



PAK FOODS



Employee Benefit Guide

August 1, 2022 to July 31, 2023

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The following descriptions of available benefit elections options, are purely informational and have been provided to you for illustrative purposes only. Payment of benefits will vary from claim to claim within a particular benefit option and will be paid at the sole discretion of the applicable insurance provider for each benefit option. The terms and conditions of each applicable policy or certificate of coverage will provide specific details and will govern in all matters relating to each particular benefit option described in this summary. In no case will any information in this summary amend, modify, expand, enhance, improve or otherwise change any term, condition or element of the policies or certificates of coverage that govern the benefit options described in this summary.

Contact Information

Refer to this list when you need to contact one of your benefit vendors.

Client Customer Care

Ethixs (832)360-1800

<http://ethixs.us>

Audrey@ethixs.us

Benefit Questions and Service Issues:

For questions concerning your benefits or for service issues, please contact the following:

Medical Health Benefits

Aither Health - PHCS Multiplan

(844) 899-6612

www.myaiterhealth.com

MEC Health Plan

Options Plus

(877) 783-0235

www.optionsplusplan.com

MetLife Benefits

Dental: (800) 942-0854

Vision: (855) 638-3931

Life: (866) 492-6983

Home/Auto: (800) 438-6381

Legal Plans: (800) 821-6400

www.metlife.com

Supplemental Benefits

Assurity

(800) 869-0355

www.assurity.com

Show Benefits

Competitive Health

(888) 642-6490

www.competitivehealth.com

DirX

ethixs.dirxhealth.com

877-977-4276

membercare@dirxhealth.com

Enrollment and Eligibility

Offering a comprehensive and competitive benefits package is one way we recognize your contribution to the success of the organization and our role in helping you and your family to be healthy, feel secure and maintain work/life balance. This enrollment guide has been designed to provide you with information about the benefit choices available to you. Remember, open enrollment is your only opportunity each year to make changes to your elections, unless you or your family members experience an eligible "change in status."

How to Enroll in the Plans

Read your materials and make sure you understand all of the options available.

- Locate your enrollment/change forms or log on to your benefit administration system.
- Fill out any necessary personal information.
- Make your benefit choices.
- If you have questions or concerns, please contact your HR department.

Whom Can You Add to Your Plan?

Eligible:

- Legally married spouse
- Natural or adopted children up to age 26, regardless of student and marital status
- Children under your legal guardianship
- Stepchildren
- Children under a qualified medical child support order
- Disabled children 19 years or older
- Children placed in your physical custody for adoption

Ineligible:

- Divorced or legally separated spouse
- Common law spouse, even if recognized by your state
- Domestic partners, unless your employer states otherwise
- Foster children
- Sisters, brothers, parents or in-laws, grandchildren, etc.

Change in Status

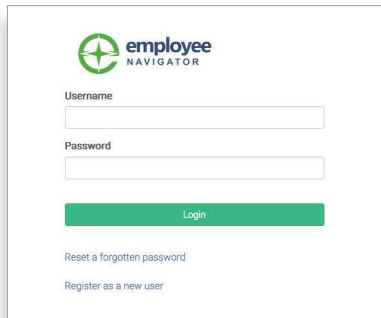
Generally, you may enroll in the plan, or make changes to your benefits, when you are first eligible. However, you can make changes/enroll during the plan year if you experience a change in status. As with a new enrollee, you must submit your paperwork within 30 days of the change or you will be considered a late enrollee and you may not be eligible to enroll.

Examples of changes in status:

- You get married, divorced or legally separated
- You have a baby or adopt a child
- You or your spouse takes an unpaid leave of absence
- You or your spouse has a change in employment status
- Your spouse dies
- You become eligible for or lose Medicaid coverage
- Significant increase or decrease in plan benefits or cost

Open Enrollment is the only chance to make changes, unless you experience a "change in status."

Enroll In Your Benefits: One Step At A Time



employee NAVIGATOR

Username

Password

Login

[Reset a forgotten password](#)

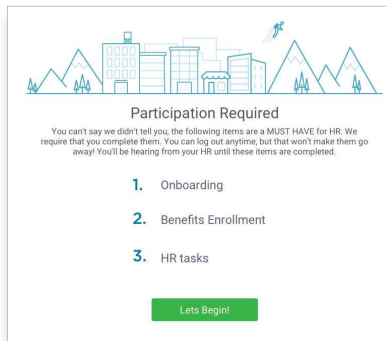
[Register as a new user](#)

Step 1: Log In

Go to www.employeeenavigator.com and click *Login*.

