22.95	25.25	74
29				14.00	16.35	18.70	21.05	23.40	25.75	74
30-31				14.25	16.65	19.05	21.45	23.85	26.25	73
32				15.00	17.55	20.10	22.65	25.20	27.75	74
33				15.50	18.15	20.80	23.45	26.10	28.75	74
34				16.25	19.05	21.85	24.65	27.45	30.25	75
35		11.25	14.25	17.25	20.25	23.25	26.25	29.25	32.25	76
36		11.55	14.65	17.75	20.85	23.95	27.05	30.15	33.25	76
37		12.00	15.25	18.50	21.75	25.00	28.25	31.50	34.75	77
38		12.45	15.85	19.25	22.65	26.05	29.45	32.85	36.25	77
39		13.20	16.85	20.50	24.15	27.80	31.45	35.10	38.75	78
40	10.05	13.95	17.85	21.75	25.65	29.55	33.45	37.35	41.25	79
41	10.75	15.00	19.25	23.50	27.75	32.00	36.25	40.50	44.75	80
42	11.55	16.20	20.85	25.50	30.15	34.80	39.45	44.10	48.75	81
43	12.25	17.25	22.25	27.25	32.25	37.25	42.25	47.25	52.25	82
44	12.95	18.30	23.65	29.00	34.35	39.70	45.05	50.40	55.75	83
45	13.65	19.35	25.05	30.75	36.45	42.15	47.85	53.55	59.25	83
46	14.45	20.55	26.65	32.75	38.85	44.95	51.05	57.15	63.25	84
47	15.15	21.60	28.05	34.50	40.95	47.40	53.85	60.30	66.75	84
48	15.85	22.65	29.45	36.25	43.05	49.85	56.65	63.45	70.25	85
49	16.75	24.00	31.25	38.50	45.75	53.00	60.25	67.50	74.75	85
50	17.75	25.50	33.25	41.00						86
51	18.95	27.30	35.65	44.00						87
52	20.25	29.25	38.25	47.25						88
53	21.25	30.75	40.25	49.75						88
54	22.25	32.25	42.25	52.25						88
55	23.35	33.90	44.45	55.00						89
56	24.35	35.40	46.45	57.50						89
57	25.55	37.20	48.85	60.50						89
58	26.65	38.85	51.05	63.25						89
59	27.85	40.65	53.45	66.25						89
60	28.55	41.70	54.85	68.00						90
61										90
62										90
63										90
64										90
65										90
66										90
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									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".

Accelerated Death Benefit for Chronic Illness Rider Form ICC15-ULABR-CI-15, ULABR-CI-15 or CA-ULABR-CI-18  
 Accidental Death Benefit Form ICC 07-ULCL-ADB-07 or Form Series ULCL-ADB-07

**PureLife-plus – Standard Risk Table Premiums – Tobacco – Express Issue**

Issue Age (ALB)	Monthly Premiums for Life Insurance Face Amounts Shown									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	20.25	23.25	26.25	29.25	32.25	71
21-22				18.00	21.15	24.30	27.45	30.60	33.75	71
23				18.75	22.05	25.35	28.65	31.95	35.25	72
24-25				19.25	22.65	26.05	29.45	32.85	36.25	71
26				19.75	23.25	26.75	30.25	33.75	37.25	72
27-28				20.25	23.85	27.45	31.05	34.65	38.25	71
29				20.50	24.15	27.80	31.45	35.10	38.75	71
30-31				23.00	27.15	31.30	35.45	39.60	43.75	72
32				23.75	28.05	32.35	36.65	40.95	45.25	72
33				24.00	28.35	32.70	37.05	41.40	45.75	72
34				24.25	28.65	33.05	37.45	41.85	46.25	71
35		16.50	21.25	26.00	30.75	35.50	40.25	45.00	49.75	72
36		16.95	21.85	26.75	31.65	36.55	41.45	46.35	51.25	72
37		18.00	23.25	28.50	33.75	39.00	44.25	49.50	54.75	73
38		18.45	23.85	29.25	34.65	40.05	45.45	50.85	56.25	73
39		19.65	25.45	31.25	37.05	42.85	48.65	54.45	60.25	74
40	14.95	21.30	27.65	34.00	40.35	46.70	53.05	59.40	65.75	76
41	15.85	22.65	29.45	36.25	43.05	49.85	56.65	63.45	70.25	77
42	16.95	24.30	31.65	39.00	46.35	53.70	61.05	68.40	75.75	78
43	18.35	26.40	34.45	42.50	50.55	58.60	66.65	74.70	82.75	80
44	19.05	27.45	35.85	44.25	52.65	61.05	69.45	77.85	86.25	80
45	20.05	28.95	37.85	46.75	55.65	64.55	73.45	82.35	91.25	81
46	20.85	30.15	39.45	48.75	58.05	67.35	76.65	85.95	95.25	81
47	21.85	31.65	41.45	51.25	61.05	70.85	80.65	90.45	100.25	82
48	22.75	33.00	43.25	53.50	63.75	74.00	84.25	94.50	104.75	82
49	24.05	34.95	45.85	56.75	67.65	78.55	89.45	100.35	111.25	83
50	25.15	36.60	48.05	59.50						83
51	26.25	38.25	50.25	62.25						83
52	27.85	40.65	53.45	66.25						84
53	29.25	42.75	56.25	69.75						85
54	30.55	44.70	58.85	73.00						85
55	31.95	46.80	61.65	76.50						85
56	33.55	49.20	64.85	80.50						85
57	35.15	51.60	68.05	84.50						86
58	36.85	54.15	71.45	88.75						86
59	38.55	56.70	74.85	93.00						86
60	39.55	58.20	76.85	95.50						86
61										86
62										87
63										87
64										87
65										87
66										88
67										88
68										88
69										88
70										89

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# 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 non-occupational 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>Guarantee Issue</b>
<b>Underwriting Offer</b>	<b>Employee:</b>	Employee:	Up to 65% of base salary to a max benefit of \$3,000.
		Superintendents:	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 20% 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)/12-month Duration  
14 Day Accident/14 Day Sickness (Illness)/12-month Duration  
30 Day Accident/30 Day Sickness (Illness)/12-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
<b>Waiver of Premium</b>	After 90 Days

## Benefit Definitions

**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.

**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.

**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 specific pre-existing limitations.

**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.



# Disability Income Plus Rates

## Rate Assumption Information

<b>Rate Structure:</b>	Issue Age
<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>Commissions:</b>	High/Low
<b>Coverage Type:</b>	non-occupational
<b>Industry Class:</b>	Preferred; 8211
<b>Benefits Included:</b>	As shown above in the benefits and optional benefit sections
<b>Participation Expectation:</b>	Waived, expectation of 20% of all eligible enrolled by end of the enrollment. Employees.

## **PARTICIPATION EXPECTATION:**

Participation requirement is the number of enrolled needed for Guaranteed Issue offer. If the participation requirement is waived, then all applications will be Guaranteed issue up to the amount listed in the Underwriting offer of the proposal, for the initial enrollment period.

At the end of the enrollment period, it will be expected that a minimum percentage of all eligible will be enrolled into the product. This participation percentage is in the participation section of the proposal. If the participation expectation is not met, then all applications will be Underwritten on a Simplified Issue basis.

## **TAKEOVER EXPECTATIONS**

- The takeover/replacement policies will be underwritten on a Guarantee Issue basis.
- The takeover/replacement policies will be underwritten based on the Employee's age as of the Effective Date of Coverage with ManhattanLife.
- Takeover Provision – The Pre-Existing Conditions Clause will be reduced by a number of months equal to the number of months the replaced coverage was in force, when all of the following conditions are met:
  - ManhattanLife Assurance Company of America's coverage replaces a similar in force coverage.
  - The replaced coverage, including benefit amount and effective date, is submitted to ManhattanLife Assurance Company of America at the time of enrollment.
  - The replaced coverage was in force within 63 calendar days of the date of ManhattanLife Assurance Company of America's application.
  - The previous carrier's bill is submitted to ManhattanLife Assurance Company of America.
  - The applicant qualifies for coverage in accordance with ManhattanLife Assurance Company of America's underwriting offer.
  - The maximum amount of takeover coverage available is \$5,000.
- After the initial enrollment period is complete, takeover is no longer available.
- The takeover/replacement policies will be underwritten based on the Employee's age as of the Effective Date of Coverage with ManhattanLife.

## **OTHER CONTINGENCIES**

- Late enrollees will be accepted on an SI basis only, unless otherwise approved by underwriting.
- \*Where approved, Employees with State DI will be reduced accordingly to the following- CA/MA/NJ maximum of 25% of benefit, and HI/NY/RI maximum of 40% benefit.
- This offer is contingent on no other disability coverage is quoted or inforce.
- Please refer to the certificate/policy for full benefit and limitation information.

# Disability Income Plus Rates Virginia

12 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	\$16.16	\$17.28	\$19.46	\$22.08	\$29.33
\$400	\$20.80	\$22.30	\$25.20	\$28.68	\$38.36
\$500	\$25.44	\$27.31	\$30.94	\$35.29	\$47.39
\$600	\$30.08	\$32.32	\$36.67	\$41.90	\$56.41
\$700	\$34.72	\$37.33	\$42.41	\$48.51	\$65.44
\$800	\$39.35	\$42.34	\$48.15	\$55.12	\$74.47
\$900	\$43.99	\$47.35	\$53.88	\$61.73	\$83.49
\$1,000	\$48.63	\$52.37	\$59.62	\$68.34	\$92.52
\$1,100	\$53.27	\$57.38	\$65.36	\$74.94	\$101.55
\$1,200	\$57.91	\$62.39	\$71.09	\$81.55	\$110.57
\$1,300	\$62.54	\$67.40	\$76.83	\$88.16	\$119.60
\$1,400	\$67.18	\$72.41	\$82.57	\$94.77	\$128.63
\$1,500	\$71.82	\$77.42	\$88.31	\$101.38	\$137.65
\$1,600	\$76.46	\$82.43	\$94.04	\$107.98	\$146.67
\$1,700	\$81.10	\$87.45	\$99.78	\$114.59	\$155.70
\$1,800	\$85.73	\$92.46	\$105.51	\$121.20	\$164.73
\$1,900	\$90.37	\$97.47	\$111.25	\$127.81	\$173.75
\$2,000	\$95.01	\$102.48	\$116.99	\$134.41	\$182.78
\$2,100	\$99.65	\$107.49	\$122.73	\$141.02	\$191.81
\$2,200	\$104.28	\$112.50	\$128.46	\$147.63	\$200.83
\$2,300	\$108.92	\$117.51	\$134.19	\$154.24	\$209.86
\$2,400	\$113.56	\$122.52	\$139.93	\$160.84	\$218.89
\$2,500	\$118.20	\$127.54	\$145.67	\$167.45	\$227.92
\$2,600	\$122.84	\$132.54	\$151.40	\$174.06	\$236.94
\$2,700	\$127.47	\$137.55	\$157.14	\$180.67	\$245.97
\$2,800	\$132.10	\$142.56	\$162.88	\$187.28	\$255.00
\$2,900	\$136.74	\$147.57	\$168.61	\$193.89	\$264.02
\$3,000	\$141.38	\$152.59	\$174.35	\$200.50	\$273.05
\$3,100	\$146.02	\$157.60	\$180.09	\$207.10	\$282.08
\$3,200	\$150.66	\$162.61	\$185.82	\$213.71	\$291.10
\$3,300	\$155.29	\$167.62	\$191.56	\$220.32	\$300.13
\$3,400	\$159.93	\$172.63	\$197.30	\$226.93	\$309.16
\$3,500	\$164.57	\$177.64	\$203.04	\$233.54	\$318.18
\$3,600	\$169.21	\$182.65	\$208.77	\$240.15	\$327.21
\$3,700	\$173.85	\$187.67	\$214.51	\$246.75	\$336.24
\$3,800	\$178.48	\$192.68	\$220.25	\$253.36	\$345.26
\$3,900	\$183.12	\$197.69	\$225.98	\$259.97	\$354.29
\$4,000	\$187.76	\$202.70	\$231.72	\$266.58	\$363.32
\$4,100	\$192.40	\$207.71	\$237.46	\$273.19	\$372.35
\$4,200	\$197.04	\$212.72	\$243.19	\$279.80	\$381.37
\$4,300	\$201.67	\$217.73	\$248.93	\$286.41	\$390.39
\$4,400	\$206.31	\$222.75	\$254.67	\$293.01	\$399.42
\$4,500	\$210.95	\$227.76	\$260.41	\$299.62	\$408.45
\$4,600	\$215.59	\$232.77	\$266.14	\$306.23	\$417.47
\$4,700	\$220.23	\$237.78	\$271.88	\$312.84	\$426.50
\$4,800	\$224.86	\$242.79	\$277.62	\$319.45	\$435.53
\$4,900	\$229.50	\$247.80	\$283.35	\$326.06	\$444.55
\$5,000	\$234.14	\$252.82	\$289.09	\$332.66	\$453.58

