

Berkeley County School District January 1 - December 31, 2024 **BENEFITS GUIDE**



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

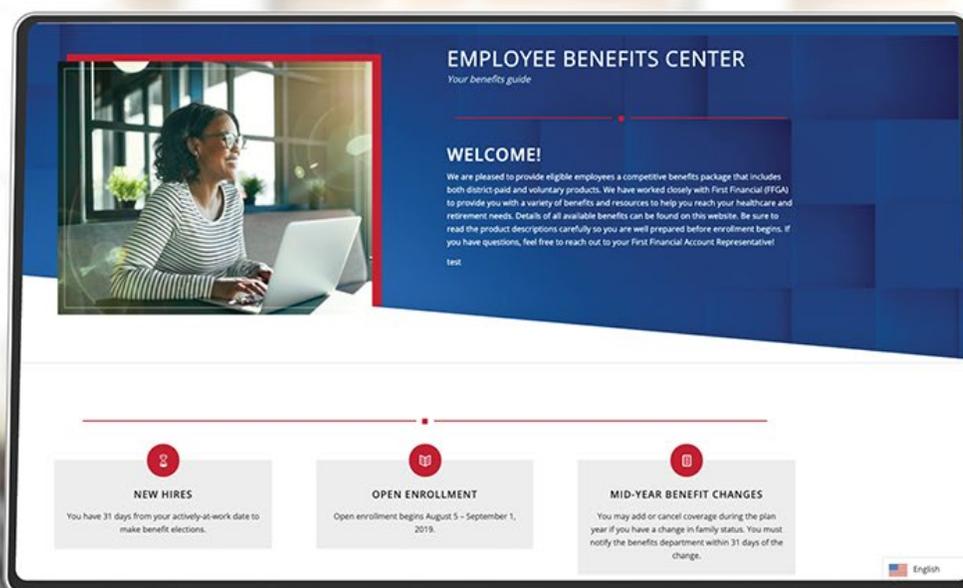
EMPLOYEE BENEFITS CENTER

YOUR ONE-STOP-SHOP FOR BENEFIT INFORMATION

Berkeley County School District 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, as well as find claims, important phone number, 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/berkeleyschooldistrict/>



HOW TO ENROLL

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.

SCHEDULE YOUR APPOINTMENT

Use the TimeTap scheduler to create an appointment with an enroller at your location. Make your appointment here: <https://bcsdoe2023.timetap.com>.

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. See your Benefits Coordinator to learn how to make your elections.

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.**

Your health plan options

Your insurance needs are as unique as you are. You may meet your deductible each year, or maybe you can't remember the last time you saw a doctor. No matter your situation, the State Health Plan gives you two options to cover your expenses: the Standard Plan or the Savings Plan.

The Standard Plan has higher premiums and lower deductibles. The Savings Plan has lower premiums and higher deductibles. Compare the two plans on Page 5.

The TRICARE Supplement Plan provides secondary coverage to TRICARE members of the military community who are not eligible for Medicare. For eligible employees, it provides an alternative to the State Health Plan. Learn more about the plans at peba.sc.gov/health.

2024 Monthly premiums

If you work for an optional employer, verify your rates with your benefits office.

	Standard Plan	Savings Plan	TRICARE Supplement
Employee	\$97.68	\$9.70	\$62.50
Employee/spouse	\$253.36	\$77.40	\$121.50
Employee/children	\$143.86	\$20.48	\$121.50
Full family	\$306.56	\$113.00	\$162.50

Tobacco-use premium

If you are a State Health Plan subscriber with single coverage, and you use tobacco or e-cigarettes, you will pay an additional \$40 monthly premium. If you have employee/spouse, employee/children or full family coverage, and you or anyone you cover uses tobacco or e-cigarettes, the additional monthly premium will be \$60. The premium is automatic for all State Health Plan subscribers unless the subscriber certifies no one they cover uses tobacco or e-cigarettes, or covered individuals who use tobacco or e-cigarettes have completed the Quit for Life® tobacco cessation program. The tobacco-use premium does not apply to TRICARE Supplement Plan subscribers.

How much will you spend out of pocket on medical care?

Include this amount on the worksheet on Page 13 to determine how much you should contribute to your Medical Spending Account (MSA).

Amount: \$ _____

Comparison of health plans

	Standard Plan	Savings Plan
Annual deductible	You pay up to \$515 per individual or \$1,030 per family.	You pay up to \$4,000 per individual or \$8,000 per family. ¹
Coinsurance² Maximum excludes copayments and deductible	In network, you pay 20% up to \$3,000 per individual or \$6,000 per family.	In network, you pay 20% up to \$3,000 per individual or \$6,000 per family.
Physician's office visit³	You pay a \$15 copayment, plus the remaining allowed amount until you meet your deductible. Then, you pay the copayment plus your coinsurance.	You pay the full allowed amount until you meet your deductible. Then, you pay your coinsurance.
Outpatient facility/emergency care^{4,5}	You pay a \$115 copayment (outpatient services) or \$193 copayment (emergency care), plus the remaining allowed amount until you meet your deductible. Then, you pay the copayment plus your coinsurance.	You pay the full allowed amount until you meet your deductible. Then, you pay your coinsurance.
Inpatient hospitalization⁶	You pay the full allowed amount until you meet your deductible. Then, you pay your coinsurance.	You pay the full allowed amount until you meet your deductible. Then, you pay your coinsurance.
Prescription drugs⁷ 30-day supply/90-day supply ⁸ at a network pharmacy	Tier 1 (generic): \$13/\$32 Tier 2 (preferred brand): \$46/\$115 Tier 3 (non-preferred brand): \$77/\$192 You pay up to \$3,000 in prescription drug copayments. Then, you pay nothing.	You pay the full allowed amount until you meet your annual deductible. Then, you pay your coinsurance. Drug costs are applied to your coinsurance maximum. When you reach the maximum, you pay nothing.
Tax-favored accounts	Medical Spending Account	Health Savings Account Limited-use Medical Spending Account

¹If more than one family member is covered, no family member will receive benefits, other than preventive benefits, until the \$8,000 annual family deductible is met.

²Out of network, you will pay 40% coinsurance, and your coinsurance maximum is different. An out-of-network provider may bill you more than the State Health Plan's allowed amount. Learn more about out-of-network benefits at peba.sc.gov/health.

³The \$15 copayment is waived for routine mammograms, adult well visits, well woman visits and well child visits. Standard Plan members who receive in-person care at a BlueCross-affiliated patient-centered medical home (PCMH) provider will not be charged the \$15 copayment for a physician's office visit. After Standard Plan and Savings Plan members meet their deductible, they will pay 10% coinsurance, rather than 20%, for care at a PCMH.

⁴The \$115 copayment for outpatient facility services is waived for dialysis services, partial hospitalizations, intensive outpatient services, electroconvulsive therapy and psychiatric medication management.

⁵The \$193 copayment for emergency care is waived if admitted.

⁶Inpatient hospitalization requires prior authorization for the State Health Plan to provide coverage. Not calling for prior authorization may lead to a \$515 penalty.

⁷Prescription drugs are not covered at out-of-network pharmacies. Specialty medications are limited to a 30-day supply per fill.

⁸You will pay a lower copayment for a 90-day supply of prescription drugs at your local network pharmacy that participates in the Smart90 Network than if you purchased the medication one month at a time.

Your dental plan options

New hires have two options for dental coverage. Dental Plus pays more and has higher premiums and lower out-of-pocket costs. Basic Dental pays less and has lower premiums and higher out-of-pocket costs. Changes to existing dental coverage can be made only during open enrollment in odd-numbered years. Learn more about the plans at peba.sc.gov/dental.