- **Returning users:** Log in with the username and password you selected. Click *Reset a forgotten password*.
- **First time users:** Click on *Register as a new user*. Create an account, and create your own username and password.

Company Identifier: **SPF**



Participation Required

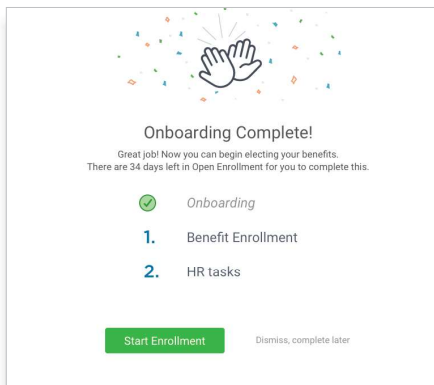
You can't say we didn't tell you, the following items are a MUST HAVE for HR. We require that you complete them. You can log out anytime, but that won't make them go away! You'll be hearing from your HR until these items are completed.

1. Onboarding
2. Benefits Enrollment
3. HR tasks

Let's Begin!

Step 2: Welcome!

After you login click *Let's Begin* to complete your required tasks.



Onboarding Complete!

Great job! Now you can begin electing your benefits. There are 34 days left in Open Enrollment for you to complete this.

Onboarding

1. Benefit Enrollment
2. HR tasks

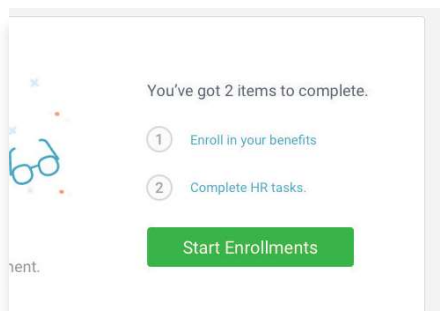
Start Enrollment

[Dismiss, complete later](#)

Step 3: Onboarding (For first time users, if applicable)

Complete any assigned onboarding tasks before enrolling in your benefits. Once you've completed your tasks click *Start Enrollment* to begin your enrollments.

TIP – If you hit “Dismiss, complete later” you’ll be taken to your Home Page. You’ll still be able to start enrollments again by clicking “Start Enrollments”



You've got 2 items to complete.

1. Enroll in your benefits
2. Complete HR tasks.

Start Enrollments

Step 4: Start Enrollments

After clicking *Start Enrollment*, you'll need to complete some personal & dependent information before moving to your benefit elections.

TIP – Have dependent details handy. To enroll a dependent in coverage you will need their date of birth and Social Security number.

Enroll In Your Benefits (continued)

\$138.46
Cost per pay period

Effective on 06/01/18
Employee

Compare Details **Selected**

How much will it cost?

Plan Cost	Employer Contribution	My Cost
\$138.46	\$ 138.46	\$0.00

View employer contributions summary

Save & Continue

Don't want this benefit?

Step 5: Benefit Elections

To enroll dependents in a benefit, click the checkbox next to the dependent's name under *Who am I enrolling?*

Below your dependents you can view your available plans and the cost per pay. To elect a benefit, click *Select Plan* underneath the plan cost.

Click *Save & Continue* at the bottom of each screen to save your elections.

If you do not want a benefit, click *Don't want this benefit?* at the bottom of the screen and select a reason from the drop-down menu.

Step 6: Forms

If you have elected benefits that require a beneficiary designation, Primary Care Physician, or completion of an Evidence of Insurability form, you will be prompted to add in those details.

Enrollment Summary

Below is a summary of your elections and cost for the upcoming plan year. If you have any questions or would like to make changes, please contact HR.

Enrollment Not Complete!
Please complete the required highlighted steps from your enrollment progress menu.

Enrolled Plans

Medical

Key Care HSA PP02017 404E2435 Long Plan Name

Progress 6 of 8

1. Personal Information
2. Dependent Information
3. Medical
4. Dental
5. Vision
6. HSA
7. FSA
8. Enrollment Summary

Step 7: Review & Confirm Elections

Review the benefits you selected on the enrollment summary page to make sure they are correct then click *Sign & Agree* to complete your enrollment. You can either print a summary of your elections for your records or login at any point during the year to view your summary online.