# Disability Income Plus Rates Virginia

12 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	\$11.52	\$12.27	\$14.17	\$16.54	\$22.05
\$400	\$14.61	\$15.61	\$18.15	\$21.30	\$28.64
\$500	\$17.71	\$18.95	\$22.12	\$26.06	\$35.24
\$600	\$20.80	\$22.29	\$26.09	\$30.83	\$41.84
\$700	\$23.89	\$25.63	\$30.07	\$35.59	\$48.44
\$800	\$26.98	\$28.97	\$34.04	\$40.35	\$55.04
\$900	\$30.07	\$32.31	\$38.02	\$45.11	\$61.64
\$1,000	\$33.16	\$35.65	\$41.99	\$49.88	\$68.24
\$1,100	\$36.25	\$38.99	\$45.96	\$54.64	\$74.83
\$1,200	\$39.34	\$42.33	\$49.94	\$59.40	\$81.43
\$1,300	\$42.43	\$45.67	\$53.91	\$64.16	\$88.03
\$1,400	\$45.52	\$49.01	\$57.89	\$68.93	\$94.63
\$1,500	\$48.62	\$52.35	\$61.86	\$73.69	\$101.23
\$1,600	\$51.71	\$55.69	\$65.83	\$78.45	\$107.82
\$1,700	\$54.80	\$59.03	\$69.81	\$83.21	\$114.42
\$1,800	\$57.89	\$62.37	\$73.78	\$87.98	\$121.02
\$1,900	\$60.98	\$65.71	\$77.76	\$92.74	\$127.62
\$2,000	\$64.07	\$69.05	\$81.73	\$97.50	\$134.21
\$2,100	\$67.16	\$72.39	\$85.70	\$102.26	\$140.81
\$2,200	\$70.25	\$75.73	\$89.68	\$107.02	\$147.41
\$2,300	\$73.34	\$79.07	\$93.65	\$111.79	\$154.01
\$2,400	\$76.43	\$82.41	\$97.63	\$116.55	\$160.60
\$2,500	\$79.53	\$85.75	\$101.60	\$121.31	\$167.20
\$2,600	\$82.62	\$89.09	\$105.57	\$126.07	\$173.80
\$2,700	\$85.71	\$92.43	\$109.55	\$130.83	\$180.40
\$2,800	\$88.80	\$95.77	\$113.52	\$135.59	\$187.00
\$2,900	\$91.89	\$99.11	\$117.49	\$140.35	\$193.60
\$3,000	\$94.98	\$102.45	\$121.47	\$145.12	\$200.20
\$3,100	\$98.07	\$105.79	\$125.44	\$149.88	\$206.79
\$3,200	\$101.16	\$109.13	\$129.42	\$154.64	\$213.39
\$3,300	\$104.25	\$112.47	\$133.38	\$159.40	\$219.99
\$3,400	\$107.34	\$115.81	\$137.36	\$164.17	\$226.59
\$3,500	\$110.43	\$119.15	\$141.33	\$168.93	\$233.19
\$3,600	\$113.52	\$122.49	\$145.30	\$173.69	\$239.79
\$3,700	\$116.62	\$125.83	\$149.28	\$178.45	\$246.38
\$3,800	\$119.71	\$129.17	\$153.25	\$183.22	\$252.98
\$3,900	\$122.80	\$132.50	\$157.23	\$187.98	\$259.58
\$4,000	\$125.89	\$135.84	\$161.20	\$192.74	\$266.18
\$4,100	\$128.98	\$139.18	\$165.17	\$197.50	\$272.78
\$4,200	\$132.06	\$142.52	\$169.15	\$202.27	\$279.38
\$4,300	\$135.15	\$145.86	\$173.12	\$207.03	\$285.98
\$4,400	\$138.24	\$149.20	\$177.10	\$211.79	\$292.57
\$4,500	\$141.34	\$152.54	\$181.07	\$216.55	\$299.17
\$4,600	\$144.43	\$155.88	\$185.04	\$221.32	\$305.77
\$4,700	\$147.52	\$159.22	\$189.02	\$226.08	\$312.37
\$4,800	\$150.61	\$162.56	\$192.99	\$230.84	\$318.97
\$4,900	\$153.70	\$165.90	\$196.97	\$235.60	\$325.57
\$5,000	\$156.79	\$169.24	\$200.94	\$240.37	\$332.16

## Disability Income Plus Rates Virginia

12 Month Benefit Period, 30/30 Elimination Period

### Displaying Monthly Premiums for Non-Occ Coverage

Age	Uni-Tobacco				
	18-35	36-45	46-55	56-65	66-70
\$300	\$8.44	\$8.88	\$10.37	\$12.30	\$16.53
\$400	\$10.50	\$11.09	\$13.08	\$15.66	\$21.29
\$500	\$12.57	\$13.31	\$15.79	\$19.01	\$26.06
\$600	\$14.63	\$15.52	\$18.50	\$22.36	\$30.82
\$700	\$16.69	\$17.73	\$21.20	\$25.71	\$35.58
\$800	\$18.76	\$19.94	\$23.91	\$29.06	\$40.34
\$900	\$20.82	\$22.15	\$26.62	\$32.41	\$45.10
\$1,000	\$22.89	\$24.36	\$29.33	\$35.77	\$49.86
\$1,100	\$24.95	\$26.57	\$32.03	\$39.12	\$54.62
\$1,200	\$27.01	\$28.78	\$34.74	\$42.47	\$59.38
\$1,300	\$29.08	\$30.99	\$37.45	\$45.82	\$64.14
\$1,400	\$31.14	\$33.20	\$40.16	\$49.17	\$68.90
\$1,500	\$33.20	\$35.42	\$42.86	\$52.52	\$73.67
\$1,600	\$35.27	\$37.63	\$45.57	\$55.87	\$78.43
\$1,700	\$37.33	\$39.84	\$48.28	\$59.23	\$83.19
\$1,800	\$39.39	\$42.05	\$50.99	\$62.58	\$87.95
\$1,900	\$41.46	\$44.26	\$53.69	\$65.93	\$92.71
\$2,000	\$43.52	\$46.47	\$56.40	\$69.28	\$97.47
\$2,100	\$45.58	\$48.68	\$59.11	\$72.63	\$102.23
\$2,200	\$47.65	\$50.89	\$61.82	\$75.98	\$106.99
\$2,300	\$49.71	\$53.10	\$64.52	\$79.33	\$111.75
\$2,400	\$51.77	\$55.31	\$67.23	\$82.69	\$116.51
\$2,500	\$53.84	\$57.53	\$69.94	\$86.04	\$121.27
\$2,600	\$55.90	\$59.74	\$72.65	\$89.39	\$126.03
\$2,700	\$57.96	\$61.95	\$75.35	\$92.74	\$130.79
\$2,800	\$60.03	\$64.16	\$78.06	\$96.09	\$135.55
\$2,900	\$62.09	\$66.37	\$80.77	\$99.44	\$140.31
\$3,000	\$64.16	\$68.58	\$83.48	\$102.80	\$145.07
\$3,100	\$66.22	\$70.79	\$86.18	\$106.15	\$149.83
\$3,200	\$68.28	\$73.00	\$88.89	\$109.50	\$154.59
\$3,300	\$70.35	\$75.21	\$91.60	\$112.85	\$159.35
\$3,400	\$72.41	\$77.42	\$94.31	\$116.20	\$164.11
\$3,500	\$74.47	\$79.64	\$97.01	\$119.55	\$168.88
\$3,600	\$76.54	\$81.85	\$99.72	\$122.90	\$173.64
\$3,700	\$78.60	\$84.06	\$102.43	\$126.25	\$178.40
\$3,800	\$80.66	\$86.27	\$105.13	\$129.61	\$183.16
\$3,900	\$82.73	\$88.48	\$107.84	\$132.95	\$187.92
\$4,000	\$84.79	\$90.69	\$110.55	\$136.30	\$192.68
\$4,100	\$86.85	\$92.90	\$113.26	\$139.65	\$197.44
\$4,200	\$88.92	\$95.11	\$115.96	\$143.00	\$202.20
\$4,300	\$90.98	\$97.32	\$118.67	\$146.35	\$206.96
\$4,400	\$93.04	\$99.53	\$121.38	\$149.71	\$211.72
\$4,500	\$95.11	\$101.75	\$124.09	\$153.06	\$216.49
\$4,600	\$97.17	\$103.95	\$126.79	\$156.41	\$221.25
\$4,700	\$99.23	\$106.17	\$129.50	\$159.76	\$226.01
\$4,800	\$101.30	\$108.38	\$132.20	\$163.11	\$230.77
\$4,900	\$103.36	\$110.59	\$134.91	\$166.46	\$235.53
\$5,000	\$105.42	\$112.80	\$137.62	\$169.82	\$240.29

# C12M CANCER Insurance Plan

*Underwritten by American Fidelity Assurance Company*



**Limited Benefit Specified Disease Cancer Indemnity Insurance Policy**



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

## Focus on the fight

A Cancer diagnosis may be both a physical and emotional drain. But thanks to advances in medicine and procedures to treat Cancer, more and more people are beating the disease. However, with the arrival of these advances also comes the continuing rise in the cost of Cancer treatment.

AF™ Limited Benefit Individual Cancer Insurance offers a solution to help you and your family focus on fighting the disease.

## Cancer Insurance Benefits

With over 25 benefits specifically designed to help with the financial impact of being diagnosed, **Individual Cancer Insurance** may help pay for expenses not covered by your major medical insurance.

Example Cancer insurance benefits include:



### Experimental Treatment

This benefit may help pay for experimental treatment to give you alternatives in your healing. These treatment types may not be covered by major medical plans.



### Transportation and Lodging

This benefit may help pay for qualified transportation and lodging for the patient and family.

## Plan Highlights

This plan is designed to help cover expenses, should you be diagnosed with cancer. With more than 25 built-in plan benefits, this plan provides benefits for the treatment of cancer, transportation, hospitalization, and more.

In addition, this is a portable plan, so you own the policy. You can take the coverage with you if you choose to leave your current job, and your premiums will not increase because you left your employment.

American Fidelity's Limited Benefit Cancer Insurance features:

- **Helps cover expenses** for the treatment of Cancer, transportation, hospitalization, and more.
- **Benefits paid directly to you** to be used however you see fit.
- **Portable to take with you** even if you leave employment.
- **Coverage options available** for you, your spouse, and your children under age 26.

### SCREENING BENEFIT<sup>+</sup>

Receive a benefit for your annual internal cancer screening test, including but not limited to Mammogram, PAP, Prostate-Specific Antigen Blood Test (PSA), Chest X-ray, Flexible Sigmoidoscopy, ThinPrep Pap test, and Colonoscopy.

### DIAGNOSTIC AND PREVENTION BENEFIT (per calendar year)

Basic  
\$60

Enhanced  
\$75

## Plan Options

You can take advantage of the following options to extend coverage to your family:

- **Individual Plan**  
The Insured, age 18 through 70, at the date of policy issue, is the only Covered Person.
- **Single Parent Family Plan**  
The Insured, age 18 through 70, at the date of policy issue, and each Eligible Child, to age 26, or as defined in the policy.
- **Family Plan**  
The Insured and spouse age 18 through 70, at the date of policy issue, and Eligible Child, to age 26, or as defined in the policy.

<sup>+</sup>The premium and amount of benefits vary based upon the plan selected.



# Schedule of Benefits by Plan<sup>+</sup>

Marketed by: First Financial Group of America

	Basic	Enhanced
<b>SCREENING BENEFITS</b>		
Diagnostic and Prevention Benefit (one per calendar year)	\$60	\$75
Cancer Screening Follow-Up Benefit (one per calendar year)	\$60	\$75
<b>TREATMENT BENEFITS</b>		
Radiation Therapy/Chemotherapy/Immunotherapy Benefit (per calendar month) (no lifetime max)	\$1,500	\$2,000
Medical Imaging Benefit (per image - max 2 per calendar year)	\$200	\$300
Hormone Therapy Benefit (per image - max 12 treatments/calendar year)	\$50	\$50
Administrative/Lab Work Benefit (per calendar month)	\$75	\$100
Blood, Plasma, and Platelets Benefit (per day) (per calendar year max)	\$150 \$7,500	\$200 \$10,000
Experimental Treatment Benefit	Paid as any non-experimental benefit	
Bone Marrow/Stem Cell Transplant Benefit Autologous (Patient provided) (per calendar year) Non-autologous (Donor provided) (per calendar year)	\$1,000 \$3,000	\$1,500 \$4,500
Donor Benefit	\$1,000 per donation	
Inpatient Special Nursing Services Benefit (benefit per day while Hospital Confined)	\$150	\$150
Dread Disease Benefit (benefit per day for the first 30 days per Hospital Confinement) (benefit per day thereafter)	\$200 \$400	\$300 \$600
<b>HOSPITALIZATION BENEFITS</b>		
Hospital Confinement Benefit* (per day for the first 30 days) (per day after the first 30 days)	\$200 \$400	\$300 \$600
Drugs & Medicine Benefit Hospital Confinement (per Confinement) Outpatient (per prescription - \$100 monthly max for Basic; \$150 for Enhanced) per calendar month	\$200 \$50	\$300 \$50
Attending Physician Benefit (per day while Hospital Confined)	\$40	\$50
U.S. Government/Charity Hospital or HMO Benefit (per day in lieu of most benefits) Hospital Confinement Outpatient Services	\$200 \$200	\$300 \$300
<b>AMBULANCE, TRANSPORTATION, &amp; LODGING BENEFITS</b>		
Ambulance Benefit (per trip - max 2 trips any combination per confinement) Ground Air	\$200 \$2,000	\$200 \$2,000
Transportation & Lodging Benefit (Patient and/or Family) Transportation (\$1,500 max per round trip; max 12 trips/calendar year) Outpatient Lodging (per day up to 90 days per calendar year)	Coach fare or \$.50/mile by car \$60	Coach fare or \$.50/mile by car \$80

# Schedule of Benefits by Plan (continued)

	Basic	Enhanced
<b>SURGICAL TREATMENT BENEFITS</b>		
<b>Surgical Benefit</b> <i>Unit Dollar Amount (per surgical unit)</i> <i>Maximum Per Operation</i>	\$30 \$3,000	\$40 \$4,000
<b>Anesthesia Benefit</b>	25% of the amount paid for covered surgery	
<b>Outpatient Hospital or Ambulatory Surgical Center Benefit</b> <i>No lifetime maximum.</i>	\$400	\$600
<b>Second &amp; Third Surgical Opinion Benefit (per diagnosis)</b> <i>(Additional \$300 for 3rd if required)</i>	\$300	\$300
<b>CONTINUING CARE BENEFITS</b>		
<b>Prosthesis Benefit</b> <b>Non-Surgical</b> (per device - 1 per site, lifetime max of 3) <b>Surgical Implantation</b> (per device, includes surgical fee - 1 per site, lifetime max of 2) <b>Hair Prosthesis</b> (once per life)	\$150 \$1,500 \$150	\$200 \$2,000 \$200
<b>Extended Care Facility Benefit</b> <i>(per day for the first 30 days)</i> <i>(per day thereafter)</i> <i>up to 100 days per lifetime of the covered person.</i>	\$75 \$100	\$100 \$150
<b>Physical or Speech Therapy Benefit</b> <i>(per visit up to 4 per calendar month - lifetime max of \$1,000)</i>	\$25	\$25
<b>Hospice Care Benefit</b> <i>(per day - \$13,500 lifetime max for Basic; \$18,000 lifetime max for Enhanced)</i>	\$75	\$100
<b>Home Health Care Benefit</b> <i>(per day for the first 30 days)</i> <i>(per day thereafter)</i> <i>up to 100 days per lifetime of the covered person.</i>	\$75 \$100	\$100 \$150
<b>Waiver of Premium</b> <i>(as long as the primary insured remains disabled)</i>	pays 90 continuous days	

Refer to Plan Benefit Highlights for more complete Benefit Descriptions and limits on the Cancer Insurance Plan.