Dental Plus

Dental Plus has higher allowed amounts, which are the maximum amounts allowed by the plan for a covered service. Network providers cannot charge you for the difference in their cost and the allowed amount.

Basic Dental

Basic Dental has lower allowed amounts, which are the maximum amounts allowed by the plan for a covered service. There is no network for Basic Dental; therefore, providers can charge you for the difference in their cost and the allowed amount.

2024 Monthly premiums

If you work for an optional employer, verify your rates with your benefits office.

	Dental Plus	Basic Dental
Employee	\$28.80	\$0.00
Employee/spouse	\$65.88	\$7.64
Employee/children	\$80.92	\$13.72
Full family	\$108.64	\$21.34

How much will you spend out of pocket on dental care?

Include this amount on the worksheet on Page 13 to determine how much you should contribute to your Medical Spending Account (MSA).

Amount: \$ _____

Comparison of dental plans

	Dental Plus	Basic Dental
Diagnostic and preventive Exams, cleanings, X-rays	You do not pay a deductible. The Plan will pay 100% of a higher allowed amount . In network, a provider cannot charge you for the difference in its cost and the allowed amount.	You do not pay a deductible. The Plan will pay 100% of a lower allowed amount . A provider can charge you for the difference in its cost and the allowed amount.
Basic Fillings, oral surgery, root canals	You pay up to a \$25 deductible per person. ¹ The Plan will pay 80% of a higher allowed amount . In network, a provider cannot charge you for the difference in its cost and the allowed amount.	You pay up to a \$25 deductible per person. ¹ The Plan will pay 80% of a lower allowed amount . A provider can charge you for the difference in its cost and the allowed amount.
Prosthodontics Crowns, bridges, dentures, implants	You pay up to a \$25 deductible per person. ¹ The Plan will pay 50% of a higher allowed amount . In network, a provider cannot charge you for the difference in its cost and the allowed amount.	You pay up to a \$25 deductible per person. ¹ The Plan will pay 50% of a lower allowed amount . A provider can charge you for the difference in its cost and the allowed amount.
Orthodontics² Limited to covered children ages 18 and younger	You do not pay a deductible. There is a \$1,000 lifetime benefit for each covered child.	You do not pay a deductible. There is a \$1,000 lifetime benefit for each covered child.
Maximum payment	\$2,000 per person each year for diagnostic and preventive, basic and prosthodontics services.	\$1,000 per person each year for diagnostic and preventive, basic and prosthodontics services.

Routine checkup example

Includes exam, four bitewing X-rays and adult cleaning

	Dental Plus (in network)	Dental Plus (out of network)	Basic Dental
Dentist's initial charge	\$191.00	\$191.00	\$191.00
Allowed amount ³	\$135.00	\$171.00	\$67.60
Amount paid by the Plan (100%)	\$135.00	\$171.00	\$67.60
Your coinsurance (0%)	\$0.00	\$0.00	\$0.00
Difference between allowed amount and charge	\$56.00 Dentist writes this off	\$20.00	\$123.40
You pay	\$0.00	\$20.00 Difference in allowed amount and charge	\$123.40 Difference in allowed amount and charge

¹If you have basic or prosthodontics services, you pay only one deductible. Deductible is limited to three per family per year.

²There is a \$1,000 maximum lifetime benefit for each covered child, regardless of plan or plan year.

³Allowed amounts may vary by network dentist and/or the physical location of the dentist.

Your vision coverage

Good vision is crucial for work and play. It is also a significant part of your health. An annual eye exam can help detect serious illnesses. You can have an exam once a year and get either frames/lenses or contacts. Learn more about your vision coverage at peba.sc.gov/vision.

2024 Monthly premiums

If you work for an optional employer, verify your rates with your benefits office.

State Vision Plan

Employee	\$6.30
Employee/spouse	\$12.60
Employee/children	\$13.54
Full family	\$19.84

How much will you spend out of pocket on vision care?

Include this amount on the worksheet on Page 13 to determine how much you should contribute to your Medical Spending Account (MSA).

Amount: \$ _____

State Vision Plan at a glance

	In network, you pay:	Out of network, you receive:
Comprehensive exam with dilation as necessary	A \$10 copay.	Up to \$35.
Retinal imaging	Up to \$39 .	No reimbursement.
Frames	A \$0 copay and 80% of balance over \$150 allowance.	Up to \$75.
Standard plastic lenses	A \$10 copay.	Up to \$55.
Standard progressive lenses	A \$35 copay.	Up to \$55.
Premium progressive lenses	\$35–\$80 for Tiers 1–3. For Tier 4, you pay copay and 80% of cost less \$120 allowance.	Up to \$55.
Standard contact lenses fit & follow-up	A \$0 copay.	Up to \$40.
Premium contact lenses fit & follow-up	A \$0 copay and receive 10% off retail price less \$40 allowance.	Up to \$40.
Conventional contact lenses	A \$0 copay and 85% of balance over \$130 allowance.	Up to \$104.
Disposable contact lenses	A \$0 copay and balance over \$130 allowance.	Up to \$104.

Your MoneyPlus elections

Are you leaving money on the table? MoneyPlus is a tax-favored accounts program that allows you to save money on eligible medical and dependent care costs. You fund the accounts with money deducted pretax from your paycheck. Learn more about your MoneyPlus options at peba.sc.gov/moneyplus.¹

Pretax Premium Feature

This feature allows you to pay insurance premiums before taxes for health (including the tobacco-use premium), vision, dental and up to \$50,000 of Optional Life coverage. You do not need to re-enroll each year.

MoneyPlus transition to TASC

Total Administrative Services Corporation (TASC) is the new State Flexible Benefits Plan (MoneyPlus) administrator, effective January 1, 2024. This means if you elect to contribute to a flexible spending account in 2024, you will receive a new debit card from TASC and submit claims to TASC. Plus, DCSA participants will also receive a TASC Card. Visit www.SCMoneyPlus.com for more details.

Note to 2023 MoneyPlus participants

Participants must submit claims, including required documentation, for 2023 expenses to ASIFlex by March 31, 2024. The ASIFlex Card will not work after 11:59 p.m. on December 31, 2023, but MSA participants can file manual claims until the reimbursement deadline. Current 2023 MSA and Limited-use MSA participants can carry over \$610 of unused funds into the 2024 plan year. However, because of the transition to TASC, 2023 participants will not have access to their carryover funds at TASC until April 2024 after ASIFlex completes claims processing for 2023. DCSA participants will forfeit 2023 funds left in their account after the reimbursement deadline.

Medical Spending Account

Your Standard Plan works great with a Medical Spending Account (MSA). Use your MSA to pay for eligible medical expenses, including copayments and coinsurance. As you have eligible expenses, you can use a debit card for your account or submit claims for reimbursement. You can carry over into 2025 up to \$610 in unused funds from your account. You forfeit funds over \$610 left in your account after the reimbursement deadline. You must re-enroll each year.

Limited-use Medical Spending Account

If you have a Health Savings Account (see Page 14), you can also use a Limited-use Medical Spending Account to pay for those expenses the Savings Plan does not cover, like dental and vision care. You can carry over into 2025 up to \$610 in unused funds from your account. You forfeit funds over \$610 left in your account after the reimbursement deadline. You must re-enroll each year.