TIP – If you miss a step you'll see *Enrollment Not Complete* in the progress bar with the incomplete steps highlighted. Click on any incomplete steps to complete them.

High Five! Enrollment Complete!

You've only got one more item to complete.

✓ Enroll in your benefits

1. HR Tasks

Start Tasks Dismiss, complete later

Step 8: HR Tasks (if applicable)

To complete any required HR tasks, click *Start Tasks*. If your HR department has not assigned any tasks, you're finished!



You can login to review your
benefits 24/7

MVP BRONZE OVERVIEW

MVP Bronze Overview (please see schedule of benefits for details)	In-Network PHCS/MultiPlan PPO Network	Non-Network*
Preventive Care/Wellness Visits	Covered in full. No patient cost	\$0 Copay*
Office Visits Primary Care/Specialist	PCP: \$25/SCP \$50 Limited to 8 visits per plan year	PCP: \$25/SCP \$50* Limited to 8 visits per plan year
Deductible	\$0.00	\$0*
Urgent Care	\$50 Copay Limited to 2 visits per plan year	\$50 Copay* Limited to 2 visits per plan year
Annual Max Out of Pocket	Single \$7,350/Family \$14,700	Single \$7,350/Family \$14,700*
Hospital Inpatient	\$350 Copay per admission Limited to 5 days per plan year	\$350 Copay per admission* Limited to 5 days per plan year
Hospital Outpatient	\$350 Copay Limited to 1 visit per plan year	\$350 Copay* Limited to 1 visit per plan year
Emergency Room	\$350 Copay Limited to 1 visit per plan year	\$350 Copay* Limited to 1 visit per plan year
Non-Hospital based X-Ray/Lab Outpatient Hospital-based not covered	\$50 Copay Combined limit of 3 visits per plan year with Radiology	\$50 Copay* Combined limit of 3 visits per plan year with Radiology
Non-Hospital-based CT/MRI/MRA/PET Outpatient Hospital-based not covered	\$350 Copay Limited to 1 per plan year	\$350 Copay* Limited to 1 per plan year
Prescription Drugs Copays	Preventive Generic: \$0.00 Copay Non-Preventive Generic: \$10.00 No Brand Rx	Not Covered Patient pays 100% of cost

*Out of Network services are covered at 85% of usual and customary charges
 Limitations are **NOT** separate for in and out of network
 PCP and Specialist Limitations are separate of each other

MVP GOLD OVERVIEW

MVP Gold Overview (please see schedule of benefits for details)	In-Network PHCS/MultiPlan PPO Network	Non-Network*
Preventive Care/Wellness Visits	Covered in full. No patient cost	\$0 Copay*
Office Visits Primary Care/Specialist	PCP: \$15/SCP \$25 Limited to 12 visits per plan year	PCP: \$15/SCP \$25* Limited to 12 visits per plan year
Deductible	\$0.00	\$0*
Urgent Care	\$35 Copay Limited to 3 visits per plan year	\$35 Copay* Limited to 3 visits per plan year
Annual Max Out of Pocket	Single \$5,000/Family \$10,000	Single \$5,000/Family \$10,000*
Hospital Inpatient	\$350 Copay per admission Limited to 10 days per plan year	\$350 Copay per admission* Limited to 10 days per plan year
Hospital Outpatient	\$350 Copay Limited to 2 visit per plan year	\$350 Copay* Limited to 2 visit per plan year
Emergency Room	\$350 Copay Limited to 2 visit per plan year	\$350 Copay* Limited to 2 visit per plan year
Non-Hospital based X-Ray/Lab Outpatient Hospital-based not covered	\$50 Copay Combined limit of 4 visits per plan year with Radiology	\$50 Copay* Combined limit of 4 visits per plan year with Radiology
Non-Hospital-based CT/MRI/MRA/PET Outpatient Hospital-based not covered	\$350 Copay Limited to 3 per plan year	\$350 Copay* Limited to 3 per plan year
Prescription Drugs Copays	Preventive Generic: \$0.00 Copay Non-Preventive Generic & Limited Brand: 20% Specialty Rx: Covered	Not Covered Patient pays 100% of cost

*Out of Network services are covered at 85% of usual and customary charges
 Limitations are **NOT** separate for in and out of network
 PCP and Specialist Limitations are separate of each other

MVP Ultra PPO Overview

* MVP Ultra w/PHCS/MultiPlan network, the plan pays 100% of 150% of Medicare (Reference-based Pricing) in and out of network but there is **no patient liability for any balance billing**.