## Enhance your plan<sup>++</sup>

### First Occurrence of Internal Cancer Benefit Rider

Thanks to medical technology more people are surviving illnesses, like Cancer, that were once considered fatal. This rider is designed to help with the cost associated in surviving Internal Cancer.

Schedule of Benefits	
<b>Cancer Benefit</b> <i>(per unit - maximum \$10,000)</i>	\$2,500

### Summary of First Occurrence of Internal Cancer Benefit Rider Benefits:

- Pays when diagnosed with Internal Cancer after 30-day Waiting Period depending upon the coverage elected at time of application.
- Pays the specified Maximum Benefit Amount, as defined under this rider.
- Each benefit is a one-time paid benefit.

+The premium and amount of benefits provided vary based upon the plan selected.

++Availability of riders may vary by state and employer. Additional riders are subject to our general underwriting guidelines and coverage is not guaranteed.

## Plan Benefit Highlights

**Only loss for Cancer** The policy pays only for loss resulting from definitive Cancer treatment including direct extension, metastatic spread or recurrence. Proof must be submitted to support each claim. The policy also covers other conditions or diseases directly caused or aggravated by Cancer or the treatment of Cancer. The policy does not cover any other disease, sickness, or incapacity, even though after contracting Cancer it may have been aggravated or affected by Cancer or the treatment of Cancer except for conditions specifically provided in the dread disease benefit.

**Cancer** means a disease which is manifested by autonomous growth (malignancy) in which there is uncontrolled growth, function, or spread (local or distant) of cells in any part of the body. This includes Cancer in situ and malignant melanoma. It does not include other conditions which may be considered precancerous or having malignant potential such as: leukoplakia; hyperplasia; acquired immune deficiency syndrome (AIDS); polycythemia; actinic keratosis; myelodysplastic and non-malignant myeloproliferative disorders; aplastic anemia; atypia; non-malignant monoclonal gammopathy; carcinoid; or pre-malignant lesions, benign tumors or polyps.

All diagnosis of Cancer must be positively diagnosed by a legally licensed doctor of medicine certified by the American Board of Pathology or American Board of Osteopathic Pathology. **Benefits under this policy pays the benefit amount shown per covered person due to a covered Cancer unless otherwise specified.**

**Diagnostic, Prevention and Cancer Screening Benefit** Pays for a generally medically recognized internal Cancer screening test when a charge is incurred for the test. Tests include but are not limited to mammogram, thinprep pap test, prostate-specific antigen blood test (PSA), colonoscopy, and chest x-ray. Refer to the policy for more examples. Screening tests payable under this benefit will ONLY be paid under this benefit and does not include any test payable under the medical imaging benefit. This benefit is available without a diagnosis of Cancer.

**Cancer Screening Follow-Up Benefit** Payable for one invasive follow-up screening test needed due to an abnormal result from a covered screening test. Diagnostic surgeries which result in a positive diagnosis of Cancer will be paid under the surgical benefit.

**Radiation/Chemotherapy/Immunotherapy Benefit** Pays an indemnity amount when radiation therapy, chemotherapy, or immunotherapy is received as defined in the policy. We will pay only one Radiation/Chemotherapy/Immunotherapy benefit per calendar month regardless of the number of radioactive, chemotherapy or immunotherapy treatments received during the month.

This benefit does not cover other procedures related to Radiation/Chemotherapy/Immunotherapy as defined in the policy. This benefit does not include any drugs/ medicines covered under the drugs and medicine benefit or the hormone therapy benefit.

**Medical Imaging Benefit** Pays the indemnity amount for either an MRI; CT scan; CAT scan; or PET scan when performed at the request of a physician.

**Hormone Therapy Benefit** Drugs and medicines covered under the drugs and medicine benefit or the radiation/ chemotherapy/immunotherapy benefit are not included. This benefit does not cover associated administrative processes.

**Administrative/Lab Work Benefit** Pays when procedures related to radiation therapy/chemotherapy/immunotherapy treatment occur and benefits are payable during the same calendar month as the radiation therapy/chemotherapy/ immunotherapy benefit.

**Blood, Plasma and Platelets Benefit** Benefits for blood, plasma and platelets are only provided under this benefit. Laboratory processes and colony stimulating factors are not covered.

**Bone Marrow/Stem Cell Transplant Benefit** Harvesting of bone marrow or stem cells from a donor are not covered under this benefit.

**Hospital Confinement Benefit** Payable while confined to a Hospital for at least 18 continuous hours. \*A Hospital is not an institution, or part thereof, used as: a hospice unit, including any bed designated as a hospice or swing bed; a convalescent home; a rest or nursing facility; a rehabilitative facility; an extended care facility; a skilled nursing facility; or a facility primarily affording custodial, educational care, or care or treatment for persons suffering from mental diseases or disorders, or care for the aged, or drug or alcohol addiction. This benefit is not payable for outpatient treatment.

**Drugs and Medicine Benefit** Pays for anti-nausea and pain medication prescribed by a physician and administered while also receiving radiation therapy/chemotherapy/ immunotherapy, a covered surgery, or a bone marrow/ stem cell transplant. It does not include associated administrative processes or drugs or medicines covered under the radiation therapy/chemotherapy/immunotherapy benefit or the hormone therapy benefit.

**Attending Physician Benefit** Pays for one physician's visit per day when the services of a physician, other than a surgeon, are required while confined in a Hospital.

**U.S. Government/Charity Hospital /HMO Benefit** Payable when an itemized list of services is not available due to confinement in a charity Hospital or a Hospital owned or operated by the U.S. government or covered under an HMO or diagnostic related group where no charges are made for treatment of Cancer or a covered dread disease. This benefit will be paid in lieu of most benefits covered under this policy.

**Ambulance Benefit** If air and ground ambulance services are both required on the same day, we will only pay the higher benefit amount. The covered person must be admitted as an inpatient and Hospital confined for at least 18 consecutive hours.

**Transportation and Lodging Benefits** Pays a benefit for transportation by scheduled bus, plane or train, or by car and outpatient lodging to receive radiation therapy, chemotherapy, or immunotherapy treatment, bone marrow or stem cell transplant, or surgery in a Hospital not available locally and at least 50 miles from the covered person's residence. Payable for the covered person and one adult family member. If traveling in the same car or lodging in the same room, the benefit is payable only for the covered person. Travel must be within the United States or its Territories.

# Plan Benefit Highlights (continued)

**Surgical Benefit** Payable when a surgical operation is performed for covered diagnosed Cancer, skin Cancer, or reconstructive surgery due to Cancer. Benefits are calculated up to a maximum benefit by multiplying the surgical unit value assigned to the procedure, as shown in the most current physician's relative value table, by the unit dollar amount shown in the policy. Two or more surgical procedures performed through the same incision will be considered one operation and benefits will be limited to the most expensive procedure. Diagnostic surgeries that result in a negative diagnosis of Cancer are not covered under this benefit. Bone marrow surgeries, surgeries to implant a permanent prosthetic device, are not covered under this benefit.

**Anesthesia Benefit** Services of an anesthesiologist for bone marrow transplants, skin Cancer or surgical prosthesis implantation are not covered.

**Outpatient Hospital or Ambulatory Surgical Center Benefit** Surgical procedures for skin Cancer are not covered.

**Second and Third Surgical Opinion Benefit** Payable once per diagnosis of Cancer for a second surgical opinion, and a third if the second disagrees with the first. Surgical opinions for reconstructive, skin Cancer, or prosthesis surgeries are not covered.

**Prosthesis Benefit** Payable for a prosthetic device and, if surgery required, its surgical implantation. Prosthetic related supplies such as special bras or ostomy pouches and supplies are not covered. **Hair Prosthesis Benefit** is payable once per covered person per lifetime when a hair prosthesis is needed.

**Extended Care Facility Benefit** Pays for physician authorized confinement that begins within 14 days after a Hospital confinement.

**Physical or Speech Therapy Benefit** Therapy must be provided by a caregiver licensed in physical or speech therapy.

**Hospice Care Benefit** Payable when a physician determines terminal illness with life expectancy of 6 months or less and approves hospice care at home or in a hospice facility. This benefit does not include well baby care, volunteer services, meals, housekeeping services, or family support after the death.

**Home Health Care Benefit** Pays for physician authorized private nursing care that begins within 14 days of a hospital confinement. This benefit does not include nutrition counseling, medical social services, medical supplies, prosthesis or orthopedic appliances, rental or purchase of durable medical equipment, drugs or medicines, child care, meals or housekeeping services, or physical or speech therapy. The service must be provided by a nurse or home health nurse's aid and can not be a family member.

**Experimental Treatment Benefit** Benefits for experimental treatment prescribed by a physician for treatment of Cancer will be provided the same as non-experimental treatment. Coverage for treatments received outside of the United States or its territories is not provided.

**Donor Benefit** Pays if a donor incurs expenses on behalf of a covered person for a covered surgery due to organ transplant or a bone marrow/ stem cell transplant. Blood donor expenses are not covered under this benefit. Benefits shall be provided to reimburse any medical expenses of a live donor to the extent that benefits remain and are available under this policy, after benefits for the Covered Person's expenses have been paid.

**Dread Disease Benefit** Covered dread diseases are: addison's disease; amyotrophic lateral sclerosis; cystic fibrosis; diphtheria; encephalitis; grand mal epilepsy; legionnaire's disease; meningitis; multiple sclerosis; muscular dystrophy; myasthenia gravis; niemann-pick disease; osteomyelitis; poliomyelitis; reye's syndrome; rheumatic fever; rocky mountain spotted fever; sickle cell anemia; systemic lupus erythematosus; tay-sach's disease; tetanus; toxic epidermal; toxic shock syndrome; tuberculosis; tularemia; typhoid fever; whipple's disease.

**Inpatient Special Nursing Services Benefit** Pays when Hospital confined and receiving physician authorized special nursing care (other than that regularly furnished by a Hospital) of at least 8 consecutive hours during a 24 hour period. See your policy for more information regarding the benefits listed above.

**Eligibility** The policy/rider(s) will be issued only to those persons who meet American Fidelity's insurability requirements, which includes satisfactory responses to medical questions. You, your lawful spouse and each natural, adopted or step child who is under 26 years of age are eligible to apply for coverage.

**Limitations and Exclusions** The policy does not cover any other disease, sickness or incapacity except for conditions specifically provided in the dread disease benefit.

**Pre-Existing Condition** No benefits are payable for any covered person for any loss incurred during the first year of the policy as a result of a Pre-Existing Condition. Pre-Existing Condition is a Specified Disease:

- (1) for which within 12 months prior to the Effective Date of coverage, medical advice, consultation or treatment, including prescribed medications, was recommended by or received from a member of the medical profession; or
- (2) that manifested itself within six months prior to the Covered Person's effective date of coverage.

Pre-Existing Conditions specifically named or described as excluded in any part of this contract are never covered. All benefits payable only up to the maximum amount listed in the Schedule of Benefits in the policy.

**Waiver of Premium** If the Primary Insured becomes disabled due to Cancer and remains so for more than 90 continuous days, we will pay all premiums due after the 90th day so long as the Primary Insured remains disabled. "Disabled" means the Primary Insured is:

- (1) unable to engage in any employment or occupation for which you are, or become, qualified by education, training, or experience; and
- (2) not engaged in any employment or occupation for wage or profit; and
- (3) under the care of a Physician for the treatment of Cancer.

This policy must be in force at the time disability begins and the Primary Insured must be under age 65.

**Termination of Insurance** Policy/rider(s) will terminate and coverage will end on the earliest of: the end of the grace period if the premium remains unpaid; or the date the Internal Cancer Maximum Benefit Amount has been paid for all covered persons under this rider; the date we receive a written request from you to terminate the policy/rider(s), or such later date as may be specified in the request; or the date of your death, if this is an Individual Plan. If the plan is other than individual the remaining covered persons may have the right to continue or convert their coverage. Coverage will terminate when they no longer meet the eligibility requirements. In the event of cancellation by you, we will return the unearned portion of any premium paid, pro rated.



For the spouse, policy/rider(s) will terminate and coverage will end on the earliest of: The date we receive a written request from you to delete the spouse from the policy/rider(s); the end of the premium term in which a divorce, annulment, legal separation is obtained; or upon their death. The date the rider terminates.