Dependent Care Spending Account

You can use a Dependent Care Spending Account (DCSA) to pay for day care and other allowed costs for qualifying individuals so you and your spouse, if applicable, can work or look for work. Qualifying individuals are children younger than age 13 or a tax dependent of any age who is mentally or physically incapable of self-care. It cannot be used to pay for dependent medical care. You submit claims for reimbursement as you have eligible expenses. The funds can be used for expenses incurred January 1, 2024, through March 15, 2025. You forfeit funds left in your account after the reimbursement deadline. You must re-enroll each year.

¹Contributions made before taxes lower your taxable earned income. The lower your earned income, the higher the earned income tax credit. See IRS Publication 596 or talk to a tax professional for more information.

Account features

	Plan	Funds available	Medical expenses	Dental, vision expenses	Child care expenses	Balance carries from year to year	Re-enroll each year
MSA	Standard	January 1	✓	✓		Up to \$610	✓
Limited-use MSA	Savings	January 1		✓		Up to \$610	✓
DCSA	N/A	As deposited			✓		✓

2024 Monthly administrative fees

Account	Fee
Medical Spending Account	\$2.14
Limited-use Medical Spending Account	\$2.14
Dependent Care Spending Account	\$2.14

2024 Reimbursement deadlines

Account	Grace period	Deadline
Medical Spending Account	None	March 31, 2025
Limited-use Medical Spending Account	None	March 31, 2025
Dependent Care Spending Account	March 15, 2025	March 31, 2025

2024 Contribution limits

Account	Limit
Medical Spending Account	\$3,050
Limited-use Medical Spending Account	\$3,050
Dependent Care Spending Account ²	\$2,500 (married, filing separately) \$5,000 (single, head of household) \$5,000 (married, filing jointly)

²Contribution limit for highly compensated employees is \$1,600.

MoneyPlus worksheet

Use the worksheet below to calculate the amount you want to contribute to an MSA or a DCSA. Be sure to include the amounts you listed on Pages 4, 6 and 8 in the worksheet. Be conservative in your planning. Remember that any unclaimed funds cannot be returned to you. You can, however, carry over up to \$610 of unused MSA funds into the 2025 plan year. You cannot carry over DCSA funds, and you cannot transfer funds between flexible spending accounts. Refer to Page 12 for annual contribution limits.

Medical Spending Account

Estimate your eligible out-of-pocket medical expenses for the plan year.

Medical expenses	
Health insurance deductible	\$
Copayments and coinsurance	\$
Prescription drugs	\$
Dental care	\$
Vision care	\$
Travel costs for medical care	\$
Other eligible expenses	\$
Annual contribution	\$

Dependent Care Spending Account

Estimate your eligible dependent care expenses for the plan year.

Child care expenses	
Day care services	\$
In-home care/au pair services	\$
Nursery/preschool	\$
After-school care	\$
Summer day camps	\$
Elder care expenses	
Day care center services	\$
In-home care services	\$
Annual contribution	\$

Your Health Savings Account

State Health Plan Savings Plan members can contribute to a Health Savings Account, or HSA. An HSA helps you get the most out of your health plan by reducing your taxes while you save for future medical expenses. Learn more about HSAs at peba.sc.gov/hsa.

Benefits of an HSA

An HSA is essential to help you prepare for your health expenses.

- **Carry over all funds from one year to the next.** You don't have to spend the funds in the year you deposit them.
- **Keep your account.** The money in your account belongs to you. If you leave your job or retire, you can take the account with you and continue to use it for qualified expenses.
- **There's no limit to how much you can save.** While there is an annual contribution limit, there's no limit to how much you can accumulate in your account.
- **Invest your savings.** You can invest your funds once your account balance reaches \$1,000 to earn investment income tax-free.
- **Make payments online.** Use the Online Bill Pay feature to pay your medical bills or reimburse yourself.
- **Pay for eligible healthcare items with your debit card.** Use your HSA debit card for transactions in-store, online or at your doctor.

Limited-use Medical Spending Account

If you have an HSA, you can enroll in a Limited-use Medical Spending Account to pay for dental and vision care expenses. Doing so allows you to save your HSA funds for future medical expenses. Learn more on Page 11.

2024 Contribution limits

Your health coverage level determines your contribution limit.

Coverage level	Limit
Self only	\$4,150
Family	\$8,300
Catch-up for members ages 55 and older	\$1,000

How to enroll

To contribute money pretax through payroll deduction, you must enroll in an HSA through [MyBenefits](#). HSA Central will automatically set up the bank account based on enrollment information from PEBA. You will receive a welcome email from HSA Central with instructions on how to fully open the account once it is set up.

HSA limitations

- You cannot be covered by any other health plan that is not a high deductible health plan, including Medicare or TRICARE.
- No one else can claim you as a dependent on their income tax return.
- You cannot use your HSA funds to pay premiums.
- You have not received Veterans Administration (VA) benefits within the past three months.

2024 Monthly fees from HSA Central

Type	Fee
Administrative fee	\$0.50
Paper statements	\$3.00

Your life insurance coverage

You are automatically enrolled in Basic Life insurance at no cost if you enroll in health insurance. This policy provides \$3,000 in coverage.¹ You'll also get a matching amount of Accidental Death and Dismemberment (AD&D) insurance. You may elect more coverage for yourself, spouse and/or children. Learn more about your life insurance options and value-added services at peba.sc.gov/life-insurance.

2024 Monthly premiums

Optional Life and Dependent Life-Spouse

Your premiums are determined by your or your spouse's age as of the previous December 31 and the coverage amount. Rates shown are per \$10,000 of coverage. Remember to review your premium, even if you don't change your coverage levels. Your monthly premium will change when your age bracket changes.

Age	Rate	Age	Rate	Age	Rate
Under 35	\$0.40	50-54	\$1.44	70-74	\$24.22
35-39	\$0.50	55-59	\$2.84	75-79	\$37.50
40-44	\$0.60	60-64	\$6.00	80 and older	\$62.04
45-49	\$0.82	65-69	\$13.50		

Dependent Life-Child

\$1.26 per month; you pay only one premium for all eligible children.

Life insurance at a glance

	Coverage level	Coverage details
Optional Life with AD&D	Elect in \$10,000 increments up to a maximum of \$500,000.	<ul style="list-style-type: none"> • Lesser of three times annual earnings or \$500,000 of coverage guaranteed within 31 days of initial eligibility. • Includes matching amount of AD&D insurance. • Coverage reduces to 65% at age 70, to 42% at age 75, and to 31.7% at age 80 and beyond.
Dependent Life-Spouse with AD&D Your spouse cannot be eligible for PEBA-administered insurance benefits through their employer.	Elect in \$10,000 increments up to a maximum of \$100,000 or 50% of your Optional Life amount, whichever is less.	<ul style="list-style-type: none"> • If you are not enrolled in Optional Life, spouse coverages of \$10,000 or \$20,000 are available. • \$20,000 of coverage guaranteed within 31 days of initial eligibility. • Includes matching amount of AD&D insurance.
Dependent Life-Child	\$15,000 per child.	<ul style="list-style-type: none"> • Coverage guaranteed. • Children are eligible from live birth to ages 19 or 25 if a full-time student. • Child can be covered by only one parent under this Plan.

¹Reduces to \$1,500 for employees ages 70 and older.

Your long term disability coverage

You are automatically enrolled in Basic Long Term Disability at no cost if you enroll in health insurance. The maximum benefit is \$800 per month. You may elect more coverage for added protection. Learn more about long term disability coverage at peba.sc.gov/long-term-disability.

2024 Monthly premium factors

Multiply the premium factor for your age and plan selection by your monthly earnings to determine your monthly premium.