MVP ULTRA PPO OVERVIEW	In-Network PHCS/MultiPlan PPO Network	Non-Network
Preventive Care/Wellness Visits	Covered in full. No patient cost	After Deductible, patient pays 60% coinsurance (subject to balance billing)
Office Visits Primary Care/Specialist	PCP: \$20/SCP \$40	After Deductible, patient pays 40% coinsurance (subject to balance billing)
Deductible	\$0.00	Single \$500/Family \$1,000
Urgent Care	\$50 Copay	After Deductible, patient pays 40% coinsurance (subject to balance billing)
Annual Max Out of Pocket	Single \$2,000/Family \$13,000	No Maximum Out of Pocket
Hospital Inpatient*	After \$400 Copay, Plan pays 100% of 150% of Medicare Allowable Payment*	After \$400 Copay, Plan pays 100% of 150% of Medicare Allowable Payment*
Hospital Outpatient*	After \$400 Copay, Plan pays 100% of 150% of Medicare Allowable Payment*	After \$400 Copay, Plan pays 100% of 150% of Medicare Allowable Payment*
Emergency Room* (Non-emergency use of ER not covered)	After \$400 Copay, Plan pays 100% of 150% of Medicare Allowable Payment*	After \$400 Copay, Plan pays 100% of 150% of Medicare Allowable Payment*
Non-Hospital based X-Ray/Lab Outpatient Hospital-based not covered	\$50 Copay	After Deductible, patient pays 40% coinsurance (subject to balance billing)
Non-Hospital-based CT/MRI/MRA/PET* Outpatient Hospital-based not covered	After \$400 Copay, Plan pays 100% of 150% of Medicare Allowable Payment*	After \$400 Copay, Plan pays 100% of 150% of Medicare Allowable Payment*
Prescription Drugs Copays w/Specialty Rx covered	Preventive Generic: \$0.00 Copay Non-Preventive Generic: \$10.00 Copay Preferred Brand: \$40 Copay Non-Preferred Brand: \$80 Copay Compounds & Specialty Drugs: Covered	Not Covered Patient pays 100% of cost

PHCS Provider Look-Up

- PHCS is your primary PPO network when visiting a physician and other non-hospital providers. To find a participating provider, visit www.multiplan.com/
- With a growing nationwide PPO network of more than 900,000 healthcare professionals, PHCS offers you a range of quality choices to help you stay healthy. To find a network healthcare professional, visit www.multiplan.com/naaphcs and then follow these two easy steps:
 1. Choose a Provider Type
 - Your plan utilizes the PHCS network for physicians and non-hospital providers only
 2. Refine Provider Criteria
 - Enter your location information and the type of provider you need

Aither Health Member Portal



The a team's Guide to Your Member Portal

Your Member Portal is your go-to resource for your health benefits plan information. At Aither Health, we know how important it is to have full access to your benefits information – and the a team is here to guide you through your Member Portal registration where you can view claims, notifications and more!

In the Member Portal you can access...

- Virtual image of your member ID card
- Your Claims
- Processed Claims
- Important notifications from Aither

Have questions about the registration process or your Member Portal? Please contact us! The a team loves hearing from our members and is always ready to take action!

(833) 408-4080
customerservice@aitherhealth.com
aitherhealth.com

Welcome to Aither Health!

Log on to your Member Portal by visiting aitherhealth.com/members or aih-mesa.javelinawe.com/. If you have not yet registered your information, click Sign Up Now on the login screen.



To register, please select Employee or Dependent and enter your email address on the New User Registration screen and click Continue.

You will then see a continued New User Registration screen where you will be asked to complete the Credentials section of your registration. Simply enter your Social Security Number, First and Last Name, Date of Birth and Postal Code. Don't worry, at Aither Health we make sure all personal and personal health information is kept secure.

After completing the five required fields, click Continue and you'll have full access to your Member Portal and health benefits plan information. *The information from your eligibility form needs to match exactly or you won't be able to continue to the next step.* If everything matches, you should get this screen and click Continue.