For the child(ren), policy/rider(s) will terminate and coverage will end the earliest of: The date we receive a written request from you to delete the child(ren) from the policy/rider(s); or upon their death. The date the rider terminates.

**Guaranteed Renewable** You are guaranteed the right to renew your policy/rider(s) during your lifetime as long as you pay premiums when due or within the premium grace period. We have the right to increase premiums by class.

**Limitations and Exclusions** Benefits will only be paid for a First Occurrence of Internal Cancer as shown on the Policy Schedule page in the policy. We will not pay benefits for any loss caused by or resulting from: a pre-existing condition during the 12 month period following the covered person's effective date; an internal Cancer when the date of Diagnosis occurs during the waiting period, if applicable.

**Pre-Existing Condition** As defined as any sickness or condition for which, within 12 months prior to the Effective Date of coverage under this rider, medical advice, consultation or treatment, including prescribed medications, was recommended by or received from a member of the medical profession, or that manifested itself within six months prior to the Covered Person's effective date of coverage; or an internal Cancer when the Date of Diagnosis occurs during the Waiting Period, if applicable. If any Covered Person is diagnosed as having an Internal Cancer during the 30-day period immediately following the Effective Date, you may elect to void this rider from the beginning and receive a full refund of premium. Internal Cancer does not include: other conditions that may be considered pre-cancerous or having malignant potential such as: acquired immune deficiency syndrome (AIDS); or actinic keratosis; or myelodysplastic and non-malignant myeloproliferative disorders; or aplastic anemia; or atypia; or nonmalignant monoclonal gamopathy; or pre-malignant lesions, benign tumors or polyps; or Leukoplakia; or Hyperplasia; or Carcinoid; or Polycythemia; or cancer in situ or any skin cancer, as defined in the policy, other than invasive malignant melanoma into the dermis or deeper.

**Waiting Period** Pays when diagnosed by a Physician after a 30 day waiting period with Internal Cancer or Heart Attack/Stroke, depending upon the coverage elected at time of application. If any Covered Person is diagnosed as having an Internal Cancer during the 30-day period immediately following the Effective Date, you may elect to void the rider from the beginning and receive a full refund of premium.

**Termination** Each Covered Person's coverage will terminate when the maximum benefit amount for the Covered Critical Illness(es) has been paid for him/her.

## **First Occurrence of Internal Cancer Benefit Rider**

**Pre-Existing Condition** As defined as any sickness or condition for which, within 12 months prior to the Effective Date of coverage under this rider, medical advice, consultation or treatment, including prescribed medications, was recommended by or received from a member of the medical profession, or that manifested itself within six months prior to the Covered Person's effective date of coverage; or an internal Cancer when the Date of Diagnosis occurs during the Waiting Period, if applicable. If any Covered Person is diagnosed as having an Internal Cancer during the 30-day period immediately following the Effective Date, you may elect to void this rider from the beginning and receive a full refund of premium. Internal Cancer does not include: other conditions that may be considered pre-cancerous or having malignant potential such as: acquired immune deficiency syndrome (AIDS); or actinic keratosis; or myelodysplastic and non-malignant myeloproliferative disorders; or aplastic anemia; or atypia; or nonmalignant monoclonal gamopathy; or pre-malignant lesions, benign tumors or polyps; or Leukoplakia; or Hyperplasia; or Carcinoid; or Polycythemia; or cancer in situ or any skin cancer, as defined in the policy, other than invasive malignant melanoma into the dermis or deeper.

# Cancer Insurance Premiums

## Base Plan Monthly Premiums\*

<b>Basic</b>	<b>18-40</b>	<b>41-50</b>	<b>51-60</b>	<b>61+</b>
Individual	16.70	24.40	35.00	49.30
1 Parent Family	24.90	36.30	52.10	73.60
2 Parent Family	32.50	47.20	67.80	95.80

<b>Enhanced</b>	<b>18-40</b>	<b>41-50</b>	<b>51-60</b>	<b>61+</b>
Individual	21.40	31.80	46.10	65.70
1 Parent Family	31.90	47.40	68.80	98.00
2 Parent Family	41.50	61.60	89.50	127.50

## Optional Benefit Rider Monthly Premiums\*

### First Occurrence of Internal Cancer Benefit Rider

Rates based on One Unit (One Unit = \$2,500; Two Units = \$5,000; Three Units = \$7,500; Four Units = \$10,000)

<b>Internal Cancer</b>												
<b>\$2,500</b>			<b>\$5,000</b>			<b>\$7,500</b>			<b>\$10,000</b>			
	One Parent Family	Two Parent Family	Individual	One Parent Family	Two Parent Family	Individual	One Parent Family	Two Parent Family	Individual	One Parent Family	Two Parent Family	
<b>18-40</b>	1.50	2.20	2.90	3.00	4.40	5.80	4.50	6.60	8.70	6.00	8.80	11.60
<b>41-50</b>	3.00	4.50	5.80	6.00	9.00	11.60	9.00	13.50	17.40	12.00	18.00	23.20
<b>51-60</b>	4.90	7.30	9.40	9.80	14.60	18.80	14.70	21.90	28.20	19.60	29.20	37.60
<b>61+</b>	7.10	10.60	13.80	14.20	21.20	27.60	21.30	31.80	41.40	28.40	42.40	55.20

\*The premium and amount of benefits provided vary based upon the plan selected.

This product may contain limitations and exclusions. **This product is inappropriate for people who are eligible for Medicaid coverage.**



View and print your policies or file a claim at [americanfidelity.com](http://americanfidelity.com)

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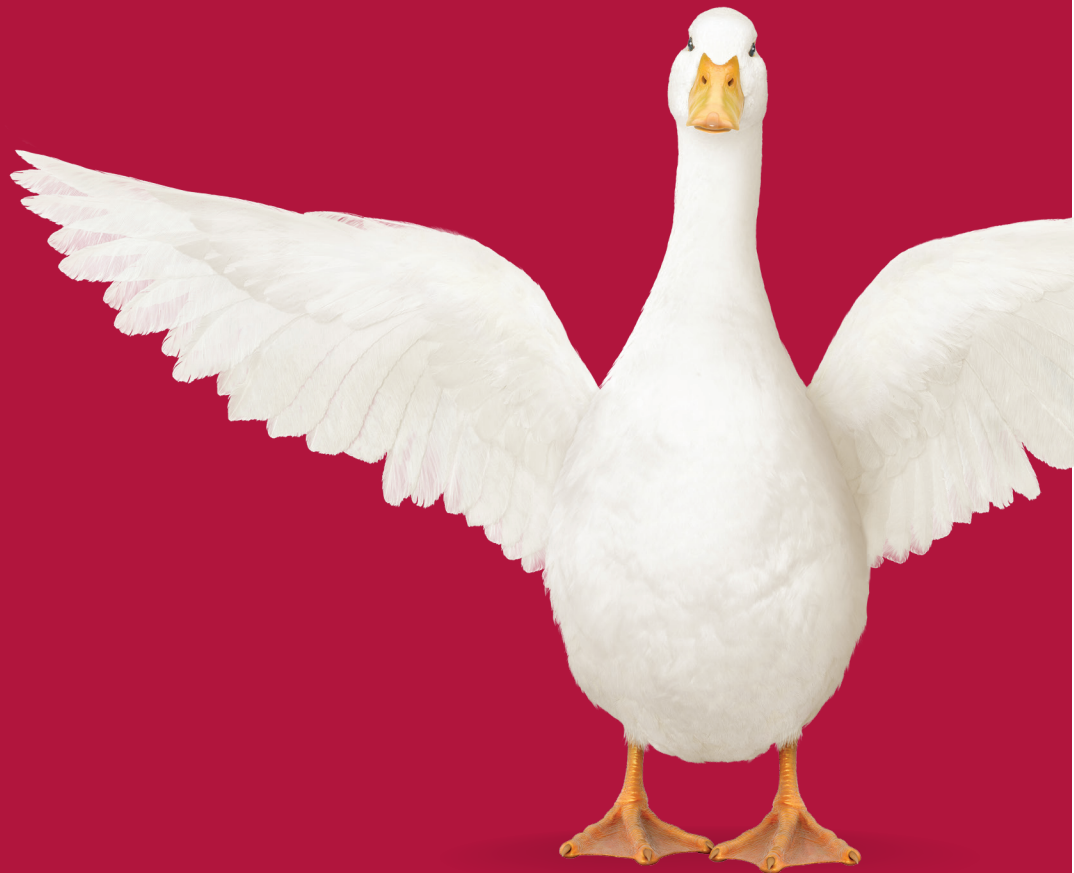
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# Aflac Group Critical Illness

**INSURANCE – PLAN INCLUDES BENEFITS  
FOR CANCER AND HEALTH SCREENING**

We help take care of your  
expenses while you take  
care of yourself.



Continental American Insurance Company, a wholly-owned subsidiary of Aflac Incorporated, is the insuring company.



## Aflac can help ease the financial stress of surviving a critical illness.

Chances are you may know someone who's been diagnosed with a critical illness. You can't help notice the difference in the person's life—both physically and emotionally. What's not so obvious is the impact a critical illness may have on someone's personal finances.

That's because while a major medical plan may pay for a good portion of the costs associated with a critical illness, there are a lot of expenses that may not be covered. And, during recovery, having to worry about out-of-pocket expenses is the last thing anyone needs.

### That's the benefit of an Aflac Group Critical Illness plan.

It can help with the treatment costs of covered critical illnesses, such as a heart attack or stroke.

More importantly, the plan helps you focus on recuperation instead of the distraction of out-of-pocket costs. With the Critical Illness plan, you receive cash benefits directly (unless otherwise assigned)—giving you the flexibility to help pay bills related to treatment or to help with everyday living expenses.

## What you need, when you need it.

Group critical illness insurance pays cash benefits that you can use any way you see fit.



## Here's why the Aflac Group Critical Illness plan may be right for you.

For more than 60 years, Aflac has been dedicated to helping provide individuals and families peace of mind and financial security when they've needed it most. The Aflac Group Critical Illness plan is just another innovative way to help make sure you're well protected.

But it doesn't stop there. Having group critical illness insurance from Aflac means that you may have added financial resources to help with medical costs or ongoing living expenses.

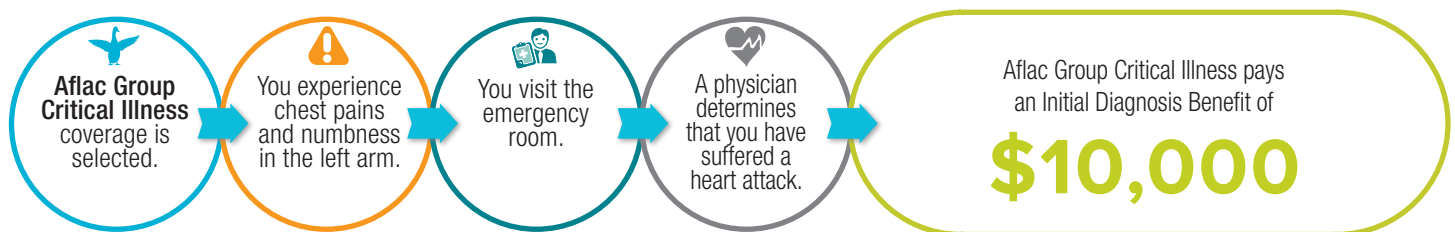
### The Aflac Group Critical Illness plan benefits include:

- Critical Illness Benefit payable for:
  - Cancer
  - Heart Attack (Myocardial Infarction)
  - Stroke
  - Kidney Failure (End-Stage Renal Failure)
  - Major Organ Transplant
  - Bone Marrow Transplant (Stem Cell Transplant)
  - Sudden Cardiac Arrest
  - Coronary Artery Bypass Surgery
  - Non-Invasive Cancer
  - Skin Cancer
  - Severe Burn
  - Coma
  - Paralysis
  - Loss of Sight / Hearing / Speech
- Health Screening Benefit

### Features:

- Benefits are paid directly to you, unless otherwise assigned.
- Coverage is available for you, your spouse, and dependent children.
- Coverage may be continued (with certain stipulations). That means you can take it with you if you change jobs or retire.

### How it works



Amount payable based on \$10,000 Initial Diagnosis Benefit.

For more information, ask your insurance agent/producer, call 1.800.433.3036, or visit [aflacgroupinsurance.com](http://aflacgroupinsurance.com).

## Benefits Overview

### COVERED CRITICAL ILLNESSES:

<b>CANCER</b> (Internal or Invasive)	100%
<b>HEART ATTACK</b> (Myocardial Infarction)	100%
<b>STROKE</b> (Ischemic or Hemorrhagic)	100%
<b>MAJOR ORGAN TRANSPLANT</b> (25% of this benefit is payable for insureds placed on a transplant list for a major organ transplant)	100%
<b>KIDNEY FAILURE</b> (End-Stage Renal Failure)	100%
<b>BONE MARROW TRANSPLANT</b> (Stem Cell Transplant)	100%
<b>SUDDEN CARDIAC ARREST</b>	100%
<b>SEVERE BURN*</b>	100%
<b>PARALYSIS**</b>	100%
<b>COMA**</b>	100%
<b>LOSS OF SPEECH / SIGHT / HEARING**</b>	100%
<b>NON-INVASIVE CANCER</b>	25%
<b>CORONARY ARTERY BYPASS SURGERY</b>	25%

#### INITIAL DIAGNOSIS

We will pay a lump sum benefit upon initial diagnosis of a covered critical illness when such diagnoses is caused by or solely attributed to an underlying disease. Cancer diagnoses are subject to the cancer diagnosis limitation. Benefits will be based on the face amount in effect on the critical illness date of diagnosis.

