

# Clovis Municipal Schools



- FSAs
- Access Medical
- Dental
- Vision
- Hospital Indemnity
- Short Term Disability
- Critical Illness
- Cancer
- Accident
- Term Life
- Permanent Life
- 403(b) Retirement Plans
- 457 Retirement Plans



## 2024 Employee Benefit Guide

Plan Year: January 1, 2024 - December 31, 2024

# IMPORTANT INFORMATION

Clovis Municipal Schools is pleased to offer our employees a wide variety of benefits to suit your needs. The information found within this book is designed to assist you in making important decisions regarding your benefits and provide you with important contact information. **BIS** has been chosen by Clovis Municipal Schools to implement our Cafeteria Plan as established by Section 125 of the Internal Revenue Code. Participation in the plan is voluntary.

## Annual Enrollment

The **ANNUAL ENROLLMENT** for Clovis Municipal Schools will take place during the month of November. **ALL FULL TIME EMPLOYEES MUST ANNUALLY COMPLETE YOUR ENROLLMENT TO EITHER PARTICIPATE OR DECLINE THE PLAN DURING THE ANNUAL ENROLLMENT.** Specific enrollment dates will be sent through your campus.

## Section 125 Plan Year

The plan year for Clovis Municipal Schools is January 1st through December 31st.

## New Employees

New Employees will have 31 days, from their date of hire to enroll in benefits. This applies to the Cafeteria Plan, Health Insurance and Supplemental Benefits. Benefits will then become effective the first of the month following your date of hire.

## Mid-Year Changes

Once enrolled under the Cafeteria Plan, Mid-Year Changes can only be made based on an IRS Qualifying Event. Employees have 31 days after a Qualifying Event to make changes based on that event. It is the responsibility of the employee to notify your Administration Office of such changes.

## Qualifying Events

IRS Qualifying Events include, but are not limited to: Change in Marital Status, Birth or Adoption of a Child, Death of a Dependent, Change of Employee's or Spouse's Employment, Entitlement to Medicare or Medicaid, FMLA Leave and COBRA Qualifying Event. Should you have specific questions regarding certain circumstances, please contact BIS for approval of changes. Please note that any change must correspond with the qualifying event you incur.

## Contact Information

| COMPANY                                 | PROVIDER                         | TELEPHONE           | WEBSITE                                | PAGE         |
|---|----------------------------------|---------------------|--|--------------|
| <i>Flexible Spending Accounts</i>       | <i>National Benefit Services</i> | <i>800.274.0503</i> | <i>www.NBSbenefits.com</i>             | <i>1-9</i>   |
| <i>Telehealth &amp; Health Advocacy</i> | <i>Access Medical</i>            | <i>800.800.7616</i> | <i>www.MyBenefitsWork.com</i>          | <i>10-11</i> |
| <i>Dental</i>                           | <i>Ameritas</i>                  | <i>800.487.5553</i> | <i>www.Ameritas.com</i>                | <i>12-15</i> |
| <i>Vision</i>                           | <i>Ameritas (VSP Network)</i>    | <i>800.487.5553</i> | <i>www.VSP.com</i>                     | <i>16-19</i> |
| <i>Hospital Indemnity</i>               | <i>American Public Life</i>      | <i>877.338.2859</i> | <i>www.AMpublic.com</i>                | <i>20-23</i> |
| <i>Short Term Disability</i>            | <i>Sun Life</i>                  | <i>800.247.6875</i> | <i>www.sunlife.com/us</i>              | <i>24-27</i> |
| <i>Critical Illness</i>                 | <i>Bay Bridge - MetLife</i>      | <i>800.845.7519</i> | <i>www.BayBridgeAdministrators.com</i> | <i>28-35</i> |
| <i>Cancer</i>                           | <i>Aflac</i>                     | <i>800.992.3522</i> | <i>www.Aflac.com</i>                   | <i>36-47</i> |
| <i>Accident</i>                         | <i>MetLife</i>                   | <i>800.638.5433</i> | <i>www.metlife.com</i>                 | <i>48-56</i> |
| <i>Term Life Insurance</i>              | <i>One America</i>               | <i>855.517.6365</i> | <i>www.employeebenefits.aul.com</i>    | <i>57-61</i> |
| <i>Employee Assistance Program</i>      | <i>ComPsych</i>                  | <i>855.387.9727</i> | <i>www.guidanceresources.com</i>       | <i>62</i>    |
| <i>Permanent Life Insurance</i>         | <i>Texas Life Insurance</i>      | <i>800.283.9233</i> | <i>www.TexasLife.com</i>               | <i>63-66</i> |
| <i>403b / 457 Retirement</i>            | <i>National Benefit Services</i> | <i>800.274.0503</i> | <i>www.NBSbenefits.com</i>             | <i>67-68</i> |

# Employee Benefits Portal

Clovis Municipal Schools Employee Benefits Portal has been designed to assist you with your benefit decisions.

**To access please go to [www.bisnm.com/clovis](http://www.bisnm.com/clovis)**



**Clovis Municipal Schools**



Welcome to Your Clovis Municipal Schools Benefits Portal

Clovis Municipal Schools is pleased to offer our employees a wide variety of benefits to suit your needs. The information found within this web site is designed to assist you in making important decisions regarding your benefits and provide you with important contact information.

**BIS** has been chosen by Clovis Municipal Schools to implement our Cafeteria Plan as established by Section 125 of the Internal Revenue Code. Participation in the plan is voluntary.

## Online Enrollment Guide

View **Online Enrollment Guide** above then click the **Online Enrollment Link** below to complete your benefit enrollment.

*Please Note the Company Identifier for registration is **Clovis MS***

## Online Enrollment Login

+ [Benefit Guide](#)

+ [Access Medical](#)

+ [Flexible Spending Accounts](#)

+ [Dental Insurance Plans](#)

+ [Vision](#)

+ [Hospital Indemnity](#)

+ [Cancer](#)

+ [Short Term Disability](#)

+ [Employee Assistance Program](#)

+ [Critical Illness](#)

+ [Accident](#)

+ [Permanent Life Insurance](#)

+ [Voluntary Term Life and AD&D](#)

+ [403\(b\) & 457 Retirement Plans](#)

+ [Grandfathered Cancer Plans](#)

+ [NMPSIA](#)

Need to Upload a File? ([upload](#))



a Combined Benefits Group, Inc. company

Toll-free: 800-894-9990

Toll-free Fax: 877-837-7171

[BISNM.com](http://BISNM.com)

# Section 125 Cafeteria Plan

## How the Plan Works

An IRS Section 125 Plan provides participants an opportunity to receive certain benefits on a pre-tax basis. Under your Employers' Plan, you may pay the premiums pre-tax for your medical, dental, vision and supplemental health plans. Flexible spending accounts are also offered for your health care and dependent care needs for you and your family.

## Example of Employee Savings?

|                           | Without a Section 125 Plan<br>(After-Tax Deductions) | With a Section 125 Plan<br>(Pre-Tax Deductions) |
|---------------------------|--|---|
| Employee Gross Pay        | \$ 3,000.00  | \$ 3,000.00                                     |
| Pre-Tax Medical Premiums  |  | \$ 304.00                                       |
| Taxable Income            | \$ 3,000.00  | \$ 2,696.00                                     |
| Tax Rate                  | 25 %   | 25 %  |
| Taxes Withheld            | \$ 750.00  | \$ 674.00                                       |
| Employee Net Pay          | \$ 2,250.00  | \$ 2,022.00                                     |
| Post-Tax Medical Premiums | \$ 304.00  |   |
| Take Home Pay             | \$ 1,946.00  | \$ 2,022.00                                     |

## Flexible Spending Accounts

A Flexible Spending Account (FSA) is a special account for healthcare and dependent care expenses. When you enroll in an FSA, you decide how much to contribute to each account for the entire Plan Year. This annual contribution is then deducted in equal amounts from your paycheck, before Federal & State income taxes and FICA taxes are deducted. These "pre-taxed" funds are automatically deposited in your account through payroll deduction. Unless you have a qualifying event under Section 125 regulations, your election amount will not change during the Plan year.

## Managing Your Flexible Spending Accounts

There are two kinds of Flexible Spending Accounts:

- Healthcare Reimbursement FSAs
- Dependent Care FSAs (Day Care Expenses)

# Flexible Spending Accounts

You may choose to participate in both plans, depending on the options provided by your employer. Funds in these accounts cannot be co-mingled and the expenses must be incurred during your employer's plan year. Expenses in your flex account that are not incurred by the end of the plan year will be subject to the "use it or lose it" rules regulated by the Internal Revenue Service. Therefore, a decision as to how much you will contribute to your FSA accounts should be made carefully. Based on your Employer's flexible benefits plan year, you have a specified date or "run-off period" following the end of the plan year to submit your claims for reimbursement. If you do not exhaust your account balance, all funds still remaining in your account will be forfeited after this claim period ends. Check with the Plan Administrator to verify the last date that you may file claims to be reimbursed for your eligible FSA expenses.

## Healthcare Reimbursement Flexible Spending Account

A Health Care Flexible Spending Account (FSA) is designed to reimburse you for out-of-pocket health care expenses incurred by you or your eligible dependents that are not reimbursable by your medical, dental and vision insurance plans.

## Eligible Health Expenses

These expenses may be incurred by you or your eligible dependents. Expenses include deductibles, coinsurance payments, office co-pays, orthodontics, glasses and contacts.

An eligible expense item must not be used for general health or cosmetic purposes. In some instances, you will be required to submit a letter of medical necessity from your health care provider to demonstrate a medical need.

Once enrolled in a health FSA, the entire annual election is available to you on the first day of the plan year. You must spend the funds by the end of the plan year or they will be forfeited from your account.

## Special Health Care Expenses

IRS does not allow pre-payment of certain medical treatment programs that may span over multiple plan years. These include orthodontic and prenatal expenses. Reimbursement of the entire expense generally violates the IRS requirement that expenses must be "incurred" during the coverage period and cannot be paid in advance.

## Orthodontic Expenses

IRS stipulates how orthodontic expenses can be reimbursed in a health care FSA. You should carefully plan when deciding on your annual election if it includes orthodontic expenses. Special planning should be considered if you are planning to take advantage of an up-front discount payment. Please remember, services must be performed and incurred within the current plan year. Reimbursement of a lump sum

# Flexible Spending Accounts

payment to a dentist may not be eligible for services. Also consider services that will be performed over more than one plan year. You will need to provide a copy of your contract with your dental provider, showing the initial deposit and monthly payments. This expense may be setup as a recurring expense throughout your plan year.

## Prenatal Expenses

For maternity related expenses, payment cannot be advanced, but are reimbursed as they are incurred. Eligible charges may be reimbursed each time you are seen by your physician for prenatal care, but not in advance of the delivery.

***Under the 2020 CARES Act that Congress passed and signed into law on March 27, the items eligible for reimbursement by FSAs and HSAs include OTC medications and menstrual products.***

## Over The Counter (OTC) Items

The recently enacted Patient Protection and Affordable Care Act of 2010 changes the rules for the purchase of over-the-counter (OTC) products using Flexible Spending Accounts (FSA).

Effective for tax years January 1, 2011 and after, over-the-counter medicines or drugs (e.g. Advil, Ibuprofen, and cough syrup) are not eligible for reimbursement under an FSA, HRA, or HSA without a doctor's prescription. Insulin is the only medicine that doesn't require a prescription.

Supplies you need for medical care (e.g. contact lens solutions, bandages for wounds, thermometers) will continue to be eligible for reimbursement. There are some medical items that may not be allowed unless you have a prescription or letter of necessity from a medical professional for a specific medical condition.

We recommend you retain copies of all OTC documentation for your records. Documentation for reimbursement must state the place of purchase, date, amount, item name, and purchases can be claimed within reasonable quantities. Treatment for eligible expenses cannot be for preventative purposes and items purchased for personal care are not eligible for reimbursement. For example: toothpaste, vitamins, supplements and herbal remedies, and other items used for personal hygiene cannot be claimed for reimbursement.

## Examples of Eligible Expenses

In order to use your health care flexible spending account (FSA), the health care item or service needs to be considered "eligible." The Internal Revenue Service – better known as the IRS – has guidelines to determine which expenses are eligible and qualify for reimbursement from your FSA. Typically, an eligible expense must be a service or product that is purchased for medical care to help treat a medical condition or prevent a disease, among other things.

As you shop for care and for health care items, use this as a helpful guide. This list does not include everything. In fact, the IRS may modify the guidelines from time to time, which may cause the list to change.

# Flexible Spending Accounts

- Acupuncture
- Alcoholism treatment
- Ambulance
- Artificial limbs
- Artificial teeth
- Breast reconstruction surgery (mastectomy-related)
- Chiropractor
- Contact lenses and solutions
- Cosmetic surgery, but only if necessary due to disfiguring trauma or disease
- Dental treatment (X-rays, cleanings, fillings, braces, extractions, etc.)
- Diagnostic devices (blood sugar test kits for diabetics)
- Doctor's office visits and procedures
- Drug addiction treatment
- Drug prescriptions
- Eyeglasses and vision exams
- Eye surgery (laser eye surgery)
- Fertility treatment
- Hearing aids and batteries
- Hospital services
- Laboratory fees
- Operations/surgery (excluding unnecessary cosmetic surgery)
- Physical therapy
- Psychiatric care (if the expense is for mental health care provided by a psychiatrist, psychologist or other licensed professional)
- Special education for learning disabilities
- Speech therapy
- Stop-smoking programs including nicotine gum or patches
- Vasectomy
- Wheelchair

## Ineligible medical expenses examples:

- Advance payment for future medical care
- Amounts reimbursed from any other source (health coverage or another FSA)
- Cosmetic surgery (unless necessary due to disfiguring trauma or disease)
- Diaper service
- Electrolysis or hair removal
- Health insurance premiums (e.g., COBRA, AD&D, LTD, STD, long-term care, group and individual health insurance and Medicare premiums)
- Health club dues
- Household help
- Illegal operations and treatments
- Long-term care for medical expenses
- Maternity clothes
- Nutritional supplements, such as multi-vitamins, for general good health
- Personal use items, such as toothbrush, toothpaste, etc.
- Swimming lessons
- Teeth whitening

## Dependent Care FSA

The Dependent Care Assistance account allows you to pay for “employment related expenses” that enable you and your spouse to be gainfully employed, seek employment, and/or be a fulltime student. In general, expenses must be for the “care” of a qualifying individual.

Reimbursement may also include eligible expenses for children or elder dependents that rely on you for their care.

# Flexible Spending Accounts

## Eligible DCAP Expenses

Some examples of eligible expenses include:

- care in and outside the home
- child-care/dependent care centers
- before and after school care
- nursery school and preschool expenses
- preschool tuition
- day care camps and facilities (*only for "care" and not primarily for educational purposes*).
- Adult day care expenses

Expenses for services provided outside the employee's home by dependent care centers must comply with state and local laws. Your care provider must report day care income on their taxes to be considered as eligible.

Dependent Care FSA must be for children under 13 years of age, unless they meet the qualifications of physically or mentally incapable of self-care.

## DCAP Reimbursements

The total amount you choose to contribute should be based on your expected child and/or dependent care expenses during the plan year. A single parent, or employee that is married but filing separately is limited to \$2,500 for the Plan year. If your spouse has a dependent care account through their employment, the two accounts cannot exceed \$5,000 during a given plan year. IRS requires that the amount reimbursed to a participant must first be on deposit in their account. When a claim is filed we first verify that there are adequate funds in the account to pay the entire claim. When sufficient funds are not available, participants are issued the maximum amount available in their account. The remainder of the reimbursement request is paid when additional funds are received through payroll deposits.

## Ineligible Expenses

The following items are examples of expenses that are generally considered as ineligible for reimbursement in a Dependent Care FSA:

- Educational expenses, except where an eligible child attends preschool or nursery school
- Field trips, clothing
- Late payment or finance charges
- Payments for lessons
- Tuition expenses
- Overnight camps
- Kindergarten expenses



# Flexible Spending Accounts

## Submit valid documentation for Flex Expenses

### Health Care Claims

The Internal Revenue Service requires that **ALL** health care claims be documented for approval in order to be eligible for reimbursement. Valid substantiation documentation for health care expenses will have the following:

- Name of service provider
- Name of patient
- Date of service or sale
- Description of service or product
- Amount of unreimbursed service or *sale*

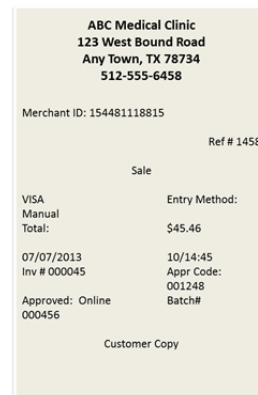
### Invalid Substantiation

A sales receipt normally shows only the date and amount of a transaction. These receipts do not provide the patient's name, a description of the service or show the actual date the service was performed.

**MISSING: Patient Name**

**MISSING: Description of Service**

**MISSING: Date of Service**



**A "sales" receipt is not valid substantiation documentation based on IRS guidelines.**

### Example of Valid Substantiation Documentation

ABC Medical Clinic  
123 West Bound Road  
Any Town, TX 78734  
Bill Jones, M.D.

This is a duplicate  
This is not a bill

Summary  
Total Billed: \$62.00  
Total Benefits Approved: \$37.00  
Amount You May Owe Provider: \$25.00

Group No: 29600  
Identification No: Z1134523  
Claim No: 123345678  
Patient Name: James Doe

| SERVICE INFORMATION                    | Service Date | Amount Billed | Not Covered | Covered |
|--|--------------|---------------|-------------|---------|
| Provider Name: Bill Jones, M.D.        | 07/07/13     | \$62.00       |             | \$62.00 |
| Provider Patient Account No: 123456789 |              |               |             |         |
| Services: Office Visit                 |              |               |             |         |

- Name of Service Provider
- Name of Patient
- Amount of Unreimbursed Service/Sale
- Date of Service
- Description of Service or Product

# Flexible Spending Accounts

## Dependent care claims

Valid substantiation documentation for dependent care claims may be in the form of a receipt from the day care provider that shows:

- Provider name and information
- Dependent's name
- Date span of service (i.e., January 1 -31, 2010)
- Amount of reimbursement

## Flex Debit Card

The Flex Card is an automatic way to pay for qualified health care expenses. It is not a credit card, but can be used to pay for your eligible health flexible spending account (FSA) purchases. The value of the participant's annual contribution is loaded on the Card, and amounts of qualified purchases will be automatically deducted from your account. The Card may be used for eligible flexible spending account (FSA) expenses as determined by Section 213(d) of the Internal Revenue code.

You may use the Card for co-pays at hospitals, physician offices, pharmacies, dental offices, vision service locations, and wherever they accept MasterCard® or Visa® cards. Only eligible expenses incurred during the current plan year and/or grace period can be claimed as eligible expenses.

## Substantiation of Flex Card purchases

Many purchases do not require receipts and can be automatically substantiated by one of the following IRS approved methods:

- |                                 |   |
|---------------------------------|---|
| <b><i>IIAS Approved</i></b>     | <i>If you purchase your FSA eligible item at a merchant utilizing the Inventory Information Approval System, the charge is fully substantiated without the need for submission of a receipt or further review.</i>  |
| <b><i>Co-Payment</i></b>        | <i>If the dollar amount on your Flex Card transaction at a health care provider equals the dollar amount of the co-payment for the service under your major medical plan, the charge is fully substantiated with no need for submission of a receipt or further review.</i> |
| <b><i>Recurring Expense</i></b> | <i>If you use your Flex Card for recurring medical expenses, the charge is substantiated with no need for submission of a receipt or further review. Please note that an initial receipt request will be made to establish the expense as recurring.</i>                    |

# Flexible Spending Accounts

## **Receipt Request**

*You will be required to submit itemized receipts for the following flex card debit purchases:*

- *All FSA eligible items purchased at a 90% Rule Merchant*
- *All transactions at a health care provider that does not equal your co-pay amount*
- *Some dental procedures and vision care products and expenses*

*You will receive a "Receipt Request" letter notification if you are required to submit receipts to substantiate a Flex Card purchase*

## **Reasons your Flex Card may be declined**

Your Flex Card may be declined for the following reasons:

- *Merchants do not Accept Master Card or Visa*
- *Ineligible Medical Expense*
- *Non IIAS Merchant*
- *Non-Medical Facility*
- *The expense is greater than you available FSA fund balance*
- *Your Flex Card has been inactivated due to outstanding receipt requests for substantiation*
- *Merchant is attempting to process your Flex Card as a debit card instead of a credit card*
- *Merchant is experiencing problems with their system.*

## **Termination of Employment**

### **Health Care FSA**

When you terminate employment, your participation in the plan ends and you will no longer be able to incur expenses for reimbursement. Your salary reductions will end; however you may still file claims for dates of service incurred before your termination as long as they are within your eligible plan year.

### **Dependent Care FSA**

If you have not received reimbursement for all contributions made into your DCAP upon your termination of employment, you may continue to incur expenses during the plan year and submit claims reimbursement. Generally you may submit claims through the plan year run-off period until all your contributions are used.

### **COBRA**

COBRA does not apply to DCAP. However, COBRA may apply to your Health Care FSA account and allow you to continue participation in your URM, thus allowing you to receive reimbursement for medical expenses incurred after your employment termination if you terminate employment and you have contributed more into your Health Care FSA than you have received in benefits.

Making it Easy

# NBS Mobile App

When you're on the go, save time and hassle with the NBS Mobile App.

Submit claims, check your balances, view transactions, and submit documentation using your device's camera.

## Easy and convenient

- Designed to work just as other iOS and Android apps which makes it easy to learn and use.
- Shares user authentication with the NBS portal. Registered users can download the app and log in immediately to gain access to their benefit accounts, with no need to register their phone or your account.

## It's secure

- No sensitive account information is ever stored on your mobile device and secure encryption is used to protect all transmissions.

## Mobile app features

The NBS mobile app supports a wide variety of features, empowering you to proactively manage your account.

- View account balances
- View claims
- View reimbursement history
- Submit claims
- Submit documentation using your device's camera
- Pay providers
- Setup a variety of SMS alerts
- Edit your personal information
- View contribution details
- View plan information
- View calendar deadlines
- Contact a service representative
- View Benefits Card information





# Access Medical Package

**\$10 per month for Individual and Family Coverage**

Healthcare can be complicated and expensive. With this benefits package, you're connected with tools and services that help guide a smoother, more cost-effective healthcare experience.



## MeMD (\$0 Visit Fee)

Illness or injury can strike suddenly. MeMD gives you and your family access to medical help via telephone or web, any time, day or night – \$0 per visit. Using MeMD's nationwide telehealth service and national

network of US-licensed medical providers, you can connect with a board-certified provider from any location. You'll receive a diagnosis and personalized treatment plan, including prescriptions\* for common medications when medically necessary. MeMD can help when your regular doctor is not available, when travel is difficult, or after-hours.

*\*Prescriptions cannot be written for controlled substances or elective medications.*



## Health Advocate™ Solutions

Healthcare is becoming harder to understand. Personal Health Advocates help you navigate through insurance and healthcare systems. Advocates research treatments, resolve claims and locate doctors,

specialists, hospitals, dentists and pharmacies. Skilled negotiators will attempt to negotiate discounts on your behalf, no matter your benefit status. Registered nurses are on-call 24/7 to answer questions and provide medical explanations.



## New Benefits Rx

Healthcare keeps getting more expensive, but you shouldn't have to choose between your prescription medications and other essential expenses. Make sure you're always getting the best

deal on your prescriptions with deep discounts through New Benefits Rx. Save 10% to 85% on most prescriptions at 60,000 retail pharmacies nationwide and through home delivery.



## Hearing

If you suffer from hearing loss, you shouldn't have to empty your wallet to access hearing aids. Retail Hearing Care by Amplifon and Home Delivery Hearing Aids by Hearing Assist, the #1

direct to consumer hearing aid brand, will help you find an affordable solution with the fit, comfort, and amplification you need.





## Worklife Services

Everyday help for everyday living. Need childcare, relocation services or caregiver support? Your worklife concierge helps with the good, the challenging and everything in between.



## Diabetic Supplies

Save 10% to 50% on diabetic testing supplies, and get a free fully-audible blood glucose meter with your first order. With the convenient online, pre-paid program, you receive discounted diabetic testing supplies shipped directly to your home.



## Vitamins

Everyone has different health goals, and eVitamins has the products to help you reach them. Find the best prices online for the most trusted brands of vitamins, herbs, nutritional supplements, whole foods, baby care, skincare, and more. Save on products for you, your family and even your pets.



## Durable Medical Equipment

Need an easy way to order medical equipment online or by phone? Not only will your supplies ship to you, but you'll save 20% to 50% and an additional \$5 on orders over \$100! Save on walking aids, wheelchairs, scooters, hospital beds, bathroom safety, orthopedic products and more.



My Benefits Work Mobile App | 800.800.7616 | MyBenefitsWork.com

Disclosures: **This program is NOT insurance coverage** and does not meet the minimum creditable coverage requirements under the Affordable Care Act or Massachusetts M.G.L. c. 111M and 956 CMR 5.00. It provides discounts only at the offices of contracted health care providers, and each member is obligated to pay the discounted medical charges in full at the point of service. The range of discounts for medical or ancillary services provided under the program will vary depending on the type of provider and medical or ancillary service received. Discount Plan Organization: New Benefits, Ltd., Attn: Compliance Department, PO Box 803475, Dallas, TX 75380-3475, 800-800-7616. Website to obtain participating providers: MyBenefitsWork.com. Not available to UT, VT or WA residents. © Services not available outside of the continental United States (except Hawaii). MeMD provides online medical consultations with physicians, nurse practitioners, and physician assistants who can write prescriptions when medically necessary and permitted by state law. MeMD is not a replacement for your primary care physician or an annual doctor's office visit.

