

EMPLOYEE BENEFITS

ENROLLMENT GUIDE



OAK GROVE R-VI

601 SE 12th Street, Oak Grove, MO 64075

Phone 816-690-4156 | Fax 816-690-3031



OAK GROVE R-V1 EMPLOYEE BENEFITS GUIDE

The goal of Oak Grove R-V1 School District is to administer high quality employee benefit programs to its employees.

Oak Grove School District is committed to offering a competitive program that aligns district objectives and values, to inspire employees to contribute and continually improve our district's performance.

This guide summarizes benefits offered to eligible employees working full time (30 or more hours per week) and their dependents, up to age 26.

Please review this information carefully. This is the one time per year that you are eligible to enroll and make selection changes for yourself and dependents, unless you experience a qualifying life event.

For further information on any of the benefits referenced in this guide, please visit www.benefits-direct.com/OakGrove or contact BenefitsDirect at 877.523.0176.

TABLE OF CONTENTS

MEDICAL INSURANCE..... 4

FLEXIBLE SPENDING ACCOUNTS..... 6

HEALTH SAVINGS ACCOUNT 12

DENTAL INSURANCE..16

VISION INSURANCE 17

TERM LIFE INSURANCE WITH AD&D 19

ACCIDENT INSURANCE..... 23

CANCER INSURANCE 30

CRITICAL ILLNESS INSURANCE 42

PERMANENT LIFE AND LONG TERM CARE INSURANCE 46

DISABILITY INSURANCE 48

INFOARMOR IDENTITY THEFT..... 49

METLAW LEGAL INSURANCE 50

DISCLAIMER

The intent of this summary is to briefly highlight your benefits and NOT to replace your insurance contracts or booklets. This information has been compiled into summary form to outline the voluntary benefits offered by the Oak Grove School District.

If this benefit summary does not address your specific benefit questions, please contact BenefitsDirect for assistance.

Phone: (877) 523-0176
Email: info@benefits-direct.com
Web: www.benefits-direct.com/OakGrove

The information provided in this summary is for comparative purposes only. Actual claims paid are subject to the specific terms and conditions of each contract. This benefit summary does not constitute a contract.

The information in this booklet is proprietary. Please do not copy or distribute to others.

Created by



WHO IS ELIGIBLE?

You qualify for benefits if you are a full-time benefit eligible employee as defined by Oak Grove School District.

To be eligible to enroll as a Dependent, a person must be:

- a. The Employee's legal spouse;
- b. The Employee's or Employee's legal spouse's child. Such child includes:
 - (1) a child by birth;
 - (2) an adopted child;
 - (3) a child under the age of 18 who has been placed with the Employee for the purpose of adoption for whom the Employee has a legal obligation to support; or
 - (4) a child under the age of 18 who has been placed under the Employee's legal guardianship.
- c. The Employee's or Employee's legal spouse's, unmarried Dependent child (defined above) who has reached the limiting age but who cannot support himself because of a physical or mental handicap. The Dependent's handicap must have started before the end of the Calendar Year in which the Dependent reached the limiting age and the Dependent must have been continuously covered by the District's benefits plan or a prior health plan at the time of reaching the limiting age.

HOW TO ENROLL

Open Enrollment Instructions – April 29th – May 3rd

It is mandatory that employees schedule an appointment to meet with a Benefit Counselor in person. The counseling sessions last 20 minutes and will be available at various locations throughout the week. Go to www.benefits-direct.com/OakGrove and click "Schedule an Appointment" to schedule a time to meet with a benefit counselor that will be in your building.

New Hire Enrollment Instructions

Meet with Oak Grove Benefits Staff for new hire orientation, complete new hire enrollment forms and submit to Oak Grove Benefits Staff.

Mid-Year Plan Changes Instructions

Once you have made your elections, you will not be able to change them until the next open enrollment period unless you have a qualifying event (qualifying event rule does not apply to 403(b) plan or Health Savings Account plans). Qualifying events include: marriage, divorce, legal separation, birth or adoption of a child, change in child's dependent status, death of spouse, child or other qualified dependent, change in residence due to an employment transfer for you or your spouse, commencement or termination of adoption proceedings, or change in spouse's benefits or employment status.

If you need to make a change due to a qualifying event outside of open enrollment, you must communicate that requested change to the Benefits Staff within 30 days after experiencing the event.

Medical Insurance



MEDICAL	United Healthcare		United Healthcare		United Healthcare		United Healthcare	
Carrier Website	www.uhc.com		www.uhc.com		www.uhc.com		www.uhc.com	
Plan Type	NEW Choice Plus QHDHP \$2,700 Deductible		Buy Up Plan Choice Plus \$1,500 Deductible		Buy Up Plan Choice Plus \$1,000 Deductible		Buy Up Plan Choice Plus \$500 Deductible	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Annual Deductible (calendar year) ⁽¹⁾								
Individual	\$2,700	\$5,000	\$1,500	\$3,000	\$1,000	\$2,000	\$500	\$5,000
Family	\$5,400	\$10,000	\$3,000	\$6,000	\$2,000	\$4,000	\$1,000	\$10,000
Coinsurance								
Member Pays	20%	50%	20%	40%	20%	40%	20%	50%
Maximum Out-of-Pocket (calendar year) ⁽²⁾								
Individual	\$4,000	\$10,000	\$6,350	\$13,000	\$4,000	\$10,000	\$2,500	\$15,000
Family	\$8,000	\$20,000	\$12,700	\$26,000	\$8,000	\$20,000	\$5,000	\$30,000
Physician Services								
Preventive Care	\$0	Deductible then 50%	\$0	Deductible then 40%	\$0	Deductible then 40%	\$0	Deductible then 50%
Office Visits*	Deductible then 20%	Deductible then 50%	\$30 / \$60	Deductible then 40%	\$30	Deductible then 40%	\$20 / \$35	Deductible then 50%
Diagnostic (Non-routine) X-Ray	Deductible then 20%	Deductible then 50%	\$0	Deductible then 40%	\$0	Deductible then 40%	\$0	Deductible then 50%
Diagnostic (Non-routine) Labs	Deductible then 20%	Deductible then 50%	\$0	Deductible then 40%	\$0	Deductible then 40%	\$0	Deductible then 50%
Routine Eye Exam (every other year)	Deductible then 20%	Deductible then 50%	\$20	Deductible then 40%	\$30	Deductible then 40%	\$20	Deductible then 50%
Chiropractic Services (unlimited visits)	Deductible then 20%	Deductible then 50%	50%	Deductible then 40%	50%	Deductible then 40%	50%	Deductible then 50%
Urgent Care Center	Deductible then 20%	Deductible then 50%	\$50	Deductible then 40%	\$50	Deductible then 40%	\$50	Deductible then 50%
Hospital Services								
Inpatient Care	Deductible then 20%	Deductible then 50%	Deductible then 20%	Deductible then 40%	Deductible then 20%	Deductible then 40%	Deductible then 20%	Deductible then 50%
Outpatient Surgery and Services	Deductible then 20%	Deductible then 50%	Deductible then 20%	Deductible then 40%	Deductible then 20%	Deductible then 40%	Deductible then 20%	Deductible then 50%
High Tech Diagnostics	Deductible then 20%	Deductible then 50%	Deductible then 20%	Deductible then 40%	Deductible then 20%	Deductible then 40%	Deductible then 20%	Deductible then 50%
Ambulance	Deductible then 20%		Deductible then 20%		Deductible then 20%		Deductible then 20%	
Emergency Room	Deductible then 20%		\$150		\$150		\$50	
Prescription Drugs								
Level 1	Deductible then \$10	Deductible then \$10	\$10	\$10	\$10	\$10	\$10	\$10
Level 2	Deductible then \$35	Deductible then \$35	\$35	\$35	\$30	\$30	\$30	\$30
Level 3	Deductible then \$60	Deductible then \$60	\$60	\$60	\$50	\$50	\$50	\$50
Mail Order (90 Day Supply)	Deductible then 2.5x copay	Not Covered	2.5 x Copay	Not Covered	2.5 x Copay	Not Covered	2.5 x Copay	Not Covered



NEW Choice Plus QHDHP \$2,700 Deductible			
Coverage Category	Employee Contribution	District Contribution	Total Monthly Cost
Employee Only	\$0.00	\$628.91	\$628.91
Employee Spouse	\$861.53	\$628.91	\$1,490.44
Employee Children	\$565.97	\$628.91	\$1,194.88
Employee Family	\$1,201.14	\$628.91	\$1,830.05

Buy Up Plan Choice Plus \$1,500 Deductible			
Coverage Category	Employee Contribution	District Contribution	Total Monthly Cost
Employee Only	\$63.91	\$628.91	\$692.82
Employee Spouse	\$1,013.06	\$628.91	\$1,641.97
Employee Children	\$687.46	\$628.91	\$1,316.37
Employee Family	\$1,387.20	\$628.91	\$2,016.11

Buy Up Plan Choice Plus \$1,000 Deductible			
Coverage Category	Employee Contribution	District Contribution	Total Monthly Cost
Employee Only	\$129.74	\$628.91	\$758.65
Employee Spouse	\$1,169.06	\$628.91	\$1,797.97
Employee Children	\$812.54	\$628.91	\$1,441.45
Employee Family	\$1,578.77	\$628.91	\$2,207.68

Buy Up Choice Plus \$500 Deductible			
Coverage Category	Employee Contribution	District Contribution	Total Monthly Cost
Employee Only	\$200.86	\$628.91	\$829.77
Employee Spouse	\$1,337.55	\$628.91	\$1,966.46
Employee Children	\$947.59	\$628.91	\$1,576.50
Employee Family	\$1,785.62	\$628.91	\$2,414.53

Flexible Spending Accounts



Oak Grove Offers 2 Pre-Tax Flexible Spending Account Options:

- **Medical/Healthcare FSA** - reimbursement of eligible out-of-pocket health care expenses for you and your eligible dependents.
- **Dependent Care FSA** - reimbursement of qualifying child care and senior care expenses.

Medical / Healthcare FSA – a pre-tax benefit account used to pay for eligible medical, dental, and vision care expenses.

- Medical and prescription copays, coinsurance and deductibles
- Glasses, contacts, and vision correction surgery
- Dental expenses and orthodontia payments
- Maximum annual contribution: **\$2,700**
- This plan is considered a “use it or lose it” account. Your balance does not roll from year to year and must be spent during 2019 in order to avoid forfeiting remaining funds.
- It is your responsibility to coordinate your FSA with your spouse’s FSA plan
- This plan is administered through Tri-Star Systems

Dependent Care FSA – a pre-tax benefit account used to pay for dependent care services.

- Preschool, summer day camp, before and afterschool programs, daycare, and senior care
- Maximum annual contribution: **\$5,000**
- Can only be reimbursed for what is in the account at any given time
- This plan is administered through Tri-Star Systems

Flexible Spending Accounts

FLEXIBLE SPENDING ACCOUNT (FSA)

SELECT FSA ACCOUNTS

- ☐ Health Care Flexible Spending Account
- ☐ Dependent Care Expense Account

HEALTH CARE FLEXIBLE SPENDING ACCOUNT

This account enables you to pay medical, dental, vision, and prescription drug expenses that may or may not be covered under your insurance program (or your spouse's) with pretax dollars. You can also pay for dependent health care, even if you choose single (vs. family) coverage. The total amount of your annual election is available to you up front, reducing the chance of having a large out-of-pocket expense early in the plan year. Be aware—**any unused portion of the account at the end of the plan year is forfeited.**

Eligible Expenses Examples

• Alcoholism treatment	• Laboratory fees
• Artificial limbs	• Licensed osteopaths
• Ambulance	• Licensed practical nurses
• Braces	• Orthodontia
• Chiropractors	• Orthopedic shoes
• Coinsurance and copayments	• Obstetrical expenses
• Contact lens solution	• Oxygen
• Contraceptives	• Prescription drugs
• Crutches	• Podiatrists
• Dental expenses	• Psychiatric care
• Dentures	• Psychologist expenses
• Dermatologists	• Routine physical
• Diagnostic expenses	• Seeing-eye dog expenses
• Eyeglasses, including exam fee	• Smoking cessation programs
• Handicapped care and support	• Sterilization and reversals
• Nutrition counseling	• Substance abuse treatment
• Hearing devices and batteries	• Surgical expenses
• Hospital bills	• Prescribed vitamin supplements (medically necessary)
• Deductible Amounts	

When you have out-of-pocket expenses (such as copayments and deductibles), you can either use your FSA debit card to pay for these expenses at qualified providers or submit an FSA claim form with your receipt to Flex Made Easy. Reimbursement is issued to you through direct deposit into your bank account, or if you prefer, a check can be issued to you.

2019 Maximum Contributions

Health Care Flexible Spending Account	\$2,700 max
Dependent Care Expense Account	\$5,000 max

DEPENDENT CARE EXPENSE ACCOUNT

This account gives you the opportunity to redirect a portion of your annual pay on a pre-tax basis to pay for dependent care expenses. An eligible dependent is any member of your household for whom you can claim expenses on your Federal Income Tax Form 2441, "Credit for Child and Dependent Care Expenses." Children must be under age 13. Care centers which qualify include dependent care centers, preschool educational institutions, and qualified individuals (as long as the caregiver is not a family member and reports income for tax purposes).

Before deciding to use the Dependent Care Expense Account, it would be wise to compare its tax benefit to that of claiming a child care tax credit when filing your tax return. You may want to check with your tax advisor to determine which method is best for you and your family. Any unused portion of your account balance at the end of the plan year is forfeited.

Contact Information

Request a full statement of your accounts at any time by calling 855-615-3679, or log on to www.flexmadeeasy.com to review your FSA balance. The address to mail claims to is 410 Archibald St., Kansas City, MO 64111.

At www.flexmadeeasy.com you can:

- View account information and activity
- File claims
- Manage your profile
- View notifications
- Access forms



Employee Benefit Plan Information

Health Care Reimbursement Account - HCRA

Managing Your Account

You will have a unique secure account with Tri-Star, available on Tri-Star's website (FSA.help/login) where you can:

- File/report claims & upload documentation,
- Sign up for Direct Deposit for claims payments (**Once established, direct deposit information is retained from year to year.**),
- Update your email address to receive all communications from Tri-Star,
- View previous claims & payments,
- View your available balance,
- Upload support for FSA debit card transactions.



Account Access - Mobile

You can manage your account from any smart phone or device.

Go to FSA.help/login and save the website URL for quick access any time. After you Login:

- * Click on the account name/balance,
 - * File claims,
 - * Upload Documentation to share your supporting documentation (upload a picture with your phone),
 - * You'll receive a payment notice via email when your reimbursement is on it's way to you!
 - * View all claims you have filed and card payments made against your account,
 - * See payment details,
 - * Review your account summary.

Use your profile in the top right corner for more options!

Why Participate?

You can save taxes! Employees have the opportunity to participate in comprehensive medical and dental plans but may still be responsible for copays, deductibles, coinsurance, prescription costs, vision care and orthodontia.

The **Health Care Reimbursement Account (HCRA)** allows you to take advantage of current tax laws (IRC Section 125) to pay for these expenses with **pre-tax dollars**. Your tax savings can be significant, but maximizing your benefits requires understanding the plan and some planning.