New User Registration - Matching Records

To the extent you are unable to find a match for your information, please contact Aither Health at 800-408-4080

Select	Block of Business	Class	Location	Member	Address
<input checked="" type="checkbox"/>	AMBA - Ather Health	AMBA - Ather Health	AMBA - Ather Health	AMBA - Ather Health	AMBA - Ather Health

Buttons: Continue, Select Again, Cancel, Close

After this, you will be able to create a username, password and choose your security questions. *Please note that every employee and dependent needs to create their own separate account.*

Sample ID Card



Questions?
844.899.6612
www.myaitherhealth.com





Member

Group Name

Group #:

Member ID: SMPL0001

Member: JOHN SAMPLE

Dependent(s)
JANE SAMPLE
JIMMY SAMPLE

Medical Plan

Effective:

Coverage:

Plan:

 **PHCS**
Limited Benefit Plan
www.multiplan.com

Pharmacy Plan

Rx Bin: 610744
PCN: CAPLRX
Rx Group: CAPLRX

 **Capital Rx**
www.cap-rx.com
Customer Service: 800.443.5713

Medical Claims Submission

EDI: Payer ID 64884

Mail: Aither Health
PO Box 211440
Eagan, MN 55121
844.899.6612
www.aitherhealth.com

This plan does not access a hospital network. All claims paid at the Maximum Allowable Charge, generally 150% of Medicare. See the applicable Plan Document for details. Acceptance of this card should indicate acceptance of the Plan's benefits as payment in full for services provided.

Telemedicine

1.800.530.8666
www.1800MD.com



Eligibility

To confirm eligibility, verify benefits or check the status of a claim, please call Aither Health **844.899.6612**.

This card does not guarantee eligibility or payment.

Utilization

Providers

All providers must call Aither Health for Precertification **844.899.6612**....

Precertification must be obtained for all hospital admissions, outpatient surgeries, imaging in addition to other services as specified in the member's plan.

Notice: Failure to call may result in a penalty or reduction in benefits. Obtained precertification does not guarantee coverage or payment for the service or procedure.



20210203T35 Sh: 0 Bin 2
J035 Env [1] C Sets 1 of 1

844.899.6612
20210203T35 Sh: 0 Bin 2
J035 Env [1] C Sets 1 of 1

Value-added Benefits included in Health Program

CBIZ EXCLUSIVES

PerkPlans: Gives employees and their families access to thousands of national name brands and local products and services **at deep discounts**. Over 5 million employees and their families are taking advantage of discounts on travel, concert tickets, restaurants, pet products, clothing, real estate services, and dozens of other product/service categories.

EndpointLock: All of us are on our smart phones, tablets, and computers multiple hours everyday. **EndpointLock™** is the only data protection program designed to *prevent* hackers from stealing our data...*protected at the moment an individual hits a key on his/her keyboard!*

Bill Dog: A team of doctors, nurses, medical administrators, insurance and financial technology professionals who help members deal with the stress of medical bills...confusing jargon, coding, paperwork...and price negotiation! Even when an insurance plan is in place, medical bills are confusing, many contain errors, and some come as a surprise!

Virtudent: offer teledentistry services and on-site preventive dental care to our partner organizations. No longer do employees have to take time off work for their routine dental appointments! Virtudent makes the dental experience vastly more accessible, convenient, transparent and most importantly—all about the patient



SIMPLICITY ✓ INTEGRITY ✓ SOLUTIONS ✓

Health Plans for SWF August 1st, 2021 - July 30th, 2022

Bi-Weekly Deduction			
	MVP Bronze LDM	MVP Gold LDM	MVP Ultra PPO
Employee Only	\$179.79	\$243.83	\$279.89
Employee & Spouse	\$293.55	\$430.64	\$507.19
Employee & Child(ren)	\$255.57	\$369.01	\$432.06
Family	\$369.24	\$556.77	\$660.32

WHY OPTIONS PLUS MEC?



PROTECT
YOUR *HEALTH*,
YOUR *FAMILY* &
YOUR *WALLET*!

Medical Plans

AFFORDABLE | USABLE | HIGH VALUE

WHAT IS A MEC PLAN?

The Affordable Care Act states that all individuals must have health benefits or they are subject to fines/penalties. A Minimum Essential Coverage plan satisfies the penalty by offering 100% coverage on preventative and wellness care. A full list of covered services has been included.

WHY OPTIONS PLUS?

Our MEC Plans are high value plans, which include all the coverage of a basic MEC Plan, but with much richer benefits to create a usable and affordable plan that is much closer to traditional health insurance - without the high cost.

ULTIMATE PLAN HIGHLIGHTS



PRIMARY CARE VISITS | \$15 COPAY

All wellness and preventative treatments covered at 100%. Sick visits are only a \$15 copay!