## LOW PLAN - Dental Plan Summary

|                               |  |
|-------------------------------|--|
| <b>Member Coinsurance</b>     |  |
| Type 1                        | 0%   |
| Type 2                        | 50%  |
| Type 3                        | 50%  |
| <b>Deductible</b>             | \$50/Calendar Year Type 2 & 3<br>Waived Type 1<br>\$150/family |
| <b>Maximum (per person)</b>   | \$500 per calendar year  |
| <b>Allowance</b>              | 90th U&C   |
| <b>Dental Rewards®</b>        | Included   |
| <b>Waiting Period</b>         | None   |
| <b>Annual Open Enrollment</b> | Included   |

## Sample Procedure Listing (Current Dental Terminology © American Dental Association.)

| Type 1   | Type 2   | Type 3  |
|--|--|---|
| <ul style="list-style-type: none"> <li>Routine Exam (2 in 12 months)</li> <li>Bitewing X-rays (1 in 12 months)</li> <li>Full Mouth/Panoramic X-rays (1 in 5 years)</li> <li>Cleaning (4 in 12 months)</li> <li>Fluoride for Children 15 and under (1 in 6 months)</li> <li>Sealants (age 15 and under)</li> <li>Space Maintainers</li> <li>Pre-Diagnostic Test (age 35 and over) (1 in 2 years)</li> </ul> | <ul style="list-style-type: none"> <li>Periapical X-rays</li> <li>Restorative Amalgams</li> <li>Restorative Composites</li> <li>Denture Repair</li> <li>Simple Extractions</li> <li>Complex Extractions</li> <li>Anesthesia</li> </ul> | <ul style="list-style-type: none"> <li>Onlays</li> <li>Crowns (1 in 10 years per tooth)</li> <li>Crown Repair</li> <li>Endodontics (nonsurgical)</li> <li>Endodontics (surgical)</li> <li>Periodontics (nonsurgical)</li> <li>Periodontics (surgical)</li> <li>Implants</li> <li>Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 10 years)</li> <li>TMD (nonsurgical)</li> <li>TMD (surgical)</li> </ul> |

## Dental Rewards®

This dental plan includes a valuable feature that allows qualifying plan members to carryover part of their unused annual maximum. A member earns dental rewards by submitting at least one claim for dental expenses incurred during the benefit year, while staying at or under the threshold amount for benefits received for that year. In addition, a person earning dental rewards who submits a claim for services received through the dental network earns an extra reward, called the PPO Bonus. Employees and their covered dependents may accumulate rewards up to the stated maximum carryover amount, and then use those rewards for any covered dental procedures subject to applicable coinsurance and plan provisions. If a plan member doesn't submit a dental claim during a benefit year, all accumulated rewards are lost. But he or she can begin earning rewards again the very next year.

|                         |       |   |
|-------------------------|-------|---|
| Benefit Threshold       | \$250 | Dental benefits received for the year cannot exceed this amount         |
| Annual Carryover Amount | \$125 | Dental Rewards amount is added to the following year's maximum          |
| Annual PPO Bonus        | \$50  | Additional bonus is earned if the member sees a network provider        |
| Maximum Carryover       | \$500 | Maximum possible accumulation for Dental Rewards and PPO Bonus combined |

## Monthly Rates

|                                   |         |
|-----------------------------------|---------|
| <b>Employee Only (EE)</b>         | \$15.20 |
| <b>EE + Spouse</b>                | \$29.65 |
| <b>EE + Children</b>              | \$30.99 |
| <b>EE + Spouse &amp; Children</b> | \$52.06 |

### Ameritas Information

#### We're Here to Help

This plan was designed specifically for the associates of **Clovis Municipal Schools**. At Ameritas Group, we do more than provide coverage - we make sure there's always a friendly voice to explain your benefits, listen to your concerns, and answer your questions. Our customer relations associates will be pleased to assist you 7 a.m. to midnight (Central Time) Monday through Thursday, and 7 a.m. to 6:30 p.m. on Friday. You can speak to them by calling toll-free: 800-487-5553. For plan information any time, access our automated voice response system or go online to [ameritas.com](http://ameritas.com).

#### Rx Savings

Our valued plan members and their covered dependents can save on prescription medications at over 60,000 pharmacies across the nation including CVS, Walgreens, Rite Aid and Walmart. This Rx discount is offered at no additional cost, and it is not insurance. To receive this Rx discount, Ameritas plan members just need to visit us at [ameritas.com](http://ameritas.com) and sign into (or create) a secure member account where they can access and print an online-only Rx discount savings ID card.

#### Eyewear Savings

Ameritas plan members may receive up to 15% off eyewear frames and lenses purchased at any Walmart Vision Center nationwide. Members may also bring in their current vision prescription from any vision care provider and purchase eyewear at Walmart. This savings arrangement is not insurance: it is available to members at no additional cost to their plan premium. To receive the eyewear savings identification card, Ameritas plan members can visit [ameritas.com](http://ameritas.com) and sign-in (or create) a secure member account. Members must present the Ameritas Eyewear Savings Card at time of purchase to receive the discount.

#### Dental Network Information

To find a provider, visit [ameritas.com](http://ameritas.com) and select **FIND A PROVIDER**, then **DENTAL**. Enter your criteria to search by location or for a specific dentist or practice. California Residents: When prompted to select your network, choose the Ameritas Network found on your ID Card or contact Customer Connections at 800-487-5553.

#### Pretreatment

While we don't require a pretreatment authorization form for any procedure, we recommend them for any dental work you consider expensive. As a smart consumer, it's best for you to know your share of the cost up front. Simply ask your dentist to submit the information for a pretreatment estimate to our customer relations department. We'll inform both you and your dentist of the exact amount your insurance will cover and the amount that you will be responsible for. That way, there won't be any surprises once the work has been completed.

#### Late Entrant Provision

We strongly encourage you to sign up for coverage when you are initially eligible. If you choose not to sign up during this initial enrollment period, you will become a late entrant. Late entrants will be eligible for only exams, cleanings, and fluoride applications for the first 12 months they are covered.

#### Dental Cost Estimator

Ever wonder what a dental procedure usually costs? The answer can be found using the Ameritas group division's Dental Cost Estimator tool located in our Secure Member Account portal. Members can search by ZIP Code for a specific dental procedure and see fee range estimates for out-of-network general dentists in that area. Of course, we always suggest that members partner with their dentists, so they know what's involved in any recommended treatment plan. The estimator tool is powered by Go2Dental and uses FAIR Health data that is updated annually. Please note, cost estimates do not reflect discounted rates available through provider networks, and the estimator does not include orthodontic estimates at this time.

In addition, when members are in their Secure Member Account, they can:

- Go paperless with electronic Explanation of Benefits statements and reduce the clutter in their mailboxes
- View their certificate of insurance and specific plan benefits information
- Access value-added extras like the Rx discount ID card

#### Language Services

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

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



## HIGH PLAN - Dental Summary

|                               |  |
|-------------------------------|--|
| <b>Member Coinsurance</b>     |  |
| Type 1                        | 0%   |
| Type 2                        | 30%  |
| Type 3                        | 50%  |
| <b>Deductible</b>             | \$50/Calendar Year Type 2 & 3<br>Waived Type 1<br>\$150/family |
| <b>Maximum (per person)</b>   | \$1,000 per calendar year                                      |
| <b>Allowance</b>              | 90th U&C   |
| <b>Dental Rewards®</b>        | Included   |
| <b>Waiting Period</b>         | None   |
| <b>Annual Open Enrollment</b> | Included   |

## Orthodontia Summary - Adult and Child Coverage

|                                      |         |
|--------------------------------------|---------|
| <b>Allowance</b>                     | U&C     |
| <b>Plan Benefit</b>                  | 50%     |
| <b>Lifetime Maximum (per person)</b> | \$1,000 |
| <b>Waiting Period</b>                | None    |

## Sample Procedure Listing (Current Dental Terminology © American Dental Association.)

| Type 1   | Type 2   | Type 3  |
|--|--|---|
| <ul style="list-style-type: none"> <li>Routine Exam (2 in 12 months)</li> <li>Bitewing X-rays (1 in 12 months)</li> <li>Full Mouth/Panoramic X-rays (1 in 5 years)</li> <li>Cleaning (2 in 12 months)</li> <li>Fluoride for Children 15 and under (1 in 6 months)</li> <li>Sealants (age 15 and under)</li> <li>Space Maintainers</li> <li>Pre-Diagnostic Test (age 35 and over) (1 in 2 years)</li> </ul> | <ul style="list-style-type: none"> <li>Periapical X-rays</li> <li>Restorative Amalgams</li> <li>Restorative Composites</li> <li>Denture Repair</li> <li>Simple Extractions</li> <li>Complex Extractions</li> <li>Anesthesia</li> </ul> | <ul style="list-style-type: none"> <li>Onlays</li> <li>Crowns (1 in 10 years per tooth)</li> <li>Crown Repair</li> <li>Endodontics (nonsurgical)</li> <li>Endodontics (surgical)</li> <li>Periodontics (nonsurgical)</li> <li>Periodontics (surgical)</li> <li>Implants</li> <li>Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 10 years)</li> <li>TMD (nonsurgical)</li> <li>TMD (surgical)</li> </ul> |

## Dental Rewards®

This dental plan includes a valuable feature that allows qualifying plan members to carryover part of their unused annual maximum. A member earns dental rewards by submitting at least one claim for dental expenses incurred during the benefit year, while staying at or under the threshold amount for benefits received for that year. In addition, a person earning dental rewards who submits a claim for services received through the dental network earns an extra reward, called the PPO Bonus. Employees and their covered dependents may accumulate rewards up to the stated maximum carryover amount, and then use those rewards for any covered dental procedures subject to applicable coinsurance and plan provisions. If a plan member doesn't submit a dental claim during a benefit year, all accumulated rewards are lost. But he or she can begin earning rewards again the very next year.

|                         |         |   |
|-------------------------|---------|---|
| Benefit Threshold       | \$500   | Dental benefits received for the year cannot exceed this amount         |
| Annual Carryover Amount | \$250   | Dental Rewards amount is added to the following year's maximum          |
| Annual PPO Bonus        | \$50    | Additional bonus is earned if the member sees a network provider        |
| Maximum Carryover       | \$1,000 | Maximum possible accumulation for Dental Rewards and PPO Bonus combined |

## Monthly Rates

|                                   |          |
|-----------------------------------|----------|
| <b>Employee Only (EE)</b>         | \$29.67  |
| <b>EE + Spouse</b>                | \$60.50  |
| <b>EE + Children</b>              | \$68.48  |
| <b>EE + Spouse &amp; Children</b> | \$110.12 |

## Ameritas Information

**We're Here to Help** This plan was designed specifically for the associates of **Clovis Municipal Schools**. At Ameritas Group, we do more than provide coverage - we make sure there's always a friendly voice to explain your benefits, listen to your concerns, and answer your questions. Our customer relations associates will be pleased to assist you 7 a.m. to midnight (Central Time) Monday through Thursday, and 7 a.m. to 6:30 p.m. on Friday. You can speak to them by calling toll-free: 800-487-5553. For plan information any time, access our automated voice response system or go online to [ameritas.com](http://ameritas.com).

## Rx Savings

Our valued plan members and their covered dependents can save on prescription medications at over 60,000 pharmacies across the nation including CVS, Walgreens, Rite Aid and Walmart. This Rx discount is offered at no additional cost, and it is not insurance. To receive this Rx discount, Ameritas plan members just need to visit us at [ameritas.com](http://ameritas.com) and sign into (or create) a secure member account where they can access and print an online-only Rx discount savings ID card.

## Eyewear Savings

Ameritas plan members may receive up to 15% off eyewear frames and lenses purchased at any Walmart Vision Center nationwide. Members may also bring in their current vision prescription from any vision care provider and purchase eyewear at Walmart. This savings arrangement is not insurance: it is available to members at no additional cost to their plan premium. To receive the eyewear savings identification card, Ameritas plan members can visit [ameritas.com](http://ameritas.com) and sign-in (or create) a secure member account. Members must present the Ameritas Eyewear Savings Card at time of purchase to receive the discount.

## Dental Network Information

To find a provider, visit [ameritas.com](http://ameritas.com) and select **FIND A PROVIDER**, then **DENTAL**. Enter your criteria to search by location or for a specific dentist or practice. California Residents: When prompted to select your network, choose the Ameritas Network found on your ID Card or contact Customer Connections at 800-487-5553.

## Pretreatment

While we don't require a pretreatment authorization form for any procedure, we recommend them for any dental work you consider expensive. As a smart consumer, it's best for you to know your share of the cost up front. Simply ask your dentist to submit the information for a pretreatment estimate to our customer relations department. We'll inform both you and your dentist of the exact amount your insurance will cover and the amount that you will be responsible for. That way, there won't be any surprises once the work has been completed.

## Late Entrant Provision

We strongly encourage you to sign up for coverage when you are initially eligible. If you choose not to sign up during this initial enrollment period, you will become a late entrant. Late entrants will be eligible for only exams, cleanings, and fluoride applications for the first 12 months they are covered.

## Section 125

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

## Dental Cost Estimator

Ever wonder what a dental procedure usually costs? The answer can be found using the Ameritas group division's Dental Cost Estimator tool located in our Secure Member Account portal. Members can search by ZIP Code for a specific dental procedure and see fee range estimates for out-of-network general dentists in that area. Of course, we always suggest that members partner with their dentists, so they know what's involved in any recommended treatment plan. The estimator tool is powered by Go2Dental and uses FAIR Health data that is updated annually. Please note, cost estimates do not reflect discounted rates available through provider networks, and the estimator does not include orthodontic estimates at this time.

In addition, when members are in their Secure Member Account, they can:

- Go paperless with electronic Explanation of Benefits statements and reduce the clutter in their mailboxes
- View their certificate of insurance and specific plan benefits information
- Access value-added extras like the Rx discount ID card

## Language Services

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

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### Focus® Plan Highlights

|                                  | VSP Choice Network + Affiliates  | Out of Network                  |
|----------------------------------|----------------------------------|---------------------------------|
| <b>Deductibles</b>               |                                  |                                 |
|                                  | \$10 Exam                        | \$10 Exam                       |
| <b>Annual Eye Exam</b>           | \$10 Eye Glass Lenses or Frames* | \$10 Eye Glass Lenses or Frames |
| <b>Lenses (per pair)</b>         | Covered in full                  | Up to \$45                      |
| <b>Single Vision</b>             | Covered in full                  | Up to \$30                      |
| <b>Bifocal</b>                   | Covered in full                  | Up to \$50                      |
| <b>Trifocal</b>                  | Covered in full                  | Up to \$65                      |
| <b>Lenticular</b>                | Covered in full                  | Up to \$100                     |
| <b>Progressive</b>               | See lens options                 | NA                              |
| <b>Contacts</b>                  |                                  |                                 |
| <b>Fit &amp; Follow Up Exams</b> | Member cost up to \$60           | No benefit                      |
| <b>Elective</b>                  | Up to \$130                      | Up to \$105                     |
| <b>Medically Necessary</b>       | Covered in full                  | Up to \$210                     |
| <b>Frames</b>                    | \$130**                          | Up to \$70                      |
| <b>Frequencies (months)</b>      |                                  |                                 |
| <b>Exam/Lens/Frame</b>           | 12/12/24                         | 12/12/24                        |
|                                  | Based on date of service         | Based on date of service        |

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

\*\*The Costco allowance will be the wholesale equivalent.

### Lens Options (member cost)\*

|                                  | VSP Choice Network + Affiliates<br>(Other than Costco) | Out of Network                 |
|----------------------------------|--|--------------------------------|
| <b>Progressive Lenses</b>        | Covered in full  | Up to Lined Bifocal allowance. |
| <b>Std. Polycarbonate</b>        | Covered in full for dependent children                 | No benefit                     |
|                                  | \$33 adults  |                                |
| <b>Scratch Resistant Coating</b> | Covered in full  | No benefit                     |
| <b>Anti-Reflective Coating</b>   | \$43-\$85  | No benefit                     |
| <b>Ultraviolet Coating</b>       | Covered in full  | No benefit                     |

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

### Eye Care Plan Member Service

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

VSP Call Center: 1-800-877-7195

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

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

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

### Monthly Rates

|                                  |          |
|----------------------------------|----------|
| <b>Employee Only (EE)</b>        | \$ 11.28 |
| <b>EE + 1 Dependent</b>          | \$ 19.00 |
| <b>EE + 2 or more Dependents</b> | \$ 28.28 |

**Additional Focus® Choice Network Features**

|                                    |  |
|------------------------------------|--|
| <b>Contact Lenses Elective</b>     | Allowance can be applied to disposables, but the dollar amount must be used all at once (provider will order 3 or 6 month supply). Applies when contacts are chosen in lieu of glasses. For plans without a separate contact lens fit & follow up exam allowance, the cost of the fitting and evaluation is deducted from the contact allowance. |
| <b>Lens Options (Member Cost)*</b> | \$15 – Solid Plastic Dye (Except Pink I & II)<br>\$17 Plastic Gradient Dye<br>\$31-\$82 – Photochromatic Lenses (Glass & Plastic)<br>Lens Option member cost vary by prescription and option chosen.   |
| <b>Additional Glasses</b>          | 20% discount off the retail price on additional pairs of prescription glasses (complete pair).   |
| <b>Frame Discount</b>              | VSP offers a 20% discount off the remaining balance in excess of the frame allowance.  |
| <b>Laser VisionCare</b>            | VSP offers an average discount of 15% on LASIK and PRK. The maximum out-of-pocket per eye for members is \$1,800 for LASIK and \$2,300 for custom LASIK using Wavefront technology, and \$1,500 for PRK. In order to receive the benefit, a VSP provider must coordinate the procedure.  |
| <b>Low Vision</b>                  | With prior authorization, 75% of approved amount (up to \$1,000 is covered every two years).   |

**Rx Savings**

Our valued plan members and their covered dependents (even their pets) can save on prescription medications through any Walmart or Sam's Club pharmacy across the nation. This Rx discount is offered at no additional cost, and it is not insurance.

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

**Retail Chain Affiliate Providers Available With Focus Plans**

Effective January 1, 2012, retail chain affiliate providers, which include Costco® Optical and Visionworks, give members added convenience and additional retail choices. Costco Optical has 400 locations across the country, while Visionworks manages nearly 400 optical stores in 37 states and DC, including well-known stores such as EyeMasters, Visionworks, Dr. Bizer's VisionWorld, Eye DRx, and Hour Eyes, to name a few. Members enjoy a covered-in-full benefit experience with equivalent frame benefit at any of these retail chain locations.

**Section 125**

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**Language Services**

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

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## Big Value. More Savings with VSP® Vision Care.

With Exclusive Member Extras, savings never looked so good. We put our members first by providing exclusive special offers from VSP and leading industry brands, totaling more than \$2,500 in savings.

- Extra \$20 to spend on featured frame brands like bebe®, ck Calvin Klein, Flexon®, Lacoste, Michael Kors, Nike, Nine West, and more.<sup>1,3</sup>
- Mail-in rebate savings and free trials from ACUVUE Brand Contact Lenses® and Bausch + Lomb® contacts
- Average savings of \$325 on Nike-authorized prescription sunglasses<sup>2,3</sup>
- Up to 50% savings on UNITY® digital lenses<sup>2,3</sup>
- Up to \$500 savings on LASIK
- **optomap** retinal imaging for \$39 or less<sup>2</sup>



For more great offers, scan or visit [vsp.com](http://vsp.com).

1. Frame brands subject to change.  
 2. Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied.  
 3. Available only to VSP members with applicable plan benefits.  
 4. Savings compared to national average retail prices on state-of-the-art digital hearing aids.

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Performance lenses for sharp vision

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#### Languages

English

#### Featured Frame Brands

Use your Extra \$20 to shop our wide selection of featured frame brands.

[DKNY](#)

[Marchon NYC](#)

[Nike](#)

575-763-5522

#### Hours

Mon - Fri 8:00 - 5:00

[View Practice Details](#)



Your benefits go further at a Premier Edge location!

10.1 miles away

### [Clovis Vision Associates](#)

1217 Pile St  
Clovis, NM 88101  
[5757635522](tel:5757635522)

[Premier Edge & Special Offers](#)

Log in to vsp.com to check your benefits for eligibility and to confirm in-network locations based on your plan type.

\*Participation in Premier Edge is limited to independent private practice doctors, hospital center locations, and Visionworks. The Premier Edge indicator is not meant as a designation of care quality as all of our doctors already meet VSP's high quality standards for professional services. Discounts and services guaranteed through Premier Edge may still be available if you choose to visit a provider that does not participate in Premier Edge. Call your eye doctor to verify services and discounts.

For personalized information about your plan, coverage, and exclusive member-only offers, create an account or log in. For the most accurate doctor list, enter the required fields, above, and select your Doctor Network. If you're not sure which network your plan offers, contact your Plan Administrator. Searching for a VSP network doctor doesn't guarantee your eligibility or coverage.

VSP continually assesses the doctor network to ensure adequate access for members. VSP's access standard is one doctor in a 10 mile radius urban/suburban and one doctor in a 25 mile radius for rural. VSP utilizes reports to analyze and determine the percentage of members that will have access to a doctor within a specified distance. VSP runs specific reports to determine if standards are being met and whether or not to apply appropriate interventions when gaps are identified. To report a directory inaccuracy, contact VSP at [1.800.877.7195](tel:18008777195) or email [directory@vsp.com](mailto:directory@vsp.com) to submit a report. To view VSP's Colorado Network Access Plan, [click here](#). To view West Virginia's Network Access Plan, [click here](#).

Not all provider locations offer all services. Eye exams may be performed by Independent Doctors of Optometry at a location adjacent to retail locations, as required by law. Please check with your VSP network doctor to find out if he or she provides the services you need. VSP contracted providers cannot discriminate against the hearing impaired, developmentally challenged and/or physically challenged. They must also allow full and equal access to covered services, including insureds with disabilities as required under the federal Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973.

The information provided is supplied by the individual providers, subject to regular audits, and based on our records as of the date of the search and/or printing of the directory.

If there's a conflict between this information and your organization's contract with VSP, the terms of the contract prevail. This information is owned by VSP, and may only be used in connection with the provision of eye care services under a VSP eye care plan. Any other use is not allowed. Improper use of this information may subject the user to liability.

You have the right to contact VSP at [1.800.877.7195](tel:18008777195) to request a printed directory. The online directory is updated more frequently than printed directory.

As a VSP member you can access language interpreter services at no cost. Call Member Services at [800.877.7195](tel:8008777195).

VSP Network Providers are offered ongoing Cultural Competency education and training.

At VSP, we choose our network doctors carefully based on their professional licensing, work history, education, malpractice history, professional liability and ethics. VSP network doctors have the following certifications: Optometrists (Doctors of Optometry) are Therapeutic Pharmaceutical Agent (TPA) certified and Ophthalmologists are American Board of Ophthalmology (ABO) certified.

New patients welcome.

Directory Last Updated on 10/14/2023





| Summary of Benefits          | Plan 1                               |
|------------------------------|--------------------------------------|
| Hospital Admission Benefit   | \$1,500 per day; maximum of 4 day(s) |
| Hospital Confinement Benefit | \$50 per day; maximum of 5 day(s)    |

| Plan 1 - HSA Compatible |            |                     |                         |                     |
|-------------------------|------------|---------------------|-------------------------|---------------------|
| Monthly Premiums*       |            |                     |                         |                     |
|                         | Individual | Individual & Spouse | Individual & Child(ren) | Individual & Family |
| Ages 18+                | \$14.91    | \$36.54             | \$22.54                 | \$46.71             |

\* Total premium includes the Plan selected and any applicable rider premium. Premiums are subject to increase with notice. The premium and amount of benefits vary dependent upon the Plan selected at time of application.

**Benefits**

Benefits are per day, up to the maximum number of days per calendar year, per covered person. Benefit amounts may vary based upon place of service. Benefits will only be paid for a covered loss incurred while covered under the certificate. A covered person means a person who is eligible for coverage under the policy and for whom coverage is in force. An eligible dependent means your lawful spouse and/or your child (natural, adopted or step) who is under 26 years of age and/or any minor under your charge, care and control, who has been placed for adoption and is under 26 years of age.

**Hospital Admission Benefit** - Pays a benefit when a covered person is admitted and confined as an inpatient in a hospital due to an injury or covered sickness. APL will not pay this benefit for outpatient treatment, emergency room treatment or a stay less than 18 hours in an observation unit. This benefit is only payable once per period of confinement. A hospital is not an institution, or part thereof, used as a place for rehabilitation, a place for rest or for the aged, a nursing or convalescent home, a long-term nursing unit or geriatrics ward or an extended care facility for the care of convalescent, rehabilitative or ambulatory patients.

**Hospital Confinement Benefit** - Pays a per day benefit when a covered person is confined as an inpatient to a hospital due to an injury or covered sickness.