How Does This Work?

- Elect to make pre-tax payroll contributions into an account, during open enrollment or as a new hire.
- After the plan year begins (or coverage as a new hire), you, your spouse or your dependent incur qualifying medical expenses.
- Access funds in your account:
 - Use your FSA Debit Card to pay the medical provider, or
 - File a claim and provide the appropriate supporting documentation as indicated.
- **The full amount you elect to deposit in your HCRA for the year is available to you at any time after July 1st (or coverage effective date for new hires).**

Flexible Spending Accounts

Internal Revenue Code Regulations

- You must enroll each Plan Year to participate electing up to \$2,700.
- Expenses claimed from your account must be incurred during the Plan Year July 1 - June 30.
- Funds must be claimed by September 30 following the end of each Plan Year. Funds remaining after September 30 are forfeited.
- Your contributions each pay period must remain the same all year unless you experience a "qualifying change in status event" and change your election, as allowed by the Plan Document.
- You may not claim any expense reimbursed from this account as an itemized deduction on your tax return.

More Information

Refer to IRS Publication 502, Medical and Dental Expenses at www.tri-starsystems.com for more details on potential eligible health care expenses.

Obtain the Summary Plan Description from your employer for plan specifics on eligibility, termination, changes in status, etc.

Use the planning tools available from the claims administrator by visiting www.tri-starsystems.com, including Worksheets, a Qualifying Expenses Table and a Tax Savings Calculator.

Watch the 2 minute video using your smart phone or device (using the QR code).



Estimating Your Expenses

We recommend you review the deductible and co-insurance provisions of your medical and dental plans, and look at your out-of-pocket medical expenses over the past year or two. Then use the Tri-Star online worksheet to plan your annual election. Expenses incurred by you or your dependents qualify regardless of whether you participate in any of your employer's medical or dental plans.

Many expenses like orthodontia payments, drug co-payments and physicals are easily predictable. Others, like eyeglasses and hearing aids may be deferred or accelerated from one plan year to another depending upon the balance in your account.



TRI-STAR
SYSTEMS

CLAIMS ADMINISTRATOR:

16253 Swingley Ridge Road
Suite 210
Chesterfield, MO 63017

Phone: 800-727-0182,
Option 1
www.tri-starsystems.com



Employee Benefit Plan Information

Dependent Care Reimbursement Account - DCRA

Why Participate?

You can save taxes on costs you incur for care of your dependents so that you can work!

The **Dependent Care Reimbursement Account (DCRA)** allows you to take advantage of current tax laws to pay for these expenses with **pre-tax dollars**. Your tax savings can be significant, but maximizing your benefits requires understanding the plan and some planning.

How Does This Work?

- Elect to make pre-tax payroll contributions into an account, during open enrollment or as a new hire.
- After the plan year begins (or coverage as a new hire), you incur qualifying dependent care expenses.
 - Children under age 13, or
 - Children, dependents or adults over age 13 who are mentally or physically handicapped (incapable of self-care) who live with you and rely on you for financial support.
- Access funds in your account by filing a claim.
 - eFile your claim using your secure Tri-Star account or complete a claim form (see Managing Your Account).
 - Provide a bill from your provider that includes their name, social security number or tax ID number, dates of care and cost.
- Sign up for Direct Deposit for claims reimbursement into your bank account of choice.
- Claims are paid each Friday based on funds already contributed through payroll deduction.

Internal Revenue Code Regulations

- You must enroll each Plan Year to participate.
 - If you are single, or married and filing a joint tax return, you may deposit up to \$5,000 from your pay in any year into your DCRA.
 - If you are married and filing a separate tax return, you may deposit a maximum of \$2,500 into your account.
- If married, both spouses must be employed and contributions are limited to the income of the lower paid spouse.
- If a spouse is a full-time student, or physically or mentally incapable of self-care, the spouse is deemed to have earned an income of \$250/month (if dependent care expenses apply to one dependent) or \$500/month (if dependent care expenses apply to two or more dependents).
- Your contributions each pay period must remain the same all year unless you experience a "qualifying change in status event" and change your election, as allowed by the Plan Document.
- Expenses claimed from your account must be incurred during the Plan Year (July 1 – June 30).
- Funds must be claimed by September 30 following the end of each Plan Year. Remaining balances are forfeited.
- You may not claim the Dependent Care Tax Credit on your tax return for expenses reimbursed by this account.
- You must report the name, address and tax ID or social security number of the care provider on Schedule 2441 of your federal tax return.

Expenses Eligible for Reimbursement

- Child care/babysitting services in your home or someone else's home (as long as the care provider is not another child of yours who is under age 19, or anyone for whom you claim an exemption on your federal income tax return)
- Expenses for a dependent day care center
- Certain expenses for a live-in, full-time housekeeper for a disabled dependent.
- Preschool expenses, up to but not including kindergarten.
- Elder care
- After-school care
- Summer day camp



Expenses NOT Eligible for Reimbursement

- Child care services provided by your spouse, someone you claim as an exemption on your federal income tax return, or by one of your children under the age of 19
- Housekeeping expenses not related to dependent care
- Dependent care expenses you claim on your federal tax return
- Health care expenses for a dependent
- Food or clothing for a dependent
- Overnight camp, entertainment, activity and book fees.
- Transportation costs between your home and the dependent care center
- Schooling costs for education beginning with kindergarten.

More Information

Refer to IRS Publication 503, Child and Dependent Care Expenses at www.tri-starsystems.com for more details on potential eligible dependent care expenses.

Obtain the Summary Plan Description from your employer for plan specifics on eligibility, termination, changes in status, etc.

Use the planning tools available from the claims administrator by visiting www.tri-starsystems.com, including the Dependent Care Reimbursement Account Worksheet.

Managing Your Account

You will have a unique secure account with Tri-Star, available on Tri-Star's website FSA.help/login where you can:

- file claims & upload documentation,
- Sign up for Direct Deposit for claims payments (**Once established, direct deposit information is retained from year to year.**),
- Update your email address to receive all communications from Tri-Star,
- View previous claims & payments,
- View your available balance.

Account Access - Mobile

You can manage your account from any smart phone or device.

Go to FSA.help/login and save the website URL for quick access any time. After you Login:

- * Click on the account name/balance,
 - * File claims,
 - * Upload Documentation to share your supporting documentation (upload a picture with your phone),
 - * You'll receive a payment notice via email when your reimbursement is on it's way to you!
 - * View all claims you have filed and card payments made against your account,
 - * See payment details,
 - * Review your account summary.

Use your profile in the top right corner for more options!

TRI-STAR
SYSTEMS
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16253 Swingley Ridge Road
Suite 210
Chesterfield, MO 63017

Phone: 800-727-0182,
Option 1
www.tri-starsystems.com



Health Savings Account



An HSA is a great choice if you have a high-deductible health plan. You set up the HSA and the account belongs to you, not your employer. Anyone can contribute to your HSA, as can other people such as your family.

However, contributions cannot exceed the maximum IRS allowed amount.

Your HSA stays with you when you change jobs. You contribute with pre-tax earnings, earn interest on your money, and can roll over the year-end balance.

You can build up a fund to pay for your health care expenses throughout the year. If you have a doctor or medical procedure scheduled, you can plan ahead and make contributions to cover your out-of-pocket costs.

Your HSA money comes out of your paycheck pre-tax and you can use the money for qualified medical expenses tax free. It's not treated as income when you take money out for medical bills, and other qualified expenses.



This type of account is set up by your employer, and your contributions come out of your paycheck before taxes, lowering your taxable income. That saves you money with every contribution!

During enrollment you will choose the amount of money you would like to have available in your FSA. This amount cannot be changed during the year unless you have a qualifying event.

The funds are immediately available to you and can be used for your health care expenses throughout the year. Claims can be incurred until March 15, 2020 and will be paid with 2019 funds until the money is gone. You have until June 30, 2020 to file any claims incurred during the 2019 plan year. Any unused balance at the end of this period will revert to your employer. You forfeit the balance if you leave your job.

There are two separate Flexible Spending Accounts into which you can enroll—

1. Health Care Reimbursement Account
2. Dependent Care Reimbursement

At date of hire or annual enrollment time you make a yearly election for how much you want to set aside tax-free for the year to cover your health care and/or daycare qualified expenses.

Your election is then divided by the number of pay periods in a year. That pre-tax deduction is then withheld from your paycheck each pay period.

What will I pay at the physician's office with the HSA qualified plan?

You'll provide your ID card at the time of the visit and the physician's office will submit the claim to United HealthCare.

You'll receive an Explanation of Benefits (EOB) from United HealthCare that shows the charges discounted based on their contract with the physician. When you receive a bill from the physician's office, you pay the portion of the discounted cost you are responsible for as shown on the EOB.

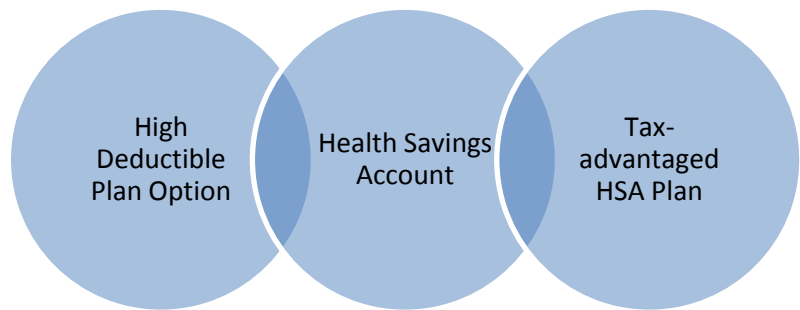
Where can I get a copy of an EOB?

You can access all of your EOB information, as well as obtain other important information, by registering on www.myuhc.com

Health Savings Account



An HSA is the perfect companion to a High Deductible Health Plan! If you enroll in the New Choice Plus Qualified High Deductible Health Plan, you are eligible to enroll in a Health Savings Account.



Contribution limits for 2019

- **\$3,500** for individuals (includes employer contribution)
- **\$7,000** for families (includes employer contribution)
- Additional **\$1,000** “catch up” contributions for those age 55 and older

Are you eligible for an HSA?

- **MUST** be enrolled in an IRS Qualified High Deductible Health Plan (NEW Choice Plus Qualified High Deductible Health Plan)
- **CANNOT** have any other health coverage that isn’t a qualified high deductible health plan, including:
 - Cannot be covered by any other non-HDHP health plan, such as a spouse’s plan, that provides any benefits covered by your HDHP plan. Exceptions may include permissible coverage, such as specific injury insurance or accident, disability, dental, vision or long-term care insurance.
 - Cannot receive health benefits under TRICARE
 - Cannot be enrolled in a spouse’s medical or pharmacy plan that is not considered a High Deductible Health Plan.
 - Cannot have received Veterans Administration (VA) benefits within the past three months, except for preventive care. If you are a veteran with a disability rating from the VA, this exclusion does not apply.
 - Cannot be covered by a general purpose health care flexible spending arrangement (FSA) or health reimbursement arrangement (HRA). Alternative plan designs, such as a limited purpose FSA or HRA, might be permitted
 - Cannot be enrolled in Medicare Part A, Part B, etc.
 - Per IRS rules, cannot be enrolled in a healthcare Flexible Spending Account (either employee’s or spouse’s)
 - Cannot be claimed as a dependent on another person’s tax return

Example Scenario: Joe has enrolled himself in an employee only HDHP through NSM. His wife works for another company and has enrolled herself in the employee only traditional Co-pay plan through her employer. She opened a Flexible Spending account (FSA.) Is Joe allowed to open a Health Savings Account (HSA)?... The answer is **no**. As described in the bullet above, the IRS does not allow multiple tax savings accounts per household.

Health Savings Account



UNDERSTANDING A HEALTH SAVINGS ACCOUNT (HSA)

Two ways you can put money into your HSA: (1) Regular payroll deductions on a pre-tax basis and (2) lump-sum contributions of any amount, anytime, up to the maximum limit.

YOU CAN USE HSA FUNDS FOR IRS-APPROVED ITEMS SUCH AS:

- Doctor's office visits
- Dental services
- Eye exams, eyeglasses, laser surgery, contact lenses and solution
- Hearing aids
- Orthodontia, dental cleanings, and fillings
- Prescription drugs and some over-the-counter medications (with a physician's prescription)
- Physical therapy, speech therapy, and chiropractic expenses

More information about approved items, plus additional details about the HSA, is available at [irs.gov](https://www.irs.gov).

Every time you use your HSA, save your receipt in case the IRS asks you to prove your claim was for a qualified expense. If you use HSA funds for a non-qualified expense, you will pay tax and a penalty on those funds.

The HSA is your personal account and contains your personal funds. It can be considered an asset by a creditor and garnished as applicable.

As an HSA account holder, you will be required to file a Form 8889 with the IRS each year. This form identifies any contributions, distributions, or earned interest associated with your account.

Enrolling in the District's QHDHP Medical plan and opening an HSA may be the best plan option for you if any of the following is true:

- You do not incur a lot of medical and prescription medication expenses.
- You would like money in a savings account to pay for qualified expenses permitted under Federal Law.
- You would like the opportunity to contribute pre-tax income to a Health Savings Account.

Contribute up to
\$3,500
Single, or
\$7,000
Family

- You must be covered under the New Choice Plus QHDHP \$2,700 Deductible in order to establish an HSA.
- You cannot establish an HSA if you or your spouse also have a medical FSA, unless it is a Dependent Care or Limited Purpose FSA.
- You cannot be enrolled in Medicare, Medicaid or Tricare due to age or disability.
- You cannot set up an HSA if you have insurance coverage under another plan, for example your spouse's employer, unless that secondary coverage is also a qualified high deductible health plan.
- You cannot be claimed as a dependent under someone else's tax return.

WHAT ELSE SHOULD I KNOW?

You can use the money in your HSA to pay for your deductible and other expenses not covered by your health plan, like dental or vision expenses. It's yours to:

- **SAVE:** You can invest up to the IRS's annual contribution limit. Contributions are based on a calendar year. The contribution limits for 2019 are \$3,500 for Single and \$7,000 for Family coverage. If you're age 55 or older, you are allowed to make extra \$1,000 contribution each year.
- **GROW:** The contributions grow tax-free and come out tax-free as long as you utilize the funds for approved services based on the IRS Publication 502, (medical, dental, vision and over-the-counter medications with a physician's prescription).
- **OWN:** Your unused contributions roll over from year to year and can be taken with you if you leave your current job.
- **CHOOSE:** Use for current expenses, save for the future, or explore investment options.
- Just like you report pre-tax dollars that you contribute to other benefit plans, like a 401(k), the IRS requires that you report your pre-tax contributions to your HSA using Form 8889. Your contribution will appear on your W-2 for easy reference.



HSA qualified medical expenses

Once you've contributed money to your health savings account (HSA), you can use it to pay for qualified medical expenses for yourself, your spouse and your eligible dependents. The amount you spend will be federal income tax-free.

Examples of qualified medical expenses

The following list includes common examples of HSA qualified medical expenses. For a complete list, visit [irs.gov](https://www.irs.gov) and search for Publication 502, Medical and Dental Expenses.