Age preceding January 1	90-day waiting period	180-day waiting period
Under 31	0.00068	0.00053
31-40	0.00094	0.00073
41-50	0.00185	0.00141
51-60	0.00374	0.00287
61-65	0.00449	0.00344
66 and older	0.00549	0.00422

SLTD at a glance

The Supplemental Long Term Disability (SLTD) benefit provides:

- Competitive group rates;
- Survivor’s benefits for eligible dependents;
- Coverage for injury, physical disease, mental disorder or pregnancy;
- Return-to-work incentive;
- SLTD conversion insurance;
- Cost-of-living adjustment; and
- Lifetime security benefit.

	Benefit
Benefit waiting period	90 or 180 days
Monthly SLTD benefit¹	Up to 65% of your predisability earnings, reduced by your deductible income
Minimum benefit	\$100 per month
Maximum benefit	\$8,000 per month

¹Basic Long Term Disability and Supplemental Long Term Disability benefits are subject to federal and state income taxes. Check with your accountant or tax adviser about your tax liability.



MyBenefits

Are you registered?

MyBenefits offers easy access to your PEBA-administered insurance benefits. Visit mybenefits.sc.gov to create your account today and start managing your insurance information.

With MyBenefits, you can:

- 1 Access your insurance benefits coverage information.
- 2 Update your contact information.
- 3 Access your eight-digit Benefits Identification Number (BIN).
- 4 Review and update your life insurance beneficiaries.
- 5 Make changes to your coverage during the annual open enrollment period.
- 6 Initiate or approve coverage changes made as a result of certain special eligibility situations.

Need help registering?

We've got resources to help! Visit our *Navigating Your Benefits* page at peba.sc.gov/nyb to view our "Setting Up a New MyBenefits Account" video and access our *Setting Up a New MyBenefits Account* flyer.

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
Monthly Salary	\$2,000	\$2,000
Less Medical Deductions	-N/A	-\$250
Taxable Gross Income	\$2,000	\$1,750
Less Taxes (Fed/State at 20%)	-\$400	-\$350
Less Estimated FICA (7.65%)	-\$153	-\$133
Less Medical Deductions	-\$250	-N/A
Take Home Pay	\$1,197	\$1,267

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

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

LIFE INSURANCE YOU CAN KEEP!

PURELIFE-PLUS

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



**IT'S AFFORDABLE
YOU OWN IT**



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



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



**YOU CAN COVER YOUR
SPOUSE, CHILDREN AND
GRANDCHILDREN, TOO²**



**YOU CAN GET A LIVING
BENEFIT IF YOU BECOME
TERMINALLY ILL³**



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

3 QUICK QUESTIONS

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

DURING THE LAST SIX MONTHS, HAS THE PROPOSED INSURED:

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

- 1 Guarantees are subject to product terms, limitations, exclusions and the insurer's claims paying ability and financial strength.
- 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. Accelerated Death Benefit Due to Terminal Illness Rider Form ICC07-ULABR-07 or Form Series ULABR-07
- 4 Chronic Illness Rider available for an additional cost for employees only. Conditions apply. Form ICC15-ULABR-CI-15 or Form Series ULABR-CI-15

PureLife-plus is a Flexible Premium Adjustable Life Insurance to Age 121. As with most life insurance products, Texas Life contracts and riders contain certain exclusions, limitations, exceptions, reductions of benefits, waiting periods and terms for keeping them in force. Please contact a Texas Life representative or see the PureLife-plus brochure for costs and complete details. Contract form ICC18-PRFNG-NI-18 or Form Series PRFNG-NI-18. Texas Life is licensed to do business in the District of Columbia and every state but New York.

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TEXASLIFE INSURANCE COMPANY

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



LIFE INSURANCE HIGHLIGHTS

For the employee

PURELIFE-PLUS

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

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

- **High Death Benefit.** With one of the highest death benefits available at the worksite,¹ PURELIFE-PLUS gives your loved ones peace of mind, knowing there will be life insurance in force when you die.
- **Refund of Premium.** Unique in the marketplace, PURELIFE-PLUS offers you a refund of 10 years' premium, should you surrender the contract if the premium you pay when you buy the contract ever increases. *(Conditions apply.)*
- **Accelerated Death Benefit Due to Terminal Illness Rider.** Should you be diagnosed as terminally ill with the expectation of death within 12 months, you will have the option to receive 92% of the death benefit, minus a \$150 (\$100 in Florida) administrative fee. This valuable living benefit gives you peace of mind knowing that, should you need it, you can take the large majority of your death benefit while still alive. *(Conditions apply.) (Form ICC07-ULABR-07 or Form Series ULABR-07)*
- **Accelerated Death Benefit for Chronic Illness Rider.**² Included for employees at a small extra cost, this rider will be triggered by the loss of two activities of daily living³ or permanent cognitive impairment. It pays the insured 92% of the death benefit minus a small administrative fee, should the insured decide to exercise it. This valuable living benefit can help offset the cost of either in-home care or care in a resident facility. *(Conditions apply.) (Form ICC15-ULABR-CI-15 or Form Series ULABR-CI-15)*



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Additional Features

- **Minimal Cash Value.** Designed to provide a high death benefit at a reasonable premium, PURELIFE-PLUS provides peace of mind for you and your beneficiaries while freeing investment dollars to be directed toward such tax-favored retirement plans as 403(b), 457 and 401(k).
- **Long Guarantees.** Enjoy the assurance of a contract that has a guaranteed death benefit to age 121 and level premium that guarantees coverage for a significant period of time (after the guaranteed period, premiums may go down, stay the same, or go up).⁴

You may apply for this permanent coverage, not only for yourself, but also for your spouse, children and grandchildren.⁵



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?

PureLife-plus is a Flexible Premium Adjustable Life Insurance to Age 121. As with most life insurance products, Texas Life contracts and riders contain certain exclusions, limitations, exceptions, reductions of benefits, waiting periods and terms for keeping them in force. Please contact a Texas Life representative or see the Purelife-plus brochure for costs and complete details. Contract Form ICC18-PRFNG-NI-18 or Form Series PRFNG-NI-18.

¹ Voluntary Whole and Universal Life Products, Eastbridge Consulting Group, December 2018

² Chronic Illness Rider available for an additional cost for employees only. Conditions apply. Form ICC15-ULABR-CI-15 or Form Series ULABR-CI-15.

³ Six Activities of Daily Living include: bathing, continence, dressing, eating, toileting, and transferring. Severe Cognitive Impairment means a deterioration or loss in intellectual capacity that: (1) places the Insured in jeopardy of harming him/herself or others and, therefore, the Insured requires Substantial Supervision by another individual; and (2) is measured by clinical evidence and standardized tests which reliably measure impairment in: (a) short or long-term memory; (b) orientation to people, places or time; and (c) deductive or abstract reasoning.

⁴ Guarantees are subject to product terms, limitations, exclusions, and the insurer's claims paying ability and financial strength

⁵ 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.