**Exclusions**

No benefits are payable for any loss resulting from or caused, whether directly or indirectly by: hernia, adenoids, tonsils, varicose veins, appendix, disorder of the reproduction organs within six months after the certificate effective date unless due to an emergency; war or any act of war, whether declared or undeclared, or any act related to war while serving in the military forces or any auxiliary unit thereto (we will refund the pro-rata portion of any premium paid for any such covered person upon receipt of your written request.); dental treatment or routine vision services unless due to injury and if performed within 12 months of the date of the covered accident or due to congenital defect or birth anomaly of a covered newborn child; an intentionally self-inflicted injury or sickness; committing, or attempting to commit, an illegal act that is defined as a felony (felony is as defined by the law of the jurisdiction in which the act takes place); an injury or sickness incurred while engaging in an illegal occupation; cosmetic care, except when the hospital confinement is due to medically necessary reconstructive plastic surgery (medical necessary reconstructive plastic surgery is defined as: surgery to restore a normal bodily function, surgery to improve functional impairment by anatomic alteration made necessary as a result of a congenital birth defect or birth anomaly, breast reconstruction following mastectomy); being intoxicated or under the influence of any narcotic unless administered by a physician or taken according to the physician's instructions (intoxication means that which is determined and defined by the laws and jurisdiction of the geographical area in which the loss or cause of loss was incurred); experimental treatment, drugs or surgery, except in connection with an approved cancer clinical trial; immunizations; artificial insemination, in vitro fertilization, test tube fertilization, sterilization, tubal ligation or vasectomy, and reversal thereof; participation in any sport for pay or profit; mental and emotional disorders without demonstrable organic disease; alcoholism or drug addiction treatment; services for which payment is not legally required, except for: Medicaid; treatment of non-service connected disabilities in Veterans Administration hospitals and care rendered to armed services retirees and dependents in military medical facilities of the United States Government; voluntary abortion except, with respect to you or your covered eligible dependent spouse: where you or your dependent spouse's life would be endangered if the fetus were carried to term or where medical complications have arisen from abortion; pregnancy of an eligible dependent child; participating in a riot, insurrection, rebellion, civil commotion, civil disobedience or unlawful assembly (this does not include a loss which occurs while acting in a lawful manner within the scope of authority); participation in a contest of speed in power driven vehicles, parachuting or hang gliding; air travel except as a fare-paying passenger on a commercial airline on a regularly scheduled route or as a passenger for transportation only and not as a pilot or crew member; sex changes; a diagnosis or treatment received outside the United States, or its territories, that cannot be confirmed by a physician licensed and practicing in the United States. The covered person, at his or her own expense, is responsible for obtaining such confirmation.



| Summary of Benefits          | Plan 1                               |
|------------------------------|--------------------------------------|
| Hospital Admission Benefit   | \$2,000 per day; maximum of 4 day(s) |
| Hospital Confinement Benefit | \$50 per day; maximum of 5 day(s)    |

| Plan 1 - HSA Compatible |            |                     |                         |                     |
|-------------------------|------------|---------------------|-------------------------|---------------------|
| Monthly Premiums*       |            |                     |                         |                     |
|                         | Individual | Individual & Spouse | Individual & Child(ren) | Individual & Family |
| Ages 18+                | \$19.44    | \$47.62             | \$29.29                 | \$60.74             |

\* Total premium includes the Plan selected and any applicable rider premium. Premiums are subject to increase with notice. The premium and amount of benefits vary dependent upon the Plan selected at time of application.

### Benefits

Benefits are per day, up to the maximum number of days per calendar year, per covered person. Benefit amounts may vary based upon place of service. Benefits will only be paid for a covered loss incurred while covered under the certificate. A covered person means a person who is eligible for coverage under the policy and for whom coverage is in force. An eligible dependent means your lawful spouse and/or your child (natural, adopted or step) who is under 26 years of age and/or any minor under your charge, care and control, who has been placed for adoption and is under 26 years of age.

**Hospital Admission Benefit** - Pays a benefit when a covered person is admitted and confined as an inpatient in a hospital due to an injury or covered sickness. APL will not pay this benefit for outpatient treatment, emergency room treatment or a stay less than 18 hours in an observation unit. This benefit is only payable once per period of confinement. A hospital is not an institution, or part thereof, used as a place for rehabilitation, a place for rest or for the aged, a nursing or convalescent home, a long-term nursing unit or geriatrics ward or an extended care facility for the care of convalescent, rehabilitative or ambulatory patients.

**Hospital Confinement Benefit** - Pays a per day benefit when a covered person is confined as an inpatient to a hospital due to an injury or covered sickness.

### Exclusions

No benefits are payable for any loss resulting from or caused, whether directly or indirectly by: hernia, adenoids, tonsils, varicose veins, appendix, disorder of the reproduction organs within six months after the certificate effective date unless due to an emergency; war or any act of war, whether declared or undeclared, or any act related to war while serving in the military forces or any auxiliary unit thereto (we will refund the pro-rata portion of any premium paid for any such covered person upon receipt of your written request.); dental treatment or routine vision services unless due to injury and if performed within 12 months of the date of the covered accident or due to congenital defect or birth anomaly of a covered newborn child; an intentionally self-inflicted injury or sickness; committing, or attempting to commit, an illegal act that is defined as a felony (felony is as defined by the law of the jurisdiction in which the act takes place); an injury or sickness incurred while engaging in an illegal occupation; cosmetic care, except when the hospital confinement is due to medically necessary reconstructive plastic surgery (medical necessary reconstructive plastic surgery is defined as: surgery to restore a normal bodily function, surgery to improve functional impairment by anatomic alteration made necessary as a result of a congenital birth defect or birth anomaly, breast reconstruction following mastectomy); being intoxicated or under the influence of any narcotic unless administered by a physician or taken according to the physician's instructions (intoxication means that which is determined and defined by the laws and jurisdiction of the geographical area in which the loss or cause of loss was incurred); experimental treatment, drugs or surgery, except in connection with an approved cancer clinical trial; immunizations; artificial insemination, in vitro fertilization, test tube fertilization, sterilization, tubal ligation or vasectomy, and reversal thereof; participation in any sport for pay or profit; mental and emotional disorders without demonstrable organic disease; alcoholism or drug addiction treatment; services for which payment is not legally required, except for: Medicaid; treatment of non-service connected disabilities in Veterans Administration hospitals and care rendered to armed services retirees and dependents in military medical facilities of the United States Government; voluntary abortion except, with respect to you or your covered eligible dependent spouse: where you or your dependent spouse's life would be endangered if the fetus were carried to term or where medical complications have arisen from abortion; pregnancy of an eligible dependent child; participating in a riot, insurrection, rebellion, civil commotion, civil disobedience or unlawful assembly (this does not include a loss which occurs while acting in a lawful manner within the scope of authority); participation in a contest of speed in power driven vehicles, parachuting or hang gliding; air travel except as a fare-paying passenger on a commercial airline on a regularly scheduled route or as a passenger for transportation only and not as a pilot or crew member; sex changes; a diagnosis or treatment received outside the United States, or its territories, that cannot be confirmed by a physician licensed and practicing in the United States. The covered person, at his or her own expense, is responsible for obtaining such confirmation.





| Summary of Benefits          | Plan 1                               |
|------------------------------|--------------------------------------|
| Hospital Admission Benefit   | \$2,500 per day; maximum of 4 day(s) |
| Hospital Confinement Benefit | \$50 per day; maximum of 5 day(s)    |

| Plan 1 - HSA Compatible |            |                     |                         |                     |
|-------------------------|------------|---------------------|-------------------------|---------------------|
| Monthly Premiums*       |            |                     |                         |                     |
|                         | Individual | Individual & Spouse | Individual & Child(ren) | Individual & Family |
| Ages 18+                | \$23.97    | \$58.69             | \$36.04                 | \$74.77             |

\* Total premium includes the Plan selected and any applicable rider premium. Premiums are subject to increase with notice. The premium and amount of benefits vary dependent upon the Plan selected at time of application.

### Benefits

Benefits are per day, up to the maximum number of days per calendar year, per covered person. Benefit amounts may vary based upon place of service. Benefits will only be paid for a covered loss incurred while covered under the certificate. A covered person means a person who is eligible for coverage under the policy and for whom coverage is in force. An eligible dependent means your lawful spouse and/or your child (natural, adopted or step) who is under 26 years of age and/or any minor under your charge, care and control, who has been placed for adoption and is under 26 years of age.

**Hospital Admission Benefit** - Pays a benefit when a covered person is admitted and confined as an inpatient in a hospital due to an injury or covered sickness. APL will not pay this benefit for outpatient treatment, emergency room treatment or a stay less than 18 hours in an observation unit. This benefit is only payable once per period of confinement. A hospital is not an institution, or part thereof, used as a place for rehabilitation, a place for rest or for the aged, a nursing or convalescent home, a long-term nursing unit or geriatrics ward or an extended care facility for the care of convalescent, rehabilitative or ambulatory patients.

**Hospital Confinement Benefit** - Pays a per day benefit when a covered person is confined as an inpatient to a hospital due to an injury or covered sickness.

### Exclusions

No benefits are payable for any loss resulting from or caused, whether directly or indirectly by: hernia, adenoids, tonsils, varicose veins, appendix, disorder of the reproduction organs within six months after the certificate effective date unless due to an emergency; war or any act of war, whether declared or undeclared, or any act related to war while serving in the military forces or any auxiliary unit thereto (we will refund the pro-rata portion of any premium paid for any such covered person upon receipt of your written request.); dental treatment or routine vision services unless due to injury and if performed within 12 months of the date of the covered accident or due to congenital defect or birth anomaly of a covered newborn child; an intentionally self-inflicted injury or sickness; committing, or attempting to commit, an illegal act that is defined as a felony (felony is as defined by the law of the jurisdiction in which the act takes place); an injury or sickness incurred while engaging in an illegal occupation; cosmetic care, except when the hospital confinement is due to medically necessary reconstructive plastic surgery (medical necessary reconstructive plastic surgery is defined as: surgery to restore a normal bodily function, surgery to improve functional impairment by anatomic alteration made necessary as a result of a congenital birth defect or birth anomaly, breast reconstruction following mastectomy); being intoxicated or under the influence of any narcotic unless administered by a physician or taken according to the physician's instructions (intoxication means that which is determined and defined by the laws and jurisdiction of the geographical area in which the loss or cause of loss was incurred); experimental treatment, drugs or surgery, except in connection with an approved cancer clinical trial; immunizations; artificial insemination, in vitro fertilization, test tube fertilization, sterilization, tubal ligation or vasectomy, and reversal thereof; participation in any sport for pay or profit; mental and emotional disorders without demonstrable organic disease; alcoholism or drug addiction treatment; services for which payment is not legally required, except for: Medicaid; treatment of non-service connected disabilities in Veterans Administration hospitals and care rendered to armed services retirees and dependents in military medical facilities of the United States Government; voluntary abortion except, with respect to you or your covered eligible dependent spouse: where you or your dependent spouse's life would be endangered if the fetus were carried to term or where medical complications have arisen from abortion; pregnancy of an eligible dependent child; participating in a riot, insurrection, rebellion, civil commotion, civil disobedience or unlawful assembly (this does not include a loss which occurs while acting in a lawful manner within the scope of authority); participation in a contest of speed in power driven vehicles, parachuting or hang gliding; air travel except as a fare-paying passenger on a commercial airline on a regularly scheduled route or as a passenger for transportation only and not as a pilot or crew member; sex changes; a diagnosis or treatment received outside the United States, or its territories, that cannot be confirmed by a physician licensed and practicing in the United States. The covered person, at his or her own expense, is responsible for obtaining such confirmation.

# MedChoice™ Group Limited Benefit Hospital Indemnity Insurance

## Termination of Certificate

Your insurance coverage under the certificate, including any attached riders, will end on the earliest of these dates: the date the policy terminates; the end of the grace period if the premium remains unpaid; the date you no longer qualify as an insured or the date of your death.

## Termination of Coverage

Your insurance coverage under the policy and/or attached riders for a covered person will end as follows: the date the policy terminates; the date the certificate terminates; the end of the grace period if the premium remains unpaid; the end of the certificate period in which we receive a written request from you to terminate the covered person's coverage; the date a covered person no longer qualifies as an insured or eligible dependent or the date of the covered person's death. APL may end coverage of any covered person who submits a fraudulent claim.

## COBRA Continuation of Coverage

This plan may be continued in accordance with the Consolidated Omnibus Reconciliation Act of 1986.



2305 Lakeland Drive | Flowood, MS 39232  
ampublic.com | 800.256.8606

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Underwritten by American Public Life Insurance Company. All Riders are subject to all the Provisions, Conditions, Limitations and Exclusions of the Policy to which it is attached, which are not in conflict with those of the Rider. For complete benefits and other provisions, please refer to the policy/certificate/rider. This coverage does not replace Workers' Compensation Insurance. **This product is inappropriate for people who are eligible for Medicaid coverage.** | This policy is considered an employee welfare benefit plan established and/or maintained by an association or employer intended to be covered by ERISA, and will be administered and enforced under ERISA. Group policies issued to governmental entities and municipalities may be exempt from ERISA guidelines. | Policy Form GHI17 Series | NM | Group Limited Benefit Hospital Indemnity Insurance Policy | (03/18)

# Short-Term Disability Insurance

VOLUNTARY

## COMMON CAUSES OF DISABILITY

- ✓ Pregnancy
- ✓ Injuries
- ✓ Joint disorders
- ✓ Back disorders
- ✓ Digestive disorders

### ▶ PROTECTS YOUR INCOME WHEN YOU CAN'T WORK.

If you're unable to work because of a covered disability, Short-Term Disability insurance replaces a portion of your income in addition to providing other services and benefits that help you return to work.

### ▶ PROVIDES YOU WITH A WEEKLY CHECK.

After your claim is approved, you will receive a check for your benefits that helps you pay everyday expenses like your mortgage or rent, childcare and groceries.

### BENEFITS (You can purchase this coverage at a group rate.)

|  |   |
|--|---|
| <b>Weekly benefit after your claim is approved</b> | Get a weekly check of <b>\$100 to \$1,000</b> , in any <b>\$50</b> increment you choose, to replace a portion of your income—up to <b>60%</b> of your Total Weekly Earnings.  |
| <b>When benefits begin</b>                         | Benefits begin on the first day of disability if you are unable to work due to an injury and as soon as <b>8 days</b> from the date you are unable to work due to an illness. |
| <b>Benefits may be paid for</b>                    | Up to <b>4 weeks</b> , as long as you are still unable to work due to a covered disability.   |
| <b>Additional plan information</b>                 | This plan provides a benefit for covered disabilities resulting from illness or injury that are not work-related.   |

### SHORT-TERM DISABILITY FAST FACTS

**1 in 4 workers** will miss up to 3 months of work due to disability during their career.<sup>1</sup>

**More than three-quarters of workers** are living paycheck to paycheck.<sup>2</sup>

CLOVIS MUNICIPAL SCHOOLS

All Eligible Employees

POLICY # 962607

Sun Life Assurance Company of Canada

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## Frequently asked questions

### **Do I need to answer any health questions to enroll?**

If you contribute to the cost of your insurance, you may need to complete health questions if you don't elect coverage when it's first available to you and you want to elect at a later date, or if you want to increase coverage. To answer health questions, please fill out our Evidence of Insurability Application. Health questions must be approved by Sun Life before coverage takes effect. Please see your Certificate for details.

### **How do I file a Short-Term Disability claim?**

If you become disabled after the effective date of coverage, check with your employer to make sure you are eligible for benefits. You can file a claim with us by downloading forms from our website. We'll ask you and your doctor to provide information about your medical condition and your expected recovery.

### **How do I qualify for benefits?**

You'll start receiving disability payments if you satisfy the Elimination Period (see "When benefits begin" in the table) and meet the policy's definition of disability. Generally, disability is defined as your inability to perform some or all of your job duties due to your injury, illness or pregnancy and may require that you have also had a certain percentage of earnings loss due to your disability. Please see your Certificate for details.

### **What if I have a pre-existing condition?**

If you become disabled within 12 months of your insurance taking effect or 12 months following any increase in your amount of insurance, we will not pay any benefit for any pre-existing condition. A pre-existing condition includes anything you have sought treatment for in the 3 months prior to your insurance becoming effective. Treatment can include consultation, advice, care, services or a prescription for

drugs or medicine.

### **Can I work while I'm disabled?**

Your plan is designed to encourage and support your return to work. If you are able to work part-time, for example, you may receive part of your benefit while working.

### **Will income from other sources affect my benefit?**

Your benefit may be reduced by Social Security benefits; disability benefits from retirement, government plans or state disability income such as California SDI; state paid family and medical leaves; other group disability plans; no-fault benefits, salary continuance or sick leave; and return-to-work earnings. For more information or to determine if this coverage is appropriate for you, contact your benefits administrator.

### **How is my benefit taxed?**

If you or your employer pays for all or part of the cost of coverage on a pre-tax basis, all or part of your benefit amount will be Form W-2 taxable income. In these situations, FICA tax deductions may reduce the amount we will pay you.

The group disability insurance policies described in this advertisement provide disability income insurance only.

1. Realitycheckup.org, Council for Disability Awareness, 2018

2. "Living Paycheck to Paycheck is a Way of Life for Majority of U.S. Workers," CareerBuilder.com, Aug. 2017.

Read the *Important information* section for more details including limitations and exclusions.

## Important information

The following coverage(s) do not constitute comprehensive health insurance (often referred to as “major medical coverage”). They do NOT provide basic hospital, basic medical, or major medical insurance.

To become insured, you must meet the eligibility requirements set forth by your employer. Your coverage effective date will be determined by the Policy and may be delayed if you are not actively at work on the date your coverage would otherwise go into effect. Refer to your Certificate for details.

### Limitations and exclusions

The below exclusions and limitations may vary by state law and regulations. This list may not be comprehensive. Please see the Certificate or ask your benefits administrator for details.

### Short-Term Disability

We will not pay a benefit that is caused by, contributed to in any way or resulting from: intentionally self-inflicted injuries; committing or attempting to commit an assault, felony or other criminal act; war or an act of war; active participation in a riot, rebellion or insurrection; operation of a motorized vehicle while intoxicated. We will not pay a benefit for any accident or sickness covered by Worker’s Compensation or similar law; or for any work-related illness or injuries unless otherwise stated previously; or if you do not submit proof of your loss as required by us (this covers medical examination, continuing care, death certificate, medical records, etc.).

**This Overview is preliminary to the issuance of the Policy. Refer to your Certificate for details. Receipt of this Overview does not constitute approval of coverage under the Policy. In the event of a discrepancy between this Overview, the Certificate and the Policy, the terms of the Policy will govern. Product offerings may not be available in all states and may vary depending on state laws and regulations.**

Sun Life companies include Sun Life and Health Insurance Company (U.S.) and Sun Life Assurance Company of Canada (collectively, “Sun Life”).

Group insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states, except New York, under Policy Form Series 93P-LH, 15-GP-01, 12-DI-C-01, 16-DI-C-01, TDBPOLICY-2006 and TDI-POLICY..

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GVBH-EE-8384

SLPC 29579

# Rates

**Employee** - Coverage and **semi-monthly** cost for Short-Term Disability.

Rates are effective as of January 1, 2024.

The chart below shows possible coverage amounts and their **semi-monthly** costs.

Find your age bracket (as of the effective date of coverage) to see the cost for the coverage amount you choose.

| Weekly coverage amounts | Age and cost |       |       |       |       |       |       |       |       |       |       |
|-------------------------|--------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
|                         | <25          | 25-29 | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60-64 | 65-69 | 70+   |
| \$100                   | 2.27         | 2.55  | 2.44  | 1.73  | 1.20  | 1.21  | 1.38  | 1.70  | 2.06  | 1.98  | 1.91  |
| \$150                   | 3.40         | 3.82  | 3.66  | 2.60  | 1.79  | 1.81  | 2.06  | 2.54  | 3.09  | 2.97  | 2.86  |
| \$200                   | 4.53         | 5.09  | 4.88  | 3.46  | 2.39  | 2.41  | 2.75  | 3.39  | 4.12  | 3.96  | 3.81  |
| \$250                   | 5.66         | 6.36  | 6.10  | 4.33  | 2.99  | 3.01  | 3.44  | 4.24  | 5.15  | 4.95  | 4.76  |
| \$300                   | 6.80         | 7.64  | 7.32  | 5.19  | 3.59  | 3.62  | 4.13  | 5.09  | 6.18  | 5.94  | 5.72  |
| \$350                   | 7.93         | 8.91  | 8.54  | 6.06  | 4.18  | 4.22  | 4.81  | 5.93  | 7.21  | 6.93  | 6.67  |
| \$400                   | 9.06         | 10.18 | 9.76  | 6.92  | 4.78  | 4.82  | 5.50  | 6.78  | 8.24  | 7.92  | 7.62  |
| \$450                   | 10.19        | 11.45 | 10.98 | 7.79  | 5.38  | 5.42  | 6.19  | 7.63  | 9.27  | 8.91  | 8.57  |
| \$500                   | 11.33        | 12.73 | 12.20 | 8.65  | 5.98  | 6.03  | 6.88  | 8.48  | 10.30 | 9.90  | 9.53  |
| \$550                   | 12.46        | 14.00 | 13.42 | 9.52  | 6.57  | 6.63  | 7.56  | 9.32  | 11.33 | 10.89 | 10.48 |
| \$600                   | 13.59        | 15.27 | 14.64 | 10.38 | 7.17  | 7.23  | 8.25  | 10.17 | 12.36 | 11.88 | 11.43 |
| \$650                   | 14.72        | 16.54 | 15.86 | 11.25 | 7.77  | 7.83  | 8.94  | 11.02 | 13.39 | 12.87 | 12.38 |
| \$700                   | 15.86        | 17.82 | 17.08 | 12.11 | 8.37  | 8.44  | 9.63  | 11.87 | 14.42 | 13.86 | 13.34 |
| \$750                   | 16.99        | 19.09 | 18.30 | 12.98 | 8.96  | 9.04  | 10.31 | 12.71 | 15.45 | 14.85 | 14.29 |
| \$800                   | 18.12        | 20.36 | 19.52 | 13.84 | 9.56  | 9.64  | 11.00 | 13.56 | 16.48 | 15.84 | 15.24 |
| \$850                   | 19.25        | 21.63 | 20.74 | 14.71 | 10.16 | 10.24 | 11.69 | 14.41 | 17.51 | 16.83 | 16.19 |
| \$900                   | 20.39        | 22.91 | 21.96 | 15.57 | 10.76 | 10.85 | 12.38 | 15.26 | 18.54 | 17.82 | 17.15 |
| \$950                   | 21.52        | 24.18 | 23.18 | 16.44 | 11.35 | 11.45 | 13.06 | 16.10 | 19.57 | 18.81 | 18.10 |
| \$1,000                 | 22.65        | 25.45 | 24.40 | 17.30 | 11.95 | 12.05 | 13.75 | 16.95 | 20.60 | 19.80 | 19.05 |



# Group Critical Illness Insurance

Underwritten by MetLife

## ▶ Plan Features

- Pays regardless of other coverage
- Portable (take it with You)

Choose from flexible benefit options including:

- Heart Attack and Stroke
- Coronary Bypass Surgery
- Major Organ Transplant
- Cancer
- End Stage Renal Failure
- Alzheimer's Dementia
- Diabetes

**\*\*\*All benefits may not be available to you. Please see Rate Quote for benefits offered.\*\*\***

## Benefits

### Heart Attack Benefit

We will pay 100% of the Face Amount when We receive Proof of Loss showing that a Covered Person is diagnosed with a covered Heart Attack.

### Heart Transplant Benefit

We will pay 100% of the Face Amount when We receive Proof of Loss showing that a Covered Person:

- demonstrates Heart Failure; and
- is registered with and on the waiting list of the United Network for Organ Sharing or its successor for a human to human replacement of the whole heart.

Heart Transplant under this Policy includes a Heart Lung Transplant.

### Stroke Benefit

We will pay 100% of the Face Amount when We receive Proof of Loss showing that a Covered Person is diagnosed with a covered Stroke.

### Coronary Bypass Surgery Benefit

We will pay 25% of the Face Amount when We receive Proof of Loss showing that a Covered Person has undergone a covered Coronary Artery Bypass Surgery.

### Angioplasty

We will pay 10% of the Face Amount when We receive Proof of Loss showing that a Covered Person has undergone Angioplasty.

### Invasive Cancer or Malignant Melanoma Benefit

We will pay 100% of the Face Amount when We receive Proof of Loss showing that a Covered Person suffers from Invasive Cancer.

### Carcinoma in Situ Benefit

We will pay 25% of the Face Amount when We receive Proof of Loss showing that a Covered Person suffers from Carcinoma in Situ.

### Major Organ Transplant Benefit

We will pay 100% of the Face Amount when We receive Proof of Loss showing that a Covered Person:

- demonstrates Major Organ Failure; and
- is registered with and on the waiting list of the United Network for Organ Sharing or its successor for a human to human replacement of the failing Major Organ.

Major Organ Transplant does not include:

- Heart Transplant; or
- Heart Lung Transplant.

### End Stage Renal Failure Benefit

We will pay 100% of the Face Amount when We receive Proof of Loss showing that a Covered Person suffers from End Stage Renal Failure.



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ADMINISTRATORS**

*"Your solutions begin  
at the Bridge"®*

### Loss of Vision, Speech or Hearing Benefit

We will pay 100% of the Face Amount when We receive Proof of Loss showing that a Covered Person suffers from Loss of Vision; Loss of Speech; or Loss of Hearing.

### Coma Benefit

We will pay 100% of the Face Amount when We receive Proof of Loss showing that a Covered Person suffers from a Coma.

### Severe Burns Benefit

We will pay 100% of the Face Amount when We receive Proof of Loss showing that a Covered Person has suffered Severe Burns caused by an Accident.

### Permanent Paralysis Benefit

We will pay 100% of the Face Amount when We receive Proof of Loss showing that a Covered Person suffers from Permanent Paralysis caused by an Accident.

### Occupational HIV Benefit

We will pay 100% of the Face Amount when We receive Proof of Loss showing that a Covered Person suffers from Occupational HIV.

### Alzheimer's Dementia Benefit

We will pay 25% of the Face Amount when We receive Proof of Loss showing that a Covered Person suffers from Alzheimer's Dementia.