- | | | |
|--|--|---|
| • Acupuncture | • Doctor's office visits and procedures | • Operations/surgery (excluding unnecessary cosmetic surgery) |
| • Alcoholism treatment | • Drug addiction treatment | • Physical therapy |
| • Ambulance | • Eyeglasses, contact lenses and eye exams | • Prescription medicines or drugs |
| • Artificial limbs | • Eye surgery (such as laser eye surgery or radial keratotomy) | • Psychiatric care |
| • Artificial teeth | • Fertility enhancements | • Psychologist counseling |
| • Breast reconstruction surgery (mastectomy-related) | • Hearing aids (and batteries for use) | • Speech therapy |
| • Chiropractic services | • Hospital services | • Stop-smoking programs |
| • Cosmetic surgery (only if due to trauma or disease) | • Laboratory fees | • Vasectomy |
| • Dental treatment (X-rays, fillings, braces, extractions, etc.) | • Long-term care (for medical expenses and premiums) | • Weight-loss programs (must be to treat a specific disease diagnosed by a physician) |
| • Diagnostic devices (such as blood sugar test kits for diabetics) | • Nursing home | • Wheelchairs |
| | • Nursing services | • X-rays |

Expenses that don't qualify

- | | | |
|---|--|---|
| • Advance payment for future medical care | • Electrolysis or hair removal | • Nutritional supplements |
| • Amounts reimbursed from any other source (such as other health coverage or a flexible spending account) | • Funeral expenses | • Over-the-counter drugs and medicines (unless a prescription is presented) |
| • Babysitting, child care and nursing services for a normal, healthy baby | • Gasoline expenses to doctor visits | • Personal-use items (such as toothbrush, toothpaste) |
| • Cosmetic surgery (unless due to trauma or disease) | • Health club dues | • Swimming lessons |
| • Diaper services | • Household help | • Teeth whitening |
| | • Massage (unless a prescription is presented) | • Weight-loss programs (unless prescribed to treat a specific disease) |
| | • Maternity clothes | |
| | • Meals | |

The examples listed here are not all-inclusive, and the IRS may modify its list from time to time. Consult your tax advisor for specific tax advice.

Dental Insurance



OAK GROVE R-VI SCHOOL DISTRICT

Group #: 1968-1000

Delta Dental PPO SM Benefit Plan Highlights ¹	Delta Dental PPO SM Dentist	Delta Dental Premier [®] Dentist	Non- Participating Dentist
	Based on applicable PPO SM Maximum Plan Allowance -- No Balance Billing	Based on applicable Premier [®] Maximum Plan Allowance -- No Balance Billing	Based on applicable Maximum Plan allowance for Non- Participating Dentist -- Dentist Balance Bills
Diagnostic and Preventive Services <ul style="list-style-type: none">• Oral exams (all types), twice per benefit year• Bitewing x-rays, one set per benefit period• Periapical x-rays as required• Full-mouth x-rays once in any 36 consecutive months• Cleanings (all types), twice per benefit year• Fluoride, once per benefit year for dependents under age 16• Emergency palliative treatment• Space maintainers, once in 5 years , to age 16• Sealants for dependent children under age 16, once per tooth every 5 years, limited to non-decayed 1st and 2nd permanent molars	100%	100%	100%
Basic Services <ul style="list-style-type: none">• Restorative services using synthetic porcelain and plastic material (white) on front teeth and amalgam (silver) on molar teeth• Simple and surgical extractions• Endodontics: root canal filling and pulpal therapy• Periodontics: surgical and non-surgical• Oral surgery	80%	80%	80%
Major Services <ul style="list-style-type: none">• Prosthetics: bridges and dentures; a replacement will be covered only once in 7 years, but not during the first 12 months of coverage• Crowns, jackets, labial veneers, inlays and onlays when required for restorative purposes, once in 7 years	50%	50%	50%
Orthodontic Services <ul style="list-style-type: none">• For adults and children that begin treatment while covered by this plan	50%	50%	50%
Calendar Year Deductible (applies to Basic and Major Services only)	\$50 per person / \$150 family limit		\$75 per person / \$225 family limit
Calendar Year Benefit Maximum	\$1,000 per person		
Orthodontic Lifetime Maximum	\$1,000 per person		
Dependent Age Limit: 26, end of calendar year			

Vision Insurance



UnitedHealthcare vision has been trusted for more than 50 years to deliver affordable, innovative vision care solutions to the nation's leading employers through experienced, customer-focused people and the nation's most accessible, diversified vision care network. In-network, covered-in-full benefits (up to the plan allowance and after applicable copay) include a comprehensive exam, eyeglasses with standard single vision, lined bifocal, lined trifocal, or lenticular lenses, standard scratch-resistant coating and the frame, or contact lenses in lieu of eyeglasses. Members age 0-12 are eligible for a 2nd exam. Members age 0-12 are also eligible for a replacement frame and lenses if they have a prescription change of 0.5 diopter or more. The 2nd exam and replacement benefits are the same as the initial exam, frame and lens benefits.

Rates (Monthly)		Exam with Materials
	Employee	\$7.63
	Employee + Spouse	\$14.05
	Employee + Child(ren)	\$14.72
	Employee + Family	\$22.06
Benefit Frequency		
	Comprehensive Exam(s)	Once every 12 months
	Spectacle Lenses	Once every 12 months
	Frames	Once every 24 months
	Contact Lenses in Lieu of Eyeglasses	Once every 12 months
In-Network Services		
Copays		
	Exam(s)	\$ 10.00
	Materials	\$ 10.00
Frame Benefit (for frames that exceed the allowance, an additional 30% discount may be applied to the overage) ¹		
	Private Practice Provider	\$130.00 retail frame allowance
	Retail Chain Provider	\$130.00 retail frame allowance
Lens Options		
Standard Scratch-resistant Coating, Polycarbonate Lenses for Dependent Children (up to age 19) - covered in full. Other optional lens upgrades may be offered at a discount. Based on state guidelines, lens materials and options may not be available at these discounted prices at all provider locations. Please ask your provider for details. The Lens Options list can be found at myuhcvision.com.		
Contact Lens Benefit ² (Formulary contact lenses refer to contact lenses available on our formulary contact list. Contact lenses not on this list are referred to as Non-Formulary. A copy of the list can be found at myuhcvision.com).		
	Formulary contact lenses The fitting/evaluation fees, contact lenses, and up to two follow-up visits are covered in full after copay (if applicable).	If you choose disposable contacts, up to 6 boxes are included when obtained from an in-network provider.
	Non-Formulary contact lenses An allowance is applied toward the purchase of contact lenses outside the Formulary. Material copay (if applicable) is waived.	\$150.00
	Necessary contact lenses³	Covered in full after copay (if applicable).
Out-of-Network Reimbursements (Copays do not apply)		
	Exam(s)	Up to \$40.00
	Frames	Up to \$45.00
	Single Vision Lenses	Up to \$40.00
	Lined Bifocal Lenses	Up to \$60.00
	Lined Trifocal Lenses	Up to \$80.00
	Lenticular Lenses	Up to \$80.00
	Elective Contacts in Lieu of Eyeglasses ²	Up to \$150.00
	Necessary Contacts in Lieu of Eyeglasses ³	Up to \$210.00



Vision Insurance



Discounts	
Laser vision	UnitedHealthcare has partnered with the Laser Vision Network of America (LVNA) to provide our members with access to discounted laser vision correction providers. Members receive 15% off standard or 5% off promotional pricing at more than 550 network provider locations and even greater discounts through set pricing at LasikPlus [®] locations. For more information, call 1-888-563-4497 or visit us at www.uhclasik.com .
Additional Material	At a participating in-network provider you will receive up to a 20% discount on an additional pair of eyeglasses or contact lenses. This program is available after your vision benefits have been exhausted. Please note that this discount shall not be considered insurance, and that UnitedHealthcare shall neither pay nor reimburse the provider or member for any funds owed or spent. Additional materials do not have to be purchased at the time of initial material purchase.
Hearing Aids	As a UnitedHealthcare vision plan member, you can save on high-quality hearing aids when you buy them from hi HealthInnovations [™] . To find out more go to hiHealthInnovations.com . When placing your order use promo code myVision to get the special price discount.

Important to Remember:

In-Network

- Always identify yourself as a UnitedHealthcare vision member when making your appointment. This will assist the provider in obtaining your benefit information.
- Your participating provider will help you determine which contact lenses are available in the UnitedHealthcare Formulary.
- Your \$150.00 contact lens allowance applies to materials. No portion will be exclusively applied to the fitting and evaluation. Your material copay is waived when purchasing Non-Formulary contacts.
- Patient options such as UV coating, progressive lenses, etc., which are not covered-in-full, may be available at a discount at participating providers. Based on state guidelines, lens materials and options may not be available at these discounted prices at all provider locations. Please ask your provider for details. The Lens Options list can be found at myuhcvision.com.

Choice and Access of Vision Care Providers

UnitedHealthcare offers its vision program through a national network including both private practice and retail chain providers. To access the Provider Locator service or for a printed directory, visit our website myuhcvision.com or call (800) 638-3120, 24 hours a day, seven days a week. You may also view your benefits, search for a provider or print an ID card online at myuhcvision.com. Retain this UnitedHealthcare vision benefit summary which includes detailed benefit information and instructions on how to use the program. Please refer to your Certificate of Coverage for a full explanation of benefits.

In-Network Provider - Copays and non-covered patient options are paid to provider by program participant at the time of service.

Out-of-Network Provider - Participant pays all billed charges to the provider, and UnitedHealthcare reimburses the participant for services rendered up to the maximum allowance. Copays do not apply to out-of-network benefits. Receipts for payments should be submitted within 90 days after the date of service to the following address: UnitedHealthcare Vision, Attn. Claims Department, P.O. Box 30978, Salt Lake City, UT 84130. If it was not reasonably possible to give written proof in the time required, the Company will not reduce or deny the claim for this reason. However, proof must be filed as soon as reasonably possible, but no later than 1 year after the date of service unless the Covered Person was legally incapacitated.

Customer Service is available toll-free at (800) 638-3120 from 8:00 a.m. to 11:00 p.m. Eastern Time Monday through Friday, and 9:00 a.m. to 6:30 p.m. Eastern Time on Saturday.

This Benefit Summary is intended only to highlight your benefits and should not be relied upon to fully determine coverage. This benefit plan may not cover all of your healthcare expenses. More complete descriptions of benefits and the terms under which they are provided are contained in the certificate of coverage that you will receive upon enrolling in the plan. If this Benefit Summary conflicts in any way with the Policy issued to your employer, the Policy shall prevail.

¹30% discount available at most participating in-network provider locations. May exclude certain frame manufacturers. Please verify all discounts with your provider.

²Contact lenses are in lieu of eyeglass lenses and/or eyeglass frames. Coverage for Formulary contact lenses does not apply at Costco, Walmart or Sam's Club locations. The allowance for Non-Formulary contact lenses applies to materials. No portion will be exclusively applied to the fitting and evaluation.

³Necessary contact lenses are determined at the provider's discretion for one or more of the following conditions: Following cataract surgery without intraocular lens implant; to correct extreme vision problems that cannot be corrected with eyeglass lenses and/or frames; with certain conditions such as anisometropia, keratoconus, irregular corneal/astigmatism, aphakia, pathological myopia, aniseikonia, aniridia, facial deformity, or corneal deformity. If your provider considers your contacts necessary, you should ask your provider to contact UnitedHealthcare vision confirming the reimbursement that UnitedHealthcare will make before you purchase such contacts.

⁴Actual tax savings will depend upon your individual tax bracket.

⁵Approximate retail value illustrated: Exam & Refraction (\$65), Single Vision Lenses (\$80), and Frames (\$130). Average retail cost may vary by provider.

⁶For purposes of this calculation, Employee + Child(ren) is calculated with three (3) members.

⁷For purposes of this sample calculation, Employee + Family is calculated with four (4) members.





Term Life and AD&D

Oak Grove provides \$10,000 of life insurance, with a matching accidental death and dismemberment policy, at **no cost** to the employee.

Additional supplemental life insurance is available for purchase. Rates vary based on age and coverage amount.

Basic Life & AD&D Insurance

- \$10,000 in coverage for Basic Life insurance, including an additional \$10,000 for AD&D, provided to all benefit eligible employees
- This benefit is paid for by Oak Grove School District

Supplemental Life Insurance

- You may purchase additional life insurance on yourself, spouse and dependent children
- Benefits are available for you in \$10,000 increments subject to the lesser of 5x the employee's annual earnings or \$500,000
- Benefits are available to your spouse in \$5,000 increments up to \$300,000
- Benefits are available to your children in \$2,000 increments up to \$10,000
- For 2019, employees may newly elect or increase their coverage level by one or two \$10,000 increments up to \$200,000 max, as a guaranteed issue, without going through the EOI (evidence of insurability) process
- For 2019, spouses may newly elect or increase their coverage level by one or two \$5,000 increments up to \$50,000 max, as a guaranteed issue, without going through the EOI (evidence of insurability) process.
- All child amounts are guaranteed issue

Group Additional Life and AD&D Insurance

Help protect your loved ones from financial hardship.

Life insurance coverage is designed to help provide financial support and stability to your family should you pass away. Accidental Death & Dismemberment (AD&D) insurance provides an extra layer of protection if you die or become dismembered in an accident. You can also cover your eligible spouse and child(ren).



This plan offers:

- Competitive group rates
- The convenience of payroll deduction
- Benefits if you are dismembered, become terminally ill or die
- An annual enrollment opportunity. See Annual Enrollment section for additional details.

② About This Coverage

If you take no action you'll be covered under Basic Life insurance provided you meet the eligibility requirements. Consider whether that would be enough to help your family meet daily expenses, maintain their standard of living, pay off debt and fund your children's education. If not, you may want to apply for additional coverage now.

Life Insurance		
How Much Can I Apply For? Your Additional Life amount cannot exceed a maximum of 6 times your annual earnings. The coverage amount for your spouse cannot exceed 100 percent of your Additional Life coverage. The coverage amount for your child(ren) cannot exceed 100 percent of your Additional Life coverage.	For You:	\$10,000 – \$500,000 in increments of \$10,000
	For Your Spouse:	\$10,000 – \$300,000 in increments of \$5,000
	For Your Child(ren):	\$2,000 – \$10,000 in increments of \$2,000
What is the Guarantee Issue Maximum? Depending on your eligibility, this is the maximum amount of coverage you may apply for during initial enrollment without answering health questions.	For You:	Up to \$200,000
	For Your Spouse:	Up to \$50,000

Term Life and AD&D



AD&D Insurance		
The benefit is paid if you or your dependents are seriously injured or pass away as a result of a covered accident.		
What Does My AD&D Benefit Provide? Note: You cannot buy more coverage for your spouse or child(ren) than you buy for yourself.	For You:	The AD&D insurance coverage amount matches what you elect for Additional Life insurance.
	For Your Spouse:	The AD&D insurance coverage amount matches what you elect for Dependents Life insurance.
	For Your Child(ren):	The AD&D insurance coverage amount matches what you elect for Dependents Life insurance.
Keep in mind that the amount payable for certain losses is less than 100 percent of the AD&D insurance benefit.		