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

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

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)	Semi-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				4.63					8.13	81
2-4				4.75					8.38	80
5-8				4.88					8.63	79
9-10				5.00					8.88	79
11-16				5.13					9.13	77
17-20				6.13	7.13	8.13	9.13	10.13	11.13	75
21-22				6.25	7.28	8.30	9.33	10.35	11.38	74
23				6.38	7.43	8.48	9.53	10.58	11.63	75
24-25				6.50	7.58	8.65	9.73	10.80	11.88	74
26				6.75	7.88	9.00	10.13	11.25	12.38	75
27-28				6.88	8.03	9.18	10.33	11.48	12.63	74
29				7.00	8.18	9.35	10.53	11.70	12.88	74
30-31				7.13	8.33	9.53	10.73	11.93	13.13	73
32				7.50	8.78	10.05	11.33	12.60	13.88	74
33				7.75	9.08	10.40	11.73	13.05	14.38	74
34				8.13	9.53	10.93	12.33	13.73	15.13	75
35		5.63	7.13	8.63	10.13	11.63	13.13	14.63	16.13	76
36		5.78	7.33	8.88	10.43	11.98	13.53	15.08	16.63	76
37		6.00	7.63	9.25	10.88	12.50	14.13	15.75	17.38	77
38		6.23	7.93	9.63	11.33	13.03	14.73	16.43	18.13	77
39		6.60	8.43	10.25	12.08	13.90	15.73	17.55	19.38	78
40	5.03	6.98	8.93	10.88	12.83	14.78	16.73	18.68	20.63	79
41	5.38	7.50	9.63	11.75	13.88	16.00	18.13	20.25	22.38	80
42	5.78	8.10	10.43	12.75	15.08	17.40	19.73	22.05	24.38	81
43	6.13	8.63	11.13	13.63	16.13	18.63	21.13	23.63	26.13	82
44	6.48	9.15	11.83	14.50	17.18	19.85	22.53	25.20	27.88	83
45	6.83	9.68	12.53	15.38	18.23	21.08	23.93	26.78	29.63	83
46	7.23	10.28	13.33	16.38	19.43	22.48	25.53	28.58	31.63	84
47	7.58	10.80	14.03	17.25	20.48	23.70	26.93	30.15	33.38	84
48	7.93	11.33	14.73	18.13	21.53	24.93	28.33	31.73	35.13	85
49	8.38	12.00	15.63	19.25	22.88	26.50	30.13	33.75	37.38	85
50	8.88	12.75	16.63	20.50						86
51	9.48	13.65	17.83	22.00						87
52	10.13	14.63	19.13	23.63						88
53	10.63	15.38	20.13	24.88						88
54	11.13	16.13	21.13	26.13						88
55	11.68	16.95	22.23	27.50						89
56	12.18	17.70	23.23	28.75						89
57	12.78	18.60	24.43	30.25						89
58	13.33	19.43	25.53	31.63						89
59	13.93	20.33	26.73	33.13						89
60	14.28	20.85	27.43	34.00						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)	Semi-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		9.28	17.43	25.58	33.73	50.03	66.33	82.63	98.93	71
21-22		9.69	18.25	26.82	35.38	52.50	69.63	86.75	103.88	71
23		10.10	19.08	28.05	37.03	54.98	72.93	90.88	108.83	72
24-25		10.38	19.63	28.88	38.13	56.63	75.13	93.63	112.13	71
26		10.65	20.18	29.70	39.23	58.28	77.33	96.38	115.43	72
27-28		10.93	20.73	30.53	40.33	59.93	79.53	99.13	118.73	71
29		11.07	21.00	30.94	40.88	60.75	80.63	100.50	120.38	71
30-31		12.44	23.75	35.07	46.38	69.00	91.63	114.25	136.88	72
32		12.85	24.58	36.30	48.03	71.48	94.93	118.38	141.83	72
33		12.99	24.85	36.72	48.58	72.30	96.03	119.75	143.48	72
34		13.13	25.13	37.13	49.13	73.13	97.13	121.13	145.13	71
35		14.09	27.05	40.02	52.98	78.90	104.83	130.75	156.68	72
36		14.50	27.88	41.25	54.63	81.38	108.13	134.88	161.63	72
37		15.47	29.80	44.14	58.48	87.15	115.83	144.50	173.18	73
38		15.88	30.63	45.38	60.13	89.63	119.13	148.63	178.13	73
39		16.98	32.83	48.68	64.53	96.23	127.93	159.63	191.33	74
40	8.07	18.49	35.85	53.22	70.58	105.30	140.03	174.75	209.48	76
41	8.57	19.73	38.33	56.93	75.53	112.73	149.93	187.13	224.33	77
42	9.17	21.24	41.35	61.47	81.58	121.80	162.03	202.25	242.48	78
43	9.94	23.17	45.20	67.24	89.28	133.35	177.43	221.50	265.58	80
44	10.33	24.13	47.13	70.13	93.13	139.13	185.13	231.13	277.13	80
45	10.88	25.50	49.88	74.25	98.63	147.38	196.13	244.88	293.63	81
46	11.32	26.60	52.08	77.55	103.03	153.98	204.93	255.88	306.83	81
47	11.87	27.98	54.83	81.68	108.53	162.23	215.93	269.63	323.33	82
48	12.36	29.22	57.30	85.39	113.48	169.65	225.83	282.00	338.18	82
49	13.08	31.00	60.88	90.75	120.63	180.38	240.13	299.88	359.63	83
50	13.68	32.52	63.90	95.29	126.68					83
51	14.29	34.03	66.93	99.83	132.73					83
52	15.17	36.23	71.33	106.43	141.53					84
53	15.94	38.15	75.18	112.20	149.23					85
54	16.65	39.94	78.75	117.57	156.38					85
55	17.42	41.87	82.60	123.34	164.08					85
56	18.30	44.07	87.00	129.94	172.88					85
57	19.18	46.27	91.40	136.54	181.68					86
58	20.12	48.60	96.08	143.55	191.03					86
59	21.05	50.94	100.75	150.57	200.38					86
60	21.64	52.42	103.70	154.99	206.28					86
61	22.91	55.58	110.03	164.48	218.93					86
62	24.12	58.60	116.08	173.55	231.03					87
63	25.33	61.63	122.13	182.63	243.13					87
64	26.54	64.65	128.18	191.70	255.23					87
65	27.86	67.95	134.78	201.60	268.43					87
66	29.29									88
67	30.83									88
68	32.42									88
69	34.13									88
70	35.94									89

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

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

Issue Age (ALB)	Semi-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				8.63	10.13	11.63	13.13	14.63	16.13	71
21-22				9.00	10.58	12.15	13.73	15.30	16.88	71
23				9.38	11.03	12.68	14.33	15.98	17.63	72
24-25				9.63	11.33	13.03	14.73	16.43	18.13	71
26				9.88	11.63	13.38	15.13	16.88	18.63	72
27-28				10.13	11.93	13.73	15.53	17.33	19.13	71
29				10.25	12.08	13.90	15.73	17.55	19.38	71
30-31				11.50	13.58	15.65	17.73	19.80	21.88	72
32				11.88	14.03	16.18	18.33	20.48	22.63	72
33				12.00	14.18	16.35	18.53	20.70	22.88	72
34				12.13	14.33	16.53	18.73	20.93	23.13	71
35		8.25	10.63	13.00	15.38	17.75	20.13	22.50	24.88	72
36		8.48	10.93	13.38	15.83	18.28	20.73	23.18	25.63	72
37		9.00	11.63	14.25	16.88	19.50	22.13	24.75	27.38	73
38		9.23	11.93	14.63	17.33	20.03	22.73	25.43	28.13	73
39		9.83	12.73	15.63	18.53	21.43	24.33	27.23	30.13	74
40	7.48	10.65	13.83	17.00	20.18	23.35	26.53	29.70	32.88	76
41	7.93	11.33	14.73	18.43	21.53	24.93	28.33	31.73	35.13	77
42	8.48	12.15	15.83	19.50	23.18	26.85	30.53	34.20	37.88	78
43	9.18	13.20	17.23	21.25	25.28	29.30	33.33	37.35	41.38	80
44	9.53	13.73	17.93	22.13	26.33	30.53	34.73	38.93	43.13	80
45	10.03	14.48	18.93	23.38	27.83	32.28	36.73	41.18	45.63	81
46	10.43	15.08	19.73	24.38	29.03	33.68	38.33	42.98	47.63	81
47	10.93	15.83	20.73	25.63	30.53	35.43	40.33	45.23	50.13	82
48	11.38	16.50	21.63	26.75	31.88	37.00	42.13	47.25	52.38	82
49	12.03	17.48	22.93	28.38	33.83	39.28	44.73	50.18	55.63	83
50	12.58	18.30	24.03	29.75						83
51	13.13	19.13	25.13	31.13						83
52	13.93	20.33	26.73	33.13						84
53	14.63	21.38	28.13	34.88						85
54	15.28	22.35	29.43	36.50						85
55	15.98	23.40	30.83	38.25						85
56	16.78	24.60	32.43	40.25						85
57	17.58	25.80	34.03	42.25						86
58	18.43	27.08	35.73	44.38						86
59	19.28	28.35	37.43	46.50						86
60	19.78	29.10	38.43	47.75						86
61										86
62										87
63										87
64										87
65										87
66										88
67										88
68										88
69										88
70										89