### Amyotrophic Lateral Sclerosis (ALS)

We will pay 25% of the Face Amount when We receive Proof of Loss showing that a Covered Person suffers from Amyotrophic Lateral Sclerosis (ALS).

### Benign Brain Tumor

We will pay 25% of the Face Amount when We receive Proof of Loss showing that a Covered Person suffers from Benign Brain Tumor.

### Loss of Independent Living Benefit

We will pay 25% of the Face Amount for a Covered Person when We receive Proof of Loss showing that a Covered Person suffers from Loss of Independent Living. This benefit is payable only once per lifetime per Covered Person.

### Diabetes Benefit

We will pay 10% of the Face Amount when We receive Proof of Loss showing that a Covered Person suffers from Type I or Type II Diabetes. This benefit is payable one time per lifetime per Covered Person.

### Additional Occurrence Benefit

We pay one additional benefit upon the diagnosis of a covered condition for which benefits have not been previously paid. The diagnosis must be separated from any other critical illness by at least six months.

### Recurrence Benefit

With the exception of Diabetes and Loss of Independent Living, We will pay this Benefit one time if a Covered Person is diagnosed for a second time with one of the named Critical Illnesses for which We paid a Benefit before. The Benefit is 25% of the Face Amount, and subject to the following:

- the second diagnosis must follow the first diagnosis of the same Critical Illness by more than 12 months;
- the Covered Person must not have received treatment during a 12 consecutive month period between the two diagnoses; and
- the second diagnosis must take place while the Covered Person's coverage is in effect.

For the purposes of this Benefit, "treatment" does not include: preventative medications in the absence of disease; or, routine scheduled follow-up visits to a Physician.

When this Benefit is paid, it ends for the Covered Person. No Recurrence Benefit will be paid thereafter for recurrence of any Critical Illness of the Covered Person.

### Health Screening Benefit

We will pay the amount shown on the schedule, if during a Calendar Year, a Covered Person has one or more of the following tests performed

- |   |  |  |
|---|--|--|
| • Bone Marrow Testing                       | • Electrocardiogram (EKG) (including stress EKG) | • Pap Smear (including ThinPrep Pap Test)  |
| • CA-125 (blood test for ovarian cancer)    | • Blood Test for Triglycerides                   | • Serum Protein Electrophoresis (test for myeloma)   |
| • Chest x-ray                               | • Fasting blood glucose test                     | • Stress test (bike or treadmill)  |
| • Flexible Sigmoidoscopy                    | • CA 15-3 (blood test for breast cancer)         | • Lipid Panel (total cholesterol count)  |
| • Mammography (including breast ultrasound) | • CEA (blood test for colon cancer)              | • Oral Cancer Screening using ViziLite, OraTest or other or other Current Dental Terminology |
| • PSA (blood test for prostate cancer)      | • Colonoscopy                                    | • Serum cholesterol test to determine level of HDL and LDL                                   |
| • Biopsy for Skin Cancer                    | • Hemocult stool analysis                        |  |

### Waiver of Premium Benefit

We will waive Premiums from the first day of Total Disability when Your Total Disability:

- starts while the Policy and Your Certificate are in force or in the Grace Period;
- starts before Your 60th birthday; and
- continues without interruption for at least 90 days.

Waiver will start on the first day of Total Disability. We will waive Premiums:

- as they fall due while You remain Totally Disabled; and
- using the mode of Premium payment that was in effect when Total Disability began; and
- for the period of time shown on the Certificate Schedule.

You will be required to pay premiums to keep Your coverage in effect until Your Total Disability is established according to the terms of the Benefit above.

**Spouse Coverage is 50% of the Face Amount/ Child Coverage is 25% of the Face Amount. The Face Amount Reduces by 50% at Age 70. Payment of Benefits Shall Not Exceed 300% of the Face Amount. Subject to the Recurrence Benefits, payment of Benefits within a Benefit Group will not exceed 100% of the Face Amount.**



## Payment Of Benefits

We will pay Benefits when We receive Proof of Loss acceptable to Us. Benefits are subject to the Benefit Conditions, Limitations and Exclusions provision.

## Benefit Conditions, Limitations and Exclusions

A Critical Illness must be diagnosed after the effective date of coverage and during the lifetime of the Covered Person while the Certificate is in force. When a named Critical Illness is contributed to or caused by another named Critical Illness, We will pay only one Benefit. The Benefit paid will be the greater of the two.

No Benefits of the Policy will be paid for loss that is contributed to, caused by, or occurs during:

- any intentionally self-inflicted injury;
- suicide, or attempted suicide, while sane or insane;
- active duty military service;
- participation in the commission or attempted commission of a felony;
- being intoxicated or under the influence of alcohol, drugs or any narcotic (including overdose) unless administered on, and taken in accordance with, the instructions of a Physician;
- psychosis; or
- alcoholism or drug addiction.

## Pre-Existing Condition Limitation

Any loss due to a Pre-existing Condition will not be covered if the loss begins within 12 months after the Covered Person's Effective Date of Insurance. However, Benefits may be paid for a loss due to a Pre-existing Condition of a Covered Person who was covered by a Replaced Policy; an by the Policy on its Initial Effective Date.

**Pre-existing Condition** means a medical condition, 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 Effective Date of Insurance for each Covered Person or during the 12 months immediately preceding an increase in benefits for each Covered Person under this Certificate.

- Heart Attack
- Stroke
- Invasive Cancer
- Carcinoma in Situ
- Coma
- End-Stage Renal Failure
- Loss of Vision, Speech or Hearing
- Severe Burns
- Permanent Paralysis
- Occupational HIV
- Alzheimer's Dementia
- Diabetes (Type I or II)

Pre-existing Condition also means any of the following which a Physician has treated or for which a Physician has advised treatment (by transplant, bypass surgery, medication or otherwise) of the Covered Person within 12 months before the Covered Person's Effective Date of Insurance:

- failure of the liver, kidney(ies), pancreas, or lung(s);
- failure of the heart; or
- coronary artery disease.

Benefits for Invasive Cancer or Carcinoma in Situ will not be payable based on a Tentative Diagnosis unless confirmed by a Clinical Diagnosis or a Pathological Diagnosis.

Pre-existing Condition also means a condition causing Total Disability which a Physician has treated or for which a Physician has advised treatment of the Employee within 12 months before the Employee's Effective Date of Insurance.

## Termination Of Insurance – Covered Persons

Subject to the Portability provisions, all insurance ends on the earliest of the following dates:

- the date the Policy terminates;
- the date of termination of any section or part of the Policy with respect to insurance under such section or part;
- the premium due date that coincides with or next follows the date that the Employee ceases to be a member of an eligible class;
- any premium due date, if premium remains unpaid by the end of the grace period;
- the Policy Anniversary Date that coincides with or next follows the date that the Covered Person reaches the Maximum Renewal Age shown on the Certificate Schedule;
- the date that a Spouse reaches age 70;
- the date that a Child reaches Age 26; or
- Covered Person's death.

If a Recurrence Benefit is paid for a Covered Person, the Recurrence Benefit for that person ends. When Your coverage ends, insurance on other persons covered by this Certificate will also end. Termination of insurance on a Covered Person or of the Policy is without prejudice to claims that occur or start prior to the date of termination.

## Covered Persons

### Covered Person

means an eligible Employee or Eligible Dependent who is covered under the Policy. Persons eligible for coverage are shown on the Schedule.

### Child (Children)

means the Covered Employee's unmarried child, including a natural child from the moment of birth, stepchild, foster or legally adopted child, or child in the process of adoption (including a child while the Covered Employee is a party to a proceeding in which the adoption of such child by the Covered Employee is sought); a child for whom the Covered Employee is required by a court order to provide medical support, and grandchildren who are dependent on the Covered Employee for federal income tax purposes at the time of application.

Child does not include a:

- person not meeting the above Child definition;
- Child living outside of the United States (unless living with you); or
- Child on active military duty for a period in excess of 30 days.

### Eligible Dependents

means a Spouse, His or Her Child(ren) and the Child(ren) of an Eligible Employee. We must approve eligibility of the Spouse and Child(ren) of an Employee. Each such person must meet the Eligibility requirements shown in the Schedule. If a Child is covered by the Policy, the Child's Eligibility will not end if the Child is and remains:

- unmarried;
- incapable of self-sustaining employment due to mental incapacity or physical handicap; and
- chiefly dependent on the Employee or Spouse for support.

However, in no event will Eligibility or coverage of any Child continue beyond the date that the Employee's coverage ends. The Employee must furnish Us with proof of physical or mental incapacity within 31 days after the Child's Eligibility would otherwise end. Thereafter, We may require proof, but not more frequently than annually.

## **Portability**

On the date the Policy terminates or the date the Named Insured ceases to be Actively at Work as an Employee and is not Totally Disabled, 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.

**\*\*\*All benefits may not be available to you. Please see Rate Quote for benefits offered.\*\*\***

**This sales brochure is not a contract. It is intended only as a brief description of the policy provisions in the planning of your program.  
The benefits are determined by the terms and conditions of the policy and certificate alone.**

**This is not a medicare supplement policy. If you are eligible for medicare, see the medicare supplement buyer's guide available from the company.**

**In all cases, consult your certificate for full details.**

**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**

# New Mexico Schools

## Group Critical Illness - Monthly Rates

Effective Date - 10/01/2021

Situs State - NM

### Non-Tobacco

| Issue Age | EE      | EE + SP | EE + CH | Family  |
|-----------|---------|---------|---------|---------|
| 18 - 35   | \$5.70  | \$9.36  | \$6.58  | \$10.23 |
| 36 - 49   | \$11.77 | \$18.63 | \$12.55 | \$19.41 |
| 50 - 59   | \$26.07 | \$41.15 | \$26.83 | \$41.91 |
| 60 - 64   | \$40.39 | \$62.10 | \$41.04 | \$62.75 |
| 65 +      | \$45.32 | \$69.54 | \$45.94 | \$70.15 |

### Tobacco

| Issue Age | EE      | EE + SP  | EE + CH | Family   |
|-----------|---------|----------|---------|----------|
| 18 - 35   | \$8.26  | \$13.28  | \$9.13  | \$14.15  |
| 36 - 49   | \$19.31 | \$30.07  | \$20.08 | \$30.85  |
| 50 - 59   | \$44.87 | \$70.12  | \$45.63 | \$70.88  |
| 60 - 64   | \$68.89 | \$105.04 | \$69.54 | \$105.69 |
| 65 +      | \$75.64 | \$115.21 | \$76.26 | \$115.83 |

### Benefit Face Amount

| Benefit          | Employee | Spouse  | Child   |
|------------------|----------|---------|---------|
| Heart            | \$10,000 | \$5,000 | \$2,500 |
| Cancer           | \$10,000 | \$5,000 | \$2,500 |
| Other            | \$10,000 | \$5,000 | \$2,500 |
| Recurrence       | \$2,500  | \$1,250 | \$625   |
| Health Screening | \$50     | \$50    | \$50    |

#### Benefit Details

|                           |           |
|---------------------------|-----------|
| Recurrence Benefit        | 25%       |
| Recurrence Waiting Period | 12 Months |

#### Vascular Benefits

|                  |      |
|------------------|------|
| Heart Attack     | 100% |
| Heart Transplant | 100% |
| Stroke           | 100% |
| Coronary Bypass  | 25%  |
| Angioplasty      | 10%  |

#### Cancer Benefits

|                    |      |
|--------------------|------|
| Invasive Cancer    | 100% |
| Malignant Melanoma | 100% |
| Cancer in Situ     | 25%  |

#### Other Benefits

|                               |      |
|-------------------------------|------|
| Major Organ Transplant        | 100% |
| End Stage Renal Failure       | 100% |
| Coma                          | 100% |
| Loss of Sight                 | 100% |
| Loss of Speech or Hearing     | 100% |
| Paralysis                     | 100% |
| Severe Burns                  | 100% |
| Occupational HIV              | 100% |
| Amyotrophic Lateral Sclerosis | 25%  |
| Benign Brain Tumor            | 25%  |
| Alzheimer's Dementia          | 25%  |
| Loss of Independent Living    | 25%  |
| Diabetes                      | 0%   |

*Residents of most states will be covered by the situs state plan. Residents of certain states will be covered by a state specific certificate of insurance due to these states having extraterritorial laws.*

Underwritten by:  
Metropolitan Life Insurance Company

Administered by:



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

# New Mexico Schools

## Group Critical Illness - Monthly Rates

Effective Date - 10/01/2021

Situs State - NM

### Non-Tobacco

| Issue Age | EE      | EE + SP  | EE + CH | Family   |
|-----------|---------|----------|---------|----------|
| 18 - 35   | \$10.15 | \$16.21  | \$11.60 | \$17.65  |
| 36 - 49   | \$21.94 | \$34.05  | \$23.18 | \$35.29  |
| 50 - 59   | \$50.02 | \$78.06  | \$51.24 | \$79.28  |
| 60 - 64   | \$78.25 | \$119.14 | \$79.25 | \$120.14 |
| 65 +      | \$88.12 | \$134.01 | \$89.05 | \$134.94 |

### Tobacco

| Issue Age | EE       | EE + SP  | EE + CH  | Family   |
|-----------|----------|----------|----------|----------|
| 18 - 35   | \$15.25  | \$24.04  | \$16.70  | \$25.49  |
| 36 - 49   | \$37.01  | \$56.93  | \$38.25  | \$58.17  |
| 50 - 59   | \$87.63  | \$136.00 | \$88.84  | \$137.21 |
| 60 - 64   | \$135.26 | \$205.02 | \$136.26 | \$206.02 |
| 65 +      | \$148.75 | \$225.37 | \$149.68 | \$226.30 |

### Benefit Face Amount

| Benefit          | Employee | Spouse   | Child   |
|------------------|----------|----------|---------|
| Heart            | \$20,000 | \$10,000 | \$5,000 |
| Cancer           | \$20,000 | \$10,000 | \$5,000 |
| Other            | \$20,000 | \$10,000 | \$5,000 |
| Recurrence       | \$5,000  | \$2,500  | \$1,250 |
| Health Screening | \$50     | \$50     | \$50    |

#### Benefit Details

|                           |           |
|---------------------------|-----------|
| Recurrence Benefit        | 25%       |
| Recurrence Waiting Period | 12 Months |

#### Vascular Benefits

|                  |      |
|------------------|------|
| Heart Attack     | 100% |
| Heart Transplant | 100% |
| Stroke           | 100% |
| Coronary Bypass  | 25%  |
| Angioplasty      | 10%  |

#### Cancer Benefits

|                    |      |
|--------------------|------|
| Invasive Cancer    | 100% |
| Malignant Melanoma | 100% |
| Cancer in Situ     | 25%  |

#### Other Benefits

|                               |      |
|-------------------------------|------|
| Major Organ Transplant        | 100% |
| End Stage Renal Failure       | 100% |
| Coma                          | 100% |
| Loss of Sight                 | 100% |
| Loss of Speech or Hearing     | 100% |
| Paralysis                     | 100% |
| Severe Burns                  | 100% |
| Occupational HIV              | 100% |
| Amyotrophic Lateral Sclerosis | 25%  |
| Benign Brain Tumor            | 25%  |
| Alzheimer's Dementia          | 25%  |
| Loss of Independent Living    | 25%  |
| Diabetes                      | 0%   |

*Residents of most states will be covered by the situs state plan. Residents of certain states will be covered by a state specific certificate of insurance due to these states having extraterritorial laws.*

Underwritten by:  
Metropolitan Life Insurance Company

Administered by:



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

# New Mexico Schools

## Group Critical Illness - Monthly Rates

Effective Date - 10/01/2021

Situs State - NM

### Non-Tobacco

| Issue Age | EE       | EE + SP  | EE + CH  | Family   |
|-----------|----------|----------|----------|----------|
| 18 - 35   | \$14.60  | \$23.06  | \$16.62  | \$25.07  |
| 36 - 49   | \$32.11  | \$49.46  | \$33.82  | \$51.17  |
| 50 - 59   | \$73.98  | \$114.98 | \$75.64  | \$116.65 |
| 60 - 64   | \$116.11 | \$176.17 | \$117.46 | \$177.52 |
| 65 +      | \$130.91 | \$198.49 | \$132.15 | \$199.73 |

### Tobacco

| Issue Age | EE       | EE + SP  | EE + CH  | Family   |
|-----------|----------|----------|----------|----------|
| 18 - 35   | \$22.25  | \$34.81  | \$24.28  | \$36.82  |
| 36 - 49   | \$54.71  | \$83.78  | \$56.42  | \$85.49  |
| 50 - 59   | \$130.38 | \$201.87 | \$132.05 | \$203.54 |
| 60 - 64   | \$201.62 | \$304.99 | \$202.97 | \$306.34 |
| 65 +      | \$221.87 | \$335.52 | \$223.11 | \$336.76 |

### Benefit Face Amount

| Benefit          | Employee | Spouse   | Child   |
|------------------|----------|----------|---------|
| Heart            | \$30,000 | \$15,000 | \$7,500 |
| Cancer           | \$30,000 | \$15,000 | \$7,500 |
| Other            | \$30,000 | \$15,000 | \$7,500 |
| Recurrence       | \$7,500  | \$3,750  | \$1,875 |
| Health Screening | \$50     | \$50     | \$50    |

#### Benefit Details

|                           |           |
|---------------------------|-----------|
| Recurrence Benefit        | 25%       |
| Recurrence Waiting Period | 12 Months |

#### Vascular Benefits

|                  |      |
|------------------|------|
| Heart Attack     | 100% |
| Heart Transplant | 100% |
| Stroke           | 100% |
| Coronary Bypass  | 25%  |
| Angioplasty      | 10%  |

#### Cancer Benefits

|                    |      |
|--------------------|------|
| Invasive Cancer    | 100% |
| Malignant Melanoma | 100% |
| Cancer in Situ     | 25%  |

#### Other Benefits

|                               |      |
|-------------------------------|------|
| Major Organ Transplant        | 100% |
| End Stage Renal Failure       | 100% |
| Coma                          | 100% |
| Loss of Sight                 | 100% |
| Loss of Speech or Hearing     | 100% |
| Paralysis                     | 100% |
| Severe Burns                  | 100% |
| Occupational HIV              | 100% |
| Amyotrophic Lateral Sclerosis | 25%  |
| Benign Brain Tumor            | 25%  |
| Alzheimer's Dementia          | 25%  |
| Loss of Independent Living    | 25%  |
| Diabetes                      | 0%   |

*Residents of most states will be covered by the situs state plan. Residents of certain states will be covered by a state specific certificate of insurance due to these states having extraterritorial laws.*

Underwritten by:  
Metropolitan Life Insurance Company

Administered by:



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

## U.S. Business Intermediary and Producer Compensation Notice

Metropolitan Life Insurance Company, herein called MetLife, enters into arrangements concerning the sale, servicing and/or renewal of MetLife group insurance and certain other group-related products (“*Products*”) with brokers, agents, consultants, third party administrators, general agents, associations, and other parties that may participate in the sale, servicing and/or renewal of such products (*each an “Intermediary”*). MetLife may pay your Intermediary compensation, which may include, among other things, base compensation, supplemental compensation and/or a service fee. MetLife may pay compensation for the sale, servicing and/or renewal of products, or remit compensation to an Intermediary on your behalf. Your Intermediary may also be owned by, controlled by or affiliated with another person or party, which may also be an Intermediary and who may also perform marketing and/or administration services in connection with your products and be paid compensation by MetLife.

Base compensation, which may vary from case to case and may change if you renew your products with MetLife, may be payable to your Intermediary as a percentage of premium or a fixed dollar amount. MetLife may also pay your Intermediary compensation that is based upon your Intermediary placing and/or retaining a certain volume of business (*number of products sold or dollar value of premium*) with MetLife. In addition, supplemental compensation may be payable to your Intermediary. Under MetLife’s current supplemental compensation plan (SCP), the amount payable as supplemental compensation may range from 0% to 8% of premium. The supplemental compensation percentage may be based on one or more of: (1) the number of products sold through your Intermediary during a one-year period, or other defined period; (2) the amount of premium or fees with respect to products sold through your Intermediary during a one-year period; (3) the persistency percentage of products inforce through your Intermediary during a one-year period; (4) the block growth of the products inforce through your Intermediary during a one-year period; (5) premium growth during a one-year period; or (6) a flat amount, fixed percentage or sliding scale of the premium for products as set by MetLife. The supplemental compensation percentage will be set by MetLife based on the achievement of the outlined qualification criteria and it may not be changed until the following SCP plan year. As such, the supplemental compensation percentage may vary from year to year, but will not exceed 8% under the current supplemental compensation plan.

The cost of supplemental compensation is not directly charged to the price of our products except as an allocation of overhead expense, which is applied to all eligible group insurance products, whether or not supplemental compensation is paid in relation to a particular sale or renewal. As a result, your rates will not differ by whether or not your Intermediary receives supplemental compensation. If your Intermediary collects the premium from you in relation to your products, your Intermediary may earn a return on such amounts. Additionally, MetLife may have a variety of other relationships with your Intermediary or its affiliates, or with other parties, that involve the payment of compensation and benefits that may or may not be related to your relationship with MetLife (*e.g., insurance and employee benefits exchanges, enrollment firms and platforms, sales contests, consulting agreements, participation in an insurer panel, or reinsurance arrangements*).

More information about the eligibility criteria, limitations, payment calculations and other terms and conditions under MetLife’s base compensation and supplemental compensation plans can be found on MetLife’s Website at [www.metlife.com/business-and-brokers/broker-resources/broker-compensation](http://www.metlife.com/business-and-brokers/broker-resources/broker-compensation). Questions regarding Intermediary compensation can be directed to [ask4met@metlifeservice.com](mailto:ask4met@metlifeservice.com), or if you would like to speak to someone about Intermediary compensation, please call (800) ASK 4MET. In addition to the compensation paid to an Intermediary, MetLife may also pay compensation to your representative. Compensation paid to your representative is for participating in the sale, servicing, and/or renewal of products, and the compensation paid may vary based on a number of factors including the type of product(s) and volume of business sold. If you are the person or entity to be charged under an insurance policy or annuity contract, you may request additional information about the compensation your representative expects to receive as a result of the sale or concerning compensation for any alternative quotes presented, by contacting your representative or calling (866) 796-1800.

## Non-U.S. Coverage

When providing you with information concerning a group insurance policy issued or proposed to your affiliate or subsidiary outside the United States by a MetLife affiliate or by other locally licensed insurers that are members of the MAXIS Global Benefits Network (MAXIS GBN), New York insurance law requires the person providing the information to be licensed as an insurance broker. In this capacity, the information provided to you will only be on behalf of such insurers and not on behalf of MetLife or any other insurer that is not a member of MAXIS GBN. Please note that while MetLife is a member of MAXIS GBN and is licensed to transact insurance business in New York, the other MAXIS GBN member insurers are not licensed or authorized to do business in New York. The group insurance policies they issue are for coverage outside the United States and are governed by the laws of the country they were issued in. These policies have not been approved by the New York Superintendent of Financial Services, are not subject to all of the laws of New York, and are not protected by the New York State Guaranty Fund.



# Cancer Protection Assurance



The unfortunate reality is that cancer touches almost everyone at some point in their lives. When it comes to cancer treatment, everyone's story is unique. We believe your employees' stories require real solutions to help support the financial, physical and emotional challenges faced by them and their families – before, during and after diagnosis.

**1-IN-2**

men

will be diagnosed with cancer in their lifetimes.<sup>1</sup>  
More and more Americans are living with cancer as a manageable disease.

**1-IN-3**

women



**98%**  
of men

who develop prostate cancer will live with it for five years – or more.<sup>2</sup>

**91%**  
of women

who are diagnosed with non-metastatic invasive breast cancer have a five-year relative survival rate. The 10-year survival rate is 85%.<sup>3</sup>

But while survival rates have increased, insured patients under 65 are paying more for their treatments out of pocket than ever before. This trend is concerning because high-deductible plans are becoming more common in the private insurance market.<sup>4</sup>

When someone is diagnosed with cancer, the entire family is affected – not just the patient. Aflac can help protect a patient's financial, physical and emotional well-being, empowering them to seek the latest advancements in treatment protocol, while easing the financial concerns that often accompany it.

<sup>1</sup> Cancer Facts & Figures 2022, American Cancer Society.

<sup>2</sup> [Cancer.Net Prostate Cancer: Statistics. : Statistics. https://www.cancer.net/cancer-types/prostate-cancer/statistics#:~:text=The 5-year survival rate,the United States%20is%2098%25.%20Accessed%203/15/23](https://www.cancer.net/cancer-types/prostate-cancer/statistics#:~:text=The 5-year survival rate,the United States%20is%2098%25.%20Accessed%203/15/23). December 2022.

<sup>3</sup> [Cancer.Net Breast Cancer: Statistics. https://www.cancer.net/cancer-types/breast-cancer/statistics#:~:text=The 5-year relative survival rate for women in the vary based on several factors](https://www.cancer.net/cancer-types/breast-cancer/statistics#:~:text=The 5-year relative survival rate for women in the vary based on several factors). Accessed 3/15/23.

<sup>4</sup> U.S. Health News and Health News Out-of-Pocket costs for Cancer Care Keep Climbing. <https://www.usnews.com/news/health-news/articles/2022-09-14/out-of-pocket-costs-for-cancer-care-keep-climbing> September 14, 2022.

**For more than 65 years, Aflac has been a pioneer in cancer insurance.** As cancer treatment protocols have changed, our coverage has evolved to help cover the costs of those innovative treatments and provide solutions that enable your employees to seek treatment without the financial concerns that often accompany it.