See the Important Details section for more information, including requirements, exclusions, age reductions and definitions.

Annual Enrollment

During Oak Grove R-IV School District's Annual Enrollment Period

For You. If you are currently enrolled in Additional Life insurance for an amount less than \$200,000, you may elect to increase your coverage by \$10,000 annually, up to, but not to exceed, the guarantee issue amount of \$200,000 without having to answer health questions.

If you were previously declined coverage by The Standard, you will need to submit a medical history statement in order to apply for any amount of coverage during the Annual Enrollment period. Visit www.standard.com/mhs to complete and submit a medical history statement online.

Additional Feature

Life Insurance	
Accelerated Benefit	If you become terminally ill, you may be eligible to receive up to 75 percent of your combined Basic and Additional Life benefit to a maximum of \$500,000.

How Much Life Insurance Do You Need?

After a serious accident or death in the family, there are many unexpected expenses. Your benefits could help your family pay for outstanding debt, burial expenses, medical bills, your children's education and daily expenses.

To estimate your insurance needs, you'll need to consider your unique circumstances. Use our online calculator at www.standard.com/life/needs.

How Much Your Coverage Costs

Your Basic Life insurance is paid for by Oak Grove R-IV School District. If you choose to purchase Additional Life coverage, you'll have access to competitive group rates, which may be more affordable than those available through individual insurance. You'll also have the convenience of having your premium deducted directly from your paycheck. How much your premium costs depends on a number of factors, such as your age and the benefit amount.

Use this formula to calculate your premium payment:

$$\frac{\text{Enter the amount of coverage you are requesting (see benefit amounts in the About This Coverage section).}}{1000} = \text{_____} \times \text{Enter your rate from the rate table.} = \text{This amount is an estimate of how much you would pay each month.}$$

If you buy coverage for your spouse, your monthly rate is shown in the table below. Use the same formula to calculate the premium that you used for yourself, but use your spouse's age and your spouse's rate.

If you buy Dependents Life with AD&D coverage for your child(ren), your monthly rate is \$0.065 per \$1,000, no matter how many children you're covering. Your monthly AD&D rate of \$0.015 per \$1,000 is included.

Your Age (as of last July 1)	Your Rate* (Per \$1,000 of Total Coverage)
<25	\$0.060
25-29	\$0.065
30-34	\$0.070
35-39	\$0.085
40-44	\$0.115
45-49	\$0.165
50-54	\$0.245
55-59	\$0.385
60-64	\$0.505
65-69	\$0.845
70-74	\$1.495
75+	\$2.535

Spouse's Age (as of last July 1)	Spouse's Rate** (Per \$1,000 of Total Coverage)
<25	\$0.060
25-29	\$0.065
30-34	\$0.070
35-39	\$0.085
40-44	\$0.115
45-49	\$0.165
50-54	\$0.245
55-59	\$0.385
60-64	\$0.505
65-69	\$0.845
70-74	\$1.495
75+	\$2.535

*Includes a monthly AD&D rate of \$0.015 per \$1,000 of AD&D benefit.

**Includes a monthly AD&D rate of \$0.015 per \$1,000 of AD&D benefit for your spouse.

Accident coverage can protect your whole family

A voluntary accident plan offers coverage for accidental injuries and accidental death in addition to your primary medical insurance. It's also available to your spouse and dependent children - a plan that can protect your whole family.

Why do I need accident coverage?

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

- Sports activities and leisure activities together accounted for nearly 40 percent of medically-attended episodes of injury, and the most common place of injury was in or around the home.
- Falls are the leading external cause of non-fatal injury.
- Injuries due to motor vehicle traffic accidents, overexertion and strenuous movements, and striking against or being struck accidentally by objects also make up a large portion of injuries.

What does accident coverage do?

Accident insurance provides you with valuable accidental death and dismemberment coverage as well as any optional benefits offered by your employer. Depending on the plan, features may include:

- Accident Only Medical Expense: pays actual charges, up to the maximum amount selected, for physician treatment in an office, clinic or emergency room for an accidental injury
- Hospital Admission: pays a defined benefit once annually for hospital admission due to an injury sustained in a covered accident
- Others may include benefits for hospital ICU, and specific sums for bone fracture & dislocation

Protect your financial security

Payroll deduction makes it easy for you to pay for accident coverage. You'll feel good knowing benefits are paid up to the plan amount selected, in addition to any other coverage you may have.

The *home* was the most frequently reported place of injury with 32% of injuries occurring *inside the home*, and another 18% *outside the home*.

- National Health Interview Survey, 2011, Summary Health Statistics for the U.S. Population

Underwritten by:

 **SHENANDOAH LIFE**
INSURANCE COMPANY
A Prosperity Life Group® Company



Accident Insurance

This plan provides a lump-sum payment for events such as:

- Fractures
- Dislocations
- Concussions
- Emergency Care (X-rays, MRIs, CT Scans)
- Cuts/Lacerations
- Ambulance (air and ground)

This plan covers accidents that occur off the job

- Claims are paid directly to you
- Plan does NOT coordinate with your medical coverage
- Offers family coverage

Covered Event	Benefit Amount
Ambulance (ground)	\$200
Accident First Occurrence Benefit	\$50
Emergency Room, CT Scan, Follow up Care	Actual charges up to \$1,000
Consussion	\$100
Broken Tooth (repaired by crown)	\$150
Sports Package	Additional 25% benefit
Total Benefit Paid to Molly	\$1,875

Example: Molly's son, Sam, wrestles on the varsity high school team. During a recent match, he collided with an opponent, was knocked unconscious and taken to the local emergency room by ambulance for treatment.

Luckily for Molly, she has the Prosperity High Level Accident Plan. The chart on the left shows how the plan would pay out. Molly is also enrolled in the Buy Up Choice Plus Plan with \$1,000 deductible and can use the money she is paid from the Accident policy to put toward the deductible or pay for any expenses she likes.

Additional Features:

- Sports package benefit increases the amount you receive by 25% if a covered person sustains injuries while participating in an organized sport (Great for active families or people with children that play sports!)
- Accident first occurrence pays a lump sum amount for the first claim submitted
- Hospital Admission benefit pays a lump sum if a covered person is admitted to the hospital as the result of an accident
- Hospital ICU benefit pays you a daily amount for each day you are in the ICU as the result of a covered accident

Accident Insurance

Base Policy Benefits	Level 1	Level 2																												
• ACCIDENTAL DEATH & DISMEMBERMENT BENEFIT	\$10,000 Principal Sum*	\$20,000 Principal Sum*																												
<p>*Employee coverage amount is 100% of the Principal Sum; Spouse coverage amount is 50% of the Principal Sum; Dependent Child coverage amount is 25% of the Principal Sum. On the date a Covered Person attains age 65, and continuing thereafter, this amount will be reduced by one-half.</p> <p>Accidental Death - We will pay the selected benefit amount if a Covered Person dies from an Injury resulting directly and independently of all other causes from a Covered Accident. The death must occur within 365 days of the Covered Accident. If loss is sustained by a Covered Person while riding as a fare-paying passenger on scheduled Common Carrier, the amount payable will be doubled.</p> <p>Accidental Dismemberment - If a Covered Person's Injury results in any one of the losses specified below within 365 days of the Covered Accident, We will pay the percentage shown in the chart below for that loss multiplied by the Principal Sum coverage amount applicable to the Covered Person. The total amount payable under this benefit resulting from any one Covered Accident shall not exceed the Accidental Death Benefit coverage amount payable to the Covered Person. The loss of a hand or foot means the complete severance at or above the wrist or ankle joint. The loss of sight means the total and irrevocable loss of sight.</p> <table><tr><th>Accidental Dismemberment</th><th>Coverage Amount</th></tr><tr><td><i>Dismemberment Benefit – For Loss Of</i></td><td><i>Percent of Principal Sum</i></td></tr><tr><td>Both Hands</td><td>100%</td></tr><tr><td>Both Feet</td><td>100%</td></tr><tr><td>The Entire Sight of Both Eyes</td><td>100%</td></tr><tr><td>One Hand and One Foot</td><td>100%</td></tr><tr><td>One Hand or One Foot and Entire Sight of One Eye</td><td>100%</td></tr><tr><td>One Hand or One Foot</td><td>50%</td></tr><tr><td>Entire Sight of One Eye</td><td>50%</td></tr><tr><td>Speech and Hearing in Both Ears</td><td>50%</td></tr><tr><td>Speech or Hearing in Both Ears</td><td>25%</td></tr><tr><td>Hearing in One Ear</td><td>25%</td></tr><tr><td>Thumb and Index Finger of Same Hand</td><td>25%</td></tr><tr><td>All the Toes of the Same Foot</td><td>25%</td></tr></table>			Accidental Dismemberment	Coverage Amount	<i>Dismemberment Benefit – For Loss Of</i>	<i>Percent of Principal Sum</i>	Both Hands	100%	Both Feet	100%	The Entire Sight of Both Eyes	100%	One Hand and One Foot	100%	One Hand or One Foot and Entire Sight of One Eye	100%	One Hand or One Foot	50%	Entire Sight of One Eye	50%	Speech and Hearing in Both Ears	50%	Speech or Hearing in Both Ears	25%	Hearing in One Ear	25%	Thumb and Index Finger of Same Hand	25%	All the Toes of the Same Foot	25%
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Hearing in One Ear	25%																													
Thumb and Index Finger of Same Hand	25%																													
All the Toes of the Same Foot	25%																													

Optional Riders	Level 1	Level 2
<ul style="list-style-type: none"> ACCIDENT FIRST OCCURENCE BENEFITS RIDER <p>We will pay the selected benefit amount upon receipt of the first claim for a benefit for a Covered Accident. Only one Accident First Occurrence Benefit shall be paid per Certificate.</p>	\$50	\$50
<ul style="list-style-type: none"> SPORTS PACKAGE BENEFIT RIDER <p>We will pay 25% of the Combined Benefit if a Covered Person sustains Injuries as a result of a Covered Accident while participating in an Organized Sporting Activity. This benefit is limited to \$1,000 per Covered Person in any 12 month period, regardless of the number of Covered Accidents. Combined Benefit means the total cumulative benefit paid for the following riders: accident only expense benefit, specific sum injury benefit, hospital ICU benefit, hospital admission benefit.</p>	INCLUDED	INCLUDED
<ul style="list-style-type: none"> ACCIDENT ONLY EXPENSE BENEFIT RIDER <p>If a Covered Person sustains an Injury in a Covered Accident that requires treatment by a Physician, We will reimburse the Covered Person for Actual Charges for treatment, not to exceed the selected Maximum Accident Expense Benefit amount after the applicable deductible, if any. Treatment must be rendered in a Covered Facility. Care for an Injury received in a Covered Accident must be received within 90 days of the Covered Accident. We will only pay one Maximum Accident Expense Benefit amount after the applicable deductible, if any, per Calendar Year per Covered Person regardless of the number of incidents of care received or the number of different Injuries received in the Calendar Year.</p>	\$500 Maximum per Calendar Year With \$0 deductible per Calendar Year	\$1,000 Maximum per Calendar Year With \$0 deductible per Calendar Year

Accident Insurance

• ADDITIONAL BENEFITS RIDER		
1. Non-Local Transportation Expense Benefit: We will pay the Actual Charges Incurred up to the selected benefit amount round trip for Non-Local transportation if Hospital treatment or a diagnostic study is recommended by the Covered Person's Physician for Injuries sustained in a Covered Accident. This benefit is limited to three (3) round trips per Covered Accident, and payable only if the treatment is not available locally. Transportation must begin within 90 days from the date of the Covered Accident.	\$200	\$400
2. Prosthetic Device Expense Benefit: We will pay the Actual Charges Incurred up to the selected benefit amount for a prosthetic device or artificial limb for a Covered Person prescribed by a Physician as an aid in personal locomotion or mobility, due to an Injury sustained in a Covered Accident. The prosthesis or artificial limb must be purchased and received within 12 months of the Covered Accident. We will pay this benefit once per Covered Person per Covered Accident.	\$600	\$1,200
Optional Riders		
	Level 1	Level 2
3. Appliance Expense Benefit: We will pay the Actual Charges Incurred up to the selected benefit amount for an appliance for a Covered Person prescribed by a Physician as an aid in personal locomotion or mobility, due to an Injury sustained in a Covered Accident. The appliance must be purchased and received within 12 months of the Covered Accident. We will pay this benefit once per Covered Person per Covered Accident. An appliance includes a wheelchair, braces, crutches or walker.	\$100	\$200
4. Reasonable Modifications: When a Covered Person suffers a Catastrophic Loss due to a Covered Accident, We will pay the Actual Charges Incurred up to the selected benefit amount for modifications to the Covered Person's home or vehicle. Benefits will be paid only for modifications made within two (2) years of a Covered Accident.	\$200	\$400
5. Child Care Benefit: We will pay the selected benefit amount per day for each Dependent Child of a Covered Person attending a Child Care Center while the Covered Person is confined to the Hospital due to Injuries sustained in a Covered Accident.	\$20	\$40
6. Pet Boarding Benefit: We will pay the selected benefit amount per day for a single pet of a Covered Person attending a Pet Boarding Center while the Covered Person is confined to the Hospital due to Injuries sustained in a Covered Accident.	\$10	\$20
7. Ground Ambulance: We will pay the selected benefit amount per trip for ground ambulance service to transport the Covered Person from an emergency site to the Hospital, or ground ambulance transportation from the first Hospital to another Hospital, if a Physician specifies in writing that specialized care not available in the first Hospital to which the Covered Person was transported is necessary to treat the Covered Person's Injury(ies).	\$100	\$200
8. Air Ambulance: We will pay the selected benefit amount per Covered Accident for air ambulance service to transport the Covered Person from an emergency site to the Hospital.	\$750	\$1,300
9. Medical Equipment Rental: We will pay the selected benefit amount per Covered Accident for rental or purchase, if less, of a wheelchair, Hospital bed or other medical equipment that has permanent or temporary therapeutic value.	\$50	\$100
10. Dental: We will pay the selected benefit amount per office visit for dental treatments including dental x-rays for the repair or treatment of each injured tooth that is whole and sound and a natural tooth at the time of the Covered Accident, installation of crowns, caps, bridges and dentures, oral surgery and endodontic as a result of a Covered Accident, and the repair or replacement of caps and crowns that existed	\$75	\$150

Accident Insurance

Optional Riders	Level 1	Level 2
prior to the Covered Accident. This benefit is subject to a maximum of 10 treatments visits per Covered Accident.		
11. Prescription Drugs: We will pay up to the selected benefit amount per prescription drug that: (a) can only be obtained through a Physician's written prescription; and (b) is approved for such prescription use by the Federal Drug Administration (FDA), unless prescribed by a Physician for therapeutic use. The expenses for a prescription drug are limited to the cost of a generic drug unless: (1) substitution of a generic drug is prohibited by law; or (2) no generic drug is available; or (3) the Covered Person's Physician specifically requests that a non-generic drug be dispensed to the Covered Person. This benefit is subject to a maximum of 10 prescription drugs per Covered Accident.	\$25	\$50
12. Eyeglasses, Contact Lenses and Hearing Aids: We will pay the selected benefit amount per device per Covered Accident for eyeglasses, contact lenses and hearing aids damaged in a Covered Accident that requires medical treatment.	\$25	\$50