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

Disability Income Plus Insurance

SUMMARY OF BENEFITS



Disability Income Plus provides a monthly disability income benefit as a result of an accident or sickness. If you become totally disabled by an accident or illness, Disability Income Plus can be there to assist, helping pay the bills that won't go away just because you can't work: housing costs, food, car payments, and additional medical costs. This gives you the opportunity to focus on a full recovery and successful return to the workplace.

Coverage Type

Disability Income Plus provides a monthly disability income benefit due to a non-occupational accident or sickness.

BENEFITS & FEATURES

Accident & Sickness

Provides coverage for disabilities caused by either an accidental injury or sickness. Elimination periods: 0/7, and 14/14.

Benefit Period

Three months. The benefit period is the maximum number of months a qualifying benefit will be paid. Benefits will not continue after the benefit period ends.

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.

Waiver of Premium

Premium is waived if the employee is totally disabled for more than 90 days or the elimination period, whichever is longer.

Partial Disability

Pays 50% of the total benefit when employee cannot perform 20% to 80% of his or her normal work schedule for up to six consecutive months.

Recurrent Disability

If employee becomes disabled again within 180 days of returning to work, the elimination period is waived and benefits are immediately available for up to the remaining benefit from the previous disability.

Portability

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

Pregnancy

Treated as any other illness.



PLAN PROVISIONS

Pre-existing Conditions

If a member has a pre-existing condition that is diagnosed or symptoms occurred in the 12 months prior to policy effective date, no benefits will be paid for the first 12 months after the policy effective date.

Eligibility

- Employee issue ages 18-70
- Full-time, benefit eligible employees, actively at work and working at least 20 hours per week

Termination Age

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

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

This is not a complete disclosure of plan qualifications and limitations. Please access our website to obtain a completed list for the Workplace Voluntary Benefit products at www.manhattanlife.com. Please review this information before applying for coverage. The amount of benefits provided depends on the plan selected. Premiums will vary according to the selection made.

THIS POLICY PROVIDES LIMITED BENEFITS.

Policy: M-8014

Insured by ManhattanLife Assurance Company of America*

*NY, NJ, and FL - Insured by Manhattan Life Insurance Company



www.manhattanlife.com

FFGA Berkeley Monthly Composite Rates

Disability Income Plus rates

Semi-Monthly deductions, Elimination Period: 0/7 90 days

Benefit	\$300	\$400	\$500	\$600	\$700	\$800	\$900	\$1,000	\$1,100	\$1,200
All Ages	\$4.18	\$5.57	\$6.96	\$8.36	\$9.75	\$11.14	\$12.53	\$13.93	\$15.32	\$16.71
Benefit	\$1,300	\$1,400	\$1,500	\$1,600	\$1,700	\$1,800	\$1,900	\$2,000	\$2,100	\$2,200
All Ages	\$18.11	\$19.50	\$20.89	\$22.28	\$23.68	\$25.07	\$26.46	\$27.86	\$29.25	\$30.64
Benefit	\$2,300	\$2,400	\$2,500	\$2,600	\$2,700	\$2,800	\$2,900	\$3,000	\$3,100	\$3,200
All Ages	\$32.03	\$33.43	\$34.82	\$36.21	\$37.60	\$39.00	\$40.39	\$41.78	\$43.18	\$44.57
Benefit	\$3,300	\$3,400	\$3,500	\$3,600	\$3,700	\$3,800	\$3,900	\$4,000	\$4,100	\$4,200
All Ages	\$45.96	\$47.35	\$48.75	\$50.14	\$51.53	\$52.92	\$54.32	\$55.71	\$57.10	\$58.50
Benefit	\$4,300	\$4,400	\$4,500	\$4,600	\$4,700	\$4,800	\$4,900	\$5,000		
All Ages	\$59.89	\$61.28	\$62.67	\$64.07	\$65.46	\$66.85	\$68.24	\$69.64		

Disability Income Plus rates

Semi-Monthly deductions, Elimination Period: 14/14 90 days

Benefit	\$300	\$400	\$500	\$600	\$700	\$800	\$900	\$1,000	\$1,100	\$1,200
All Ages	\$2.76	\$3.68	\$4.60	\$5.52	\$6.44	\$7.36	\$8.28	\$9.20	\$10.12	\$11.04
Benefit	\$1,300	\$1,400	\$1,500	\$1,600	\$1,700	\$1,800	\$1,900	\$2,000	\$2,100	\$2,200
All Ages	\$11.96	\$12.88	\$13.80	\$14.72	\$15.64	\$16.56	\$17.48	\$18.40	\$19.32	\$20.24
Benefit	\$2,300	\$2,400	\$2,500	\$2,600	\$2,700	\$2,800	\$2,900	\$3,000	\$3,100	\$3,200
All Ages	\$21.16	\$22.08	\$23.00	\$23.92	\$24.84	\$25.76	\$26.68	\$27.60	\$28.52	\$29.44
Benefit	\$3,300	\$3,400	\$3,500	\$3,600	\$3,700	\$3,800	\$3,900	\$4,000	\$4,100	\$4,200
All Ages	\$30.36	\$31.28	\$32.20	\$33.12	\$34.04	\$34.96	\$35.88	\$36.80	\$37.72	\$38.64
Benefit	\$4,300	\$4,400	\$4,500	\$4,600	\$4,700	\$4,800	\$4,900	\$5,000		
All Ages	\$39.56	\$40.48	\$41.40	\$42.32	\$43.24	\$44.16	\$45.08	\$46.00		



Group Cancer and Specified Disease Insurance

Policy Form M-9012

Underwritten by ManhattanLife Assurance Company of America

▶ Plan Features

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

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



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

Benefit	Amounts
<p>Rental or Purchase of Durable Goods. We will pay the actual expenses incurred for the rental or purchase of the following pieces of durable medical equipment: a respirator or similar mechanical device, brace, crutches, Hospital bed, or wheelchair. No Lifetime Maximum</p> <p>Waiver of Premium. After 60 continuous days of disability due to Cancer or Specified Disease, We will waive premiums starting on the first day of policy renewal.</p> <p>Hospital Confinement. Payable for each day a Covered Person is charged the daily room rate by a Hospital, for up to 60 days of continuous stay. The benefit for covered children under age 21 is two times the Covered Person's daily benefit. No Lifetime Maximum</p>	<p>Incurred Expenses up to \$1,500 per calendar year</p> <p>After 60 days</p> <p>\$100 - \$600 per day <i>See Rate Quote for Benefit Amount</i></p>