**COVERAGE WHEN IT COUNTS.** Cancer can pack a serious financial punch, with costs that major medical insurance may not cover. Aflac's Cancer Protection Assurance provides financial support before, during and after cancer.

**PROACTIVE SUPPORT.** We pay a benefit for early detection and preventative care. Why? Because when cancer is detected and treated early, patients are more likely to beat it.<sup>5</sup>

**SUSTAINED COVERAGE.** If diagnosed with cancer, we offer benefits that can be counted on to help support your employees throughout the duration of their treatment. But our support doesn't stop there.

**COVERAGE FOR INNOVATIVE CARE.** Every person and treatment plan is different, so we offer benefits for innovative procedures as well as traditional treatments.

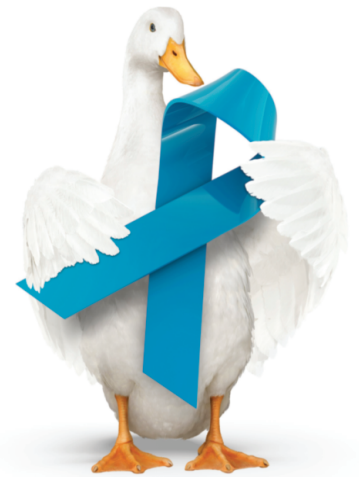
**LIFELONG SUPPORT.** Recuperation from cancer treatments can extend years after treatment. Our annual care benefit can help cover financial, physical and emotional needs even after treatment has ended.

**For more information on Cancer coverage, please contact your local Benefits Advisor, or visit [www.aflac.com/cancer](http://www.aflac.com/cancer).**

Brady Barham

800.894.9990

bbarham@lincolninvestment.com



<sup>5</sup> Early Detection of Cancer. National Library of Medicine. <https://pubmed.ncbi.nlm.nih.gov/35298272/#:~:text=Survival%20improves%20when%20cancer%20is,prevent%20cancer%20development%20and%20lethality>. March 18, 2022.

Cancer insurance is also known as specified disease insurance in some states.

In Delaware, Policies B70100DE, B70200DE & B70300DE. In Idaho, Policies B70100ID, B70200ID, B70300ID, B7010EPID, B7020EPID. In Oklahoma, Policies B701000K, B702000K, B703000K, B7010EPOK, B7020EPOK. This policy is not available in all states including but not limited to New York or Virginia. This is a brief product overview and is for illustrative purposes only. Benefits and/or premiums may vary based on state and benefit option selected. Riders are available for an additional premium. The policy has limitations and exclusions that may affect benefits payable. For more information about the product availability, benefits, limitations and exclusions, please contact your Aflac insurance agent.

**Coverage is underwritten by American Family Life Assurance Company of Columbus.** WWWHQ | 1932 Wynnton Road | Columbus, Georgia 31999

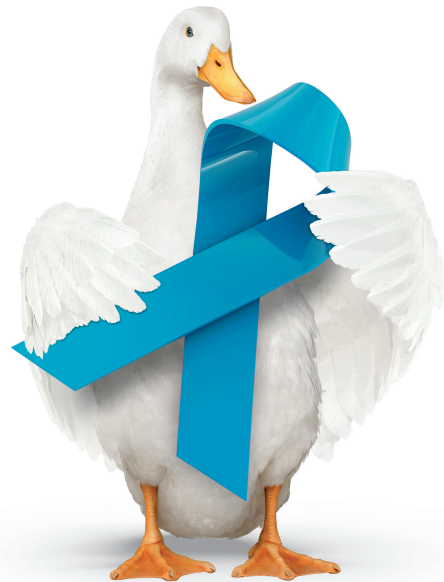


# Aflac Cancer Protection Assurance

## CANCER INDEMNITY INSURANCE – OPTION 1

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We've been dedicated to helping provide peace of mind and financial security for more than 60 years.



THIS TYPE OF PLAN IS NOT CONSIDERED MINIMUM ESSENTIAL COVERAGE UNDER THE AFFORDABLE CARE ACT AND THEREFORE DOES NOT SATISFY THE INDIVIDUAL MANDATE THAT YOU HAVE HEALTH INSURANCE COVERAGE. IF YOU DO NOT HAVE OTHER HEALTH INSURANCE COVERAGE, YOU MAY BE SUBJECT TO A TAX PENALTY. PLEASE CONSULT YOUR TAX ADVISOR.

Underwritten by:  
American Family Life Assurance Company of Columbus  
Worldwide Headquarters | 1932 Wynnton Road | Columbus, Georgia 31999

B70175NRNM

IC(4/23)

## Benefits overview Choose the Policy and Riders that Fit Your Needs

| BENEFIT:  | DESCRIPTION:  |
|---|---|
| INITIAL DIAGNOSIS   | Named Insured or Spouse: \$1,250<br>Dependent Child: \$2,500<br>Payable once per covered person, per lifetime   |
| RADIATION THERAPY, CHEMOTHERAPY, IMMUNOTHERAPY OR EXPERIMENTAL CHEMOTHERAPY | Self-Administered: \$150 per calendar month<br>Physician Administered: \$800 per calendar month<br>This benefit is limited to one self-administered treatment and one physician-administered treatment per calendar month   |
| ANNUAL CARE   | \$250 on the anniversary date of diagnosis; lifetime maximum of five annual \$250 payments per covered person   |
| CANCER SCREENING  | One \$25 benefit per calendar year, per covered person<br>Benefit increases to three screenings per calendar year after the diagnosis for internal cancer or an associated cancerous condition  |
| PROPHYLACTIC SURGERY (DUE TO A POSITIVE GENETIC TEST RESULT)                | \$125 per covered person, per lifetime  |
| ADDITIONAL OPINION  | \$150 per covered person, per lifetime  |
| HORMONAL THERAPY  | \$15 once per calendar month  |
| TOPICAL CHEMOTHERAPY  | \$100 once per calendar month   |
| ANTINAUSEA  | \$50 once per calendar month  |
| STEM CELL AND BONE MARROW TRANSPLANTATION                                   | \$3,500; lifetime maximum of \$3,500 per covered person<br>Donor Benefit:<br>\$50 for stem cell donation, or<br>\$500 for bone marrow donation<br>Payable one time per covered person   |
| BLOOD AND PLASMA  | Inpatient: \$50 times the number of days paid under the Hospital Confinement Benefit, per covered person<br>Outpatient: \$140 per day, per covered person   |
| SURGICAL/ANESTHESIA   | \$50-\$1,700<br>Anesthesia: additional 25% of the Surgery Benefit<br>Maximum daily benefit will not exceed \$2,125; no lifetime maximum on the number of operations   |
| SKIN CANCER SURGERY   | Laser or Cryosurgery: \$20<br>Excision of lesion of skin without flap or graft: \$85<br>Flap or graft without excision: \$125<br>Excision of lesion of skin with flap or graft: \$200<br>Maximum daily benefit will not exceed \$200. No lifetime maximum on the number of operations |
| PROPHYLACTIC SURGERY (WITH CORRELATING INTERNAL CANCER DIAGNOSIS)           | \$125 per covered person, per lifetime  |
| HOSPITALIZATION CONFINEMENT FOR 30 DAYS OR LESS                             | Named Insured or Spouse: \$100<br>Dependent Child: \$125  |
| HOSPITALIZATION CONFINEMENT FOR 31 DAYS OR MORE                             | Named Insured or Spouse: \$200<br>Dependent Child: \$250  |

|  |  |                                   |                                   |
|--|--|-----------------------------------|-----------------------------------|
| <b>OUTPATIENT HOSPITAL SURGICAL ROOM CHARGE</b>                    | \$100 per day, per covered person  |                                   |                                   |
| <b>EXTENDED-CARE FACILITY</b>                                      | \$75 per day; limited to 30 days in each calendar year, per covered person   |                                   |                                   |
| <b>HOME HEALTH CARE</b>  | \$50 per day; limited to 10 days per hospitalization, per covered person; and 30 days per calendar year, per covered person  |                                   |                                   |
| <b>HOSPICE CARE</b>  | \$1,000 for first day; \$50 per day thereafter; \$12,000 lifetime maximum per covered person   |                                   |                                   |
| <b>NURSING SERVICES</b>  | \$50 per day; payable for only the number of days the Hospital Confinement Benefit is payable  |                                   |                                   |
| <b>SURGICAL PROSTHESIS</b>   | \$1,000; lifetime maximum of \$2,000 per covered person  |                                   |                                   |
| <b>NONSURGICAL PROSTHESIS</b>                                      | \$90 per occurrence, per covered person; lifetime maximum of \$180 per covered person  |                                   |                                   |
| <b>BREAST RECONSTRUCTION</b>                                       | <p>Breast Tissue/Muscle Reconstruction Flap Procedures: \$1,000</p> <p>Breast Reconstruction (occurring within 5 years of breast cancer diagnosis): \$250</p> <p>Breast Symmetry (on the nondiseased breast occurring within 5 years of breast reconstruction): \$110</p> <p>Permanent Areola Repigmentation (on the diseased breast): \$50</p> <p>Maximum daily benefit will not exceed \$1,000</p> |                                   |                                   |
| <b>OTHER RECONSTRUCTIVE SURGERY</b>                                | <p>Facial Reconstruction: \$250</p> <p>Anesthesia: additional 25% of the Other Reconstructive Surgery Benefit</p> <p>Maximum daily benefit will not exceed \$250</p>   |                                   |                                   |
| <b>EGG HARVESTING, STORAGE (CRYOPRESERVATION) AND IMPLANTATION</b> | <p>\$500 for a covered person to have oocytes extracted and harvested</p> <p>\$100 for the storage of a covered person's oocyte(s) or sperm</p> <p>\$100 for embryo transfer</p> <p>Lifetime maximum of \$700 per covered person</p>   |                                   |                                   |
| <b>AMBULANCE</b>   | <p>\$250 ground</p> <p>\$2,000 air ambulance</p>   |                                   |                                   |
| <b>TRANSPORTATION</b>  | \$ .35 cents per mile for transportation; payable up to a combined maximum of \$1,050, per round trip  |                                   |                                   |
| <b>LODGING</b>   | \$50 per day; limited to 90 days per calendar year   |                                   |                                   |
| <b>WAIVER OF PREMIUM</b>   | Yes  |                                   |                                   |
| <b>CONTINUATION OF COVERAGE</b>                                    | Yes  |                                   |                                   |
| <b>OPTIONAL RIDERS:</b>  | <b>DESCRIPTION:</b>  |                                   |                                   |
| <b>INITIAL DIAGNOSIS BUILDING BENEFIT RIDER</b>                    | <p>This benefit will increase the amount of your Initial Diagnosis Benefit, as shown in the policy, by \$100 for each unit purchased, up to five units, for each covered person on the anniversary date of coverage, while coverage remains in force.</p> <p>When a covered person is diagnosed with any of the diseases listed in the Specified-Disease Rider:</p>                                  |                                   |                                   |
| <b>SPECIFIED-DISEASE BENEFIT RIDER</b>                             | Initial diagnosis  | Hospitalization                   |                                   |
|  | \$2,000  | 30 days or less;<br>\$400 per day | 31 days or more;<br>\$800 per day |
| <b>DEPENDENT CHILD RIDER</b>                                       | \$10,000 when a covered dependent child is diagnosed as having internal cancer or an associated cancerous condition; payable only once for each covered dependent child  |                                   |                                   |

REFER TO THE FOLLOWING PAGES FOR BENEFIT DETAILS, DEFINITIONS, LIMITATIONS AND EXCLUSIONS.

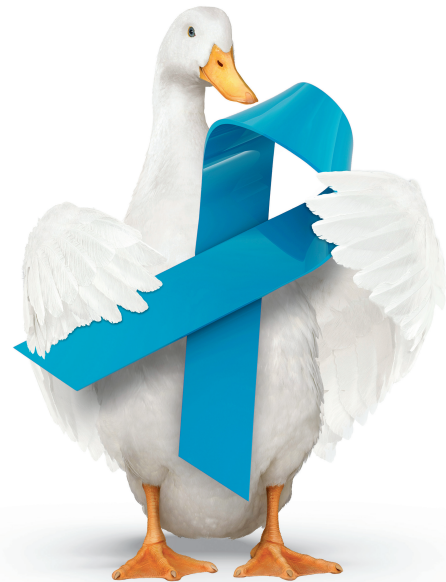
# Aflac

## Cancer Protection Assurance

### CANCER INDEMNITY INSURANCE – OPTION 2

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We've been dedicated to helping provide peace of mind and financial security for more than 60 years.



THIS TYPE OF PLAN IS NOT CONSIDERED MINIMUM ESSENTIAL COVERAGE UNDER THE AFFORDABLE CARE ACT AND THEREFORE DOES NOT SATISFY THE INDIVIDUAL MANDATE THAT YOU HAVE HEALTH INSURANCE COVERAGE. IF YOU DO NOT HAVE OTHER HEALTH INSURANCE COVERAGE, YOU MAY BE SUBJECT TO A TAX PENALTY. PLEASE CONSULT YOUR TAX ADVISOR.

Underwritten by:

American Family Life Assurance Company of Columbus

Worldwide Headquarters | 1932 Wynnton Road | Columbus, Georgia 31999

B70275NRNM

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## Benefits overview Choose the Policy and Riders that Fit Your Needs

| BENEFIT:  | DESCRIPTION:   |
|---|--|
| INITIAL DIAGNOSIS   | Named Insured or Spouse: \$5,000<br>Dependent Child: \$10,000<br>Payable once per covered person, per lifetime   |
| RADIATION THERAPY, CHEMOTHERAPY, IMMUNOTHERAPY OR EXPERIMENTAL CHEMOTHERAPY | Self-Administered: \$375 per calendar month<br>Physician Administered: \$1,600 per calendar month<br>This benefit is limited to one self-administered treatment and one physician-administered treatment per calendar month  |
| ANNUAL CARE   | \$500 on the anniversary date of diagnosis; lifetime maximum of five annual \$500 payments per covered person  |
| CANCER SCREENING  | One \$75 benefit per calendar year, per covered person<br>Benefit increases to three screenings per calendar year after the diagnosis for internal cancer or an associated cancerous condition   |
| PROPHYLACTIC SURGERY (DUE TO A POSITIVE GENETIC TEST RESULT)                | \$250 per covered person, per lifetime   |
| ADDITIONAL OPINION  | \$300 per covered person, per lifetime   |
| HORMONAL THERAPY  | \$25 once per calendar month   |
| TOPICAL CHEMOTHERAPY  | \$150 once per calendar month  |
| ANTINAUSEA  | \$100 once per calendar month  |
| STEM CELL AND BONE MARROW TRANSPLANTATION                                   | \$7,000; lifetime maximum of \$7,000 per covered person<br>Donor Benefit:<br>\$100 for stem cell donation, or<br>\$750 for bone marrow donation<br>Payable one time per covered person   |
| BLOOD AND PLASMA  | Inpatient: \$50 times the number of days paid under the Hospital Confinement Benefit, per covered person<br>Outpatient: \$175 per day, per covered person  |
| SURGICAL/ANESTHESIA   | \$100-\$3,400<br>Anesthesia: additional 25% of the Surgery Benefit<br>Maximum daily benefit will not exceed \$4,250; no lifetime maximum on the number of operations   |
| SKIN CANCER SURGERY   | Laser or Cryosurgery: \$35<br>Excision of lesion of skin without flap or graft: \$170<br>Flap or graft without excision: \$250<br>Excision of lesion of skin with flap or graft: \$400<br>Maximum daily benefit will not exceed \$400. No lifetime maximum on the number of operations |
| PROPHYLACTIC SURGERY (WITH CORRELATING INTERNAL CANCER DIAGNOSIS)           | \$250 per covered person, per lifetime   |
| HOSPITALIZATION CONFINEMENT FOR 30 DAYS OR LESS                             | Named Insured or Spouse: \$200<br>Dependent Child: \$250   |
| HOSPITALIZATION CONFINEMENT FOR 31 DAYS OR MORE                             | Named Insured or Spouse: \$400<br>Dependent Child: \$500   |

|  |   |                                   |                                   |
|--|---|-----------------------------------|-----------------------------------|
| <b>OUTPATIENT HOSPITAL SURGICAL ROOM CHARGE</b>                    | \$200 per day, per covered person   |                                   |                                   |
| <b>EXTENDED-CARE FACILITY</b>                                      | \$100 per day; limited to 30 days in each calendar year, per covered person   |                                   |                                   |
| <b>HOME HEALTH CARE</b>  | \$100 per day; limited to 10 days per hospitalization, per covered person; and 30 days per calendar year, per covered person  |                                   |                                   |
| <b>HOSPICE CARE</b>  | \$1,000 for first day; \$50 per day thereafter; \$12,000 lifetime maximum per covered person  |                                   |                                   |
| <b>NURSING SERVICES</b>  | \$100 per day; payable for only the number of days the Hospital Confinement Benefit is payable  |                                   |                                   |
| <b>SURGICAL PROSTHESIS</b>   | \$2,000; lifetime maximum of \$4,000 per covered person   |                                   |                                   |
| <b>NONSURGICAL PROSTHESIS</b>                                      | \$175 per occurrence, per covered person; lifetime maximum of \$350 per covered person  |                                   |                                   |
| <b>BREAST RECONSTRUCTION</b>                                       | <p>Breast Tissue/Muscle Reconstruction Flap Procedures: \$2,000</p> <p>Breast Reconstruction (occurring within 5 years of breast cancer diagnosis): \$500</p> <p>Breast Symmetry (on the nondiseased breast occurring within 5 years of breast reconstruction): \$220</p> <p>Permanent Areola Repigmentation (on the diseased breast): \$100</p> <p>Maximum daily benefit will not exceed \$2,000</p> |                                   |                                   |
| <b>OTHER RECONSTRUCTIVE SURGERY</b>                                | <p>Facial Reconstruction: \$500</p> <p>Anesthesia: additional 25% of the Other Reconstructive Surgery Benefit</p> <p>Maximum daily benefit will not exceed \$500</p>  |                                   |                                   |
| <b>EGG HARVESTING, STORAGE (CRYOPRESERVATION) AND IMPLANTATION</b> | <p>\$1,000 for a covered person to have oocytes extracted and harvested</p> <p>\$200 for the storage of a covered person's oocyte(s) or sperm</p> <p>\$200 for embryo transfer</p> <p>Lifetime maximum of \$1,400 per covered person</p>  |                                   |                                   |
| <b>AMBULANCE</b>   | <p>\$250 ground</p> <p>\$2,000 air ambulance</p>  |                                   |                                   |
| <b>TRANSPORTATION</b>  | \$ .40 cents per mile for transportation; payable up to a combined maximum of \$1,200, per round trip   |                                   |                                   |
| <b>LODGING</b>   | \$65 per day; limited to 90 days per calendar year  |                                   |                                   |
| <b>WAIVER OF PREMIUM</b>   | Yes   |                                   |                                   |
| <b>CONTINUATION OF COVERAGE</b>                                    | Yes   |                                   |                                   |
| <b>OPTIONAL RIDERS:</b>  | <b>DESCRIPTION:</b>   |                                   |                                   |
| <b>INITIAL DIAGNOSIS BUILDING BENEFIT RIDER</b>                    | <p>This benefit will increase the amount of your Initial Diagnosis Benefit, as shown in the policy, by \$100 for each unit purchased, up to five units, for each covered person on the anniversary date of coverage, while coverage remains in force.</p> <p>When a covered person is diagnosed with any of the diseases listed in the Specified-Disease Rider:</p>                                   |                                   |                                   |
| <b>SPECIFIED-DISEASE BENEFIT RIDER</b>                             | Initial diagnosis   | Hospitalization                   |                                   |
|  | \$2,000   | 30 days or less;<br>\$400 per day | 31 days or more;<br>\$800 per day |
| <b>DEPENDENT CHILD RIDER</b>                                       | \$10,000 when a covered dependent child is diagnosed as having internal cancer or an associated cancerous condition; payable only once for each covered dependent child   |                                   |                                   |

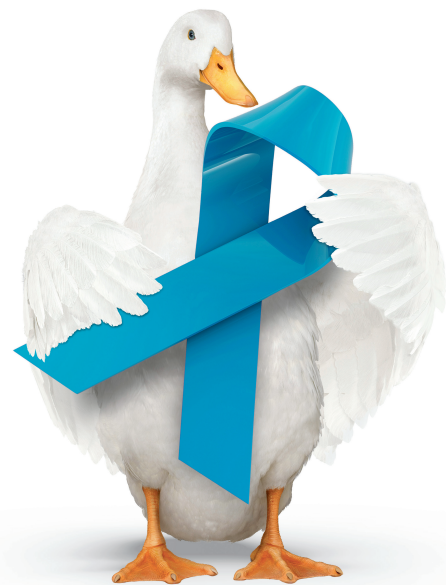
REFER TO THE FOLLOWING PAGES FOR BENEFIT DETAILS, DEFINITIONS, LIMITATIONS AND EXCLUSIONS.

# Aflac Cancer Protection Assurance

## CANCER INDEMNITY INSURANCE – OPTION 3

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We've been dedicated to helping provide peace of mind and financial security for more than 60 years.



THIS TYPE OF PLAN IS NOT CONSIDERED MINIMUM ESSENTIAL COVERAGE UNDER THE AFFORDABLE CARE ACT AND THEREFORE DOES NOT SATISFY THE INDIVIDUAL MANDATE THAT YOU HAVE HEALTH INSURANCE COVERAGE. IF YOU DO NOT HAVE OTHER HEALTH INSURANCE COVERAGE, YOU MAY BE SUBJECT TO A TAX PENALTY. PLEASE CONSULT YOUR TAX ADVISOR.

Underwritten by:

American Family Life Assurance Company of Columbus

Worldwide Headquarters | 1932 Wynnton Road | Columbus, Georgia 31999

B70375NRNM

IC(4/23)

## Benefits overview Choose the Policy and Riders that Fit Your Needs

| BENEFIT:  | DESCRIPTION:   |
|---|--|
| INITIAL DIAGNOSIS   | Named Insured or Spouse: \$7,500<br>Dependent Child: \$15,000<br>Payable once per covered person, per lifetime   |
| RADIATION THERAPY, CHEMOTHERAPY, IMMUNOTHERAPY OR EXPERIMENTAL CHEMOTHERAPY | Self-Administered: \$600 per calendar month<br>Physician Administered: \$2,000 per calendar month<br>This benefit is limited to one self-administered treatment and one physician-administered treatment per calendar month  |
| ANNUAL CARE   | \$750 on the anniversary date of diagnosis; lifetime maximum of five annual \$750 payments per covered person  |
| CANCER SCREENING  | One \$100 benefit per calendar year, per covered person<br>Benefit increases to three screenings per calendar year after the diagnosis for internal cancer or an associated cancerous condition  |
| PROPHYLACTIC SURGERY (DUE TO A POSITIVE GENETIC TEST RESULT)                | \$350 per covered person, per lifetime   |
| ADDITIONAL OPINION  | \$400 per covered person, per lifetime   |
| HORMONAL THERAPY  | \$40 once per calendar month   |
| TOPICAL CHEMOTHERAPY  | \$200 once per calendar month  |
| ANTINAUSEA  | \$150 once per calendar month  |
| STEM CELL AND BONE MARROW TRANSPLANTATION                                   | \$10,000; lifetime maximum of \$10,000 per covered person<br>Donor Benefit:<br>\$150 for stem cell donation, or<br>\$1,000 for bone marrow donation<br>Payable one time per covered person   |
| BLOOD AND PLASMA  | Inpatient: \$75 times the number of days paid under the Hospital Confinement Benefit, per covered person<br>Outpatient: \$250 per day, per covered person  |
| SURGICAL/ANESTHESIA   | \$140-\$5,000<br>Anesthesia: additional 25% of the Surgery Benefit<br>Maximum daily benefit will not exceed \$6,250; no lifetime maximum on the number of operations   |
| SKIN CANCER SURGERY   | Laser or Cryosurgery: \$50<br>Excision of lesion of skin without flap or graft: \$250<br>Flap or graft without excision: \$375<br>Excision of lesion of skin with flap or graft: \$600<br>Maximum daily benefit will not exceed \$600. No lifetime maximum on the number of operations |
| PROPHYLACTIC SURGERY (WITH CORRELATING INTERNAL CANCER DIAGNOSIS)           | \$350 per covered person, per lifetime   |
| HOSPITALIZATION CONFINEMENT FOR 30 DAYS OR LESS                             | Named Insured or Spouse: \$300<br>Dependent Child: \$375   |
| HOSPITALIZATION CONFINEMENT FOR 31 DAYS OR MORE                             | Named Insured or Spouse: \$600<br>Dependent Child: \$750   |



|  |   |                                   |                                   |
|--|---|-----------------------------------|-----------------------------------|
| <b>OUTPATIENT HOSPITAL SURGICAL ROOM CHARGE</b>                    | \$300 per day, per covered person   |                                   |                                   |
| <b>EXTENDED-CARE FACILITY</b>                                      | \$150 per day; limited to 30 days in each calendar year, per covered person   |                                   |                                   |
| <b>HOME HEALTH CARE</b>  | \$150 per day; limited to 10 days per hospitalization, per covered person; and 30 days per calendar year, per covered person  |                                   |                                   |
| <b>HOSPICE CARE</b>  | \$1,000 for first day; \$50 per day thereafter; \$12,000 lifetime maximum per covered person  |                                   |                                   |
| <b>NURSING SERVICES</b>  | \$150 per day; payable for only the number of days the Hospital Confinement Benefit is payable  |                                   |                                   |
| <b>SURGICAL PROSTHESIS</b>   | \$3,000; lifetime maximum of \$6,000 per covered person   |                                   |                                   |
| <b>NONSURGICAL PROSTHESIS</b>                                      | \$250 per occurrence, per covered person; lifetime maximum of \$500 per covered person  |                                   |                                   |
| <b>BREAST RECONSTRUCTION</b>                                       | <p>Breast Tissue/Muscle Reconstruction Flap Procedures: \$3,000</p> <p>Breast Reconstruction (occurring within 5 years of breast cancer diagnosis): \$700</p> <p>Breast Symmetry (on the nondiseased breast occurring within 5 years of breast reconstruction): \$350</p> <p>Permanent Areola Repigmentation (on the diseased breast): \$150</p> <p>Maximum daily benefit will not exceed \$3,000</p> |                                   |                                   |
| <b>OTHER RECONSTRUCTIVE SURGERY</b>                                | <p>Facial Reconstruction: \$700</p> <p>Anesthesia: additional 25% of the Other Reconstructive Surgery Benefit</p> <p>Maximum daily benefit will not exceed \$700</p>  |                                   |                                   |
| <b>EGG HARVESTING, STORAGE (CRYOPRESERVATION) AND IMPLANTATION</b> | <p>\$1,500 for a covered person to have oocytes extracted and harvested</p> <p>\$250 for the storage of a covered person's oocyte(s) or sperm</p> <p>\$250 for embryo transfer</p> <p>Lifetime maximum of \$2,000 per covered person</p>  |                                   |                                   |
| <b>AMBULANCE</b>   | <p>\$250 ground</p> <p>\$2,000 air ambulance</p>  |                                   |                                   |
| <b>TRANSPORTATION</b>  | \$.50 cents per mile for transportation; payable up to a combined maximum of \$1,500, per round trip  |                                   |                                   |
| <b>LODGING</b>   | \$80 per day; limited to 90 days per calendar year  |                                   |                                   |
| <b>WAIVER OF PREMIUM</b>   | Yes   |                                   |                                   |
| <b>CONTINUATION OF COVERAGE</b>                                    | Yes   |                                   |                                   |
| <b>OPTIONAL RIDERS:</b>  | <b>DESCRIPTION:</b>   |                                   |                                   |
| <b>INITIAL DIAGNOSIS BUILDING BENEFIT RIDER</b>                    | This benefit will increase the amount of your Initial Diagnosis Benefit, as shown in the policy, by \$100 for each unit purchased, up to five units, for each covered person on the anniversary date of coverage, while coverage remains in force.  |                                   |                                   |
| <b>SPECIFIED-DISEASE BENEFIT RIDER</b>                             | When a covered person is diagnosed with any of the diseases listed in the Specified-Disease Rider:  |                                   |                                   |
|  | Initial diagnosis   | Hospitalization                   |                                   |
|  | \$2,000   | 30 days or less;<br>\$400 per day | 31 days or more;<br>\$800 per day |
| <b>DEPENDENT CHILD RIDER</b>                                       | \$10,000 when a covered dependent child is diagnosed as having internal cancer or an associated cancerous condition; payable only once for each covered dependent child   |                                   |                                   |

REFER TO THE FOLLOWING PAGES FOR BENEFIT DETAILS, DEFINITIONS, LIMITATIONS AND EXCLUSIONS.