SPECIALIST VISITS | \$15 COPAY

See a specific kind of doctor such as internal medicine, pediatrician, or a nurse practitioner, etc.



URGENT CARE | \$50 COPAY

Easy access to quality healthcare for the times when your primary care physician's offices are closed



LABORATORY & X-RAYS | \$50 COPAY

Labs and x-rays are also covered through our plans!



DISCOUNT CARD

Receive discounts on benefits like Dental, Vision, Durable Medical Equipment, Hearing Aids, & Fitness



TELEMEDICINE | \$0 COPAY !

Speak to a licensed physician when and where you need one by phone or on video & receive prescriptions.



BEHAVIORAL HEALTH/ THERAPY | \$50 COPAY

Talk to a therapist by phone whenever you need one.*

*3x per year



A SECOND OPINION FREE

Review your diagnosis with a licensed medical expert by phone and on video chat



PRESCRIPTION COVERAGE

Generic Rx: \$10 - \$25 COPAY | Brand Rx: \$50 - \$75 COPAY

UNLIMITED VISITS | LOW COPAYS | BIG NETWORK



CHOICE MEC + HI

PLANS	CHOICE MEC + HI - BI-WEEKLY RATESS
Employee Only	\$50.77
Employee + Spouse	\$80.31
Employee + Child(ren)	\$79.38
Family	\$106.15
BENEFIT SUMMARY	CHOICE MEC + HI
Annual Deductible	\$0
Out-of-Pocket Maximum	\$1,850 Individual/\$3,700 family
Primary Care Visits	\$15 copay
Specialist Visits	\$15 copay
Urgent Care Visits	\$50 copay
Laboratory Services	\$50 copay
X-Rays	\$50 copay
Rx Benefits	
Rx Care	Included
MEC COMPANION CARD	
Dental	✓
Vision	✓
Durable Medical Equipment	✓
Diabetic Supplies	✓
Fitness	✓
HOSPITAL INDEMNITY	
Admission Benefit	\$2,500 • 1x/year
Confinement Benefits	\$100/day • 30x/year
<i>Hospital Indemnity benefits are paid direct to the member</i>	

1. Costs include Plan Document, Multiplan Network, ID cards, Enrollment Guides, Claims Adjudication, SBCs and COBRA Administration.
2. MEC preventive benefits are covered 100% for in network services.
3. Office Visits, Specialist Visits, Urgent Care, Lab and X-Rays are all member copays. Services are repriced through the Multiplan network.



PROVIDER LOOKUP

FIND A PROVIDER FOR YOUR MEC PLAN

To locate providers participating in the PHCS and/or Multiplan networks:

Visit www.multiplan.com

Online Instructions:

Click "Find a Provider" located in the top right hand corner of the page.

Click on Select a Network.

A Pop Up appears to select Network. Select PHCS.

Select the plan type.

- Basic Plan: "Preventive Only"
- All Other Plans: "Specific Services"

Enter provider type: *i.e Primary Care, Ob-Gyn, Lab, etc.*

Enter zip code, then click on search and your directory will be provided.



WELLNESS & PREVENTIVE SERVICES

100% COVERED SERVICES

17 Covered Preventive Services for Adults (ages 18 & older)

1. Abdominal Aortic Aneurysm one-time screening for men of specified ages who have ever smoked
2. Alcohol Misuse screening & counseling
3. Aspirin use to prevent cardiovascular disease for men & women of certain ages
4. Blood Pressure screening for all adults
5. Cholesterol screening for adults of certain ages or at higher risk
6. Colorectal Cancer screening for adults over 50
7. Depression screening for adults
8. Diabetes (Type 2) screening for adults with high blood pressure
9. Diet counseling for adults at higher risk for chronic disease
10. Hepatitis C screening for adults at increased risk, & one time for everyone born 1945 – 1965
11. HIV screening for everyone ages 15 to 65, & other ages at increased risk
12. Immunization vaccines for adults — doses, recommended ages, & recommended populations vary: Hepatitis A, Hepatitis B, Herpes Zoster, Human Papillomavirus, Influenza (Flu Shot), Measles, Mumps, Rubella, Meningococcal, Pneumococcal, Tetanus, Diphtheria, Pertussis, Varicella
13. Lung cancer screening for adults 55- 80 at high risk for lung cancer because they're heavy smokers or have quit in the past 15 years
14. Obesity screening & counseling for all adults
15. Sexually Transmitted Infection (STI) prevention counseling for adults at higher risk
16. Syphilis screening for all adults at higher risk
17. Tobacco Use screening for all adults & cessation interventions for tobacco users