Other Specified Diseases Covered:

- | | | |
|--|--|--|
| <ul style="list-style-type: none"> • Addison's Disease • Amyotrophic Lateral Sclerosis • Cystic Fibrosis • Diphtheria • Encephalitis • Epilepsy • Hansen's Disease • Legionnaire's Disease • Lupus Erythematosus • Lyme Disease • Malaria | <ul style="list-style-type: none"> • Meningitis (epidemic cerebrospinal) • Multiple Sclerosis • Muscular Dystrophy • Myasthenia Gravis • Niemann-Pick Disease • Osteomyelitis • Poliomyelitis • Rabies • Reye's Syndrome • Rheumatic Fever • Rocky Mountain Spotted Fever | <ul style="list-style-type: none"> • Scarlet Fever • Sickle Cell Anemia • Tay-Sachs Disease • Tetanus • Toxic Epidermal Necrolysis • Tuberculosis • Tularemia • Typhoid Fever • Undulant Fever • Whipple's Disease |
|--|--|--|

Payment of Benefits

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

Pre-Existing Condition Limitation

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

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

Exceptions and Other Limitations

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

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

Termination of Coverage

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

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

Portability

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

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

Covered Persons

Covered Person means any of the following:

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

Child (Children)

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

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

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

Benefits

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

Hospital Intensive Care Confinement Benefit

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

Double Benefits

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

Emergency Hospitalization and Subsequent Transfer to an ICU

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

Step Down Unit

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

Exceptions and Other Limitations

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

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

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

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

If any information is incorrect, please contact us.

Administered by:

Bay Bridge Administrators

P.O. Box 161690 | Austin, Texas 78716 | 1-800-845-7519

Berkeley County School District

Group Cancer Rate Quote - Semi-Monthly Rates

Final implemented rates may vary slightly due to rounding.

Base Plan

Low Plan - Semi-Monthly Rates

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

High Plan - Semi-Monthly Rates

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

Variable Benefit Elections

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

Optional Intensive Care Rider (ICR)

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

Underwritten by:
ManhattanLife Assurance Company of America

Administered by:



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Critical Illness

SUMMARY OF BENEFITS*



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

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

Coverage Type	Voluntary Critical Illness insurance is a group policy that includes coverage for heart/stroke, cancer, other specified illnesses, and progressive diseases.	
BENEFITS & FEATURES		
Benefit Amount	Employee: •\$5,000 to \$50,000	Dependents: • Spouse: \$2,500 to \$25,000 - 50% of Employee amount. • Child: 25% of Employee amount up to \$12,500.
Cardiac Conditions	100% of benefit amount paid upon treatment period or proof of loss for Myocardial Infarction. 25% of benefit amount paid at diagnosis for Coronary Heart Disease.	
Cerebral Vascular Disease	100% of the benefit amount paid upon treatment or proof of loss for a Stroke. 10% of the benefit amount paid upon treatment or proof of loss for a Ruptured Brain Aneurysm. 10% of the benefit amount paid upon treatment or proof of loss for a Transient Ischemic Attack.	
Cancer	100% of the benefit amount paid upon treatment or proof of loss for Invasive Cancer*. 25% of the benefit paid upon treatment or proof of loss for a Non-Invasive Cancer**.	
Other Specified Illnesses	100% of the benefit amount paid for one of the following illnesses or conditions, for any unused benefit available: Benign Brain Tumor, Major Organ Failure, End-Stage Renal Failure, Coma, Severe Burns, Permanent Paralysis, Occupational HIV/Hepatitis, Functional Loss of Sight, Speech or Hearing as defined in the policy (certificate).	
Infectious Diseases	25% of the benefit amount is paid for one of the confirmed diagnosis of the following (as long as the benefit has not been used): Cerebrospinal Meningitis, Malaria, Encephalitis, Legionnaire's Disease, Necrotizing Fasciitis, Osteomyelitis, Tuberculosis.	
Progressive Diseases	50% of the benefit amount is paid for a confirmed diagnosis of one of the following diseases (as long as the benefit has not been used): ALS, Multiple Sclerosis, Advanced Dementia/Advanced Alzheimer's, Advanced Parkinson's.	
Childhood Condition Benefit	25% of the benefit amount is paid for an eligible child for a confirmed diagnosis of one of the following conditions: Cerebral Palsy, Cleft Lip/Cleft Palate, Cystic Fibrosis, Down Syndrome, Spina Bifida, Type 1 Diabetes.	



Additional Occurrence	Pays a percentage of a critical illness listed if the occurrence is six months between the previous critical illness and new critical illness not caused by a critical illness for which benefits have been paid.
Recurrence Benefit	Provides an additional benefit for the same condition if a covered participant is treatment-free for at least 12 months. Available once for the lifetime of the insured. Please refer to the Critical Illness Policy for a complete list of covered conditions under the Benefit Recurrence Rider.
Wellness Screening	Benefit pays for any one of the 21 covered tests per calendar year including mammograms, colonoscopies, and stress tests. Indemnity based and payable once per calendar year per insured. Coverage is same for all insureds on the certificate. \$100.
Waiver of Premium	Premiums will be waived for the insured if he or she is totally disabled as a result of a confirmed critical illness for at least 180 consecutive days.
Portability	Prior to age 70 and after six months of continuous coverage, employees can take their coverage with them if they leave their employer as long as the master policy remains in effect.

PLAN PROVISIONS

Pre-existing Conditions	Waived.
Eligibility	<ul style="list-style-type: none"> • Employee issue ages 18-69. • Full-time, benefit eligible employees, actively at work and working at least 20 hours per week. • Spouse issue ages 18-69; ineligible if employee is denied • Child issue ages 0-25; ineligible if employee is denied.
Termination Age	<p>Employee - Age 70 unless actively at work, then on last day of active employment.</p> <p>Spouse - The earlier of Age 70 or when employee plan terminates.</p> <p>Child - The earlier of Age 26 or when the employee plan terminates, if plan terminates prior to child age 26.</p>

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

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

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

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

Insured by ManhattanLife Assurance Company of America

www.manhattanlife.com

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

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

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

*Spouse Amount is 50% of Employee Amount.

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

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

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

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

Accident Indemnity Plus

SUMMARY OF BENEFITS



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

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

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

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

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

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



Eligibility

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

Termination Age

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

Portability

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

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

Note: Final implementation rate may vary slightly due to rounding

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

Note: Final implementation rate may vary slightly due to rounding

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

This is not a complete disclosure of plan qualifications and limitations. Please access our website to obtain a completed list for the Workplace Voluntary Benefit product at Disclosure.ManhattanLife.com. Please review this information before applying for coverage. The amount of benefits provided depends on the plan selected. Premiums will vary according to the selection made. THIS POLICY PROVIDES LIMITED BENEFITS.

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

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

Insured by ManhattanLife Assurance Company of America

FL and NJ Underwritten by Manhattan Life Insurance Company.



Hospital Indemnity

SUMMARY OF BENEFITS



Hospital Indemnity pays a cash benefit when you are hospitalized. You can use the cash benefits however you want – to help pay medical bills or everyday living expenses such as housing, car payments, utility bills, childcare, groceries, and credit card bills.

Coverage Type

Provides expense reimbursement for hospital confinement up to the policy maximum. Optional enhanced coverage for intensive, cardiac, and burn unit hospital stays. Coverage is available to the employee, spouse, and the children.