Rate sheet prepared by Web User on 4/28/2023 10:35:43 AM.  
 New Mexico Payroll Premium rates are Monthly for industry Class C.

The rates shown on this insert page are for illustration purposes only; they do not imply coverage.  
 For more information about policy/plan benefits and limitations, please refer to the accompanying  
 product brochure for each insurance policy/plan listed below.

**CANCER PROTECTION ASSURANCE PLAN LEVEL 1 - Series B70100**

|       |                   | Premium | IDR* (5 units) | DCR*   | SDR*   | Total   |
|-------|-------------------|---------|----------------|--------|--------|---------|
| 18-75 | INDIVIDUAL        | \$16.59 | \$5.95         | \$0.00 | \$0.91 | \$23.45 |
| 18-75 | INSURED/SPOUSE    | \$26.35 | \$14.05        | \$0.00 | \$0.91 | \$41.31 |
| 18-75 | ONE-PARENT FAMILY | \$16.59 | \$5.95         | \$0.91 | \$0.91 | \$24.36 |
| 18-75 | TWO-PARENT FAMILY | \$26.35 | \$14.05        | \$0.91 | \$0.91 | \$42.22 |

IDR\* = Optional Initial Diagnosis Rider (Series B70050) premium 1-5 units

DCR\* = Optional Dependent Child Rider (Series B70051) premium 1 unit

SDR\* = Optional Specified Disease Rider (Series B70052) premium

**CANCER PROTECTION ASSURANCE PLAN LEVEL 2 - Series B70200**

|       |                   | Premium | IDR* (5 units) | DCR*   | SDR*   | Total   |
|-------|-------------------|---------|----------------|--------|--------|---------|
| 18-75 | INDIVIDUAL        | \$33.50 | \$5.95         | \$0.00 | \$0.91 | \$40.36 |
| 18-75 | INSURED/SPOUSE    | \$57.64 | \$14.05        | \$0.00 | \$0.91 | \$72.60 |
| 18-75 | ONE-PARENT FAMILY | \$33.50 | \$5.95         | \$0.91 | \$0.91 | \$41.27 |
| 18-75 | TWO-PARENT FAMILY | \$57.64 | \$14.05        | \$0.91 | \$0.91 | \$73.51 |

IDR\* = Optional Initial Diagnosis Rider (Series B70050) premium 1-5 units

DCR\* = Optional Dependent Child Rider (Series B70051) premium 1 unit

SDR\* = Optional Specified Disease Rider (Series B70052) premium

**CANCER PROTECTION ASSURANCE PLAN LEVEL 3 - Series B70300**

|       |                   | Premium | IDR* (5 units) | DCR*   | SDR*   | Total   |
|-------|-------------------|---------|----------------|--------|--------|---------|
| 18-75 | INDIVIDUAL        | \$47.37 | \$5.95         | \$0.00 | \$0.91 | \$54.23 |
| 18-75 | INSURED/SPOUSE    | \$80.86 | \$14.05        | \$0.00 | \$0.91 | \$95.82 |
| 18-75 | ONE-PARENT FAMILY | \$47.37 | \$5.95         | \$0.91 | \$0.91 | \$55.14 |
| 18-75 | TWO-PARENT FAMILY | \$80.86 | \$14.05        | \$0.91 | \$0.91 | \$96.73 |

IDR\* = Optional Initial Diagnosis Rider (Series B70050) premium 1-5 units

DCR\* = Optional Dependent Child Rider (Series B70051) premium 1 unit

SDR\* = Optional Specified Disease Rider (Series B70052) premium

## Accident Insurance

Benefits that may help cover costs such as those not covered by your medical plan.

### Accident Insurance Benefits

With MetLife, you'll have a choice of two plans (called the "Low Plan" and the "High Plan") that provide payments in addition to any other insurance payments you may receive<sup>1</sup>. Here are just some of the covered events/services<sup>2</sup>.

| BENEFIT   | BENEFIT LIMITS | LOW PLAN |          |          | HIGH PLAN |          |          |
|---|----------------|----------|----------|----------|-----------|----------|----------|
|   |                | EMPLOYEE | SPOUSE   | CHILD    | EMPLOYEE  | SPOUSE   | CHILD    |
| <b>ACCIDENTAL DEATH BENEFITS CATEGORY</b>                                   |                |          |          |          |           |          |          |
| Basic Accidental Death  | N/A            | \$25,000 | \$12,500 | \$5,000  | \$50,000  | \$25,000 | \$10,000 |
| Accidental Death Common Carrier   |                | \$75,000 | \$37,500 | \$15,000 | \$150,000 | \$75,000 | \$30,000 |
| <b>ACCIDENTAL DISMEMBERMENT/FUNCTIONAL LOSS/PARALYSIS BENEFITS CATEGORY</b> |                |          |          |          |           |          |          |
| <b>Basic Dismemberment/Functional Loss Benefit</b>                          |                |          |          |          |           |          |          |
| Loss of one finger or one toe   | N/A            | \$750    | \$750    | \$750    | \$1,000   | \$1,000  | \$1,000  |
| Loss of one arm or one leg  |                | \$10,000 | \$10,000 | \$10,000 | \$15,000  | \$15,000 | \$15,000 |
| Loss of one hand or one foot  |                | \$10,000 | \$10,000 | \$10,000 | \$15,000  | \$15,000 | \$15,000 |
| Loss of two or more fingers or toes   |                | \$1,500  | \$1,500  | \$1,500  | \$2,000   | \$2,000  | \$2,000  |
| Loss of sight in one eye  |                | \$10,000 | \$10,000 | \$10,000 | \$15,000  | \$15,000 | \$15,000 |
| Loss of hearing in one ear  |                | \$10,000 | \$10,000 | \$10,000 | \$15,000  | \$15,000 | \$15,000 |
| <b>Catastrophic Dismemberment/Functional Loss Benefit</b>                   |                |          |          |          |           |          |          |
| Loss of both arms or both legs or one arm and one leg                       | N/A            | \$20,000 | \$20,000 | \$20,000 | \$40,000  | \$40,000 | \$40,000 |
| Loss of both hands or both feet or one hand and one foot                    |                | \$20,000 | \$20,000 | \$20,000 | \$40,000  | \$40,000 | \$40,000 |
| Loss of sight in both eyes  |                | \$20,000 | \$20,000 | \$20,000 | \$40,000  | \$40,000 | \$40,000 |
| Loss of hearing in both ears  |                | \$20,000 | \$20,000 | \$20,000 | \$40,000  | \$40,000 | \$40,000 |
| Loss of ability to speak  |                | \$20,000 | \$20,000 | \$20,000 | \$40,000  | \$40,000 | \$40,000 |
| <b>Paralysis Benefit</b>  |                |          |          |          |           |          |          |
| Two Limbs (paraplegia or hemiplegia)  | N/A            | \$10,000 | \$10,000 | \$10,000 | \$20,000  | \$20,000 | \$20,000 |
| Four Limbs (quadriplegia)   |                | \$20,000 | \$20,000 | \$20,000 | \$40,000  | \$40,000 | \$40,000 |

| BENEFIT                                    | BENEFIT LIMITS                      | LOW PLAN            | HIGH PLAN           |
|--|-------------------------------------|---------------------|---------------------|
|  |                                     | ALL COVERED PERSONS | ALL COVERED PERSONS |
| <b>ACCIDENTAL INJURY BENEFITS CATEGORY</b> |                                     |                     |                     |
| <b>Fracture Benefit (Closed)</b>           |                                     |                     |                     |
| Face or Nose (except mandible or maxilla)  | If more than one bone is fractured, | \$1,000             | \$2,000             |



## Accident Insurance

|   |  |         |          |
|---|--|---------|----------|
| Skull Fracture - depressed (except bones of face or nose)         | the amount we will pay for all fractures combined will be no more than 2 times the highest Fracture Benefit.                                     | \$4,000 | \$5,000  |
| Skull Fracture - non depressed (except bones of face or nose)     |  | \$2,000 | \$2,500  |
| Lower Jaw, Mandible (except alveolar process)                     |  | \$750   | \$1,000  |
| Upper Jaw, Maxilla (except alveolar process)                      |  | \$1,000 | \$2,000  |
| Upper Arm between Elbow and Shoulder (humerus)                    |  | \$1,000 | \$2,000  |
| Shoulder Blade (scapula), Collarbone (clavicle, sternum)          |  | \$750   | \$1,000  |
| Forearm (radius and/or ulna), Hand, Wrist (except fingers)        |  | \$750   | \$1,000  |
| Rib   |  | \$750   | \$1,000  |
| Finger, Toe   |  | \$100   | \$200    |
| Vertebrae, Body of (excluding vertebral processes)                |  | \$1,500 | \$2,000  |
| Vertebral Process   |  | \$500   | \$750    |
| Pelvis (includes ilium, ischium, pubis, acetabulum except coccyx) |  | \$1,500 | \$2,000  |
| Hip, Thigh (femur)  |  | \$4,000 | \$5,000  |
| Coccyx  |  | \$500   | \$750    |
| Leg (tibia and/or fibula)   |  | \$1,500 | \$2,000  |
| Kneecap (patella)   |  | \$500   | \$750    |
| Ankle   |  | \$500   | \$750    |
| Foot (except toes)  | \$500  | \$750   |          |
| Chip Fracture   | 25%  | 25%     |          |
| <b>Fracture Benefit (Open)</b>                                    |  |         |          |
| Face or Nose (except mandible or maxilla)                         | If more than one bone is fractured, the amount we will pay for all fractures combined will be no more than 2 times the highest Fracture Benefit. | \$2,000 | \$4,000  |
| Skull Fracture - depressed (except bones of face or nose)         |  | \$8,000 | \$10,000 |
| Skull Fracture - non depressed (except bones of face or nose)     |  | \$4,000 | \$5,000  |
| Lower Jaw, Mandible (except alveolar process)                     |  | \$1,500 | \$2,000  |
| Upper Jaw, Maxilla (except alveolar process)                      |  | \$2,000 | \$4,000  |
| Upper Arm between Elbow and Shoulder (humerus)                    |  | \$2,000 | \$4,000  |
| Shoulder Blade (scapula), Collarbone (clavicle, sternum)          |  | \$1,500 | \$2,000  |
| Forearm (radius and/or ulna), Hand, Wrist (except fingers)        |  | \$1,500 | \$2,000  |
| Rib   |  | \$1,500 | \$2,000  |
| Finger, Toe   |  | \$200   | \$400    |
| Vertebrae, Body of (excluding vertebral processes)                |  | \$3,000 | \$4,000  |

## Accident Insurance

|   |  |         |          |
|---|--|---------|----------|
| Vertebral Process   |  | \$1,000 | \$1,500  |
| Pelvis (includes ilium, ischium, pubis, acetabulum except coccyx) |  | \$3,000 | \$4,000  |
| Hip, Thigh (femur)  |  | \$8,000 | \$10,000 |
| Coccyx  |  | \$1,000 | \$1,500  |
| Leg (tibia and/or fibula)   |  | \$3,000 | \$4,000  |
| Kneecap (patella)   |  | \$1,000 | \$1,500  |
| Ankle   |  | \$1,000 | \$1,500  |
| Foot (except toes)  |  | \$1,000 | \$1,500  |
| Chip Fracture   |  | 25%     | 25%      |
| <b>Dislocation Benefit (Closed)</b>                               |  |         |          |
| Lower Jaw   | If more than one joint is dislocated, the amount we will pay for all dislocations combined will be no more than 2 times the highest Dislocation Benefit. | \$750   | \$1,000  |
| Collarbone (sternoclavicular)                                     |  | \$1,000 | \$1,500  |
| Collarbone (acromioclavicular and separation)                     |  | \$750   | \$1,000  |
| Shoulder (glenohumeral)   |  | \$750   | \$1,000  |
| Rib   |  | \$750   | \$1,000  |
| Elbow   |  | \$750   | \$1,000  |
| Wrist   |  | \$750   | \$1,000  |
| Bone or Bones of the Hand (other than fingers)                    |  | \$750   | \$1,000  |
| Hip   |  | \$4,000 | \$5,000  |
| Knee (except patella)   |  | \$2,000 | \$2,500  |
| Ankle - Bone or bones of the Foot (other than toes)               |  | \$750   | \$1,000  |
| One Toe or Finger   |  | \$100   | \$200    |
| Partial Dislocation   |  | 25%     | 25%      |
| <b>Dislocation Benefit (Open)</b>                                 |  |         |          |
| Lower Jaw   | If more than one joint is dislocated, the amount we will pay for all dislocations combined will be no more than 2 times the highest Dislocation Benefit. | \$1,500 | \$2,000  |
| Collarbone (sternoclavicular)                                     |  | \$2,000 | \$3,000  |
| Collarbone (acromioclavicular and separation)                     |  | \$1,500 | \$2,000  |
| Shoulder (glenohumeral)   |  | \$1,500 | \$2,000  |
| Rib   |  | \$1,500 | \$2,000  |
| Elbow   |  | \$1,500 | \$2,000  |
| Wrist   |  | \$1,500 | \$2,000  |
| Bone or Bones of the Hand (other than fingers)                    |  | \$1,500 | \$2,000  |
| Hip   |  | \$8,000 | \$10,000 |
| Knee (except patella)   |  | \$4,000 | \$5,000  |
| Ankle - Bone or bones of the Foot (other than toes)               |  | \$1,500 | \$2,000  |

## Accident Insurance

|   |   |          |          |
|---|---|----------|----------|
| One Toe or Finger                                 |   | \$200    | \$400    |
| Partial Dislocation                               |   | 25%      | 25%      |
| <b>Burn Benefit</b>                               |   |          |          |
| 2nd Degree w/ less than 10% of surface skin burnt | 1 time per accident;<br>Unlimited time(s) per calendar year                                   | \$75     | \$100    |
| 2nd Degree 10-25% surface skin burnt              |   | \$150    | \$200    |
| 2nd Degree 25-35% surface skin burnt              |   | \$500    | \$750    |
| 2nd Degree 35% or more of surface skin burnt      |   | \$1,000  | \$1,500  |
| 3rd Degree w/ less than 10% of surface skin burnt |   | \$1,000  | \$1,500  |
| 3rd Degree 10-25% surface skin burnt              |   | \$1,500  | \$2,000  |
| 3rd Degree 25-35% surface skin burnt              |   | \$5,000  | \$7,500  |
| 3rd Degree 35% or more of surface skin burnt      |   | \$10,000 | \$15,000 |
| <b>Concussion Benefit</b>                         |   |          |          |
| Concussion  | 1 time(s) per calendar year   | \$250    | \$500    |
| <b>Coma Benefit</b>                               |   |          |          |
| Coma  | 1 time(s) per accident;<br>Unlimited time(s) per calendar year                                | \$7,500  | \$10,000 |
| <b>Laceration Benefit</b>                         |   |          |          |
| Without repair by stiches                         | 1 time per accident;<br>3 time(s) per calendar year   | \$50     | \$75     |
| Repaired by stiches but less than 2 inches long   |   | \$75     | \$125    |
| Repaired by stiches and 2-6 inches long           |   | \$200    | \$350    |
| Repaired by stiches and over 6 inches long        |   | \$400    | \$700    |
| <b>Broken Tooth Benefit</b>                       |   |          |          |
| Crown   | 1 time(s) per accident;<br>Unlimited time(s) per calendar year<br>(applies to all procedures) | \$200    | \$300    |
| Extraction  | 1 time(s) per accident;<br>Unlimited time(s) per calendar year<br>(applies to all procedures) | \$100    | \$150    |
| Filling   | 1 time(s) per accident;<br>Unlimited time(s) per calendar year<br>(applies to all procedures) | \$25     | \$50     |
| <b>Eye Injury Benefit</b>                         |   |          |          |
| Eye Injury  | 1 time(s) per accident;<br>Unlimited time(s) per calendar year                                | \$300    | \$400    |

|                |                       |                    |                  |
|----------------|-----------------------|--------------------|------------------|
|                |                       | <b>LOW PLAN</b>    | <b>HIGH PLAN</b> |
| <b>BENEFIT</b> | <b>BENEFIT LIMITS</b> | <b>ALL COVERED</b> | <b>ALL</b>       |

## Accident Insurance

|  |   | PERSONS | COVERED PERSONS |
|--|---|---------|-----------------|
| <b>MEDICAL TREATMENT AND SERVICES BENEFITS CATEGORY</b>        |   |         |                 |
| <b>Ground Ambulance Benefit</b>                                |   |         |                 |
| Ground Ambulance   | 1 time(s) per accident;<br>Unlimited time(s) per calendar year  | \$300   | \$400           |
| <b>Air Ambulance Benefit</b>                                   |   |         |                 |
| Air Ambulance  | 1 time(s) per accident;<br>Unlimited time(s) per calendar year  | \$1,000 | \$1,250         |
| <b>Emergency Care Benefit</b>                                  |   |         |                 |
| Emergency Room   | 1 time per accident (combined with Non-Emergency Initial Care Benefit). Payable within 48 hours after the accident. | \$150   | \$200           |
| Physician's Office   |   | \$75    | \$100           |
| Urgent Care  |   | \$75    | \$100           |
| <b>Non-Emergency Initial Care Benefit</b>                      |   |         |                 |
| Non-Emergency Initial Care                                     | 1 time per accident (combined with Emergency Care Benefit)  | \$75    | \$100           |
| <b>Medical Testing Benefit</b>                                 |   |         |                 |
| Medical Testing (X-rays, MRI/MR, Ultrasound, NCV, CT/CAT, EEG) | 2 time(s) per accident;<br>Unlimited time(s) per calendar year  | \$150   | \$200           |
| <b>Physician Follow-Up Benefit</b>                             |   |         |                 |
| Physician Follow-Up Visit                                      | 2 time(s) per accident;<br>6 time(s) per calendar year  | \$75    | \$100           |
| <b>Transportation Benefit</b>                                  |   |         |                 |
| Transportation   | 1 time(s) per accident;<br>2 time(s) per calendar year  | \$300   | \$400           |
| <b>Therapy Services Benefit</b>                                |   |         |                 |
| Acupuncture  | 10 time(s) per accident;<br>Unlimited time(s) per calendar year   | \$35    | \$50            |
| Chiropractic Therapy   |   | \$35    | \$50            |
| Cognitive Behavioral Therapy                                   |   | \$35    | \$50            |
| Occupational Therapy   |   | \$35    | \$50            |
| Physical Therapy   |   | \$35    | \$50            |
| Respiratory therapy  |   | \$35    | \$50            |
| Speech Therapy   |   | \$35    | \$50            |
| Vocational Therapy   |   | \$35    | \$50            |
| <b>Pain Benefit</b>  |   |         |                 |
| Pain Management (for Epidural Anesthesia)                      | 1 time(s) per accident;<br>Unlimited time(s) per calendar year  | \$75    | \$100           |

## Accident Insurance

| Prosthetic Device Benefit  |  |         |         |
|--|--|---------|---------|
| One Device Only  | 1 time(s) per accident;<br>Unlimited time(s) per calendar year | \$750   | \$1,000 |
| More than One Device   |  | \$1,500 | \$2,000 |
| Medical Appliance Benefit  |  |         |         |
| Brace  |  | \$75    | \$150   |
| Cane   |  | \$75    | \$150   |
| Crutches   |  | \$75    | \$150   |
| Walker - expected use < 1yr  |  | \$150   | \$200   |
| Walker - expected use >=1 yr   |  | \$300   | \$400   |
| Walking Boot   |  | \$75    | \$150   |
| Wheel chair or motorized scooter - expected use < 1yr                      |  | \$200   | \$300   |
| Wheel chair or motorized scooter - expected use >=1yr                      |  | \$750   | \$1,000 |
| Other medical device used for Mobility                                     |  | \$75    | \$150   |
| Medical Appliance Benefit Limit (for all appliances combined per accident) |  | \$750   | \$1,000 |
| Modification Benefit   |  |         |         |
| Modification   | 1 time(s) per accident;<br>Unlimited time(s) per calendar year | \$1,000 | \$1,500 |
| Blood/ Plasma/ Platelets Benefit   |  |         |         |
| Blood/Plasma/Platelets   | 1 time(s) per accident;<br>Unlimited time(s) per calendar year | \$400   | \$500   |
| Surgery Benefits   |  |         |         |
| Surgical Repair – Cranial  | 1 time(s) per accident;<br>Unlimited time(s) per calendar year | \$1,500 | \$2,000 |
| Surgical Repair – Hernia   |  | \$150   | \$200   |
| Surgical Repair – Ruptured Disc  |  | \$750   | \$1,500 |
| Surgical Repair – Skin Graft (% of Burn Benefit )                          |  | 50%     | 50%     |
| Surgical Repair – Torn Cartilage in Knee                                   |  | \$750   | \$1,500 |
| Surgical Repair – Torn tendon/ligament/rotator cuff - one                  |  | \$750   | \$1,000 |
| Surgical Repair – Torn tendon/ligament/rotator cuff - two or more          |  | \$1,500 | \$2,000 |
| Surgical Repair – Thoracic Cavity or Abdominal Pelvic Cavity               |  | \$1,500 | \$2,000 |
| Exploratory Surgery (for any Surgery Benefit procedure)                    |  | \$150   | \$200   |
| Other Outpatient Surgery Benefit   |  |         |         |



## Accident Insurance

|                                  |  |       |       |
|----------------------------------|--|-------|-------|
| Other Outpatient Surgery Benefit | 1 time(s) per accident;<br>Unlimited time(s) per calendar year | \$300 | \$400 |
|----------------------------------|--|-------|-------|

|  |  | LOW PLAN            | HIGH PLAN           |
|--|--|---------------------|---------------------|
| BENEFIT  | BENEFIT LIMITS   | ALL COVERED PERSONS | ALL COVERED PERSONS |
| <b>ACCIDENT – HOSPITAL BENEFITS CATEGORY</b>                   |  |                     |                     |
| <b>Hospital Admission Benefit</b>                              |  |                     |                     |
| Admission  | 1 time per accident;<br>Unlimited times per calendar year  | \$1,000             | \$2,000             |
| ICU Supplemental Admission (paid in addition to Admission)     |  | \$1,000             | \$2,000             |
| <b>Hospital Confinement Benefit</b>                            |  |                     |                     |
| Confinement  | 30 days per accident. Payable after the first day of admission.<br>ICU Supplemental Confinement will pay an additional benefit for 30 of those days. | \$150               | \$300               |
| ICU Supplemental Confinement (paid in addition to Confinement) |  | \$150               | \$300               |
| <b>Inpatient Rehabilitation Benefit</b>                        |  |                     |                     |
| Inpatient Rehabilitation                                       | 15 days per accident;<br>30 days per calendar year   | \$150               | \$200               |

|                                |                             | LOW PLAN            | HIGH PLAN           |
|--------------------------------|-----------------------------|---------------------|---------------------|
| BENEFIT                        | BENEFIT LIMITS              | ALL COVERED PERSONS | ALL COVERED PERSONS |
| <b>OTHER BENEFITS CATEGORY</b> |                             |                     |                     |
| Health Screening Benefit       | 1 time(s) per calendar year | \$50                | \$50                |
| Lodging Benefit                | 15 day(s) per calendar year | \$100               | \$200               |

### Organized Sports Activity Injury Benefit Rider

This coverage includes an Organized Sports Activity Benefit Rider. The rider increases the amount payable under the Certificate for certain benefits by 25% for injuries resulting from an accident that occurred while participating as a player in an organized sports activity. The rider sets forth terms, conditions and limitations, including the covered persons to whom the rider applies.