22 Covered Preventative Services for Women, Including Pregnant Women

1. Anemia screening on a routine basis for pregnant women
2. Breast Cancer Genetic Test Counseling (BRCA) for women at higher risk for breast cancer
3. Breast Cancer Mammography screenings every 1 to 2 years for women over 40
4. Breast Cancer Chemoprevention counseling for higher risk women
5. Breastfeeding comprehensive support & counseling from trained providers, & access to breastfeeding supplies, for pregnant & nursing women
6. Cervical Cancer screening for sexually active women
7. Chlamydia Infection screening for younger women & other women at higher risk
8. Contraception: Food & Drug Administration-approved contraceptive methods, sterilization procedures, & patient education & counseling, as prescribed by a health care provider for women with reproductive capacity (not including abortifacient drugs). This does not apply to health plans sponsored by certain exempt "religious employers."
9. Domestic & interpersonal violence screening/counseling for women
10. Folic Acid supplements for women who may become pregnant
11. Gestational diabetes screening for women 24 to 28 weeks pregnant & those at high risk of developing gestational diabetes
12. Gonorrhea screening for all women at higher risk
13. Hepatitis B screening for pregnant women at first prenatal visit
14. HIV screening & counseling for sexually active women
15. Human Papillomavirus (HPV) DNA Test every 3 years for women

with normal cytology results who are 30 or older

16. Osteoporosis screening for women over age 60 depending on risk factors
17. Rh Incompatibility screening for all pregnant women & followup testing for women at higher risk
18. Sexually Transmitted Infections counseling for sexually active women
19. Syphilis screening for all pregnant women or others at increased risk
20. Tobacco Use screening & interventions for all women, & exp&ed counseling for pregnant tobacco users
21. Urinary tract or other infection screening for pregnant women
22. Well-woman visits to get recommended services for women under 65

26 Covered Services for Children

1. Alcohol & Drug Use assessments for adolescents
2. Autism screening for children at 18 & 24 months
3. Behavioral assessments for children at the following ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years.
4. Blood Pressure screening for children at the following ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years.
5. Cervical Dysplasia screening for sexually active females
6. Depression screening for adolescents
7. Developmental screening for children under age 3
8. Dyslipidemia screening for children at higher risk of lipid disorders at the following ages: 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years.
9. Fluoride Chemoprevention supplements for children without fluoride in their water source
10. Gonorrhea preventive medication for the eyes of all newborns
11. Hearing screening for all newborns
12. Height, Weight & Body Mass Index measurements for children at the following ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years.
13. Hematocrit or Hemoglobin screening for children
14. Hemoglobinopathies or sickle cell screening for newborns
15. HIV screening for adolescents at higher risk
16. Hypothyroidism screening for newborns
17. Immunization vaccines for children from birth to age 18 — doses, recommended ages, & recommended populations vary: Diphtheria, Tetanus, Pertussis, Haemophilus influenzae type b, Hepatitis A, Hepatitis B, Human Papillomavirus, Inactivated Poliovirus, Influenza (Flu Shot), Measles, Meningococcal, Pneumococcal, Rotavirus, Varicella
18. Iron supplements for children ages 6 to 12 months at risk for anemia
19. Lead screening for children at risk of exposure
20. Medical History for all children throughout development at the following ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years.
21. Obesity screening & counseling
22. Oral Health risk assessment for young children Ages: 0 to 11 months, 1 to 4 years, 5 to 10 years.
23. Phenylketonuria (PKU) screening for this genetic disorder in newborns
24. Sexually Transmitted Infection (STI) prevention counseling & screening for adolescents at higher risk
25. Tuberculin testing for children at higher risk of tuberculosis at the following ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years.
26. Vision screening for all children.

This plan provides no coverage for sickness/hospitalization/surgical benefits. Benefits are not limited to the schedule above. For more information on covered services visit: <https://www.healthcare.gov/coverage/preventive-care-benefits/>



TELEMEDICINE.....

HEALTH CARE MADE EASY

Our telemedicine benefit provides you and your family access to board certified physicians around the clock (24/7/365) via telephone or secure video. Telemedicine physicians can give advice, diagnose or treat illness, and even prescribe medication right over the phone. With healthcare costs rising, an office visit with a PCP or Urgent Care Center can range from \$155 to upwards of \$300, and an ER visit can average almost \$1,000*. With this benefit, there is no cost to you or your family for a consultation.