#### ADDITIONAL DIAGNOSIS

We will pay benefits for each different critical illness after the first when the two dates of diagnoses are separated by at least 6 consecutive months. Cancer diagnoses are subject to the cancer diagnosis limitation.

#### REOCCURRENCE

We will pay benefits for the same critical illness after the first when the two dates of diagnoses are separated by at least 6 consecutive months. Cancer diagnoses are subject to the cancer diagnosis limitation.

#### CHILD COVERAGE AT NO ADDITIONAL COST

Each dependent child is covered at 50 percent of the primary insured's benefit amount at no additional charge. Children-only coverage is not available.

#### SKIN CANCER BENEFIT

We will pay \$250 for the diagnosis of skin cancer. We will pay this benefit once per calendar year.

\*This benefit is only payable for a burn due to, caused by, and attributed to, a covered accident.

\*\*These benefits are payable for loss due to a covered underlying disease or a covered accident.

### WAIVER OF PREMIUM

If you become totally disabled due to a covered critical illness prior to age 65, after 90 continuous days of total disability, we will waive premiums for you and any of your covered dependents. As long as you remain totally disabled, premiums will be waived up to 24 months, subject to the terms of the plan.

### SUCCESSOR INSURED BENEFIT

If spouse coverage is in force at the time of the primary insured's death, the surviving spouse may elect to continue coverage. Coverage would continue at the existing spouse face amount and would also include any dependent child coverage in force at the time.

### HEALTH SCREENING BENEFIT (Employee and Spouse only)

We will pay \$50 for health screening tests performed while an insured's coverage is in force. We will pay this benefit once per calendar year.

This benefit is only payable for health screening tests performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations. This benefit is payable for the covered employee and spouse.

**This benefit is not paid for dependent children.**

### PROGRESSIVE DISEASES RIDER

<b>AMYOTROPHIC LATERAL SCLEROSIS</b> (ALS or Lou Gehrig's Disease)	100%
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<b>SUSTAINED MULTIPLE SCLEROSIS</b>	100%
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This benefit is paid based on your selected Progressive Disease Benefit amount. We will pay the benefit shown upon diagnosis of one of the covered diseases if the date of diagnosis is while the rider is in force.

### OPTIONAL BENEFITS RIDER

<b>BENIGN BRAIN TUMOR</b>	100%
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<b>ADVANCED ALZHEIMER'S DISEASE</b>	25%
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<b>ADVANCED PARKINSON'S DISEASE</b>	25%
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These benefits will be paid based on the face amount in effect on the critical illness date of diagnosis. We will pay the optional benefit if the insured is diagnosed with one of the conditions listed in the rider schedule if the date of diagnosis is while the rider is in force.

**CHILDHOOD CONDITIONS RIDER****% OF EMPLOYEE  
BENEFIT AMOUNT**

<b>CYSTIC FIBROSIS</b>	50%
<b>CEREBRAL PALSY</b>	50%
<b>CLEFT LIP OR CLEFT PALATE</b>	50%
<b>DOWN SYNDROME</b>	50%
<b>PHENYLALANINE HYDROXYLASE DEFICIENCY DISEASE (PKU)</b>	50%
<b>SPINA BIFIDA</b>	50%
<b>TYPE 1 DIABETES</b>	50%
<b>AUTISM SPECTRUM DISORDER</b>	One-time Benefit Amount \$3,000

Benefits are payable if a dependent child is diagnosed with one of the conditions listed and the date of diagnosis is while the rider is in force.

**SPECIFIED DISEASES RIDER**

Addison's Disease, Cerebrospinal Meningitis, Diphtheria, Huntington's Chorea, Legionnaire's Disease, Malaria, Muscular Dystrophy, Myasthenia Gravis, Necrotizing Fasciitis, Osteomyelitis, Poliomyelitis (Polio), Rabies, Sickle Cell Anemia, Systemic Lupus, Systemic Sclerosis (Scleroderma), Tetanus, Tuberculosis

25%



## LIMITATIONS AND EXCLUSIONS

### IF DIAGNOSIS OCCURS AFTER THE AGE OF 70, HALF OF THE BENEFIT IS PAYABLE.

State references refer to the state of your group and not your resident state.

All limitations and exclusions that apply to the critical illness plan also apply to the riders unless amended by the riders.

**Cancer Diagnosis Limitation** Benefits are payable for cancer and/or non-invasive cancer as long as the insured:

- Is treatment-free from cancer for at least 12 months before the diagnosis date; and
- Is in complete remission prior to the date of a subsequent diagnosis, as evidenced by the absence of all clinical, radiological, biological, and biochemical proof of the presence of the cancer.

### EXCLUSIONS

We will not pay for loss due to:

- **Self-Inflicted Injuries** – injuring or attempting to injure oneself intentionally or taking action that causes oneself to become injured;
- **Suicide** – committing or attempting to commit suicide, while sane or insane;
- **Illegal Acts** – participating or attempting to participate in an illegal activity, or working at an illegal job:
- **Participation in Aggressive Conflict:**
  - War (declared or undeclared) or military conflicts;
  - Insurrection or riot
  - Civil commotion or civil state of belligerence
- **Illegal Substance Abuse:**
  - Abuse of legally-obtained prescription medication
  - Illegal use of non-prescription drugs

Diagnosis, treatment, testing, and confinement must be in the United States or its territories.

All benefits under the plan, including benefits for diagnoses, treatment, confinement and covered tests, are payable only while coverage is in force.

## TERMS YOU NEED TO KNOW

Bone Marrow Transplant (Stem Cell Transplant) means a procedure to replace damaged or destroyed bone marrow with healthy bone marrow stem cells. For a benefit to be payable, a Bone Marrow Transplant (Stem Cell Transplant) must be caused by at least one of the following diseases:

- Aplastic anemia
- Congenital neutropenia
- Severe immunodeficiency syndromes
- Sickle cell anemia
- Thalassemia
- Fanconi anemia
- Leukemia
- Lymphoma
- Multiple myeloma

The Bone Marrow Transplant (Stem Cell Transplant) benefit is not payable if the transplant results from a covered critical illness for which a benefit has been paid under this plan.

Cancer (internal or invasive) is a disease that meets either of the following definitions:

A malignant tumor characterized by:

- The uncontrolled growth and spread of malignant cells, and
- The invasion of distant tissue.

A disease meeting the diagnostic criteria of malignancy, as established by the American Board of Pathology. A pathologist must have examined and provided a report on the histocytologic architecture or pattern of the tumor, tissue, or specimen.

Cancer (internal or invasive) also includes:

- Melanoma that is Clark's Level III or higher or Breslow depth equal to or greater than 0.77mm, (refractory anemia with excess blasts),
- Myelodysplastic syndrome – RAEB-T (refractory anemia with excess blasts in transformation), or
- Myelodysplastic syndrome – CMML (chronic myelomonocytic leukemia).
- Myelodysplastic syndrome – RAEB

The following are not considered internal or invasive cancers:

- Pre-malignant tumors or polyps
- Carcinomas in Situ
- Any superficial, non-invasive skin cancers including basal cell and squamous cell carcinoma of the skin
- Melanoma in Situ
- Melanoma that is diagnosed as
  - Clark's Level I or II,
  - Breslow depth less than 0.77mm, or
  - Stage 1A melanomas under TNM Staging

Non-Invasive Cancer is a cancer that is in the natural or normal place, confined to

the site of origin without having invaded neighboring tissue.

For the purposes of the plan, a Non-Invasive Cancer is:

- Internal Carcinoma in Situ
- Myelodysplastic Syndrome – RA (refractory anemia)
- Myelodysplastic Syndrome – RARS (refractory anemia with ring sideroblasts)

Skin Cancer, as defined in this plan, is not payable under the Non-Invasive Cancer Benefit.

Skin Cancer is a cancer that forms in the tissues of the skin. The following are considered skin cancers:

- Basal cell carcinoma
- Squamous cell carcinoma of the skin
- Melanoma in Situ
- Melanoma that is diagnosed as
  - Clark's Level I or II,
  - Breslow depth less than 0.77mm, or
  - Stage 1A melanomas under TNM Staging

These conditions are not payable under the Cancer (internal or invasive) Benefit.

Cancer, non-invasive cancer, or skin cancer must be diagnosed in one of two ways:

1. Pathological Diagnosis is a diagnosis based on a microscopic study of fixed tissue or preparations from the hemic (blood) system. This diagnosis must be made by a certified pathologist and conform to the American Board of Pathology standards.
2. Clinical Diagnosis is based only on the study of symptoms. A clinical diagnosis will be accepted only if:
  - A doctor cannot make a pathological diagnosis because it is medically inappropriate or life-threatening,
  - Medical evidence exists to support the diagnosis, and
  - A doctor is treating you for cancer or carcinoma in situ

Complete Remission is defined as having no symptoms and no signs that can be identified to indicate the presence of cancer.

Coronary Artery Bypass Surgery means open heart surgery to correct the narrowing or blockage of one or more coronary arteries with bypass grafts and where such narrowing or blockage is attributed to coronary artery disease or acute coronary syndrome. This excludes any non-surgical procedure, such as, but not limited to, balloon angioplasty, laser relief, or stents.

Critical Illness is a disease or a sickness as defined in the plan that first manifests while your coverage is in force.

Date of Diagnosis is defined as follows:

- Bone Marrow Transplant (Stem Cell Transplant): The date the surgery occurs.
- Cancer: The day tissue specimens, blood samples, or titer(s) are taken (diagnosis of cancer and/or carcinoma in situ is based on such specimens).
- Coma: The first day of the period for which a doctor confirms a coma that is due to one of the underlying diseases and that has lasted for at least seven consecutive days.
- Coronary Artery Bypass Surgery: The date the surgery occurs.
- Heart Attack (Myocardial Infarction): The date the infarction (death) of a portion of the heart muscle occurs. This is based on the criteria listed under the heart attack (myocardial infarction) definition.
- Kidney Failure (End-Stage Renal Failure): The date a doctor recommends that an insured begin renal dialysis.
- Loss of Sight, Speech, or Hearing: The date the loss due to one of the underlying diseases is objectively determined by a doctor to be total

Dependent means your spouse or your dependent child. Spouse is your legal wife or husband, who is listed on your application. Dependent children are your or your spouse's natural children, step-children, legally adopted children, or children placed for adoption, who are younger than age 26. Newborn children are automatically covered from the moment of birth.

There is an exception to the age-26 limit listed above. This limit will not apply to any dependent child who is incapable of self-sustaining employment due to mental or physical handicap and is dependent on a parent for support. The employee or the employee's spouse must furnish proof of this incapacity and dependency to the company within 31 days following the dependent child's 26th birthday.

Diagnosis (Diagnosed) refers to the definitive and certain identification of an illness or disease that:

- Is made by a doctor and investigations, as supported by your medical records.
- Is based on clinical or laboratory

Doctor is a person who is:

- Legally qualified to practice medicine, where treatment is received, and
- Licensed as a doctor by the state where treatment is received, and licensed to treat the type of condition for which a claim is made.

A doctor does not include you or any of your family members.

For the purposes of this definition, family member includes your spouse as well as the following members of your immediate family:

- Son
- Daughter
- Mother
- Father
- Sister
- Brother

This includes step-family members and family-members-in-law.

Employee is a person who meets eligibility requirements and who is covered under the plan. The employee is the primary insured under the plan.

Heart Attack (Myocardial Infarction) is the death of a portion of the heart muscle (myocardium) caused by a blockage of one or more coronary arteries due to coronary artery disease or acute coronary syndrome.

and irreversible.

- Major Organ Transplant: The date the surgery occurs.
- Non-Invasive Cancer: The day tissue specimens, blood samples, or titer(s) are taken (diagnosis of cancer and/or carcinoma in situ is based on such specimens).
- Paralysis: The date a doctor diagnoses an insured with paralysis due to one of the underlying diseases as specified in this plan, where such diagnosis is based on clinical and/or laboratory findings as supported by the insured's medical records.
- Severe Burn: The date the burn takes place.
- Skin Cancer: The date the skin biopsy samples are taken for microscopic examination.
- Stroke: The date the stroke occurs (based on documented neurological deficits and neuroimaging studies).
- Sudden Cardiac Arrest: The date the pumping action of the heart fails (based on the sudden cardiac arrest definition).

Heart Attack (Myocardial Infarction) does not include:

- Any other disease or injury involving the cardiovascular system.
- Cardiac arrest not caused by a heart attack (myocardial infarction).

Diagnosis of a Heart Attack (Myocardial Infarction) must include the following:

- New and serial electrocardiographic (ECG) findings consistent with heart attack (myocardial infarction), and generally accepted laboratory levels of normal. (In the case of creatine phosphokinase (CPK) a CPK-MB measurement must be used.)
- Elevation of cardiac enzymes above

Confirmatory imaging studies, such as thallium scans, MUGA scans, or stress echocardiograms may also be used.

Kidney Failure (End-Stage Renal Failure) means end-stage renal failure caused by end-stage renal disease, which results in the chronic, irreversible failure of both kidneys to function.

Kidney Failure (End-Stage Renal Failure) is covered only under the following conditions:

- A doctor advises that regular renal dialysis, hemo-dialysis, or peritoneal dialysis (at least weekly) is necessary to treat the kidney failure (end-stage renal failure); or
- The kidney failure (end-stage renal failure) results in kidney transplantation.

Maintenance Drug Therapy is a course of systemic medication given to a patient after a cancer goes into complete remission because of primary treatment. Maintenance Drug Therapy includes ongoing hormonal therapy, immunotherapy, or chemo-prevention therapy. Maintenance Drug Therapy is meant to decrease the risk of cancer recurrence; it is not meant to treat a cancer that is still present.