#### Notes Regarding Certain Benefits:

- **Accidental Death Benefits Category:** The benefit amount will be reduced by the amount of any Accidental Dismemberment/Functional Loss/Paralysis Benefits and Modification Benefit paid for Injuries sustained by the Covered Person in the same Accident for which the Accidental Death Benefit is being paid.
- **Accidental Death Common Carrier Benefit:** "Common Carrier": refers to airplanes, trains, buses, trolleys, subways and boats. Certain conditions apply. See your Disclosure Statement or Outline of Coverage/Disclosure Document for specific details.
- **Lodging Benefit:** The lodging benefit is not available in all states. It provides a benefit for a companion accompanying a covered insured while hospitalized, provided that lodging is at least 50 miles from the insured's primary residence.

Please contact MetLife for detailed definitions and state variations of covered benefits.

## Accident Insurance

Kathy's daughter, Molly, was riding her bike to school. On her way there she fell to the ground, was knocked unconscious, and was taken to the local emergency room (ER) by ambulance for treatment. The ER doctor diagnosed a concussion and a broken tooth. He ordered a CT scan to check for facial fractures too, since Molly's face was very swollen. Molly was released to her primary care physician for follow-up treatment, and her dentist repaired her broken tooth with a crown. Depending on her health insurance, Kathy's out-of-pocket costs could run into hundreds of dollars to cover expenses like insurance co-payments and deductibles. MetLife Group Accident Insurance payments can be used to help cover these unexpected costs.

| Covered Event <sup>3</sup>                        | Benefit Amount |
|---|----------------|
| Ambulance (ground)                                | \$400          |
| Emergency Care                                    | \$200          |
| Physician Follow-Up (\$100 x 2)                   | \$200          |
| Medical Testing                                   | \$200          |
| Concussion  | \$500          |
| Broken Tooth (repaired by crown)                  | \$300          |
| Benefits paid by MetLife Group Accident Insurance | \$1,800        |

Benefit amount is based on a sample MetLife plan design. Actual plan design and benefits may vary.

### Questions & Answers

**Q. Who is eligible to enroll for this accident coverage?**

**A. You are eligible to enroll yourself and your eligible family members!**<sup>4</sup> You need to enroll during your Enrollment Period and to be actively at work for your coverage to be effective.

**Q. How do I pay for my accident coverage?**

**A. Premiums will be paid through payroll deduction,** so you don't have to worry about writing a check or missing a payment.

**Q. What happens if my employment status changes? Can I take my coverage with me?**

**A. Yes, you can take your coverage with you.**<sup>5</sup> You will need to continue to pay your premiums to keep your coverage in force. Your coverage will only end if you stop paying your premium or if your employer offers you similar coverage with a different insurance carrier.

**Q. Who do I call for assistance?**

**A. Contact a MetLife Customer Service Representative at Monday through Friday from 8:00 a.m. to 8:00 p.m., EST.**

**A. Please call MetLife directly at Monday through Friday from 8:00 a.m. to 8 p.m., EST and talk with a benefits consultant.**

### Insurance Rates

MetLife offers group rates and payroll deduction, so you don't have to worry about writing a check or missing a payment! Your employee rates are outlined below.

| Accident Insurance           | Monthly Cost to You |           |
|------------------------------|---------------------|-----------|
| Coverage Options             | Low Plan            | High Plan |
| Employee                     | \$10.26             | \$16.26   |
| Employee & Spouse            | \$18.44             | \$28.32   |
| Employee & Child(ren)        | \$20.14             | \$33.16   |
| Employee & Spouse/Child(ren) | \$28.32             | \$45.22   |

<sup>1</sup> Covered services/treatments must be the result of a covered accident or sickness as defined in the group policy/certificate. See your Disclosure Statement or Outline of Coverage/Disclosure Document for full details.

<sup>2</sup> Availability of benefits varies by state. See your Disclosure Statement or Outline of Coverage/Disclosure Document for state variations.

<sup>3</sup> Benefits and amounts are based on sample MetLife plan design. Plan design and plan benefits may vary.



## Accident Insurance

<sup>4</sup> Coverage is guaranteed provided (1) the employee is actively at work and (2) dependents to be covered are not subject to medical restrictions as set forth on the enrollment form and in the Certificate. Some states require the insured to have medical coverage. Children may be covered to age 26. There are benefit reductions that may begin at age 65.

<sup>5</sup> Eligibility for portability through the Continuation of Insurance with Premium Payment provision may be subject to certain eligibility requirements and limitations. For more information, contact your MetLife representative.

METLIFE'S ACCIDENT INSURANCE IS A LIMITED BENEFIT GROUP INSURANCE POLICY. The policy is not intended to be a substitute for medical coverage and certain states may require the insured to have medical coverage to enroll for the coverage. The policy or its provisions may vary or be unavailable in some states. **There are benefit reductions that begin at age 65, if applicable.** Like most group accident and health insurance policies, policies offered by MetLife may include waiting periods and contain certain exclusions, limitations and terms for keeping them in force. For complete details of coverage and availability, please refer to the group policy form GPNP12-AX or contact MetLife.

Benefits are underwritten by Metropolitan Life Insurance Company, New York, NY. Hospital does not include certain facilities such as nursing homes, convalescent care or extended care facilities. See MetLife's Disclosure Statement or Outline of Coverage/Disclosure Document for full details.

## What you need to know:

- **Are you eligible?** Benefits are available to employees who are actively at work on the effective date of coverage and working the minimum number of hours per week stated in the contract.
- **Your premiums and benefits may vary.** Actual premiums and benefit amounts will be calculated by OneAmerica and may change upon reaching certain ages, according to contract terms, and are subject to change. Volumes and benefit amounts shown may be subject to reductions due to age.
- **Enroll timely for guaranteed issue coverage.** You may be eligible for coverage without having to answer any health questions if you enroll during the initial enrollment period when benefits are first offered by OneAmerica®, or if you enroll as a newly hired employee within 31 days after any applicable waiting period.
- **Enrolling later requires approval.** If you decline coverage now, you will lose your only chance to apply for group insurance coverage without having to first undergo medical underwriting. If you decide to enroll later, you will need to submit a Statement of Insurability form for review. OneAmerica will then decide to approve or deny your coverage based on your health history. You may not be approved for any type of coverage at a later date if you have any current or future medical conditions.

## What you need to do:

- **Carefully review the contents of this packet.** Enclosed is personal information about the benefits offered to you by OneAmerica on behalf of your employer. This is your opportunity to learn more about group insurance from OneAmerica, but it is not a complete explanation of benefits. For more information, consult the contract about exclusions, limitations, reduction of benefits, and terms under which the contract may be continued in force or discontinued.
- **Review the Notices and Limitations.** Visit [www.employeebenefits.aul.com](http://www.employeebenefits.aul.com) to find the Notices and Limitations, G-14320 (05 Prudent) 12/28/12. Go to Forms, Policy/Employee Admin, and Notices and Limitations.

**Note:** Products issued and underwritten by American United Life Insurance Company® (AUL), a OneAmerica company. Not available in all states or may vary by state.

**THE NEED FOR LIFE INSURANCE**

# Protecting the ones you care about most

“How will my loved ones be taken care of when I’m gone?” This question isn’t something anyone wants to think about, but if someone depends on you for financial support, then life insurance is your answer.

**Income protection for your loved ones**  
 No matter what your current situation is: single, married, with or without children; life insurance helps replace your income, and will assist your family in paying final expenses. It will also allow your loved ones to continue any future plans, such as college education or savings.

**Why you need it**  
 There are several reasons you need life insurance. In addition to paying for burial expenses, consider life insurance an option to pay for the mortgage, medical expenses and fund college education. If you work or have savings, then you have the income to pay these bills. However, consider what happens when your loved ones no longer have your financial support.

**How much is enough**  
 Figuring out how much life insurance you need is hard to decide. You want to make sure you have enough to protect your family. To help you answer this question, use the calculator to estimate your expenses to think about which bills would need income protection.

**Estimate your expenses below**

| Income and possessions  | Amount    |
|---|-----------|
| Annual income   |           |
| Number of years until retirement  |           |
| <b>Subtotal</b> <i>(annual income x years)</i>  |           |
| Debt and final expenses   |           |
| Mortgage/rent   |           |
| Credit card(s), car payment(s), etc.  |           |
| Funeral and burial expenses<br>(\$7,000 is a good estimate)   |           |
| <b>Subtotal</b> <i>(debt)</i>   |           |
| Educational costs   |           |
| College expenses<br><i>(Approximately \$32,405/year for private, \$9,410 for state residents at public schools and \$23,893 for out-of-state residents attending public universities)</i> |           |
| <b>Subtotal</b> <i>(education)</i>  |           |
| <b>Total needed for your life insurance</b>   | <b>\$</b> |

Typically, life insurance offered through work is less expensive than if you purchased it on your own. Consider purchasing life insurance today.

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## What you need to know about your Voluntary Term Life and AD&D Benefits

**Flexible Options:** Employee: \$10,000 to \$500,000, in \$10,000 increments, not to exceed 5 times your annual salary  
Spouse: \$10,000 to \$250,000, in \$5,000 increments, not to exceed 100% of the employee's amount

**Guaranteed Issue:** Employee: \$200,000 Spouse: \$50,000 Child: \$10,000

**Dependent Life Coverage:** Optional dependent life coverage is available to eligible employees. You must select employee coverage in order to cover your spouse and/or child(ren).

**Accidental Death and Dismemberment (AD&D):** You must select Life coverage in order to select any AD&D coverage. Additional life insurance benefits may be payable in the event of an accident which results in death or dismemberment as defined in the contract.

**Accelerated Life Benefit:** If diagnosed with a terminal illness and have less than 12 months to live, you may apply to receive 25%, 50% or 75% of your life insurance benefit to use for whatever you choose.

**Guaranteed Increase In Benefit:** You may be eligible to increase your coverage annually until you reach your maximum amount without providing evidence of insurability.

**Reductions:** Upon reaching certain ages, your original benefit amount will reduce to the percentage shown in the following schedule. The amounts of dependent life insurance and dependent AD&D principal sum will reduce according to the employee's reduction schedule.

|             |     |
|-------------|-----|
| Age:        | 70  |
| Reduces To: | 50% |

### Payroll Deduction Illustration: Monthly Employee Options

| Life & AD&D      | 0-19    | 20-24   | 25-29   | 30-34   | 35-39   | 40-44   | 45-49   | 50-54   | 55-59    | 60-64    | 65-69    | 70-74    | 75+      |
|------------------|---------|---------|---------|---------|---------|---------|---------|---------|----------|----------|----------|----------|----------|
| <b>\$10,000</b>  | \$1.20  | \$1.20  | \$1.20  | \$1.40  | \$1.80  | \$2.40  | \$2.90  | \$3.40  | \$6.90   | \$8.20   | \$12.90  | \$31.10  | \$33.70  |
| <b>\$20,000</b>  | \$2.40  | \$2.40  | \$2.40  | \$2.80  | \$3.60  | \$4.80  | \$5.80  | \$6.80  | \$13.80  | \$16.40  | \$25.80  | \$62.20  | \$67.40  |
| <b>\$30,000</b>  | \$3.60  | \$3.60  | \$3.60  | \$4.20  | \$5.40  | \$7.20  | \$8.70  | \$10.20 | \$20.70  | \$24.60  | \$38.70  | \$93.30  | \$101.10 |
| <b>\$40,000</b>  | \$4.80  | \$4.80  | \$4.80  | \$5.60  | \$7.20  | \$9.60  | \$11.60 | \$13.60 | \$27.60  | \$32.80  | \$51.60  | \$124.40 | \$134.80 |
| <b>\$50,000</b>  | \$6.00  | \$6.00  | \$6.00  | \$7.00  | \$9.00  | \$12.00 | \$14.50 | \$17.00 | \$34.50  | \$41.00  | \$64.50  | \$155.50 | \$168.50 |
| <b>\$90,000</b>  | \$10.80 | \$10.80 | \$10.80 | \$12.60 | \$16.20 | \$21.60 | \$26.10 | \$30.60 | \$62.10  | \$73.80  | \$116.10 | \$279.90 | \$303.30 |
| <b>\$100,000</b> | \$12.00 | \$12.00 | \$12.00 | \$14.00 | \$18.00 | \$24.00 | \$29.00 | \$34.00 | \$69.00  | \$82.00  | \$129.00 | \$311.00 | \$337.00 |
| <b>\$120,000</b> | \$14.40 | \$14.40 | \$14.40 | \$16.80 | \$21.60 | \$28.80 | \$34.80 | \$40.80 | \$82.80  | \$98.40  | \$154.80 | \$373.20 | \$404.40 |
| <b>\$150,000</b> | \$18.00 | \$18.00 | \$18.00 | \$21.00 | \$27.00 | \$36.00 | \$43.50 | \$51.00 | \$103.50 | \$123.00 | \$193.50 | \$466.50 | \$505.50 |
| <b>\$200,000</b> | \$24.00 | \$24.00 | \$24.00 | \$28.00 | \$36.00 | \$48.00 | \$58.00 | \$68.00 | \$138.00 | \$164.00 | \$258.00 | \$622.00 | \$674.00 |

### Spouse Options

| Life & AD&D     | 0-19   | 20-24  | 25-29  | 30-34  | 35-39  | 40-44   | 45-49   | 50-54   | 55-59   | 60-64   | 65-69   | 70-74    | 75+      |
|-----------------|--------|--------|--------|--------|--------|---------|---------|---------|---------|---------|---------|----------|----------|
| <b>\$10,000</b> | \$1.20 | \$1.20 | \$1.20 | \$1.40 | \$1.80 | \$2.40  | \$2.90  | \$3.40  | \$6.90  | \$8.20  | \$12.90 | \$31.10  | \$33.70  |
| <b>\$20,000</b> | \$2.40 | \$2.40 | \$2.40 | \$2.80 | \$3.60 | \$4.80  | \$5.80  | \$6.80  | \$13.80 | \$16.40 | \$25.80 | \$62.20  | \$67.40  |
| <b>\$30,000</b> | \$3.60 | \$3.60 | \$3.60 | \$4.20 | \$5.40 | \$7.20  | \$8.70  | \$10.20 | \$20.70 | \$24.60 | \$38.70 | \$93.30  | \$101.10 |
| <b>\$40,000</b> | \$4.80 | \$4.80 | \$4.80 | \$5.60 | \$7.20 | \$9.60  | \$11.60 | \$13.60 | \$27.60 | \$32.80 | \$51.60 | \$124.40 | \$134.80 |
| <b>\$50,000</b> | \$6.00 | \$6.00 | \$6.00 | \$7.00 | \$9.00 | \$12.00 | \$14.50 | \$17.00 | \$34.50 | \$41.00 | \$64.50 | \$155.50 | \$168.50 |

### Child Options

| Life      | Child(ren) 6 months to age 26 | Child(ren) live birth to 6 months | Deduction amount Child(ren) |
|-----------|-------------------------------|-----------------------------------|-----------------------------|
| Option 1: | \$5,000                       | \$1,000                           | \$1.40                      |
| Option 2: | \$10,000                      | \$1,000                           | \$2.80                      |

**Note:** Employee and Spouse premiums are based on your age as of 2/01 and amount of coverage chosen. Child premiums are for all eligible children combined.

OneAmerica<sup>®</sup> is the marketing name for the companies of OneAmerica.

## TRAVEL ASSISTANCE

# Providing you peace of mind when traveling

Emergencies happen, but help is now only a phone call or email away. Generali Global Assistance® offers a suite of services to help you in your time of need — from small inconveniences like losing your medication to life-threatening situations — all delivered with a caring, human touch.

Find comfort in knowing you and your loved ones are protected by the Travel Assistance benefit when traveling more than 100 miles from home on a trip that lasts 90 days or less for business or pleasure. The Travel Assistance benefit protects you when covered under a OneAmerica® group life insurance contract. It also extends coverage to your spouse, domestic partner and children, even when they are traveling without you. The Travel Assistance benefit requires no additional premium; however, exclusions do apply.

#### Medical assistance services

**Medical and dental referral** to assist in finding physicians, dentists and medical facilities.

**Replacement of medication or eyeglasses** that have been lost or stolen, with guarantee of reimbursement by you.

**Medical monitoring** and review of documentation utilizing professional case managers and medical professionals to ensure appropriate care is received.

**Visitation** with a family member or a friend if you are traveling alone and must be hospitalized for at least seven days or are listed as in critical condition.

**Dependent children assistance** in the event you are hospitalized, including payment for their trip home and a qualified escort to accompany them.

**Traveling companion assistance** in the event they must cancel their travel arrangements due to medical emergencies.

**Emergency evacuation** in the event you must be transported to a medical facility or home under medical supervision.

**Repatriation or cremation of remains** in the event of death while traveling.

**Trip interruption** to arrange alternate transportation and accommodations necessary due to a medical emergency.

**Emergency medical payment** to cover medical and dental care expenses in the case of sudden, unexpected illness or injury during your trip, with guarantee of reimbursement by you.



#### For assistance call:

**1-866-294-2469** (US/Canada)

**+1-240-330-1509** (call collect from other locations)

or email **ops@europassistance-usa.com**

**Personal assistance services**

**Pre-trip informational services** including: visa, passport, immunization requirements, weather conditions, travel advisories and more.

**Language interpretation** for all major languages.

**Location or replacement of lost or stolen items** such as luggage, documents and personal possessions.

**Emergency cash** advance subject to guarantee of reimbursement by you.

**Emergency travel arrangements** when appropriate, such as airline changes or hotel and car rental reservations.

**Legal assistance** and advanced bail bond will be arranged, where permitted by law, with guarantee of reimbursement by you.

**Emergency message relay** via toll-free, direct or collect access.

**Vehicle return** arranged and paid for if you become physically unable to operate a non-commercial vehicle due to a medical emergency.

**Pet return** home coordinated if covered traveler is hospitalized.

Upon verification of coverage, Generali Global Assistance will arrange and cover the cost of the following services, subject to policy limits and eligibility:

- **Emergency evacuation:** \$1,000,000 Combined Single Limit (CSL)
- **Medically necessary repatriation:** Included in CSL
- **Repatriation or cremation of remains:** Up to \$25,000

If traveling alone:

- **Visit of family member or friend:** Up to \$5,000
- **Return of minor children:** Up to \$5,000
- **Traveling companion transportation:** Up to \$5,000
- **Vehicle return:** Up to \$2,500
- **Bereavement transportation:** Up to \$2,500
- **Pet return:** Up to \$1,000

**Note:** Group life products are issued and underwritten by American United Life Insurance Company® (AUL), Indianapolis, In., a OneAmerica company. Not available in all states or may vary by state. Travel assistance provided by Generali Global Assistance. Generali Global Assistance is not an affiliate of AUL, and is not a OneAmerica Company. Generali Global Assistance provides noted services worldwide for covered individuals. Services may be unavailable in countries currently under U.S. economic or trade sanctions. A list of affected counties is available at [treasury.gov/resource-center/sanctions/Programs/Pages/Programs.aspx](https://www.treasury.gov/resource-center/sanctions/Programs/Pages/Programs.aspx). Please refer to your policy for covered limits and eligibility details.



**When contacting Generali Global Assistance, be prepared to provide:**

- The name of your employer
- A phone number where you can be reached





## Call Your ComPsych® GuidanceResources® program anytime for confidential assistance.

Call: **855.387.9727**

Go online: [guidanceresources.com](http://guidanceresources.com)

TDD: 800.697.0353

Your company Web ID: **ONEAMERICA3**

Personal issues, planning for life events or simply managing daily life can affect your work, health and family. Your GuidanceResources program provides support, resources and information for personal and work-life issues. The program is company-sponsored, confidential and provided at no charge to you and your dependents. This flyer explains how GuidanceResources can help you and your family deal with everyday challenges.

### Confidential Counseling

#### 3 Session Plan

This no-cost counseling service helps you address stress, relationship and other personal issues you and your family may face. It is staffed by GuidanceConsultants<sup>SM</sup>—highly trained master’s and doctoral level clinicians who will listen to your concerns and quickly refer you to in-person counseling (up to 3 sessions per issue per year) and other resources for:

- › Stress, anxiety and depression
- › Relationship/marital conflicts
- › Problems with children
- › Job pressures
- › Grief and loss
- › Substance abuse

### Financial Information and Resources

#### Discover your best options.

Speak by phone with our Certified Public Accountants and Certified Financial Planners on a wide range of financial issues, including:

- › Getting out of debt
- › Credit card or loan problems
- › Tax questions
- › Retirement planning
- › Estate planning
- › Saving for college

### Legal Support and Resources

#### Expert info when you need it.

Talk to our attorneys by phone. If you require representation, we’ll refer you to a qualified attorney in your area for a free 30-minute consultation with a 25% reduction in customary legal fees thereafter.

Call about:

- › Divorce and family law
- › Debt and bankruptcy
- › Landlord/tenant issues
- › Real estate transactions
- › Civil and criminal actions
- › Contracts

### Work-Life Solutions

#### Delegate your “to-do” list.

Our Work-Life specialists will do the research for you, providing qualified referrals and customized resources for:

- › Child and elder care
- › Moving and relocation
- › Making major purchases
- › College planning
- › Pet care
- › Home repair

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- › Choose a guardian for your children
- › Specify your wishes for your property
- › Provide funeral and burial instructions

*Just call or click to access your services.*



## Your ComPsych® GuidanceResources® Program

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Your company Web ID: **ONEAMERICA3**

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# LIFE INSURANCE YOU CAN KEEP!

PURELIFE-PLUS

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



YOU OWN IT



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



YOU PAY FOR IT THROUGH CONVENIENT PAYROLL DEDUCTIONS



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



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



IT'S AFFORDABLE

## 3 QUICK QUESTIONS

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

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

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

1. After the guarantee period, premiums may go down, stay the same or go up.  
2. Coverage not available on children in WA or on grandchildren in WA or MD. In MD, children must reside with the applicant to be eligible for coverage.  
3. Conditions apply.

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

19M016-C 1092 (exp0321)

**TEXASLIFE** INSURANCE COMPANY

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

# Information about PURELIFE-plus

**MINIMAL CASH VALUES** Buy this policy for its life insurance protection, not its cash value. The primary benefit is life insurance. Payment of the Table Premium produces a small cash value (Benchmark Cash Value).

**PERMANENT LIFE INSURANCE COVERAGE** Unlike group term life insurance, PureLife-plus is a personally owned, permanent individual life insurance policy to age 121 that can never be canceled or reduced as long as you pay the necessary premiums, even if your health changes.

**GUARANTEED PERIOD** Continuous, timely, and uninterrupted payment of the Table Premium guarantees coverage for the Guaranteed Period stated in the policy. Texas Life (We) cannot legally predict the premium required to continue coverage after the Guaranteed Period. It may be lower, the same, or higher than the Table Premium. However, if the premium to continue coverage is ever higher, We guarantee a limited right to a partial refund of premium.

**GUARANTEED LIMITED RIGHT TO PARTIAL REFUND OF PREMIUM** If a premium higher than the Table Premium is ever required to continue coverage after the Guaranteed Period, you have the choice to: (a) pay the higher premium(s) required to continue coverage; or, (b) surrender the policy and receive a partial refund of premium equal to 120 times the minimum monthly premium due at issue (10 years worth of Table Premium). You are eligible for this refund if the actual cash value equals or exceeds the Benchmark Cash Value and you have taken no prior partial surrenders. Conditions apply.

**ACCELERATED DEATH BENEFIT** For no added premium, the policy includes an Accelerated Death Benefit Due to Terminal Illness Rider (Form ULABR-07).<sup>1</sup> ("Terminal Condition" in PA.) If the insured becomes terminally ill (or has a terminal condition in PA or a qualifying event in a state with ICC in the policy form number) you may elect to claim an accelerated benefit while the insured is still alive in lieu of the insurance proceeds payable at death. In most states the single sum benefit is 92% (84% in IL) of the insurance proceeds. There is also an administrative fee of \$150 (\$100 in FL). This is not a long-term care benefit. Terminal Illness (or Condition) is an injury or sickness diagnosed and certified by a qualifying physician that, despite appropriate medical care, is reasonably expected to result in death within 12 months (24 months in IL). We can, at our expense, request the opinion of a physician We choose. A 90-day exclusion period applies unless the terminal illness results from accidental bodily injury (30 days in CT, IL, LA, MD, UT; 0 days in OR, PA, SC) Other conditions and limitations apply. Pay premiums faithfully. The rider terminates if the policy ever lapses for non-payment of premium, even if the policy is later reinstated. The right to accelerate benefits under this rider does not extend to any Child Term Life Insurance Rider. However, if the accelerated benefit is paid, the Child Rider becomes paid-up term insurance to each insured child's age 25. Payment of the Accelerated Death Benefit terminates the policy and all optional benefits/riders without further value.