Optional Riders	Level 1	Level 2
Payable 1 time per Covered Accident.		
Ruptured Disc Surgery – Repair - performed by a Physician within 90 days of Covered Accident. Payable 1 time per Covered Accident.	\$175	
Eye Injury Surgery - performed by a Physician within 90 of Covered Accident. Payable 1 time per Covered Accident.	\$70	
Eye Injury - Removal of Foreign Object - performed by a Physician within 90 days of Covered Accident. Payable 1 time per Covered Accident. Not payable if Eye Injury Surgery benefit is paid.	Surgical \$140; Nonsurgical \$25	
Concussion - diagnosed within 90 days of Covered Accident. Payable 1 time per Covered Accident.	\$100	
Coma - unconsciousness lasting 7 days with no response to external stimuli and requiring artificial respiratory or life support assistance, as diagnosed by a Physician. Payable 1 time per Covered Accident. Not payable if medically induced.	\$5,000	
Paralysis		
Paraplegia - spinal cord Injury resulting in complete and total loss of use of 2 or 3 limbs and within 90 days of Covered Accident. Paralysis must last for 30 days or more. Not payable if Paralysis – Quadriplegia benefit is paid.	\$2,500	
Quadriplegia - spinal cord Injury resulting in complete and total loss of use of 4 limbs and within 90 days of Covered Accident. Paralysis must last for 30 or more days. If more than one Paralysis benefit is payable, we will pay the largest benefit.	\$5,000	
Internal Organ Loss We will pay this benefit if, within 90 days after a Covered Accident, a Covered Person sustains the removal of at least 50% of a covered organ as a result of Injury sustained in the Covered Accident. Only the following are covered organs: bladder, esophagus, gall bladder, genitals, kidney, large intestine, liver, lungs, ovary, pancreas, small intestine, spleen, stomach, thyroid and uterus. We will pay this benefit only once per Covered Person per Covered Accident.	\$2,500	
• HOSPITAL ADMISSION BENEFIT (ACCIDENT ONLY) RIDER We will pay the selected benefit amount applicable to each Covered Person for the first time in a Calendar Year a Covered Person is confined as an Inpatient in a Hospital for an Injury sustained in a Covered Accident. In order for this benefit to be payable, confinement must: <ul style="list-style-type: none"> begin while this Rider is in force for a Covered Person; and be for at least one (1) day (twenty-four (24) hours); and be at the direction of and under the supervision of a Physician. This benefit is not payable more than once per Calendar Year per Covered Person. If benefits are also payable under the Hospital Intensive Care Unit Benefit for the same Covered Accident, We will pay only one benefit,	\$500 per Calendar Year for Named Insured (Employee)	\$500 per Calendar Year for Named Insured (Employee)

Optional Riders	Level 1	Level 2
whichever is greater.		
Available to Named Insured at 100% selected coverage amount. Available to Spouse at 50% of Named Insured's coverage amount and to each Dependent Child at 25% of the Named Insured's coverage amount.		

Accident Insurance

<p>• SPECIFIC SUM INJURY BENEFIT RIDER</p> <p>If a Covered Person's Injury, sustained in a Covered Accident, results in any one of the Specific Sum Injuries specified in the rider form within 365 days of the Covered Accident, We will pay the sum shown for that loss. We will not pay more than the selected Maximum Benefit amount per Covered Accident, regardless of the number of Specific Sum Injuries caused by the same Covered Accident.</p> <p><i>Certain exclusions apply. See page 9.</i></p>	<p>\$5,000</p> <p>Maximum Benefit amount per Covered Accident</p>	<p>\$10,000</p> <p>Maximum Benefit amount per Covered Accident</p>
<p>Specific Sum Injuries (PER CERTIFICATE)</p> <p>Dislocation of:</p> <p>Hip (Left or Right Side)</p> <p>Knee (Left or Right Side)</p> <p>Wrist (Left or right Side)</p> <p>Elbow (Left or Right Side)</p> <p>Ankle (Left or Right Side)</p> <p>Shoulder Blade (Left or Right Side)</p> <p>Collarbone or Jaw</p>	<p>Sum Amount</p> <p>Surgical / Non-Surgical</p> <p>\$4,800 / \$1,620</p> <p>\$1,620 / \$840</p> <p>\$1,320 / \$660</p> <p>\$1,320 / \$660</p> <p>\$1,620 / \$480</p> <p>\$1,620 / \$660</p> <p>\$2,580 / \$480</p>	
<p>Fracture of:</p> <p>Hip (Left or Right Side)</p> <p>Pelvis (excluding Coccyx and Sacrum) / (Left or Right Side)</p> <p>Skull (excluding Nose, Lower Jaw and Teeth)</p> <p>Neck</p> <p>Thigh (excluding Kneecap) / (Left or Right Side)</p> <p>Upper Arm (Left or Right Side)</p> <p>Lower Leg (excluding Kneecap) / (Left or Right Side)</p>	<p>Open / Closed</p> <p>\$6,000 / \$2,000</p> <p>\$1,000 / \$1,000</p> <p>\$3,240 / \$1,200</p> <p>\$3,240 / \$1,200</p> <p>\$2,500 / \$2,000</p> <p>\$2,400 / \$1,000</p> <p>\$2,500 / \$2,000</p>	

Optional Riders	Level 1	Level 2
<p>Elbow (Left or Right Side)</p> <p>Heel (Left or Right Side)</p> <p>Shoulder Blade (Left or Right Side)</p> <p>Lower Jaw</p> <p>Collarbone</p> <p>Forearm (excluding Wrist) / Left or Right Side)</p> <p>Wrist (Left or Right Side)</p> <p>Vertebrae (each) – Vertebral Arch (excluding Coccyx)</p> <p>Sternum (Breastbone)</p> <p>Kneecap (Left or Right Side)</p> <p>Cheekbone (Left or Right Side)</p> <p>Hand (excluding Fingers, Thumbs and Wrist) / (Left or Right Side)</p> <p>Foot (excluding Toes, Heels and/or Ankle) / (Left or Right Side)</p> <p>Coccyx</p> <p>Rib (each)</p>	<p>\$2,400 / \$1,000</p> <p>\$2,000 / \$500</p> <p>\$2,400 / \$1,000</p> <p>\$2,400 / \$1,000</p> <p>\$2,400 / \$1,000</p> <p>\$2,400 / \$1,000</p> <p>\$2,400 / \$1,000</p> <p>\$4,000 / \$600</p> <p>\$2,400 / \$1,000</p> <p>\$2,400 / \$1,000</p> <p>\$2,400 / \$1,000</p> <p>\$2,400 / \$1,000</p> <p>\$2,400 / \$1,000</p> <p>\$840 / \$420</p> <p>\$1,000 / \$500</p>	
<p>Burns</p> <p>Small Burns (2nd or 3rd degree burn covering 20% or less of body surface and within 90 days of Covered Accident. If 3rd degree burn benefit is payable, 2nd degree burn benefit for same Covered Accident and burned area is not payable. Payable 1 time per Covered Accident. Not payable for burns caused from sunburn or if Large Burns benefit is payable).</p> <p>Large Burns (2nd or 3rd degree burn covering more than 20% of body surface and within 90 days of Covered Accident. If 3rd degree burn benefit is payable, 2nd degree burn benefit for same accident and burned area is not payable. Payable 1 time per Covered Accident. Not payable for burns caused from sunburn.)</p> <p>Skin Graft (Small Burns or Large Burns benefit must be paid and within 90 days of accident. Payable 1 time per Covered Accident. Benefit is a percentage of the applicable Benefit amount for Small Burns or Large Burns.)</p>	<p>\$1,050</p> <p>\$2,800</p> <p>50% of burn benefit</p>	

Accident Insurance

Lacerations Small Lacerations (One or more lacerations, less than or equal to 6 inches long and requires 2 or more sutures and within 90 days of Covered Accident. Multiple lacerations pay maximum 2 times. Payable 1 time per Covered Accident.)			\$25	
Large Lacerations (One or more lacerations, more than 6 inches long and requires 2 or more sutures and within 90 days of Covered Accident. Multiple lacerations pay maximum 2 times. Payable 1 time per Covered Accident.)			\$200	
Tendon, Ligament, Rotator Cuff, or Knee Surgery – Repair - torn, ruptured, or severed and performed by a Physician within 90 days of Covered Accident. Payable 1 time per Covered Accident. Not payable if exploratory surgery is performed with no repair.			\$175	
Tendon, Ligament, Rotator Cuff, or Knee Surgery – Exploratory - performed by a Physician within 90 days of Covered Accident.			\$70	
• HOSPITAL INTENSIVE CARE UNIT BENEFITS RIDER We will pay the selected amount each day a Covered Person is confined to an Intensive Care Unit, deemed medically necessary by a Physician, for the treatment of Injuries sustained in a Covered Accident, subject to a maximum of 30 days per Period of Hospital Intensive Care Unit Confinement. Confinement in an Intensive Care Unit must begin within 90 days of the Covered Accident and the Covered Person must be admitted for at least 23 hours and/or on an Inpatient basis. This benefit is not payable for Hospital re-admission for the same Covered Accident. If benefits are also payable under the Hospital Room & Board Benefit and/or Hospital Admission Benefit for the same Covered Accident, We will only pay one benefit, whichever is greater.			\$100 per day	\$200 per day

Accident Insurance Rates

Monthly Costs	
Accident Insurance LOW (Level One) Option	
Tier	Total Monthly
Employee Only	\$10.53
Employee Spouse	\$17.11
Employee Children	\$24.83
Employee Family	\$31.93
Monthly Costs	
Accident Insurance HIGH (Level Two) Option	
Tier	Total Monthly
Employee Only	\$18.03
Employee Spouse	\$29.67
Employee Children	\$43.25
Employee Family	\$55.85



U.S. men have slightly less than a 1 in 2 risk of developing cancer; for women, the risk is a little more than 1 in 3.

- American Cancer Society.
Cancer Facts & Figures, 2017.

Underwritten by:
 **SHENANDOAH LIFE**
INSURANCE COMPANY
A Prosperity Life Group® Company



Cancer voluntary coverage pays cash benefits when you may need it most

With our cancer plan, you'll receive benefits that follow a positive diagnosis of an internal cancer during the term of your coverage. You and your loved ones can rest a little easier knowing you have protection in place to help avoid depleting your bank accounts or taking on additional debt to cover day-to-day living expenses.

Why do I need cancer coverage?

Cancer plans can assist you with a variety of expenses so you can focus on getting better. You can spend the benefits however you want, on direct or indirect costs associated with the illness:

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

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

Here's how it works

Benefit payments are made directly to you in most cases, placing you in control at a time when you may feel that your options are limited. The base benefit is available to you upon your initial cancer diagnosis, so it's there when you need it most. You'll save on your premiums because coverage through your employer typically is less expensive than purchasing on your own. And you can pay premiums through automatic payroll deduction. You can continue the coverage even if you change employers.

Act now

You've probably taken some steps to protect your assets and future financial stability with a health plan, life insurance, savings, etc. Take an additional step to round out your coverage and help you and your loved ones financially in the event of an unexpected cancer occurrence.

Cancer Insurance

This plan provides payment for events such as:

- Skin cancer surgical expense
- Initial hospitalization
- Daily hospital confinement benefit
- Positive diagnosis benefit
- Inpatient and outpatient blood, plasma, platelets expense benefit
- Private nursing duty expenses

This plan has a daily benefit of \$200 or \$400 for radiation, chemotherapy, immunotherapy, and experimental treatment

- Claims are paid directly to you
- Plan does NOT coordinate with your medical coverage
- Offers family coverage

Covered Event	Benefit Amount
First occurrence benefit	\$4,000
Positive Diagnosis benefit	\$3,000
Radiation (5 days a week x 7 weeks)	Up to \$400 a day for 35 days = \$14,000
Total Benefit Paid to Molly	\$21,000

Example: George has just been diagnosed with Cancer. He has never been diagnosed with Cancer but thankfully, they caught it in the early stages. George will need to undergo 7 weeks of radiation that involves 5 treatments per week. George purchased the Prosperity High Cancer Plan during Open Enrollment this year. What will his plan cover?

Additional Features:

- \$50 or \$100 annual Cancer screening benefit for each covered person that completes a covered screening test. Benefit doubles if additional testing is required.
- First occurrence benefit pays a lump sum of \$2,000 or \$4,000 upon diagnosis
- Daily hospital benefit pays a daily benefit for each day you are in the hospital as a result of cancer
- Also covers over 35 additional specified diseases
- Child Care, Pet boarding, lodging, transportation, and home modification benefits included

Cancer Insurance

Base Coverage Benefit	Level 1	Level 2
<p>First Occurrence Cancer Benefit</p> <p>If a Covered Person receives a positive diagnosis of Cancer while coverage is in force, we will pay the First Occurrence Cancer Benefit amount. If the Covered Person is a child under the age of 21, we will pay one and one-half times this amount. This benefit is payable one time only per lifetime of each Covered Person, regardless of the number of positive diagnoses of Cancer that a Covered Person may have.</p> <p>For purposes of this cancer plan, "Cancer" means a malignant neoplasm, which is characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue, and which is not specifically hereafter excluded. Leukemias and lymphomas are included. Cancer must be diagnosed pursuant to a pathological or clinical diagnosis.</p> <p>The following are not considered Cancer:</p> <ul style="list-style-type: none"> • pre-malignant lesions (such as intraepithelial neoplasia); or • benign tumors or polyps; or • early prostate Cancer diagnosed as T1N0M0 or equivalent staging; or • Cancer In Situ; or • any skin cancer (other than invasive malignant melanoma in the dermis or deeper or skin malignancies that have become metastatic). <p>Continuation of Coverage Benefit</p> <p>We will waive all monthly premiums due for the Certificate and in force riders for two months if You meet all of the following conditions:</p> <ul style="list-style-type: none"> • Your Certificate has been in force for at least six months; • We have received premiums for at least six consecutive months; • Your premiums have been paid through list bill, common remitter or payroll deduction; • You or the Policyholder has notified Us in writing within 31 days of the date Your premium payments ceased due to You being no longer affiliated with the Policyholder; and • You re-establish premium payments through: a) a new list bill, common remitter or payroll deduction process through current employment; or b) direct payment to Us in an automatic deduction system established by Us. <p>You will become eligible again to receive this benefit after: a) You re-establish the premium payments through list bill, common remitter or payroll deduction for a period of at least six months; and b) We receive premiums for at least six consecutive months.</p> <p>Waiver of Premium Benefit</p> <p>We will waive the premiums for the Certificate and in force riders starting on the first premium due date following a 60 day period of Total Disability of the Named Insured due to Cancer. If 60 days or less separate two periods of Total Disability for the same Cancer, the second will be a continuation of the first. The Named Insured must: (1) be receiving treatment for such Cancer for which benefits are payable under the Certificate; and (2) remains disabled for 60 consecutive days. We will waive premiums for as long as the Named Insured remains Totally Disabled. Premiums will be waived in accordance with the mode of payment in effect when treatment began. If the Named Insured is retired or age 65 and over at the time he or she becomes Totally Disabled, the definition of Total Disability will mean the inability to perform two (2) or more Activities of Daily Living (ADLs) without the assistance of another person. We may ask for and use an independent consultant to determine whether the Named Insured can perform an ADL when this benefit is in force.</p>	<p>\$2,000</p> <p>per lifetime</p>	<p>\$4,000</p> <p>per lifetime</p>