Major Organ Transplant means undergoing surgery as a recipient of a covered transplant of a human heart, lung, liver, kidney, or pancreas. A transplant must be caused by one or more of the following diseases:

- Bronchiectasis
- Cardiomyopathy
- Cirrhosis
- Chronic obstructive pulmonary disease
- Congenital Heart Disease
- Coronary Artery Disease
- Cystic fibrosis
- Hepatitis
- Interstitial lung disease
- Lymphangioleiomyomatosis.
- Polycystic liver disease
- Pulmonary fibrosis
- Pulmonary hypertension
- Sarcoidosis
- Valvular heart disease

A Major Organ Transplant benefit is not payable if the major organ transplant results from a covered critical illness for which a benefit has been paid.

Severe Burn or Severely Burned means a burn resulting from fire, heat, caustics, electricity, or radiation. The burn must:

- Be a full-thickness or third-degree burn, as determined by a doctor. A Full-Thickness Burn or Third-Degree Burn is the destruction of the skin through the entire thickness or depth of the dermis (or possibly into underlying tissues). This results in loss of fluid and sometimes shock.
- Cause cosmetic disfigurement to the body's surface area of at least 35 square inches.
- Be caused solely by or be solely attributed to a covered accident.

Coma means a state of continuous, profound unconsciousness, lasting at least seven consecutive days, and characterized by the absence of:

- Spontaneous eye movements,
- Response to painful stimuli, and
- Vocalization.

Coma does not include a medically-induced coma. To be payable as an Accident benefit, the coma must be caused solely by or be solely attributed to a covered accident. To be considered a critical illness, the coma must be caused solely by or be solely attributed to one of the following diseases:

- Brain Aneurysm
- Diabetes
- Encephalitis
- Epilepsy
- Hyperglycemia
- Hypoglycemia

- Meningitis

Paralysis or Paralyzed means the permanent, total, and irreversible loss of muscle function to the whole of at least two limbs. To be payable as an Accident benefit, the paralysis must be caused solely by or be solely attributed to a covered accident. To be considered a critical illness, paralysis must be caused solely by or be solely attributed to one or more of the following diseases:

- Amyotrophic lateral sclerosis
- Cerebral palsy
- Parkinson's disease,
- Poliomyelitis

The diagnosis of paralysis must be supported by neurological evidence.

Loss of Sight means the total and irreversible loss of all sight in both eyes. To be payable as an Accident benefit, loss of sight must be caused solely by or be solely attributed to a covered accident. To be considered a critical illness, loss of sight must be caused solely by or be solely attributed to one of the following diseases:

- Retinal disease
- Optic nerve disease
- Hypoxia

Loss of Speech means the total and permanent loss of the ability to speak. To be payable as an Accident benefit, loss of speech must be caused solely by or be solely attributed to a covered accident. To be considered a critical illness, loss of speech must be caused solely by or be solely attributable to one of the following diseases:

- Alzheimer's disease
- Arteriovenous malformation

Loss of Hearing means the total and irreversible loss of hearing in both ears.

Loss of hearing does not include hearing loss that can be corrected by the use of a hearing aid or device. To be payable as an Accident benefit, loss of hearing must be caused solely by or be solely attributed to a covered accident. To be considered a critical illness, loss of hearing must be caused solely by or be solely attributed to one of the following diseases:

- Alport syndrome
- Autoimmune inner ear disease
- Chicken pox
- Diabetes
- Goldenhar syndrome
- Meniere's disease
- Meningitis
- Mumps

Pathologist is a doctor who is licensed:

- To practice medicine, and
- By the American Board of Pathology to practice pathologic anatomy.

A Pathologist also includes an Osteopathic Pathologist who is certified by the Osteopathic Board of Pathology.

Signs and/or symptoms are the evidence of disease or physical disturbance observed by a doctor or other medical professional. The doctor (or other medical professional) must observe these signs while acting within the scope of his license.

Stroke means apoplexy due to rupture or acute occlusion of a cerebral artery. The apoplexy must cause complete or partial loss of function involving the motion or sensation of a part of the body and must last more than 24 hours. Stroke must be either:

- Ischemic: Due to advanced arteriosclerosis or arteriosclerosis of the arteries of the neck or brain, or vascular embolism, or
- Hemorrhagic: Due to uncontrolled hypertension, malignant hypertension, brain aneurysm, or arteriovenous malformation.

The stroke must be positively diagnosed by a doctor based upon documented neurological deficits and confirmatory neuroimaging studies.

Stroke does not include:

- Transient Ischemic Attacks (TIAs)
- Head injury
- Chronic cerebrovascular insufficiency
- Reversible ischemic neurological deficits unless brain tissue damage is confirmed by neurological imaging

Stroke will be covered only if the Insured submits evidence of the neurological damage by providing:

- Computed Axial Tomography (CAT scan) images, or

- Magnetic Resonance Imaging (MRI).

Sudden Cardiac Arrest is the sudden, unexpected loss of heart function in which the heart, abruptly and without warning, stops working as a result of an internal electrical system heart malfunction due to coronary artery disease, cardiomyopathy, or hypertension.

Sudden Cardiac Arrest is not a heart attack (myocardial infarction). A sudden cardiac arrest benefit is not payable if the sudden cardiac arrest is caused by or contributed to by a heart attack (myocardial infarction).

Total Disability or Totally Disabled means you are:

- Not working at any job for pay or benefits,
- Under the care of a doctor for the treatment of a covered critical illness, and
- Unable to Work, which means either:
  - During the first 365 days of total disability, you are unable to work at the occupation you were performing when your total disability began; or
  - After the first 365 days of total disability, you are unable to work at any gainful occupation for which you are suited by education, training, or experience.

Treatment or Medical Treatment is the consultation, care, or services provided by a doctor. This includes receiving any diagnostic measures and taking prescribed drugs and medicines.

Treatment-Free From Cancer refers to the period of time without the consultation, care, or services provided by a doctor. This includes receiving diagnostic measures and taking prescribed drugs and medicines. Treatment does not include maintenance drug therapy or routine follow-up visits to verify whether cancer or carcinoma in situ has returned.

### PROGRESSIVE DISEASES RIDER

Date of Diagnosis is defined for each specified critical illness as follows:

- Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig's Disease): The date a Doctor Diagnoses an Insured as having ALS and where such Diagnosis is supported by medical records.
- Sustained Multiple Sclerosis: The date a Doctor Diagnoses an Insured as having Multiple Sclerosis and where such

Diagnosis is supported by medical records.

Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig's Disease) means a chronic, progressive motor neuron disease occurring when nerve cells in the brain and spinal cord that control voluntary movement degenerate, causing muscle weakness and atrophy, eventually leading to paralysis.

Sustained Multiple Sclerosis means a chronic degenerative disease of the central nervous system in which gradual destruction of myelin occurs in the brain or spinal cord or both, interfering with the nerve pathways. Sustained Multiple Sclerosis results in one of the following symptoms for at least 90 consecutive days:

- Muscular weakness,
- Loss of coordination,
- Speech disturbances, or
- Visual disturbances.

### OPTIONAL BENEFITS RIDER

Date of Diagnosis is defined as follows:

- Advanced Alzheimer's Disease: The date a doctor diagnoses the insured as incapacitated due to Alzheimer's disease.
- Advanced Parkinson's Disease: The date a doctor diagnoses the insured as incapacitated due to Parkinson's disease.
- Benign Brain Tumor: The date a doctor determines a benign brain tumor is present based on examination of tissue (biopsy or surgical excision) or specific neuroradiological examination.

Optional Benefit is one of the illnesses defined below and shown in the rider schedule:

Advanced Alzheimer's Disease means Alzheimer's Disease that causes the insured

to be incapacitated. Alzheimer's Disease is a progressive degenerative disease of the brain that is diagnosed by a psychiatrist or neurologist as Alzheimer's Disease.

To be incapacitated due to Alzheimer's Disease, the insured must:

- Exhibit the loss of intellectual capacity involving impairment of memory and judgment, resulting in a significant reduction in mental and social functioning, and
- Require substantial physical assistance from another adult to perform at least three ADLs.

Advanced Parkinson's Disease means Parkinson's Disease that causes the insured to be incapacitated. Parkinson's Disease is a brain disorder that is diagnosed by a psychiatrist or neurologist as Parkinson's Disease. To be incapacitated due to Parkinson's Disease, the insured must:

- Exhibit at least two of the following clinical manifestations:
  - Muscle rigidity
  - Tremor
  - Bradykinesia (abnormal slowness of movement, sluggishness of physical and mental responses), and
  - Require substantial physical assistance from another adult to perform at least three ADLs.

Benign Brain Tumor is a mass or growth of abnormal, noncancerous cells in the brain. The tumor is composed of similar cells that do not follow normal cell division and growth patterns and develop into a mass of cells that microscopically do not have the characteristic appearance of a Cancer. Benign Brain Tumor must be caused by Multiple Endocrine Neoplasia, Neurofibromatosis, or Von Hippel-Lindau Syndrome.

- Multiple Endocrine Neoplasia is a genetic disease in which one or more of the endocrine glands are overactive or form a tumor.
- Neurofibromatosis is a genetic disease in which the nerve tissue grows tumors that may be benign and may cause serious damage by compressing nerves and other tissue.
- Von Hippel-Lindau Syndrome is a genetic disease that predisposes a person to have benign or malignant tumors.
- Activities of Daily Living (ADLs) are activities used in measuring levels of personal functioning capacity. These activities are normally performed without assistance, allowing personal independence in everyday living. For the purposes of this plan, ADLs include the following:
  - Bathing – the ability to wash oneself in a tub, shower, or by sponge bath. This includes the ability to get into and out of the tub or shower with or without the assistance of equipment;
  - Dressing – the ability to put on, take off, and secure all necessary and appropriate items of clothing and any necessary braces or artificial limbs;
  - Toileting – the ability to get to and from the toilet, get on and off the toilet, and perform associated personal hygiene with or without the assistance of equipment;
  - Transferring – the ability to move in and out of a bed, chair, or wheelchair with or without the assistance of equipment;
  - Mobility – the ability to walk or wheel on a level surface from one room to another with or without the assistance of equipment;
  - Eating – the ability to get nourishment into the body by any means once it has been prepared and made available with or without the assistance of equipment; and
  - Continence – the ability to voluntarily maintain control of bowel and/or bladder function. In the event of incontinence, the ability to maintain a reasonable level of personal hygiene.

#### **CHILDHOOD CONDITIONS RIDER**

No benefits will be paid for loss which occurred prior to the effective date of the plan.

Date of Diagnosis is defined as follows:

- Autism Spectrum Disorder: The date a Doctor Diagnoses a Dependent Child as having Autism Spectrum Disorder and where such Diagnosis is supported by medical records.

- Cystic Fibrosis: The date a Doctor Diagnoses a Dependent Child as having Cystic Fibrosis and where such Diagnosis is supported by medical records.
- Cerebral Palsy: The date a Doctor Diagnoses a Dependent Child as having Cerebral Palsy and where such Diagnosis is supported by medical records.
- Cleft Lip or Cleft Palate: The date a Doctor Diagnoses a Dependent Child as having Cleft Lip or Cleft Palate and where such Diagnosis is supported by medical records.
- Down Syndrome: The date a Doctor Diagnoses a Dependent Child as having Down Syndrome and where such Diagnosis is supported by medical records.
- Phenylalanine Hydroxylase Deficiency Disease (PKU): The date a Doctor Diagnoses a Dependent Child as having PKU and where such Diagnosis is supported by medical records.
- Spina Bifida: The date a Doctor Diagnoses a Dependent Child as having Spina Bifida and where such Diagnosis is supported by medical records.
- Type I Diabetes: The date a Doctor Diagnoses a Dependent Child as having Type I Diabetes and where such Diagnosis is supported by medical records.

Autism Spectrum Disorder: The date a doctor diagnoses a dependent child as having Autism Spectrum Disorder and where such diagnosis is supported by medical records.

If a dependent child has both a Cleft Lip and Cleft Palate or has one on each side of the face, we will pay this benefit only once.

A doctor must diagnose Phenylalanine Hydroxylase Deficiency Disease (PKU) based on a PKU test.

A doctor must diagnose Type I Diabetes based on one of the following diagnostic tests:

- Glycated hemoglobin (A1C) test
- Random blood sugar test
- Fasting blood sugar test

A doctor must diagnose Autism Spectrum Disorder based on DSM-V diagnostic criteria.

#### **SPECIFIED DISEASE RIDER**

Date of Diagnosis is defined for each Specified Disease as follows:

- Adrenal Hypofunction (Addison's Disease): The date a Doctor Diagnoses an Insured as having Adrenal Hypofunction and where such Diagnosis is supported by medical records.
- Cerebrospinal Meningitis: The date a Doctor Diagnoses an Insured as having Cerebrospinal Meningitis and where such Diagnosis is supported by medical records.
- Diphtheria: The date a Doctor Diagnoses an Insured as having Diphtheria based on clinical and/or laboratory findings as supported by medical records.
- Huntington's Chorea: The date a Doctor Diagnoses an Insured as having Huntington's Chorea based on clinical findings as supported by medical records.
- Legionnaire's Disease: The date a Doctor Diagnoses an Insured as having Legionnaire's Disease by finding Legionella bacteria in a clinical specimen taken from the Insured.
- Malaria: The date a Doctor Diagnoses an Insured as having Malaria and where such Diagnosis is supported by medical records.
- Muscular Dystrophy: The date a Doctor Diagnoses an Insured as having Muscular Dystrophy and where such Diagnosis is supported by medical records.
- Myasthenia Gravis: The date a Doctor Diagnoses an Insured as having Myasthenia Gravis and where such Diagnosis is supported by medical records.
- Necrotizing Fasciitis: The date a Doctor Diagnoses an Insured as having Necrotizing Fasciitis and where such Diagnosis is supported by medical records.