**CHILD TERM LIFE INSURANCE RIDER** In lieu of an individual policy on each child, if the primary insured is age 59 or less you may apply for a Child Term Life Insurance Rider for \$10,000. It insures the primary insured's children and step-children who are ages 15 days through age 18 at the time of application. Children thereafter born to or adopted by the primary insured are covered 15 days after birth. Coverage continues to age 25. Coverage terminates at the primary insured's age 65. Coverage on a step-child ceases upon the primary insured's divorce from the step-child's natural or adoptive parent. If the primary insured dies, coverage is paid-up to the earlier of the insured child's age 25 or the Contract Anniversary Date on which the primary insured's Attained Age would have been 65. (ULCL-CIR-07)

**IMPORTANT NOTICE** The insurance proceeds, cash values, and loan values will all be reduced to zero and will no longer be payable if Texas Life pays the Accelerated Death Benefit. The benefit under this rider is intended to qualify for favorable income tax treatment under the Internal Revenue Code of 1986. If the benefit qualifies for such favorable tax treatment, it will be excludable from your income and not subject to federal income taxation. Receipt of the benefit may affect your, your spouse's or your family's eligibility for Medicaid, Aid to Families with Dependent Children (AFDC), supplementary social security income (SSI), and drug assistance programs. Tax and public benefit laws relating to acceleration of life insurance benefits are complex. You should consult a qualified tax or legal advisor or social services agency to determine how receipt of such payment will affect you and your family. Neither Texas Life nor its agents are authorized to give tax or legal advice.

**INTERIM INSURANCE** Interim insurance will be in force on the application date if these conditions are met: (1) the insurance is purchased through automatic deduction; (2) the deduction authorization is signed; and, (3) the proposed insured is insurable at standard rates under our rules and usual practice. Interim insurance remains in effect until the earlier of: (a) the Policy Date; (b) the date we decline the application; (c) the date We notify the applicant that s/he is ineligible for interim insurance; or, (d) the 180th day after the application date. In Kansas, clauses (3) and (d) do not apply, and clauses (b) and (c) apply only when we refund all premiums.

*This is a summary only. Policy provisions prevail. This information is not a contract or an offer to contract.  
Policy Form PRFNG-NI-10*

Like most life insurance policies, Texas Life policies contain certain exclusions, limitations, exceptions, reductions of benefits, waiting periods and terms for keeping them in force. Please contact a Texas Life representative for costs and complete details.

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

| Issue Age | Monthly Premiums for Life Insurance Face Amounts Shown |          |          |          |          |          |           |           |           | GUARANTEED PERIOD                                    |
|-----------|--|----------|----------|----------|----------|----------|-----------|-----------|-----------|--|
|           | \$10,000   | \$15,000 | \$25,000 | \$40,000 | \$50,000 | \$75,000 | \$100,000 | \$125,000 | \$150,000 | Age to Which Coverage is Guaranteed at Table Premium |
| 15D-1     |  |          | 9.25     |          |          |          |           |           |           | 81   |
| 2-4       |  |          | 9.50     |          |          |          |           |           |           | 80   |
| 5-8       |  |          | 9.75     |          |          |          |           |           |           | 79   |
| 9-10      |  |          | 10.00    |          |          |          |           |           |           | 79   |
| 11-16     |  |          | 10.25    |          |          |          |           |           |           | 77   |
| 17-20     |  |          | 10.25    | 15.05    | 18.25    | 26.25    | 34.25     | 42.25     | 50.25     | 75   |
| 21-22     |  |          | 10.50    | 15.45    | 18.75    | 27.00    | 35.25     | 43.50     | 51.75     | 74   |
| 23        |  |          | 10.75    | 15.85    | 19.25    | 27.75    | 36.25     | 44.75     | 53.25     | 75   |
| 24-25     |  |          | 11.00    | 16.25    | 19.75    | 28.50    | 37.25     | 46.00     | 54.75     | 74   |
| 26        |  |          | 11.50    | 17.05    | 20.75    | 30.00    | 39.25     | 48.50     | 57.75     | 75   |
| 27-28     |  |          | 11.75    | 17.45    | 21.25    | 30.75    | 40.25     | 49.75     | 59.25     | 74   |
| 29        |  |          | 12.00    | 17.85    | 21.75    | 31.50    | 41.25     | 51.00     | 60.75     | 74   |
| 30-31     |  |          | 12.25    | 18.25    | 22.25    | 32.25    | 42.25     | 52.25     | 62.25     | 73   |
| 32        |  |          | 13.00    | 19.45    | 23.75    | 34.50    | 45.25     | 56.00     | 66.75     | 74   |
| 33        |  |          | 13.50    | 20.25    | 24.75    | 36.00    | 47.25     | 58.50     | 69.75     | 74   |
| 34        |  |          | 14.25    | 21.45    | 26.25    | 38.25    | 50.25     | 62.25     | 74.25     | 75   |
| 35        |  | 10.05    | 15.25    | 23.05    | 28.25    | 41.25    | 54.25     | 67.25     | 80.25     | 76   |
| 36        |  | 10.35    | 15.75    | 23.85    | 29.25    | 42.75    | 56.25     | 69.75     | 83.25     | 76   |
| 37        |  | 10.80    | 16.50    | 25.05    | 30.75    | 45.00    | 59.25     | 73.50     | 87.75     | 77   |
| 38        |  | 11.25    | 17.25    | 26.25    | 32.25    | 47.25    | 62.25     | 77.25     | 92.25     | 77   |
| 39        |  | 12.00    | 18.50    | 28.25    | 34.75    | 51.00    | 67.25     | 83.50     | 99.75     | 78   |
| 40        | 9.25   | 12.75    | 19.75    | 30.25    | 37.25    | 54.75    | 72.25     | 89.75     | 107.25    | 79   |
| 41        | 9.95   | 13.80    | 21.50    | 33.05    | 40.75    | 60.00    | 79.25     | 98.50     | 117.75    | 80   |
| 42        | 10.75  | 15.00    | 23.50    | 36.25    | 44.75    | 66.00    | 87.25     | 108.50    | 129.75    | 81   |
| 43        | 11.45  | 16.05    | 25.25    | 39.05    | 48.25    | 71.25    | 94.25     | 117.25    | 140.25    | 82   |
| 44        | 12.15  | 17.10    | 27.00    | 41.85    | 51.75    | 76.50    | 101.25    | 126.00    | 150.75    | 83   |
| 45        | 12.85  | 18.15    | 28.75    | 44.65    | 55.25    | 81.75    | 108.25    | 134.75    | 161.25    | 83   |
| 46        | 13.65  | 19.35    | 30.75    | 47.85    | 59.25    | 87.75    | 116.25    | 144.75    | 173.25    | 84   |
| 47        | 14.35  | 20.40    | 32.50    | 50.65    | 62.75    | 93.00    | 123.25    | 153.50    | 183.75    | 84   |
| 48        | 15.05  | 21.45    | 34.25    | 53.45    | 66.25    | 98.25    | 130.25    | 162.25    | 194.25    | 85   |
| 49        | 15.95  | 22.80    | 36.50    | 57.05    | 70.75    | 105.00   | 139.25    | 173.50    | 207.75    | 85   |
| 50        | 16.95  | 24.30    | 39.00    | 61.05    | 75.75    | 112.50   |           |           |           | 86   |
| 51        | 18.15  | 26.10    | 42.00    | 65.85    | 81.75    | 121.50   |           |           |           | 87   |
| 52        | 19.45  | 28.05    | 45.25    | 71.05    | 88.25    | 131.25   |           |           |           | 88   |
| 53        | 20.45  | 29.55    | 47.75    | 75.05    | 93.25    | 138.75   |           |           |           | 88   |
| 54        | 21.45  | 31.05    | 50.25    | 79.05    | 98.25    | 146.25   |           |           |           | 88   |
| 55        | 22.55  | 32.70    | 53.00    | 83.45    | 103.75   | 154.50   |           |           |           | 89   |
| 56        | 23.55  | 34.20    | 55.50    | 87.45    | 108.75   | 162.00   |           |           |           | 89   |
| 57        | 24.75  | 36.00    | 58.50    | 92.25    | 114.75   | 171.00   |           |           |           | 89   |
| 58        | 25.85  | 37.65    | 61.25    | 96.65    | 120.25   | 179.25   |           |           |           | 89   |
| 59        | 27.05  | 39.45    | 64.25    | 101.45   | 126.25   | 188.25   |           |           |           | 89   |
| 60        | 28.55  | 41.70    | 68.00    | 107.45   | 133.75   | 199.50   |           |           |           | 90   |
| 61        | 29.85  | 43.65    | 71.25    | 112.65   | 140.25   | 209.25   |           |           |           | 90   |
| 62        | 31.45  | 46.05    | 75.25    | 119.05   | 148.25   | 221.25   |           |           |           | 90   |
| 63        | 33.05  | 48.45    | 79.25    | 125.45   | 156.25   | 233.25   |           |           |           | 90   |
| 64        | 34.75  | 51.00    | 83.50    | 132.25   | 164.75   | 246.00   |           |           |           | 90   |
| 65        | 36.65  | 53.85    | 88.25    | 139.85   | 174.25   | 260.25   |           |           |           | 90   |
| 66        | 38.75  |          |          |          |          |          |           |           |           | 90   |
| 67        | 41.05  |          |          |          |          |          |           |           |           | 91   |
| 68        | 43.55  |          |          |          |          |          |           |           |           | 91   |
| 69        | 46.05  |          |          |          |          |          |           |           |           | 91   |
| 70        | 48.65  |          |          |          |          |          |           |           |           | 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".

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

| Issue Age Issue | Monthly Premiums for Life Insurance Face Amounts Shown |          |          |          |          |          |           |           |           | GUARANTEED PERIOD                                    |
|-----------------|--|----------|----------|----------|----------|----------|-----------|-----------|-----------|--|
|                 | \$10,000   | \$15,000 | \$25,000 | \$40,000 | \$50,000 | \$75,000 | \$100,000 | \$125,000 | \$150,000 | Age to Which Coverage is Guaranteed at Table Premium |
| 15D-1           |  |          |          |          |          |          |           |           |           | 81   |
| 2-4             |  |          |          |          |          |          |           |           |           | 80   |
| 5-8             |  |          |          |          |          |          |           |           |           | 79   |
| 9-10            |  |          |          |          |          |          |           |           |           | 79   |
| 11-16           |  |          |          |          |          |          |           |           |           | 77   |
| 17-20           |  |          | 15.25    | 23.05    | 28.25    | 41.25    | 54.25     | 67.25     | 80.25     | 71   |
| 21-22           |  |          | 16.00    | 24.25    | 29.75    | 43.50    | 57.25     | 71.00     | 84.75     | 71   |
| 23              |  |          | 16.75    | 25.45    | 31.25    | 45.75    | 60.25     | 74.75     | 89.25     | 72   |
| 24-25           |  |          | 17.25    | 26.25    | 32.25    | 47.25    | 62.25     | 77.25     | 92.25     | 71   |
| 26              |  |          | 17.75    | 27.05    | 33.25    | 48.75    | 64.25     | 79.75     | 95.25     | 72   |
| 27-28           |  |          | 18.25    | 27.85    | 34.25    | 50.25    | 66.25     | 82.25     | 98.25     | 71   |
| 29              |  |          | 18.50    | 28.25    | 34.75    | 51.00    | 67.25     | 83.50     | 99.75     | 71   |
| 30-31           |  |          | 21.00    | 32.25    | 39.75    | 58.50    | 77.25     | 96.00     | 114.75    | 72   |
| 32              |  |          | 21.75    | 33.45    | 41.25    | 60.75    | 80.25     | 99.75     | 119.25    | 72   |
| 33              |  |          | 22.00    | 33.85    | 41.75    | 61.50    | 81.25     | 101.00    | 120.75    | 72   |
| 34              |  |          | 22.25    | 34.25    | 42.25    | 62.25    | 82.25     | 102.25    | 122.25    | 71   |
| 35              |  | 15.30    | 24.00    | 37.05    | 45.75    | 67.50    | 89.25     | 111.00    | 132.75    | 72   |
| 36              |  | 15.75    | 24.75    | 38.25    | 47.25    | 69.75    | 92.25     | 114.75    | 137.25    | 72   |
| 37              |  | 16.80    | 26.50    | 41.05    | 50.75    | 75.00    | 99.25     | 123.50    | 147.75    | 73   |
| 38              |  | 17.25    | 27.25    | 42.25    | 52.25    | 77.25    | 102.25    | 127.25    | 152.25    | 73   |
| 39              |  | 18.45    | 29.25    | 45.45    | 56.25    | 83.25    | 110.25    | 137.25    | 164.25    | 74   |
| 40              | 14.15  | 20.10    | 32.00    | 49.85    | 61.75    | 91.50    | 121.25    | 151.00    | 180.75    | 76   |
| 41              | 15.05  | 21.45    | 34.25    | 53.45    | 66.25    | 98.25    | 130.25    | 162.25    | 194.25    | 77   |
| 42              | 16.15  | 23.10    | 37.00    | 57.85    | 71.75    | 106.50   | 141.25    | 176.00    | 210.75    | 78   |
| 43              | 17.55  | 25.20    | 40.50    | 63.45    | 78.75    | 117.00   | 155.25    | 193.50    | 231.75    | 80   |
| 44              | 18.25  | 26.25    | 42.25    | 66.25    | 82.25    | 122.25   | 162.25    | 202.25    | 242.25    | 80   |
| 45              | 19.25  | 27.75    | 44.75    | 70.25    | 87.25    | 129.75   | 172.25    | 214.75    | 257.25    | 81   |
| 46              | 20.05  | 28.95    | 46.75    | 73.45    | 91.25    | 135.75   | 180.25    | 224.75    | 269.25    | 81   |
| 47              | 21.05  | 30.45    | 49.25    | 77.45    | 96.25    | 143.25   | 190.25    | 237.25    | 284.25    | 82   |
| 48              | 21.95  | 31.80    | 51.50    | 81.05    | 100.75   | 150.00   | 199.25    | 248.50    | 297.75    | 82   |
| 49              | 23.25  | 33.75    | 54.75    | 86.25    | 107.25   | 159.75   | 212.25    | 264.75    | 317.25    | 83   |
| 50              | 24.35  | 35.40    | 57.50    | 90.65    | 112.75   | 168.00   |           |           |           | 83   |
| 51              | 25.45  | 37.05    | 60.25    | 95.05    | 118.25   | 176.25   |           |           |           | 83   |
| 52              | 27.05  | 39.45    | 64.25    | 101.45   | 126.25   | 188.25   |           |           |           | 84   |
| 53              | 28.45  | 41.55    | 67.75    | 107.05   | 133.25   | 198.75   |           |           |           | 85   |
| 54              | 29.75  | 43.50    | 71.00    | 112.25   | 139.75   | 208.50   |           |           |           | 85   |
| 55              | 31.15  | 45.60    | 74.50    | 117.85   | 146.75   | 219.00   |           |           |           | 85   |
| 56              | 32.75  | 48.00    | 78.50    | 124.25   | 154.75   | 231.00   |           |           |           | 85   |
| 57              | 34.35  | 50.40    | 82.50    | 130.65   | 162.75   | 243.00   |           |           |           | 86   |
| 58              | 36.05  | 52.95    | 86.75    | 137.45   | 171.25   | 255.75   |           |           |           | 86   |
| 59              | 37.75  | 55.50    | 91.00    | 144.25   | 179.75   | 268.50   |           |           |           | 86   |
| 60              | 39.55  | 58.20    | 95.50    | 151.45   | 188.75   | 282.00   |           |           |           | 86   |
| 61              | 41.85  | 61.65    | 101.25   | 160.65   | 200.25   | 299.25   |           |           |           | 86   |
| 62              | 44.05  | 64.95    | 106.75   | 169.45   | 211.25   | 315.75   |           |           |           | 87   |
| 63              | 46.25  | 68.25    | 112.25   | 178.25   | 222.25   | 332.25   |           |           |           | 87   |
| 64              | 48.45  | 71.55    | 117.75   | 187.05   | 233.25   | 348.75   |           |           |           | 87   |
| 65              | 50.85  | 75.15    | 123.75   | 196.65   | 245.25   | 366.75   |           |           |           | 87   |
| 66              | 53.45  |          |          |          |          |          |           |           |           | 88   |
| 67              | 56.25  |          |          |          |          |          |           |           |           | 88   |
| 68              | 59.15  |          |          |          |          |          |           |           |           | 88   |
| 69              | 62.25  |          |          |          |          |          |           |           |           | 88   |
| 70              | 65.55  |          |          |          |          |          |           |           |           | 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".

# Universal Availability Notice

## Clovis Municipal Schools 403(b)

### PLAN HIGHLIGHTS

Visit [NBSbenefits.com/403b](http://NBSbenefits.com/403b) for additional information



Congratulations! You are eligible to participate in the 403(b) retirement plan provided by the **Clovis Municipal Schools 403(b)**. Contributing to a 403(b) plan will give you peace of mind through financial security during your retirement. A 403(b) plan allows you to contribute a portion of your compensation as a pre-tax or post-tax (Roth) contribution (if allowed by your Employer) in order to save for retirement. Participation in the 403(b) plan is completely voluntary. If you are already contributing to the 403(b) plan, now is a perfect time to increase your contributions.

#### What is a 403(b) Plan?

A 403(b) plan, also known as a Tax-Sheltered Annuity (TSA), is a tax-deferred retirement plan provided for employees of certain tax-exempt, governmental organizations or public education institutions.

#### What are the benefits of contributing to a 403(b) Plan?

##### LOWER TAXES

The 403(b) contributions you make can be on a pre-tax basis. This means that the money used to invest in the 403(b) plan is not taxed until the funds are withdrawn. For example, if your federal marginal income tax rate is 25%, and you contribute \$100 a month to a 403(b) plan, you have reduced your federal income taxes by nearly \$25. In effect, your \$100 contribution costs you only \$75. The tax savings grow with the size of your 403(b) contribution.

##### TAX-DEFERRED GROWTH

In your 403(b) plan, interest and earnings grow tax-deferred. This means that your interest will grow tax-free until the time of your withdrawal. The compounding interest on your 403(b) plan allows your account to grow more quickly than money saved in a taxable account where interest and earnings are taxed each year.

##### TAKING THE INITIATIVE

Contributing to a 403(b) retirement plan helps you take control of your future retirement needs. Other sources of retirement income, including state pension plans and Social Security, often do not adequately replace a person's salary upon retirement. A 403(b) plan can be a great way to supplement your income at retirement.

##### POSSIBLE TAX CREDITS

Pre-tax contributions may put you in a lower tax bracket reducing your overall tax rate.

##### DISTRIBUTIONS FROM THE PLAN

You or your beneficiary will be able to withdraw your vested balance when one of the following occurs:

1. Retirement
2. Termination of Employment
3. Attainment of Age 59 ½
4. Total Disability
5. Death

The vendors may require additional paperwork.

##### LOANS

You may borrow up to 50% of your vested balance up to \$50,000 (whichever is less). Contact your current vendor about their specific loan provisions.

##### REQUIRED MINIMUM DISTRIBUTIONS (RMD)

Distributions are required at age 72. Exceptions may apply.

##### HIGHER LIMITS

Annual contribution limits are much higher than those of an IRA.

##### How much can you contribute to a 403(b) Plan?

You may elect to save:

- 100% of your income up to \$22,500 (2023)
- Extra \$7,500 if age 50+

##### HOW TO ENROLL IN THE PLAN

Your employer has provided investment option(s) for you. A list of approved vendor(s) and the Salary Reduction Agreement ("SRA") can be found by visiting the National Benefit Services website at <http://www.nbsbenefits.com/non-erisa-403b-forms/> or by contacting NBS (contact information below).

Once you have chosen an approved vendor, please open a 403(b) account directly with them. To begin investing, send the completed SRA form to NBS who will work with your employer to begin contributions.

##### INVESTMENT CHOICES

Annuity contracts made available through insurance companies or custodial accounts through a retirement account custodian are allowed in 403(b) plans. You will need to contact the vendor for a comprehensive listing and information regarding the available investment options.

##### EXCHANGES

As a participant in the 403(b) plan, you have the option to move funds, or "exchange" tax-free between different vendors within the same plan.

##### ROLLOVERS

You also have the option of rolling retirement funds from previous employers to your current employer's plan thus simplifying retirement management.

##### ROTH

You may also choose to invest part of your income on an after-tax (Roth) basis. Roth contributions are taxed at the time of the investment though contributions *and* earnings grow tax-free until withdrawn. Qualified distributions will allow you to withdraw your money tax-free.

##### HARDSHIP DISTRIBUTIONS

An in-service hardship distribution may be allowed if you satisfy certain criteria. Contact NBS for more information about the requirements.

#### NBS Retirement Service Center

8523 S. Redwood Rd.  
West Jordan, UT 84088  
800.274.0503 ext. 2,5  
Fax - 1.800.597.8206

Contact NBS if you have questions about  
the retirement plan



#### Clovis Municipal Schools

##### Plan Contact Person:

Chelsea Garcia  
1009 North Main St  
Clovis, NM 88101  
1.575.769.4300

# 457(b) Plan Highlights

## Clovis Municipal Schools

Visit [NBSbenefits.com/457b](http://NBSbenefits.com/457b) for additional information



Congratulations! You are eligible to participate in the 457 retirement plan provided by the **Clovis Municipal Schools 457(b)**. Contributing to a 457 plan will give you peace of mind through financial security during your retirement. A 457 plan allows you to contribute a portion of your compensation as a pre-tax or post-tax (Roth) contribution (if allowed by your Employer) in order to save for retirement. Participation in the 457 plan is completely voluntary. If you are already contributing to the 457 plan, now is a perfect time to increase your contributions.

### What is a 457 Plan?

A 457 plan is a tax-deferred compensation plan provided for employees of certain tax-exempt, governmental organizations or public education institutions.

### What are the benefits of contributing to a 457 Plan?

#### LOWER TAXES

The 457 contributions you make can be on a pre-tax basis. This means that the money used to invest in the 457 plan is not taxed until the funds are withdrawn. For example, if your federal marginal income tax rate is 25%, and you contribute \$100 a month to a 457 plan, you have reduced your federal income taxes by nearly \$25. In effect, your \$100 contribution costs you only \$75. The tax savings grow with the size of your 457 contribution.

#### TAX-DEFERRED GROWTH

In your 457 plan, interest and earnings grow tax-deferred. This means that your interest will grow tax-free until the time of your withdrawal. The compounding interest on your 457 plan allows your account to grow more quickly than money saved in a taxable account where interest and earnings are taxed each year.

#### TAKING THE INITIATIVE

Contributing to a 457 plan helps you take control of your future retirement needs. Other sources of retirement income, including state pension plans and Social Security, often do not adequately replace a person's salary upon retirement. A 457 plan can be a great way to supplement your income at retirement.

#### POSSIBLE TAX CREDITS

Pre-tax contributions may put you in a lower tax bracket reducing your overall tax rate.

#### TRANSFERS

As a participant in the 457 plan, you have the option to move funds, or "transfer" tax-free between different vendors within the same plan.

#### ROLLOVERS

You also have the option of rolling retirement funds from previous employers to your current employer's plan thus simplifying retirement management.

#### DISTRIBUTIONS FROM THE PLAN

You or your beneficiary will be able to withdraw your vested balance when one of the following occurs:

1. Retirement
2. Termination of Employment
3. Attainment of Age 70 ½
4. Total Disability
5. Death

The vendors may require additional paperwork.

#### HIGHER LIMITS

Annual contribution limits are much higher than those of an IRA.

#### How much can you contribute to a 457 Plan?

You may elect to save:

- 100% of your income up to \$22,500.00 in 2023
- Extra 7500 if age 50+
- Limits are completely separate from those made to 403(b) or 401(k) accounts

#### REQUIRED MINIMUM DISTRIBUTIONS (RMD)

Distributions are required at age 72. Exceptions may apply.

#### HOW TO ENROLL IN THE PLAN

Your employer has provided investment option(s) for you. A list of approved vendor(s) and the Salary Reduction Agreement ("SRA") can be found by visiting the National Benefit Services website at <http://www.nbsbenefits.com/non-erisa-403b-forms/> or by contacting NBS (contact information below).

Once you have chosen an approved vendor, please open a 457 account directly with them. To begin investing, send the completed SRA form to NBS who will work with your employer to begin contributions.

#### INVESTMENT CHOICES

Annuity contracts made available through insurance companies or custodial accounts through a retirement account custodian are allowed in 457 plans. You will need to contact the vendor for a comprehensive listing and information regarding the available investment options.

#### UNFORESEEABLE EMERGENCY

An in-service unforeseeable emergency distribution may be allowed if you satisfy certain criteria. Contact NBS for more information about the requirements.

#### ROTH

You may also choose to invest part of your income on an after-tax (Roth) basis. Roth contributions are taxed at the time of the investment though contributions *and* earnings grow tax-free until withdrawn. Qualified distributions will allow you to withdraw your money tax-free.

#### LOANS

You may borrow up to 50% of your vested balance up to \$50,000 (whichever is less). Contact your current vendor about their specific loan provisions.

#### NBS Retirement Service Center

8523 S. Redwood Rd.  
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800.274.0503 ext. 5,2  
Fax - 1.800. 597.8206

Contact NBS if you have questions about  
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#### Clovis Municipal Schools

#### Plan Contact Person:

Chelsea Garcia  
1009 North Main St  
Clovis, NM 88101  
1.575.769.4300



**1096 Mechem Dr, Suite 223**

**Ruidoso, NM 88345**

**Toll free: (800) 894-9990**

**Fax: (877) 837-7171**

**Web Site: [www.bisnm.com](http://www.bisnm.com)**