Cancer Insurance

Optional Benefit Riders	Level 1	Level 2
<p>• ANNUAL WELLNESS SCREENING BENEFIT RIDER</p> <p>Basic Screening Benefit</p> <p>We will pay the Basic Screening Benefit amount per Calendar Year per Covered Person for screening tests performed to determine whether Cancer exists in a Covered Person. Covered annual Cancer screening tests include but are not limited to the following:</p> <ul style="list-style-type: none"> • Mammogram • Breast Ultrasound • Pap Smear • Thin-Prep • Flexible Sigmoidoscopy • Biopsy • Hemoccult • Stool Specimen • Chest X-Ray • CEA (blood test for colon cancer) • Thermography • PSA (blood test for prostate cancer) • Colonoscopy • CA 125 (blood test for ovarian cancer) • Serum Protein Electrophoresis (blood test for myeloma) • CA 15-3 (blood test for breast cancer) <p>Additional Invasive Diagnostic Procedure Benefit</p> <p>We will pay two times the Basic Screening Benefit amount per Calendar Year for the Basic Screening Benefit, per Covered Person for one additional invasive diagnostic procedure required as the result of an abnormal cancer screening test for which benefits are payable under the Basic Screening Benefit above. Invasive diagnostic procedure means a procedure requiring an excision or the insertion of an instrument in the body. This additional benefit is payable regardless of the results of the additional diagnostic procedure.</p> <p>Cancer Vaccine Benefit</p> <p>We will pay one-half the Basic Screening Benefit amount per lifetime of each Covered Person for a United States FDA approved cancer vaccine administered to a Covered Person.</p>	<p>\$50 per Calendar Year</p> <p>\$100 per Calendar Year</p> <p>2x Basic Screening Benefit per Calendar Year</p> <p>½ Basic Screening Benefit per lifetime</p>	
<p>• MEDICAL IMAGING AND MEDICATION BENEFITS RIDER</p> <p>Medical Imaging, Treatment Planning, and Monitoring Expense Benefit</p> <p>We will pay the Charge Incurred, but not to exceed \$1,000 per Calendar Year, for any combination of laboratory tests, routine or diagnostic X-rays, scans or medical images and their interpretation when used in the planning or monitoring of external radiation , internal radiation, Chemotherapy or Immunotherapy treatments of Cancer.</p>	<p>Charge Incurred, up to \$1000 per Calendar Year</p>	<p>Charge Incurred, up to \$1000 per Calendar Year</p>

Cancer Insurance

<p>Anti-Nausea Medication Expense Benefit</p> <p>We will pay the Charge Incurred for anti-nausea medication, but not to exceed \$150 per calendar month, when a Covered Person is prescribed such medication as the result of Radiation Treatment, Chemotherapy or Immunotherapy treatments for Cancer.</p> <p>Colony Stimulating Factor or Immunoglobulin Expense Benefit</p> <p>We will pay the Charge Incurred, but not to exceed \$1,000 per Calendar Month, for Colony Stimulating Factor drugs or Immunoglobulins prescribed by a Physician or Oncologist during a Covered Person's Cancer treatment regimen for which benefits are payable under the optional Daily, Monthly or Annual Radiation Treatment, Chemotherapy, Immunotherapy and Experimental Treatment Benefit Riders.</p>	<table> <tr> <td>Charge Incurred, up to \$150 per Calendar Month</td><td>Charge Incurred, up to \$1000 per Calendar Month</td></tr> <tr> <td>Charge Incurred, up to \$1000 per Calendar Month</td><td>Charge Incurred, up to \$1000 per Calendar Month</td></tr> </table>	Charge Incurred, up to \$150 per Calendar Month	Charge Incurred, up to \$1000 per Calendar Month	Charge Incurred, up to \$1000 per Calendar Month	Charge Incurred, up to \$1000 per Calendar Month						
Charge Incurred, up to \$150 per Calendar Month	Charge Incurred, up to \$1000 per Calendar Month										
Charge Incurred, up to \$1000 per Calendar Month	Charge Incurred, up to \$1000 per Calendar Month										
<p>• SURGICAL EXPENSE BENEFIT RIDER</p> <p>Surgical Expense Benefit</p> <p>We will pay a Surgical Expense Benefit for a surgical procedure for the treatment of Cancer (except Skin Cancer) in accordance with the Surgical Schedule contained in the Rider. The surgery may be performed either as an inpatient of a Hospital or as an outpatient in a Hospital, Ambulatory Surgical Center, Physician's office or other free standing medical facility. Two or more surgical procedures performed at the same time and through the same incision will be deemed one surgery (that with the highest Surgical Expense Benefit).</p> <p>Anesthesia Expense Benefit</p> <p>When a surgical procedure is performed that is a covered surgical expense and the Covered Person receives anesthesia, we will pay 30% of the covered Surgical Expense Benefit for the operation performed. This includes the services of a professional anesthesiologist or of an anesthesiologist under supervision of a Physician for the purpose of administering anesthesia.</p> <p>Skin Cancer Surgical Expense Benefit</p> <p>When there is a positive diagnosis of Skin Cancer of a Covered Person and a covered cutting surgical procedure is performed to remove the positively diagnosed Skin Cancer, we will pay the amount shown for such surgical removal:</p> <p>This benefit is payable in lieu of any benefits for Surgical Expense and Anesthesia Expense which are not applicable to Skin Cancer.</p>	<table> <tr> <td>Varies, see Schedule</td><td>Varies, see Schedule</td></tr> <tr> <td>30% of the Surgical Expense Benefit Amount</td><td>30% of the Surgical Expense Benefit Amount</td></tr> <tr> <td>Biopsy \$125</td><td>Biopsy \$125</td></tr> <tr> <td>Excision of lesion of skin \$350</td><td>Excision of lesion of skin \$350</td></tr> <tr> <td>Excision of lesion of skin with flap or graft \$750</td><td>Excision of lesion of skin with flap or graft \$750</td></tr> </table>	Varies, see Schedule	Varies, see Schedule	30% of the Surgical Expense Benefit Amount	30% of the Surgical Expense Benefit Amount	Biopsy \$125	Biopsy \$125	Excision of lesion of skin \$350	Excision of lesion of skin \$350	Excision of lesion of skin with flap or graft \$750	Excision of lesion of skin with flap or graft \$750
Varies, see Schedule	Varies, see Schedule										
30% of the Surgical Expense Benefit Amount	30% of the Surgical Expense Benefit Amount										
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Excision of lesion of skin \$350	Excision of lesion of skin \$350										
Excision of lesion of skin with flap or graft \$750	Excision of lesion of skin with flap or graft \$750										

Cancer Insurance

<p>• DAILY HOSPITAL CONFINEMENT BENEFIT RIDER</p> <p>Confinements of 30 Days or Less - We will pay the Daily Hospital Confinement Benefit amount for each of the first 30 days in each Period of Hospital Confinement during which a Covered Person is confined to a Hospital, including a Government or Charity Hospital, for the treatment of Cancer.</p> <p>Confinements lasting longer than 30 Consecutive Days – If a Covered Person is continuously confined to a Hospital, including a Government or Charity Hospital, for longer than 30 consecutive days for the treatment of Cancer, we will pay two times the Daily Hospital Confinement Benefit amount. This benefit payment will begin on the 31st continuous day of such confinement and continue for each day of confinement until the Covered Person is discharged from the Hospital.</p> <p>Benefits for an insured Dependent Child under Age 21 - Benefits payable under this Rider will be double the Daily Hospital Confinement Benefit amount if payable Daily Hospital Confinement Benefits are for a covered dependent child under the age of 21.</p>	<table> <tr> <td>\$200</td><td>\$400</td></tr> <tr> <td>per day</td><td>per day</td></tr> </table>	\$200	\$400	per day	per day
\$200	\$400				
per day	per day				
<p>• DAILY RADIATION, CHEMOTHERAPY, IMMUNOTHERAPY AND EXPERIMENTAL TREATMENT EXPENSE BENEFIT RIDER</p> <p>We will pay the Charge Incurred by a Covered Person, not to exceed the Daily Radiation Treatment, Chemotherapy, Immunotherapy and Experimental Treatment Expense Benefit amount for each day a Covered Person receives one or more of the following Cancer treatments:</p> <ol style="list-style-type: none"> 1. Chemotherapy (including Hormonal Therapy) or Immunotherapy injected by a Chemotherapist, an Oncologist, Physician, or other legally qualified medical personnel in the office of an Oncologist or Physician, a Chemotherapy Treatment Center, a Hospital or Clinic; 2. Self-injected Chemotherapy or Immunotherapy drugs, limited to the maximum daily benefit amount per treatment, limited to three (3) treatments per month. 3. Chemotherapy or Immunotherapy drugs dispensed by a pump or implant. This is limited to the maximum daily benefit amount for the initial prescription and an equal amount for each refill. 4. Oral Chemotherapy or Immunotherapy regardless of where administered. This is limited to the maximum daily benefit amount per prescription, filled, limited to three (3) prescriptions per month. 5. Radiation Treatment administered by a Radiation Therapist, an Oncologist, Physician, or other legally qualified medical personnel in the office of an Oncologist or Physician, a Radiation Treatment Center, a Hospital or Clinic. Benefits payable for interstitial or intra-cavitary applications of Radiation Treatments are payable on the day of insertion only and not for each day the Radiation Treatment remains in the body. 6. Experimental Treatment. <p>*The Daily Radiation Treatment, Chemotherapy, Immunotherapy Benefit</p>	<table> <tr> <td>Charge Incurred, up to \$200 per day* (see other limitations)</td><td>Charge Incurred, up to \$400 per day* (see other limitations)</td></tr> </table>	Charge Incurred, up to \$200 per day* (see other limitations)	Charge Incurred, up to \$400 per day* (see other limitations)		
Charge Incurred, up to \$200 per day* (see other limitations)	Charge Incurred, up to \$400 per day* (see other limitations)				

Cancer Insurance

or Experimental Treatment Expense Benefit amount is the maximum daily amount we will pay when a Covered Person receives a Chemotherapy, Immunotherapy, Radiation or Experimental Treatment, regardless of the type or number of different treatments the Covered Person may receive on the same day.

• SPECIFIED DISEASE BENEFIT RIDER

Covered Specified Diseases:

- | | | |
|--|---|--|
| <ul style="list-style-type: none"> • Addison's Disease • Amyotrophic Lateral Sclerosis • Botulism • Bovine Spongiform • Budd-Chiari Syndrome • Cystic Fibrosis • Diphtheria • Encephalitis • Encephalopathy • Epilepsy • Hansen's Disease • Histoplasmosis • Legionnaire's Disease • Lupus Erythematosus | <ul style="list-style-type: none"> • Lyme Disease • Malaria • Meningitis • Multiple Sclerosis • Muscular Dystrophy • Myasthenia Gravis • Neimann-Pick Disease • Osteomyelitis • Poliomyelitis • Q Fever • Rabies • Reye's Syndrome • Rheumatic Fever | <ul style="list-style-type: none"> • Rocky Mountain Spotted Fever • Sickle Cell Anemia • Tay-Sachs Disease • Tetanus • Toxic Epidermal Necrolysis • Tuberculosis • Tularemia • Typhoid Fever • Undulant Fever • West Nile Virus • Whipple's Disease • Whooping Cough |
|--|---|--|

If a Covered Person is diagnosed with one or more Covered Specified Diseases and is hospitalized for definitive treatment, we will pay the following benefits:

Initial Hospitalization Benefit

We will pay the Initial Hospitalization Benefit amount when a Covered Person is confined to a Hospital for 12 or more hours as a result of receiving treatment for a Covered Specified Disease. This benefit is payable only once per Period of Hospital Confinement and only once per Calendar Year for each Covered Person.

The Period of Hospital Confinement must start while the Rider is in force for the Covered Person. If the confinement follows a previously covered confinement, it will be deemed a continuation of the first confinement unless it is the result of an entirely different Covered Specified Disease, or unless the confinements are separated by 30 days or more.

Hospital Confinement Benefit

We will pay the Hospital Confinement Benefit amount per day when a Covered Person is hospitalized during any continuous period of 30 days or less for the treatment of a Covered Specified Disease. Benefits will double per day beginning with the 31st day of continuous confinement.

\$1,500	\$3,000
per Calendar Year	per Calendar Year

\$100	\$200
per day	per day

Charge Incurred, subject to various maximums (see below) Charge Incurred, subject to various maximums (see below)

• ADDITIONAL BENEFITS RIDER

Positive Diagnosis Benefit

We will pay the Charge Incurred, not to exceed \$300 per Calendar Year, for one test that confirms the positive diagnosis of Cancer in a Covered Person. This benefit is not payable for multiple diagnoses of the same Cancer, for Cancer that metastasizes, or for recurrence of the same Cancer.

National Cancer Institute Designated Comprehensive Cancer Treatment Center Evaluation/Consultation Benefit

If a Covered Person receives a positive diagnosis of Cancer and seeks an evaluation or consultation at a National Cancer Institute designated Comprehensive Cancer Treatment Center for the purpose of obtaining a treatment option, we will pay the Charge Incurred not to exceed a lifetime maximum of \$750. If the Comprehensive Cancer Treatment Center is located more than 30 miles from the Covered Person's place of residence, we will also pay the transportation and lodging expenses incurred not to exceed a lifetime maximum of \$350. This benefit is not payable on the same day a Second or Third Surgical Opinion Benefit is payable. This benefit is payable in lieu of the Non-Local Transportation and Lodging Expense Benefits of the Rider. This benefit is payable one time during the lifetime of the Covered Person.

Second and Third Surgical Opinion Expense Benefit

If surgery is recommended for the removal of Cancer, we will pay the Charge Incurred for a written second surgical opinion concerning the Cancer surgery. If the second surgical opinion is in conflict with the first opinion, we will pay the Charge Incurred for a written third surgical opinion. The Physician providing the second or third surgical opinion cannot be associated with the Physician who originally recommended the surgery. This benefit is not payable for the same day the National Cancer Institute Evaluation/Consulting Benefit is payable.

Outpatient Hospital or Ambulatory Surgical Center Expense Benefit

We will pay the Charge Incurred, not to exceed \$350 per day, made by an Ambulatory Surgical Center or Outpatient department of a Hospital for the use of its facilities during the performance of a surgical procedure covered under this Policy.

Outpatient Blood, Plasma and Platelets Expense Benefit

If, as the result of Cancer, a Covered Person requires blood, plasma, platelets or blood transfusions, on an Outpatient basis, we will pay the Charge Incurred not to exceed \$300 per day including the costs of procurement, administration, processing and cross matching.