- Osteomyelitis: The date a Doctor Diagnoses an Insured as having Osteomyelitis and where such Diagnosis is supported by medical records.
- Poliomyelitis: The date a Doctor Diagnoses an Insured as having Poliomyelitis and where such Diagnosis is supported by medical records.
- Rabies: The date a Doctor Diagnoses an Insured as having Rabies and where such Diagnosis is supported by medical records.
- Sickle Cell Anemia: The date a Doctor Diagnoses an Insured as having Sickle Cell Anemia and where such Diagnosis is supported by medical records.
- Systemic Lupus: The date a Doctor Diagnoses an Insured as having Systemic Lupus and where such Diagnosis is supported by medical records.
- Systemic Sclerosis (Scleroderma): The date a Doctor Diagnoses an Insured as having Systemic Sclerosis and where such Diagnosis is supported by medical records.
- Tetanus: The date a Doctor Diagnoses an Insured as having Tetanus by finding Clostridium tetani bacteria in a clinical specimen taken from the Insured.
- Tuberculosis: The date a Doctor Diagnoses an Insured as having Tuberculosis by finding Mycobacterium tuberculosis bacteria in a clinical specimen taken from the Insured.

Adrenal Hypofunction (Addison's Disease) means a disease occurring when the body's adrenal glands do not produce sufficient steroid hormones.

Adrenal Hypofunction does not include secondary and tertiary adrenal insufficiency.

Cerebrospinal Meningitis means a disease resulting in the inflammation of the meninges of both the brain and spinal cord caused by infection from viruses, bacteria, or other microorganisms or from Cancer.

Diphtheria means an infectious disease caused by the bacterium Corynebacterium diphtheriae and characterized by the production of a systemic toxin and the formation of a false membrane lining of the mucous membrane of the throat and other respiratory passages, causing difficulty in breathing, high fever, and/or weakness.

Diphtheria can be Diagnosed either through laboratory tests that confirm Diphtheria through a culture obtained from the infected area or through clinical observation of visible symptoms.

Huntington's Chorea means a hereditary disease characterized by gradual loss of brain function and voluntary movement due to degenerative changes in the cerebral cortex and basal ganglia.

Legionnaire's Disease means an infectious lung disease caused by species of the aerobic bacteria belonging to the genus Legionella.

Malaria means an infectious disease characterized by cycles of chills, fever, and sweating, caused by the bite of an anopheles mosquito infected with a protozoan of the genus Plasmodium.

Muscular Dystrophy means a genetic disease that causes progressive weakness and degeneration in the musculoskeletal system and where such muscles are replaced by scar tissue and fat. Muscular Dystrophy is characterized by progressive skeletal muscle weakness, defects in muscle proteins, and the death of muscle cells and tissues.

Myasthenia Gravis means a disease characterized by progressive weakness and exhaustibility of voluntary muscles without atrophy or sensory disturbance and caused by an autoimmune attack on acetylcholine receptors at the neuromuscular junction.

Necrotizing Fasciitis means a severe soft tissue infection by bacteria that is marked by edema and necrosis of subcutaneous tissues with involvement of adjacent fascia and by painful red swollen skin over the affected areas.

Osteomyelitis means an infectious inflammatory disease of the bone that typically results from a bacterial infection and may result in the death of bone tissue.

Poliomyelitis (Polio) means an acute infectious disease caused by the poliovirus and characterized by fever, motor paralysis, and atrophy of skeletal muscles. It often results in permanent disability and deformity, and marked by inflammation of nerve cells in the anterior gray matter in each lateral half of the spinal cord.

Rabies means an acute viral disease of the nervous system caused by a rhabdovirus, which is usually transmitted through the bite of a rabid animal. It is typically characterized by increased salivation, abnormal behavior, and eventual paralysis.

Sickle Cell Anemia means a hereditary disease caused by a genetic blood disorder. It is characterized by red blood cells that assume an abnormal, rigid, sickle shape due to a mutation on the hemoglobin gene.]

Systemic Lupus means an autoimmune disease where the body's immune system attacks healthy tissue, leading to long-term inflammation. This disease is primarily characterized by joint pain and swelling.

Systemic Sclerosis (Scleroderma) means a progressive autoimmune disease characterized by the hardening and tightening of the skin and connective tissues.

Tetanus means a disease marked by rigidity and spasms of the voluntary muscles, caused by the bacterium Clostridium tetani.

Tuberculosis means an infectious disease caused by Mycobacterium tuberculosis bacteria. It is characterized by the growth of nodules in the bodily tissues, as well as by fever, cough, difficulty breathing, caseation, pleural effusions, and fibrosis.

#### **YOU MAY CONTINUE YOUR COVERAGE**

Your coverage may be continued with certain stipulations. See certificate for details.

#### **TERMINATION OF COVERAGE**

Your insurance may terminate when the plan is terminated; the 31st day after the premium due date if the premium has not been paid; or the date you no longer belong to an eligible class. If your coverage terminates, we will provide benefits for valid claims that arose while your coverage was in force. See certificate for details.

### **NOTICES**

If this coverage will replace any existing individual policy, please be aware that it may be in your best interest to maintain your individual guaranteed-renewable policy.

**Notice to Consumer: The coverages provided by Continental American Insurance Company (CAIC) represent supplemental benefits only. They do not constitute comprehensive health insurance coverage and do not satisfy the requirement of minimum essential coverage under the Affordable Care Act. CAIC coverage is not intended to replace or be issued in lieu of major medical coverage. It is designed to supplement a major medical program.**

Continental American Insurance Company (CAIC ), a proud member of the Aflac family of insurers, is a wholly-owned subsidiary of Aflac Incorporated and underwrites group coverage. CAIC is not licensed to solicit business in New York, Guam, Puerto Rico, or the Virgin Islands.

Continental American Insurance Company • Columbia, South Carolina

The certificate to which this sales material pertains may be written only in English; the certificate prevails if interpretation of this material varies.

This brochure is a brief description of coverage and is not a contract. Read your certificate carefully for exact terms and conditions. You're welcome to request a full copy of the plan certificate through your employer or by reaching out to our Customer Service Center.

This brochure is subject to the terms, conditions, and limitations of Policy Form C21100VA.



## Nelson County Public Schools - Monthly (12pp/yr) Rates

### Employee - Non-Tobacco

Age Band	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$3.74	\$6.00	\$8.27	\$10.53	\$12.80	\$15.06	\$17.33	\$19.59	\$21.86	\$24.12
30-39	\$4.99	\$8.50	\$12.02	\$15.53	\$19.05	\$22.56	\$26.08	\$29.59	\$33.11	\$36.62
40-49	\$8.07	\$14.66	\$21.26	\$27.85	\$34.45	\$41.04	\$47.64	\$54.23	\$60.83	\$67.42
50-59	\$13.38	\$25.29	\$37.20	\$49.11	\$61.02	\$72.93	\$84.84	\$96.75	\$108.66	\$120.57
60+	\$20.98	\$40.48	\$59.99	\$79.49	\$99.00	\$118.50	\$138.01	\$157.51	\$177.02	\$196.52

### Employee - Tobacco

Age Band	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$4.54	\$7.61	\$10.68	\$13.75	\$16.82	\$19.89	\$22.96	\$26.03	\$29.10	\$32.17
30-39	\$6.80	\$12.13	\$17.46	\$22.79	\$28.12	\$33.45	\$38.78	\$44.11	\$49.44	\$54.77
40-49	\$11.69	\$21.90	\$32.12	\$42.33	\$52.55	\$62.76	\$72.98	\$83.19	\$93.41	\$103.62
50-59	\$20.54	\$39.60	\$58.67	\$77.73	\$96.80	\$115.86	\$134.93	\$153.99	\$173.06	\$192.12
60+	\$31.79	\$62.10	\$92.42	\$122.73	\$153.05	\$183.36	\$213.68	\$243.99	\$274.31	\$304.62

### Spouse - Non-Tobacco

Age Band	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$3.46	\$5.45	\$7.44	\$9.43	\$11.42	\$13.41	\$15.40	\$17.39	\$19.38	\$21.37
30-39	\$4.72	\$7.96	\$11.21	\$14.45	\$17.70	\$20.94	\$24.19	\$27.43	\$30.68	\$33.92
40-49	\$7.80	\$14.12	\$20.45	\$26.77	\$33.10	\$39.42	\$45.75	\$52.07	\$58.40	\$64.72
50-59	\$13.12	\$24.77	\$36.42	\$48.07	\$59.72	\$71.37	\$83.02	\$94.67	\$106.32	\$117.97
60+	\$20.76	\$40.04	\$59.33	\$78.61	\$97.90	\$117.18	\$136.47	\$155.75	\$175.04	\$194.32

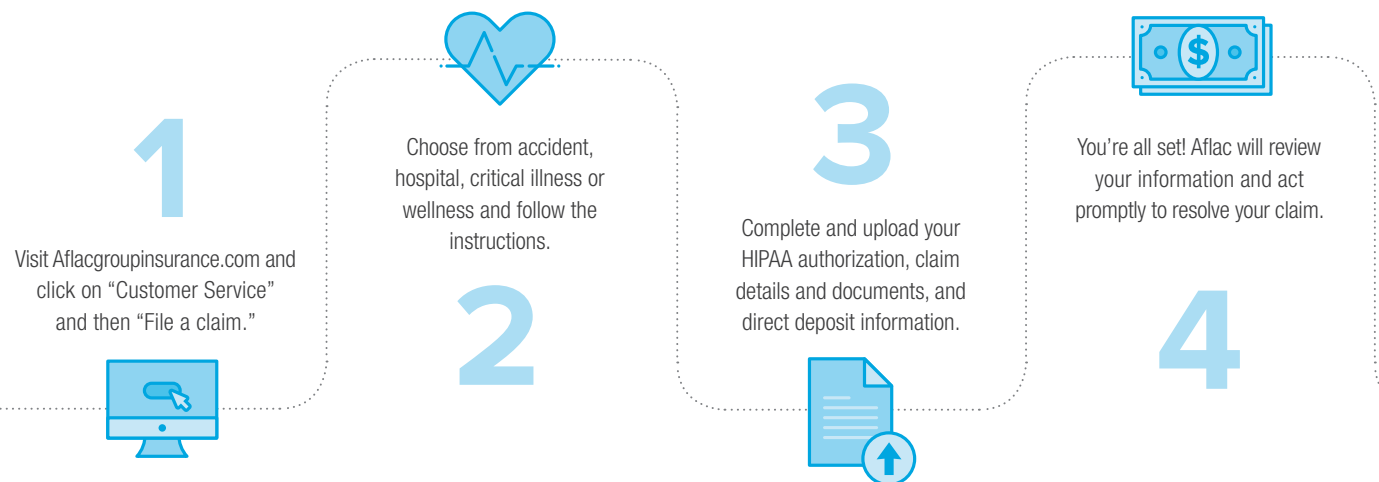
### Spouse - Tobacco

Age Band	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$4.27	\$7.07	\$9.87	\$12.67	\$15.47	\$18.27	\$21.07	\$23.87	\$26.67	\$29.47
30-39	\$6.53	\$11.59	\$16.65	\$21.71	\$26.77	\$31.83	\$36.89	\$41.95	\$47.01	\$52.07
40-49	\$11.42	\$21.36	\$31.31	\$41.25	\$51.20	\$61.14	\$71.09	\$81.03	\$90.98	\$100.92
50-59	\$20.28	\$39.09	\$57.90	\$76.71	\$95.52	\$114.33	\$133.14	\$151.95	\$170.76	\$189.57
60+	\$31.56	\$61.65	\$91.74	\$121.83	\$151.92	\$182.01	\$212.10	\$242.19	\$272.28	\$302.37

# Aflac's claims process:

## Peace of mind when you need it most

If you're sick or hurt, the last thing you need is an insurer that drags its feet when it's time to pay your claims. Aflac prides itself on being an insurer with a difference: Our goal is to process and pay, not deny and delay. That's why we make it easy to file your insurance claims online. Here's how:



**Aflac helps pay expenses health insurance doesn't cover** – and because your medical bills won't wait, we do so promptly and fairly. For all other plans, download the proper forms and follow the instructions for filing by fax or email.

### Get to know Aflac.

Visit [aflacgroupinsurance.com](http://aflacgroupinsurance.com) to learn more.



Continental American Insurance Company (CAIC), a proud member of the Aflac family of insurers, is a wholly-owned subsidiary of Aflac Incorporated and underwrites group coverage. CAIC is not licensed to solicit business in New York, Guam, Puerto Rico, or the Virgin Islands. For groups situated in California, group coverage is underwritten by Continental American Life Insurance Company. For groups situated in New York, coverage is underwritten by American Family Life Assurance Company of New York. Continental American Insurance Company - Columbia, South Carolina

# 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, overexertion, and strenuous movements, 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 70 unless actively at work, then on last day of active employment.</li> <li>Spouse: Age 70, or when Employee terminates, whichever is earlier.</li> <li>Child: Age 26, or when Employee terminates, whichever is earlier.</li> </ul>	
<b>Underwriting Offer</b>	<b>Guarantee Issue</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 enrolled	
	<b>Guarantee Issue</b>	2 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

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

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



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

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

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

## Employer Elected Optional Benefits

<b>On the Job (24 Hour Insurance) Benefit</b>	Included
<b>Wellness Screening</b>	\$50

## 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.

**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 anyone 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 anyone 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.

**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.

**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. Max 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).

**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.

**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, benefit will pay the appropriate amount shown in the certificate.

**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 insured's 65th birthday, and results of injuries suffered in a covered accident, premiums will be waived after the 30th day of total disability, and the covered disability lasts for at least 90 days. 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.