BENEFITS & FEATURES

Hospital Indemnity

If a covered person is confined as an inpatient in a hospital, the selected benefit is paid for a maximum of 30 days per confinement. \$200.

First Admission

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. \$1,500.

Intensive Care Unit (ICU) Cardiac Care Unit (CCU) Burn Unit

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. \$200.

Wellness Screening

Benefit pays for 21 covered tests including mammograms, colonoscopies, and stress tests. Indemnity based and payable once per calendar year per insured. Coverage is same for all insureds on the certificate. \$50

Waiver of Premium

A covered person's premium is waived if he or she becomes totally disabled for at least 90 days and after the effective date of coverage. There is no lifetime maximum. The waiver of premium benefit is limited to a maximum of 12 consecutive months per disability.



PLAN PROVISIONS

Pre-existing conditions Waived.

Maternity Waiting Period Waived.

Eligibility

- Employee issue ages 18-90
- Full-time, benefit eligible employees, actively at work and working at least 20 hours per week
- Spouse issue ages 18-90; ineligible if employee is denied
- Child issue ages 0-25; ineligible if employee is denied

Termination age Age 91 unless actively at work, then on last day of active employment.

	Semi-Monthly (24) premium			
Benefit:	Employee	Employee/Spouse	Employee/Child(ren)	Family
18+	\$16.44	\$31.15	\$24.80	\$39.49

Note: Final implementation rate may vary slightly due to rounding

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

This is not a complete disclosure of plan qualifications and limitations. Please access our website to obtain a completed list for the Workplace Voluntary Benefit products at www.manhattanlife.com. Please review this information before applying for coverage. The amount of benefits provided depends on the plan selected. Premiums will vary according to the selection made. THIS POLICY PROVIDES LIMITED BENEFITS.

Policy: M-8019

Well-Being Benefit: M-1775

Insured by ManhattanLife Assurance Company of America*

*FL and NJ Underwritten by Manhattan Life Insurance Company.



www.manhattanlife.com

Your identity is your most valuable asset. Is yours protected?

iLOCK360



39 seconds is how often cyber-attacks to occur

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

17% increase in data breaches 2018 to 2019

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

How iLOCK360 helps



Defend

Your personal information is monitored 24/7/365



Protect

Alerts inform you of potential threats for immediate action



Restore

iLOCK360 does the work to restore your identity

Take advantage of special **EDUCATOR PRICING** during open enrollment!

Monthly payroll deduction

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

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

Protect your identity **TODAY!**

Learn more about the protections that iLOCK360 offers:

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

PLEASE NOTE:

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



Have You Ever...

- Signed a contract?
- Received a moving traffic violation?
- Needed your Will prepared or updated?
- Had concerns regarding child support?
- Had trouble with a warranty or defective product?
- Been overcharged for a repair or paid an unfair bill?

The LegalShield Membership Includes:

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

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

Plan	Family Price
LegalShield	

Prepared for:

For more information, contact your Independent Associate:	Associate Name Website Email Phone
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LegalShield legal plans cover the member; member's spouse; never married dependent children under 26 living at home; dependent children under the age 18 for whom the member is the legal guardian; never married dependent children up to age 26 if a full-time college student; or physically or mentally disabled dependent children. LegalShield provides access to identity theft protection and restoration services.

Nationwide[®] My Pet Protection[®] PLAN SUMMARY



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

My Pet Protection coverage highlights

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

Coverage includes²:

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

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

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

What makes My Pet Protection different?

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

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



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

Nationwide offers more than great coverage

vethelpline[®]

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

Nationwide **PetRxExpress**[™]

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



Get a quote at [PetsNationwide.com](https://www.petsnationwide.com) • 877-738-7874

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

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



FAQ

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

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

How can I make changes to my policy?

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

When is the policy renewal period?

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

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

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

Will pre-existing conditions be covered?

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

Can I still use my veterinarian?

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

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

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

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

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

How do I file a claim?

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

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

Email: submitmyclaim@petinsurance.com

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



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

How to apply for a pet insurance policy

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

Choose from two easy ways to sign up:



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

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



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

The rates given will include your preferred pricing.

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



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

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

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



CLEVER RX

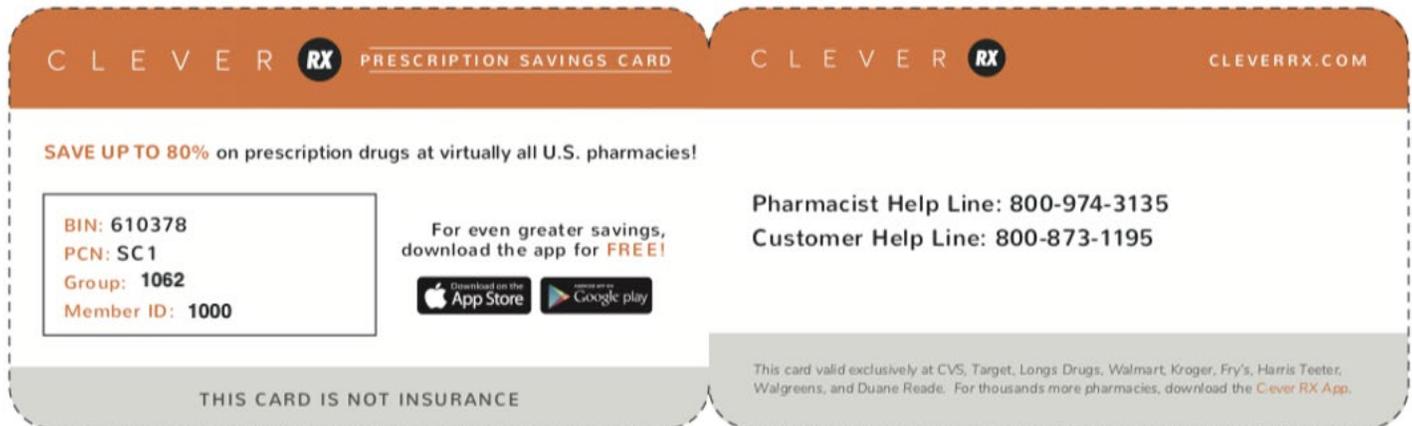
Clever RX | <https://partner.cleverrx.com/ffga> | 1.800.873.1195

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

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 107 East Main Street | Monck's Corner, SC 29461
 843-899-8600

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 Tyler Webster, Sr. Account Executive
 800.924.3539 | Tyler.Webster@ffga.com

FIRST FINANCIAL GROUP OF AMERICA
 Michael Shelly, Sr. Account Executive
 800.924.3539 | Michael.Shelly@ffga.com

CONTACTS			
BENEFIT	CARRIER	WEBSITE	PHONE
State Benefits	PEBA	www.peba.sc.gov	(888) 260-9430
Short Term Disability	Manhattan Life	www.manhattanlife.com	(800) 669-9030
Hospital Indemnity	Manhattan Life	www.manhattanlife.com	(800) 669-9030
Accident	Manhattan Life	www.manhattanlife.com	(800) 669-9030
Cancer	Manhattan Life/Baybridge Administrators	www.manhattanlife.com	(800) 845-7519
Critical Illness	Manhattan Life	www.manhattanlife.com	(800) 669-9030
Permanent Life	Texas Life	www.texaslife.com	(800) 283-9233
Legal	LegalShield	https://w3.legalshield.com	(800) 654-7757
ID Theft Protection	iLock360	www.ilock360.com	(855) 287-8888
Nationwide	Pet Insurance	www.petinsurance.com/bcsdschools	(877) 738-7874