Inpatient Blood, Plasma and Platelets Expense Benefit

If, as the result of Cancer, a Covered Person requires blood, plasma, platelets or blood transfusions, on an Inpatient basis, we will pay the Charge Incurred not to exceed \$300 per day including the costs of procurement, administration, processing and cross matching.

Bone Marrow Donor Expense Benefit

When a Covered Person receives bone marrow or stem cells from another live person for the purpose of a bone marrow or stem cell transplant in connection with the Covered Person's Cancer treatment, we will pay the Charge Incurred, not to exceed \$100 per day, for each day the donor is confined in a Hospital for the harvesting of bone marrow or stem cells used in a covered bone marrow or stem cell transplant.

Bone Marrow or Stem Cell Transplant Expense Benefit

We will pay the Charge Incurred not to exceed a lifetime maximum of \$15,000 for surgical and anesthesia procedures (including the harvesting and subsequent re-infusion of blood cells or peripheral stem cells) performed for a bone marrow transplant and/or a peripheral stem cell transplant for the treatment of a Covered Person's Cancer. This benefit will be paid in lieu of the benefit provided by the optional Surgical Expense Benefit Rider.

Inpatient Oxygen Expense Benefit

When a Covered Person is confined to a Hospital for the treatment of Cancer and requires oxygen used that is prescribed and ordered by a Physician, we will pay the Charge Incurred for the oxygen not to exceed \$300 per Hospital confinement.

Attending Physician Expense Benefit

We will pay the Charge Incurred not to exceed \$ 40 per day for the professional services of a Physician or Oncologist rendered to a Covered Person while he or she is confined in a Hospital for the treatment of Cancer. This benefit is payable only if the Physician or Oncologist personally visits the Hospital room occupied by the Covered Person. The benefit amount stated is the maximum amount payable for each day of Hospital confinement regardless of the number of visits made by one or more Physicians or Oncologists.

Inpatient Private Duty Nursing Expense Benefit

We will pay the Charge Incurred not to exceed \$150 per day for the full-time service of a Nurse that is required and ordered by a Physician when a Covered Person is confined in a Hospital for the treatment of Cancer. The Nurse must provide services other than those normally provided by the Hospital. The Nurse may not be an employee of the Hospital or an Immediate Family Member of the Covered Person.

Outpatient Private Duty Nursing Expense Benefit

Following a Covered Person's Hospital confinement for the treatment of Cancer, we will pay the Charge Incurred not to exceed \$150 per day, limited to the same number of days of such Hospital confinement, for the full-time service of a Nurse that is required and ordered by a Physician when a Covered Person is confined indoors at home as the result of Cancer. This benefit is not payable if the services of the Nurse are custodial in nature or to assist the Covered Person in the activities of daily living. This benefit is not payable when the Nurse is a member of the Covered Person's Immediate Family.

Home Health Care Expense Benefit

We will pay benefits for the following covered charges when a Covered Person requires Home Health Care for the treatment of Cancer.

- Home Health Care Visits - We will pay the Charge Incurred for Home Health Care Visits not to exceed \$ 75 for each day on which one or more such visits occur. We will not pay this benefit for more than 60 days in any Calendar Year.
- Medicine and Supplies - We will pay the Charge Incurred not to exceed \$ 450 in any Calendar Year for drugs, medicine, and medical supplies provided by or on behalf of a Home Health Care Agency.
- Services of a Nutritionist - We will pay the Charge Incurred not to exceed a lifetime maximum of \$ 300 for the services of a nutritionist to set up programs for special dietary needs.

Convalescent Care Facility Expense Benefit

We will pay the Charge Incurred not to exceed \$ 100 per day for a Covered Person's confinement in a Convalescent Care Facility. The maximum number of days for which this benefit is payable will be the number of days in the Covered Person's last Period of Hospital Confinement that immediately preceded admission

to the Convalescent Care Facility. The Convalescent Care Facility confinement must:

- a. be due to Cancer;
- b. begin within 14 days after the Covered Person has been discharged from a Hospital for the treatment of Cancer; and
- c. be authorized by a Physician as being medically necessary for the treatment of Cancer.

Hospice Care Expense Benefit

When a Covered Person, as a result of Cancer, requires Hospice Care, we will pay the Charge Incurred for Hospice Care not to exceed \$100 per day. This benefit is payable whether confinement is required in a Hospice Center or services are provided in the Covered Person's home by a Hospice Team. Eligibility for benefit payments will be based on the following conditions being met: (1) the Covered Person has been given a prognosis of being Terminally Ill with an estimated life expectancy of 6 months or less; and (2) We have received a written summary of such prognosis from the attending Physician. We will not pay this benefit while the Covered Person is confined to a Hospital or Convalescent Care Facility. The lifetime maximum benefit is 365 days of Hospice Care.

Non-Local Transportation Expense Benefit

We will pay the Charge Incurred for Non-Local transportation not to exceed coach fare on a Common Carrier for the Covered Person and one adult companion's travel to a Hospital, Radiation Therapy Treatment Center, Chemotherapy Treatment Center, Oncology Clinic or any other specialized treatment center where the Covered Person receives treatment for Cancer. This benefit is payable only if the treatment is not available Locally. The adult companion may include the live donor of bone marrow or stem cells used in a bone marrow or stem cell transplant for the Covered Person. At the option of the Covered Person, we will pay a single private vehicle mileage allowance of 50 cents per mile for Non-Local transportation in lieu of the common carrier coach fare.

Lodging Expense Benefit

When a Covered Person receives treatment for Cancer at a Non-Local Hospital, Radiation Therapy Treatment Center, Chemotherapy Treatment Center, Oncology Clinic or any other specialized treatment center, we will pay the Charge Incurred not to exceed \$75 per day for a room in a motel, hotel or other appropriate lodging facility (other than a private residence). The room must be occupied by the Covered Person or an adult companion, which may include the live donor of bone marrow or stem cells used in a bone marrow or stem cell transplant for the Covered Person. This benefit is not payable for lodging expense incurred more than 24 hours before the treatment, nor for lodging expense incurred more than 24 hours following treatment. This benefit is limited to 100 days per Calendar Year.

Ambulance Expense Benefit

We will pay the Charge Incurred for ambulance service if a Covered Person is transported to a Hospital where he or she is admitted as an Inpatient for the treatment of Cancer. The ambulance service must be provided by a licensed professional ambulance company or an ambulance owned by the Hospital.

Prosthesis Expense Benefit

We will pay benefits for the following covered charges when a Covered Person requires a prosthesis for the treatment of Cancer:

- a. Surgically Implanted Breast Prosthesis – If a Covered Person sustains an amputation, as the result of treatment for Cancer, and a surgically implanted prosthetic device is prescribed by a Physician, we will pay the Charge Incurred not to exceed a maximum of \$3,000 per such device. This benefit has a total lifetime maximum benefit of \$6,000. The cost for the replacement of a prosthetic device is not covered. Hairpieces or wigs are not covered under this benefit.

- b. **Non-Surgically Implanted Prosthesis** – If a Covered Person sustains an amputation, as the result of treatment for Cancer, and an artificial limb or other non-surgically implanted prosthetic device is required and prescribed by a Physician to restore normal body function, we will pay the Charge Incurred not to exceed a lifetime maximum of \$2,000 per such device. The cost for the replacement of a prosthetic device is not covered. Hairpieces or wigs are not covered under this benefit.

Hairpiece Expense Benefit

If a Covered Person suffers hair loss due to treatment of Cancer, we will pay the Charge Incurred not to exceed a lifetime maximum of \$150 for the purchase of a wig or hairpiece.

Rental or Purchase of Medical Equipment Expense Benefit

If, as the result of Cancer, the attending Physician prescribes covered medical equipment designed for home use, we will pay the lesser of the Charge Incurred for the rental or purchase of such medical equipment not to exceed \$1,500 per Calendar Year. Monthly rental charges are not payable in advance. Covered medical equipment includes wheel chair, oxygen equipment, respirator, braces, crutches or hospital bed.

Physical, Speech And Audio Therapy Expense Benefit

We will pay the Charge Incurred not to exceed \$ 25 per therapy session for:

- a. Physical therapy treatments given by a licensed Physical Therapist, or
- b. Speech therapy given by a licensed Speech Pathologist/Therapist; or
- c. Audio therapy given by a licensed Audiologist.

These therapy sessions may be given at an institute of physical medicine and rehabilitation, a Hospital, or the Covered Person's home. These treatments must be given on an Outpatient basis, unless the primary purpose of a Hospital confinement is for treatment of Cancer other than with physical, speech or audio therapy. Benefits under this section may not exceed \$1,000 per Calendar Year.

Mental Health Consultation Benefit

We will pay the Charge Incurred not to exceed \$75 per session for mental health consultations provided by a Physician for a Covered Person receiving treatment for Cancer. Benefits are limited to a lifetime maximum of 50 sessions.

Child Tutorial Benefit

We will pay the Charge Incurred not to exceed \$20 per each one-hour session for educational tutoring provided by a qualified person for a covered Dependent child receiving treatment for Cancer. Benefits are limited to a lifetime maximum of 50 one-hour sessions. A qualified person providing the tutoring must not be an Immediate Family Member.

Wheelchair Accessible Home Modifications

When a Covered Person is confined to a wheel chair as the result of treatment of Cancer and benefits were paid for the wheel chair's rental or purchase under this Rider, we will pay the Charge Incurred not to exceed a lifetime maximum of \$1,000 for bathroom or door modification of the Covered Person's home which is required for wheel chair access by the Covered Person.

Child Care Benefit

We will pay the Charge Incurred not to exceed \$30 per day for each Dependent Child of Covered Person attending a Child Care Center while a Covered Person is confined to the Hospital or ICU due to treatment for Cancer. Benefits are limited to a lifetime maximum of 50 days.

Cancer Insurance



Pet Boarding Benefit

We will pay the Charge Incurred not to exceed \$20 per day for all pets of a Covered Person attending a Pet Boarding Center while the Covered Person is confined to the Hospital or ICU due to treatment for Cancer. Benefits are limited to a lifetime maximum of 30 days.

Cancer Insurance Rates



Monthly Costs	
Cancer Insurance LOW (Level One) Option	
Tier	Total Monthly
Employee Only	\$14.02
Employee Spouse	\$21.97
Employee Children	\$15.96
Employee Family	\$23.87

Monthly Costs	
Cancer Insurance HIGH (Level Two) Option	
Tier	Total Monthly
Employee Only	\$23.58
Employee Spouse	\$37.13
Employee Children	\$27.06
Employee Family	\$40.53



Critical Illness Insurance



Critical Illness voluntary coverage pays benefits however you want

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

Why do I need critical illness coverage?

These plans can assist you with a variety of expenses so you can focus on getting better. You can spend the benefits however you want, on direct or indirect costs associated with the illness:

- Make your mortgage payments
- Hire extra help for around the house, such as in-home caregivers
- Help cover medical bills as well as therapy and training not covered by your primary health insurance
- Pay for travel to treatment facilities away from home - and for family visits

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

Here's how it works

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

Protect your financial security

You've probably taken some steps to protect your assets and future financial stability with a health plan, life insurance, savings, etc. Take an additional step to round out your coverage and help you and your loved ones in the event of an unexpected critical illness.

Underwritten by:



Critical Illness Insurance



Covered Conditions

- Heart Attack
- Stroke
- Coronary Artery Bypass Graft
- Kidney Failure
- Alzheimer's Disease
- Major Organ Transplant Benefit
- Paralysis
- Coma
- Sever Burns
- Motor Neuron Disease/ALS

Coverage Highlights

- This coverage is not connected to Oak Grove's medical insurance. You can elect coverage in this plan even if you have waived medical enrollment.
- This benefit provides a lump-sum payment upon the first diagnosis of a Covered Condition.
- Option of \$5,000 to \$30,000 benefit
- Family coverage is available
- All covered persons that complete a covered test or procedure will receive \$50 per year

Example: Pam has just suffered a heart attack. She purchased \$20,000 of Critical Illness insurance at Open Enrollment. Once Pam provides Prosperity Insurance with her medical statement showing she suffered a heart attack, she will receive a lump sum payment of \$20,000. If Pam were to suffer another heart attack (must be separated by 180 days) then she would receive the full benefit of \$20,000 again.

Critical Illness Insurance

Base Coverage Benefit

COVERED CRITICAL ILLNESS/BENEFIT AMOUNT PERCENTAGE:

Heart Attack – 100%	Coma – 100%
Stroke – 100%	Severe Burns – 100%
Coronary Artery Bypass Graft – 50%	Motor Neuron Disease/ALS – 100%
Major Organ Transplant- 100%	Advanced Alzheimer's Disease - 100%
Kidney Failure – 100%	
Paralysis – 100%	

INITIAL BENEFIT AMOUNT – We will pay the Initial Benefit Amount when a Covered Person is diagnosed with a covered Critical Illness while the coverage is in force.

Initial Benefit Amount = the coverage amount for the Covered Person shown below multiplied by the percentage applicable to the covered Critical Illness shown above.

Limitations apply. See page 5.

- Named Insured: \$ 5,000-30,000
- Spouse: 50% of the Named Insured
- Dependent Children: 25% of the Named Insured

REOCCURRENCE BENEFIT AMOUNT – We will pay 100% of the Initial Benefit Amount if a Covered Person is diagnosed for the second time with the same Critical Illness for which an Initial Benefit Amount was previously paid if a covered participant is treatment-free for at least 180 days.

Limitations apply. See page 5.

ISSUE AGE UNI-TOBACCO RATES

Age banded rates based on the employee's age with level premiums that do not increase due to age.