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



# Accident Rates

## 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>Commissions:</b>	Heaped
<b>Coverage Type:</b>	24 Hour Coverage
<b>Benefits Included:</b>	As shown above in the Benefits and Optional Benefits sections.
<b>Participation Expectation:</b>	2 enrolled

	Monthly (12) premium			
Benefit:	Employee	Employee/Spouse	Employee/Child(ren)	Family
Enhanced	\$12.06	\$20.02	\$25.10	\$33.27

Note: Final implementation rate may vary slightly due to rounding

	Monthly (12) premium			
Benefit:	Employee	Employee/Spouse	Employee/Child(ren)	Family
Premier	\$16.27	\$27.14	\$34.51	\$45.66

Note: Final implementation rate may vary slightly due to rounding

## 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.

## HAVE YOU EVER?

- Worried about being a victim of identity theft
- Been concerned about your child's identity
- Lost your wallet
- Worried about entering personal information online
- Feared the security of your medical information
- Been pursued by a collection agency

## WHAT is iLOCK360?

In 2012, TCG Services developed iLOCK360 in order to protect its clients and their employees from the growing threat of identity theft.

Today, iLOCK360 helps educators, businesses, employees, and individuals Live Safely™, knowing their identities are monitored around the clock.



### CyberAlert Internet Surveillance

Our exclusive technology scours the web 24/7/365 to identify trading or selling of your personal information online.



### Full Service Restoration

An iLOCK360 Certified Identity Theft Restoration Specialist will work diligently on your behalf to restore all aspects of your identity.



### Social Security Number Tracing

Know if your SSN becomes associated with another individual's name or address.



### \$1 Million in Identity Theft Insurance

You are insured with a one million dollar insurance policy to cover identity theft restoration expenses.



### Credit Monitoring

Find out your credit score, analyze your credit report, and monitor your identity for credit-related activity.

Monthly Payroll Deduction	Individual	Family
iLOCK360	\$8.95	\$18.95

Plan	Cyber Alert <sup>SM</sup>	Credit Bureau Monitoring	SSN Trace	Court Records	Address Change	24/7 Support	\$1M Insurance
Plus	✓	✓	✓	✓	✓	✓	✓
Basic	✓						

All district employees can choose to receive free Basic coverage that includes only CyberAlert<sup>SM</sup>

# The Ultimate Peace of Mind for Employees and Their Families

## The Harrison's Story




- Jim and his family were at a local festival when his daughter, Sara, suddenly began experiencing horrible abdominal and back pain, after a fall from earlier in the day.
- His wife, Heather, called 911 and Sara was transported to a local hospital, when it was decided that she needed to be flown to another hospital.
- Upon arrival, Sara underwent multiple procedures and her condition was stabilized.
- After further testing, it was discovered that Sara needed additional specialized treatment at another hospital requiring transport on a non-emergent basis.



Based on a true story. Names were changed to protect identities in compliance with HIPAA.



## And then, the Bills came!

		As a MASA Member		If a Non-MASA Member	
		Sara would pay*	If In-Network**	If Out-of-Network**	
911 Ground Ambulance Cost: \$1,800		\$0	\$300	\$1,600	
Emergent Air Ambulance Cost: \$45,000		\$0	\$4,000	\$30,000	
Non-Emergent Air Transport† Cost: \$20,000		\$0	\$20,000	\$20,000	
<b>Total Out-of-Pocket Cost</b>		<b>\$0</b>	<b>\$24,300</b>	<b>\$51,600</b>	

\*Benefit is dependent on Membership Enrolled.

\*\*Out-of-pocket dollars vary dependent on provider, distance, health plan design, current status of deductible and out-of-pocket max. These figures are an example of the costs one may incur.

†More and more health plans are not covering interfacility transports on a non-emergent basis.

### Any Ground. Any Air. Anywhere.™

No matter how comprehensive your local in-network coverage may be, you still have significant exposure to out-of-network emergency transportation. Moreover, when you and your family travel outside your area, there is an 80% chance of being picked up by an out-of-network provider.

A MASA Membership prepares you for the unexpected. ONLY MASA MTS provides you with:

- **Coverage ANYWHERE** in all 50 states and Canada whether at home or away
- Coverage for BOTH emergent ground ambulance and air ambulance transport **REGARDLESS of the provider**
- **Non-emergent transport services**, which are frequently covered inadequately by your insurance, if at all

For more information, please contact your local MASA MTS representative or visit [www.masamts.com](http://www.masamts.com)



## EMERGENCY TRANSPORTATION COSTS

MASA MTS is here to protect its members and their families from the shortcomings of health insurance coverage by providing them with comprehensive financial protection for lifesaving emergency transportation services, both at home and away from home.

Many American employers and employees believe that their health insurance policies cover most, if not all ambulance expenses. The truth is, they DONOT!

Even after insurance payments for emergency transportation, you could receive a bill up to \$5,000 for ground ambulance and as high as \$70,000 for air ambulance. The financial burdens for medical transportation costs are very real.



## HOW MASA IS DIFFERENT

Across the US there are thousands of ground ambulance providers and hundreds of air ambulance carriers. ONLY MASA offers comprehensive coverage since MASA is a PAYER and not a PROVIDER!

**ONLY MASA provides** over 1.6 million members with coverage for **BOTH ground ambulance and air ambulance transport, REGARDLESS** of which provider transports them.

Members are covered ANYWHERE in all 50 states and Canada!

Worldwide coverage is also available with our Platinum Membership.

Additionally, MASA provides a repatriation benefit: if a member is hospitalized more than 100 miles from home, MASA can arrange and pay to have them transported to a hospital closer to their place of residence.



**Any Ground. Any Air. Anywhere.™**

## OUR BENEFITS

Benefit *	Platinum \$39/Month	Emergent Plus \$14/Month
Emergent Ground Transportation	U.S./Canada	U.S./Canada
Emergent Air Transportation	U.S./Canada	U.S./Canada
Non-Emergent Air Transportation	Worldwide	U.S./Canada
Repatriation	Worldwide	U.S./Canada
Escort Transportation	Worldwide	
Mortal Remains Transportation	Worldwide	
Visitor Transportation	BCA**	
Minor Children/Grandchildren Return	BCA**	
Vehicle Return	BCA**	
Pet Return	BCA**	
Organ Retrieval	U.S./Canada	
Organ Recipient Transportation	U.S./Canada	

\* Please refer to the MSA for a detailed explanation of benefits and eligibility.

\*\* Basic Coverage Area (BCA) includes U.S., Canada, Mexico, and Caribbean (excluding Cuba).



AMASA Membership prepares you for the unexpected and gives you the peace of mind to access vital emergency medical transportation no matter where you live, for a minimal monthly fee.

- One low fee for the **entire family**
- **NO** deductibles
- **NO** health questions
- **Easy** claims process

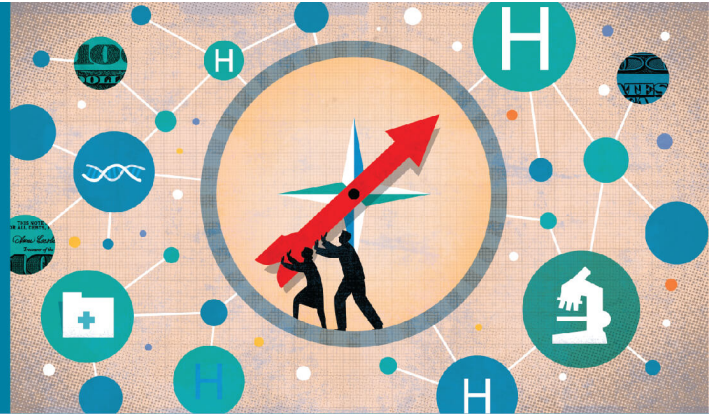
**For more information, please contact**

Your MASA Representative

**EVERY FAMILY DESERVES A MASA MEMBERSHIP**

# 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

<b>Coverage type</b>	Hospital Indemnity is a group policy form that includes coverage for inpatient confinement along with other benefits to pay expenses for hospital stays.		
<b>Product</b>	<b>Policy Type:</b>	Group	
	<b>Policy Name:</b>	Hospital Indemnity Insurance	
	<b>Policy Form:</b>	M-8019	
<b>Eligibility</b>	<b>Issue Age:</b>	<b>Employee:</b>	18-90
		<b>Spouse:</b>	18-90
		<b>Child:</b>	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>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>	
<b>Underwriting Offer</b>		<b>Coverage Tier</b>	<b>Guarantee Issue</b>
		Employee:	Guarantee Issue
		Spouse:	Guarantee Issue
<b>Target Participation</b>	<b>Minimum to Issue:</b>	5 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.	

## Benefits and Features

	Option Two
Hospital Indemnity	\$200
Pre-existing Condition Limitation	Waived
Maternity Waiting Period	300 Day Waiting Period-Waived
Portability	None
Waiver of Premium	Included
First Admission	\$1,500
Intensive Care/Cardiac Care/ Burn Unit	\$200
Wellness Screening	\$50

## 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.

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



# 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>Commissions:</b>	Heaped
<b>Coverage Type:</b>	Non-Occupational
<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
<b>Option 2</b>	\$32.88	\$62.29	\$49.58	\$78.97

Note: Final implementation rate may vary slightly due to rounding

### PARTICIPATION EXPECTATION:

Participation requirement is the number of enrolled needed for Guaranteed Issue offer. If the participation requirement is waived, then all applications will be Guaranteed issue up to the amount listed in the Underwriting offer of the proposal, for the initial enrollment period.

At the end of the enrollment period, it will be expected that a minimum percentage of all eligible will be enrolled into the product. This participation percentage is in the participation section of the proposal. If the participation expectation is not met, then all applications will be Underwritten on a Simplified Issue basis.

### OTHER CONTINGENCIES

- ManhattanLife Assurance Company of America’s Group Hospital Indemnity product is a true supplemental product. All applicants must be enrolled in a group health insurance plan to be eligible for benefits.
- Only one level may be sold to a group, unless pre-approved by underwriting.
- Rates may change if the SIC code changes.
- Late enrollees will be accepted on an SI basis only, unless otherwise approved by underwriting.
- Employer must have an in force medical plan offered to all eligible Employees.
- 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.
- Please refer to certificate/policy for full benefit and limitation information.

# CLEVER RX

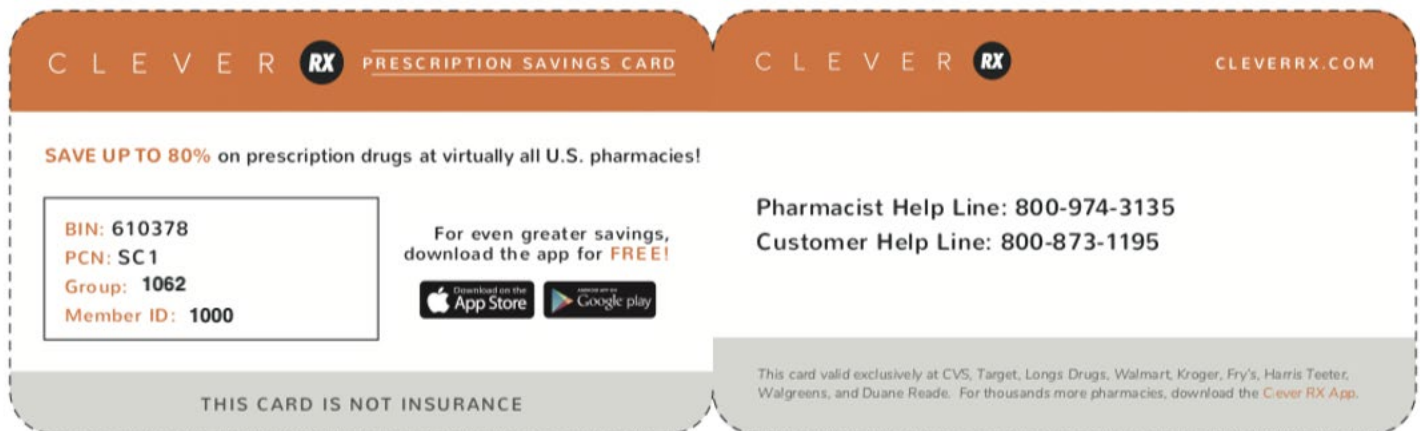
Clever RX | <https://partner.cleverrx.com/ffga> | 1.800.873.1195

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!

## 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 below to unlock exclusive savings at over 60,000 pharmacies nationwide.
- Available to use now!

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>.



# CONTACT INFORMATION

## Nelson County Schools

84 Courthouse Square | Lovingson, VA 22949

434.260.7646

## FIRST FINANCIAL GROUP OF AMERICA

Tyler Webster, Sr. Account Executive

800.924.3539 / Tyler.Webster@ffga.com

### CONTACTS

BENEFIT	CARRIER	WEBSITE	PHONE
Vision	Ameritas	<a href="http://www.ameritas.com">www.ameritas.com</a>	(800) 487-5553
Short Term Disability	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
Cancer	AFA	<a href="http://www.americanfidelity.com">www.americanfidelity.com</a>	(800) 662-1113
Critical Illness	Aflac	<a href="http://www.aflacgroupinsurance.com">www.aflacgroupinsurance.com</a>	(800) 433-3036
Permanent Life	Texas Life	<a href="http://www.texaslife.com">www.texaslife.com</a>	(800) 283-9233
Term Life	AFA	<a href="http://www.americanfidelity.com">www.americanfidelity.com</a>	(800) 662-1113
ID Theft	iLock360	<a href="http://www.ilock360.com">www.ilock360.com</a>	(855) 287-8888
Medical Transport	MASA	<a href="http://www.masamts.com">www.masamts.com</a>	(954) 334-8261
Hospital Indemnity	Manhattan Life	<a href="http://www.manhattanlife.com">www.manhattanlife.com</a>	(800) 669-9030