Optional Benefit Riders

Level 1

Level 2

• ANNUAL HEALTH SCREENING TESTS BENEFIT RIDER

We will pay an amount not to exceed the Annual Health Screening Tests Benefit amount per calendar year per Covered Person for any of the following tests or procedures that occur while coverage under the rider is in force:

- | | |
|--|--|
| <ul style="list-style-type: none"> • Blood test for triglycerides • Bone marrow testing • Breast ultrasound • CA 15-3 (blood test for breast cancer) • CA125 (blood test for ovarian cancer) • Carotid doppler • CEA (blood test for colon cancer) • Chest x-ray • Colonoscopy • Echocardiogram (ECHO) • Electrocardiogram (EKG, ECG) • Fasting blood glucose test | <ul style="list-style-type: none"> • Flexible sigmoidoscopy • Hemoccult stool analysis • Mammography • Pap smear • PSA (blood test for prostate cancer) • Serum cholesterol test to determine level of HDL and LDL • Serum protein electrophoresis (blood test for myeloma) • Stress test on a bicycle or treadmill • Skin cancer biopsy • Thermography • ThinPrep pap test • Virtual colonoscopy] |
|--|--|

\$50

per Calendar Year

Critical Illness Insurance Rates

Rate Tier	Issue Age	Monthly Premium by Benefit Amount					
		\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000
Employee Only	17-29	1.93	3.38	4.82	6.26	7.71	9.15
	30-39	3.47	6.22	8.98	11.73	14.49	17.24
	40-49	6.68	12.26	17.84	23.42	29.00	34.58
	50-59	12.60	23.75	34.91	46.06	57.21	68.36
	60-64	20.40	39.05	57.69	76.34	94.99	113.64
	65-69	26.73	51.55	76.36	101.18	125.99	150.80
	70-74	37.45	72.81	108.16	143.51	178.87	214.22
	75-79	47.60	93.10	138.60	184.10	229.60	275.10
	80+	61.59	121.09	180.58	240.07	299.57	359.06
Employee & Spouse	17-29	2.99	5.06	7.13	9.20	11.27	13.34
	30-39	5.27	9.23	13.18	17.13	21.09	25.04
	40-49	10.07	18.07	26.08	34.09	42.09	50.10
	50-59	18.71	34.72	50.72	66.73	82.73	98.74
	60-64	30.03	56.80	83.56	110.32	137.08	163.84
	65-69	39.22	74.83	110.45	146.06	181.68	217.29
	70-74	54.66	105.40	156.13	206.87	257.61	308.34
	75-79	69.22	134.52	199.81	265.10	330.39	395.69
	80+	89.31	174.68	260.05	345.43	430.80	516.18
Single Parent Family	17-29	2.08	3.60	5.13	6.65	8.17	9.69
	30-39	3.61	6.45	9.28	12.12	14.95	17.78
	40-49	6.83	12.49	18.15	23.81	29.47	35.12
	50-59	12.75	23.98	35.21	46.44	57.67	68.90
	60-64	20.55	39.27	58.00	76.73	95.45	114.18
	65-69	26.88	51.78	76.67	101.56	126.45	151.35
	70-74	37.60	73.03	108.47	143.90	179.33	214.76
	75-79	47.75	93.33	138.90	184.48	230.06	275.64
	80+	61.74	121.31	180.89	240.46	300.03	359.60
Two-Parent Family	17-29	3.14	5.29	7.43	9.58	11.73	13.88
	30-39	5.42	9.45	13.49	17.52	21.55	25.58
	40-49	10.22	18.30	26.39	34.47	42.56	50.64
	50-59	18.86	34.95	51.03	67.11	83.20	99.28
	60-64	30.18	57.02	83.86	110.71	137.55	164.39
	65-69	39.36	75.06	110.75	146.45	182.14	217.84
	70-74	54.81	105.63	156.44	207.25	258.07	308.88
	75-79	69.37	134.74	200.11	265.49	330.86	396.23
	80+	89.45	174.91	260.36	345.81	431.27	516.72

Life with Long Term Care

ABOUT TransElite® Universal Life Insurance

As the events in your employees' life change, so do their life insurance needs. A universal life insurance policy has the flexibility to adjust to your employees' changing needs. With Transamerica Life Insurance Company's universal life insurance, you can decide what benefits to include based on the needs of your workforce. Employees can then choose to participate in the program and select the right insurance level for their own individual or family needs - with just one policy.

Your employees will also appreciate the ability to build cash value with a guaranteed tax-deferred interest rate of 3%. Spouse and family options are available along with additional benefits should a chronic illness occur or to keep insurance in force in the event of a layoff. All of this value comes without adding cost uncertainty to your benefits budget.

As your employees' lives change (marriage, birth of a child, new job, retirement or medical emergency), so will their life insurance needs. A flexible universal life insurance policy can help ensure that you are diligently working to address your employees' current and long-term financial needs. This insurance is fully convertible, allowing employees to keep their policy after retirement or taking another job, as long as they continue to pay their premium.

TransElite® Helps Address Living Health Care Needs

TransElite universal life insurance allows employers the opportunity to offer flexible financial protection to their employees with a number of optional riders, including "living benefits" if the need arises. These benefits allow the policy owner to accelerate a portion of the life insurance death benefit when certified by a physician as chronically or terminally ill. Those extra "living" benefits can be used to help pay expenses from an unexpected medical crisis and help alleviate the worry of future financial problems.

Build the Program Your Way: Keep it Simple for Your Valued Employees

While there is no out-of-pocket cost for you, Transamerica realizes that setting up voluntary enrollments takes your time and that of your team. We've developed a streamlined enrollment system - with guaranteed issue available down to 10 applicants - that works whether your employees are all in one place or spread over multiple states.

Here's what's available through TransElite®:

Coverage up to \$500,000, not to exceed 5x employee's salary as indicated in the policy

Guaranteed tax-deferred interest rate of 3%

Children and Grandchildren insurance available

Employee maximum issue age up to 80 years old

Convertible option for job change or retirement

Product Details

Included Riders	Plan 1
Accelerated Death Benefit for Terminal Condition Rider Accelerates up to the lesser of \$100,000 or 75%	Included
Waiver of Monthly Deductions for Layoff or Strike Rider	Included
Optional Additional Riders	
Accelerated Death Benefit for Living Benefit Rider Accelerates 4% for monthly benefit or 20% of the death benefit amount as a one-time lump sum payment	Included
Extension of Benefits Rider Accelerates 4% for monthly benefit or 5% of one-time lump sum payment/Paid-up Benefit of 25% of Face Amount	Included
Employee Optional Riders	
Child Term Insurance Rider Benefit of \$10,000 or \$20,000 for each child All children in the family will be insured for the same coverage amount.	Included

NO MEDICAL UNDERWRITING FOR EMPLOYEES UP TO \$100,000, SPOUSE UP TO \$15,000*

NO MEDICAL UNDERWRITING FOR EMPLOYEES UP TO \$100,000, SPOUSE UP TO \$15,000*

Life with Long Term Care



TransElite HFA - Universal Life Insurance

With Riders: TI, WML, LBR, EXT

Non-Tobacco

Death Benefit Option: A



\$25,000 Face Amount				\$50,000 Face Amount			\$75,000 Face Amount			Issue Age
Issue Age	Monthly Premium	Guaranteed Cash Value at Age 65*	Current Cash Value at Age 65*	Monthly Premium	Guaranteed Cash Value at Age 65*	Current Cash Value at Age 65*	Monthly Premium	Guaranteed Cash Value at Age 65*	Current Cash Value at Age 65*	
16	N/A†			N/A†			22.24	0		16
17	N/A†			N/A†			22.88	0		17
18	N/A†			N/A†			23.49	0		18
19	N/A†			N/A†			24.24	0		19
20	N/A†			N/A†			25.01	0	13,668	20
21	N/A†			17.75	0		26.62	0		21
22	N/A†			18.23	0		27.35	0		22
23	N/A†			18.92	0		28.38	0		23
24	N/A†			19.54	0		29.31	0		24
25	N/A†			20.17	0	8,765	30.25	0	13,156	25
26	N/A†			20.95	0		31.42	0		26
27	N/A†			21.76	0		32.64	0		27
28	N/A†			22.37	0		33.55	0		28
29	N/A†			23.26	0		34.89	0		29
30	N/A†			24.14	0	8,417	36.22	0	12,638	30
31	N/A†			25.71	0		38.57	0		31
32	N/A†			26.50	0		39.76	0		32
33	N/A†			27.59	0		41.38	0		33
34	N/A†			28.73	0		43.10	105		34
35	N/A†			29.87	0	7,967	44.80	336	11,941	35
36	N/A†			31.07	0		46.61	571		36
37	N/A†			32.53	27		48.80	625		37
38	N/A†			34.04	211		51.07	870		38
39	17.85	0		35.69	342		53.54	1,028		39
40	18.65	0	3,640	37.29	409	7,273	55.94	1,100	10,907	40
41	19.78	0		39.55	476		59.33	1,183		41
42	20.60	0		41.20	632		61.80	1,383		42
43	21.76	0		43.51	676		65.27	1,428		43
44	22.73	0		45.46	748		68.20	1,506		44
45	23.86	36	3,205	47.73	787	6,411	71.59	1,539	9,617	45
46	25.11	75		50.21	816		75.32	1,558		46
47	26.43	119		52.86	856		79.29	1,596		47
48	28.09	139		56.18	853		84.27	1,568		48
49	29.61	171		59.21	871		88.82	1,576		49
50	31.57	161	2,595	63.14	811	5,193	94.71	1,462	7,789	50
51	33.42	163		66.84	771		100.26	1,382		51
52	35.38	170		70.75	747		106.13	1,325		52
53	37.70	69		75.41	512		113.11	950		53
54	39.89	141		79.78	613		119.67	1,086		54
55	42.41	145	1,920	84.82	588	3,842	127.23	1,030	5,762	55
56	45.22	0		90.44	247		135.66	502		56
57	48.36	0		96.72	0		145.08	0		57
58	51.90	0		103.80	0		155.71	0		58
59	55.85	0		111.70	0		167.55	0		59
60	60.44	0	373	120.87	0	746	181.31	0	1,119	60
61	65.43	0		130.85	0		196.28	0		61
62	71.49	0		142.98	0		214.47	0		62
63	77.76	0		155.53	0		233.29	0		63
64	84.78	0		169.56	0		254.33	0		64
65	93.24			186.47			279.71			65
66	101.97			203.94			305.91			66
67	109.88			219.75			329.63			67
68	119.29			238.58			357.87			68
69	128.24			256.47			384.70			69
70	139.07			278.13			417.20			70
71	151.23			302.47			453.70			71
72	166.79			333.59			500.38			72
73	183.14			366.28			549.42			73
74	200.23			400.45			600.68			74
75	221.11			442.22			663.32			75
76	176.60			353.20			529.80			76
77	191.28			382.57			573.85			77
78	206.92			413.84			620.76			78
79	223.70			447.40			671.10			79
80	241.43			482.87			724.30			80



Disability Insurance



Class Description:	All Eligible Full-Time Employees ¹		
Required Minimum Number of Hours Worked:	30 hours weekly		
Employer Contribution Percentage:	0%		
Features	STD Option 1	STD Option 2	STD Option 3
Injury Elimination Period:	7 Days	14 Days	30 Days
Sickness Elimination Period:	7 Days	14 Days	30 Days
Maximum Benefit Duration:	25 Weeks	24 Weeks	22 Weeks
Weekly Benefit Amount:	Increments of \$50 with a minimum of \$100 and a maximum of \$1,750 not to exceed 70% of Covered Weekly Earnings	Increments of \$50 with a minimum of \$100 and a maximum of \$1,750 not to exceed 70% of Covered Weekly Earnings	Increments of \$50 with a minimum of \$100 and a maximum of \$1,750 not to exceed 70% of Covered Weekly Earnings
Pre-Existing Condition Exclusion:	3/12		
Total Disability Definition:	Regular Job		
Partial Disability Benefit:	Proportionate Loss		
Residual Benefit:	Yes		

Age Category*	STD Monthly Premium Rate per \$10 of Weekly Benefit Option 1	STD Monthly Premium Rate per \$10 of Weekly Benefit Option 2	STD Monthly Premium Rate per \$10 of Weekly Benefit Option 3
0-19	\$1.120	\$1.077	\$0.596
20-24	\$1.120	\$1.077	\$0.596
25-29	\$1.255	\$1.209	\$0.667
30-34	\$1.152	\$1.076	\$0.624
35-39	\$0.831	\$0.735	\$0.467
40-44	\$0.681	\$0.561	\$0.397
45-49	\$0.759	\$0.617	\$0.445
50-54	\$0.880	\$0.716	\$0.516
55-59	\$1.079	\$0.877	\$0.632
60-64	\$1.247	\$1.013	\$0.731
65-69	\$1.369	\$1.113	\$0.803
70+	\$1.451	\$1.180	\$0.851



Identity Insurance



InfoArmor provides employees low-cost and proactive identity and credit monitoring services.



Best in Class Identity Monitoring now with High Risk Transaction alerts too, including online account access, fund transfers and password resets.



CreditArmor provides continuous credit monitoring, monthly credit scores and unlimited access to an online, monthly credit report.



WalletArmor to quickly replace contents of a lost wallet to mitigate damages plus it now includes real-time monitoring.



Internet Surveillance with Digital Identity Report to scan the Underground Internet for suspicious activity and show a snapshot of your “digital footprint”.



Full-Service Identity Restoration by Privacy Advocates® that complete the work from start to case completion.



IdentityMD to provide tips, tools, and resources to prevent identity theft and restore an identity (includes how to pull free credit reports from bureaus).



Reduction in unwanted solicitations such as telephone solicitations, preapproved credit card offers and junk mail to limit exposure of personal information.



\$1 Million identity fraud reimbursement policy to protect against out-of-pocket costs associated with identity theft including lost wages and legal fees.

Monthly Costs	
InfoArmor	
Tier	Total Monthly
Employee Only	\$7.96
Employee Family	\$13.96

MetLaw®

Smart. Simple. Affordable.®

\$18.75 per month

MetLaw -- covers you, your spouse and dependents. Telephone and office consultations for an unlimited number of personal legal matters with an attorney of your choice. **E-Services** -- Attorney locator, law firm e-panel, law guide, free downloadable legal documents, financial planning, insurance and work/life resources

Estate Planning Documents

- Simple and Complex Wills
- Trusts (Revocable and Irrevocable)
- Powers of Attorney (Healthcare, Financial, Childcare)
- Healthcare Proxies
- Living Wills
- Codicils

Document Review

- Any Personal Legal Documents

Family Law

- Prenuptial Agreement
- Protection from Domestic Violence
- Adoption and Legitimization
- Guardianship or Conservatorship
- Name Change

Immigration Assistance

- Advice and Consultation
- Review of Immigration Documents
- Preparation of Affidavits and Powers of Attorney

Elder Law Matters

- Consultations and Document Review for issues related to your parents including Medicare, Medicaid, Prescription Plans, Nursing Home Agreements, leases, notes, deeds, wills and powers of attorney as these affect the participant

Real Estate Matters

- Sale, Purchase or Refinancing of your Primary, Second or Vacation Home
- Eviction and Tenant Problems (Primary Residence - Tenant only)
- Home Equity Loans for your Primary, Second or Vacation Home
- Zoning Applications
- Boundary or Title Disputes
- Property Tax Assessment
- Security Deposit Assistance (For Tenant)

Document Preparation

- Affidavits
- Deeds
- Demand Letters
- Mortgages
- Promissory Notes

Traffic Offenses*

- Defense of Traffic Tickets (excludes DUI)
- Driving Privileges Restoration (Includes License Suspension due to DUI)

Personal Property Protection

- Consultations and Document Review for Personal Property Issues
- Assistance for disputes over goods and services

Financial Matters

- Negotiations with Creditors
- Debt Collection Defense
- **LifeStages – Identity Management Services
- Identity Theft Defense
- Personal Bankruptcy
- Tax Audit Representation (Municipal, State or Federal)
- Foreclosure Defense
- Tax Collection Defense

Juvenile Matters

- Juvenile Court Defense, including Criminal Matters
- Parental Responsibility Matters

Defense of Civil Lawsuits

- Administrative Hearings
- Civil Litigation Defense
- Incompetency Defense
- School Hearings
- Pet Liabilities

Consumer Protection

- Disputes over Consumer Goods and Services
- Small Claims Assistance

Family Matters™***

- Available for an additional fee
- Separate plan for parents of participants for Estate Planning Documents
- Easy Enrollment - online or by phone

This guide prepared by:

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Please note that the information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The information contained in this Guide was taken from brochures and benefit information. While every effort was taken to accurately report your benefits, discrepancies, or errors are always possible. In case of discrepancy between the Guide and the actual plan documents the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, please refer to your Employee Manual for additional information or contact your Benefits Manager.