COMMON CONDITIONS TREATED

- Allergies
- Arthritic Pain
- Bronchitis
- Cold/Flu
- Conjunctivitis
- Diarrhea
- Ear Infections
- Gastroenteritis
- Headaches
- Insect Bites
- Sprains/Strains
- Respiratory Infections
- Sinus Infections
- Upset Stomach
- Urinary Tract Infections

And many other non-emergency conditions...

1

ACTIVATE YOUR ACCOUNT

Activate online or by calling member services. Once activated, you will need to setup your member profile and complete your electronic health record.

2

REQUEST A CONSULT

Login to your account online or call member services to request a consult anytime 24/7.

3

RECEIVE CARE

Receive diagnosis and treatment, giving you quality care and piece of mind where ever you are.

TALK TO A DOCTOR ANYTIME DAY OR NIGHT... FOR FREE.





MEC COMPANION CARD

When I show my
MEC COMPANION
CARD...

my card
shows me the *savings!*



Dental – save up to 50%

Accepted at over 80,000 provider locations nationwide, and covers all dental services and specialties, including orthodontia. Savings can be as high as 50%, and there is no limitation on services or use.



Vision – save up to 50%

Accepted by over 11,000 OUTLOOK vision providers. Cardholders receive up to 50% savings on lenses, frames, and other vision needs.



MRI & Imaging – save up to 75%

Members receive concierge appointment service and enjoy savings up to 75% and more on MRI, PET, and CT scans, as well as other imaging services at over 4,000 locations nationwide.



Lab – save up to 50%

Members save up to 50% using the online search tool to locate a lab and order their test. Actual savings are displayed immediately. Test results are available within 48-96 hours.



Hearing – save up to 70%

Members receive a free hearing test and up to 70% discount on hearing aids at 2,200 providers nationwide.



Diabetic Care Services – save up to 70%

A full line of diabetes testing supplies are delivered directly to the member's home.



Vitamins – save 5%

A wide range of vitamin and mineral supplements are delivered directly to the member's home at discounted rates.



Daily Living Products – save up to 10%

A wide range of medical supplies, safety equipment, and health products are delivered directly to the member's home at discounted rates.

Summary of Benefits

Dental Insurance - New Dental Option

Voluntary Dental				
Class Description	High Dental Plan		Low Dental Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Reimbursement	Negotiated Fee Schedule	R&C 80th Percentile	Negotiated Fee Schedule	Schedule Amount
Type A – Preventive	100%	100%	100%	100%
Type B – Basic	80%	80%	80%	80%
Type C – Major	50%	50%	50%	50%
Calendar Year Deductible applies to:	B & C	B & C	B & C	B & C
▪ Individual	\$50	\$50	\$50	\$50
▪ Family	\$150	\$150	\$150	\$150
	Aggregate	Aggregate	Aggregate	Aggregate
Calendar Year Maximum <i>(applies to A,B,C services)</i>	\$1,500	\$1,500	\$1,000	\$1,000
Orthodontia	50%	50%	Not Covered	Not Covered
Orthodontia Lifetime Maximum	\$1,000	\$1,000	Not Covered	Not Covered
Bi-Weekly Rate				
Employee Only	\$15.93		\$12.22	
Employee + Spouse	\$31.78		\$24.37	
Employee + Child(ren)	\$36.11		\$25.98	
Employee + Family	\$55.69		\$40.68	

Frequency & Allocations / Exclusions

(Custom Comprehensive (Flex) - Custom Standard (Flex))

Class Description: All Active Full Time Employees Electing High	
TYPE A	
<i>Benefits are payable immediately from the start date of an individual's benefits</i>	
▪ Examinations	▪ 1 time in 6 months
▪ Examinations – Problem Focused	▪ Combined with Examinations Limit
▪ Prophylaxis: Cleanings	▪ 1 time in 6 months
▪ Fluoride	▪ 1 time in 12 months for a dependent child under age 14
▪ Bitewing X-Rays	▪ For a child under 19: 1 time in 12 months ▪ Adult: 1 time in 12 months
▪ Labs & Other Tests	
TYPE B	
<i>Benefits are payable immediately from the start date of an individual's benefits</i>	
▪ Sealants	▪ 1 per molar in 60 months for a child under age 16
▪ Space Maintainers	▪ 1 per lifetime for a child under age 14
▪ Full Mouth X-Rays	▪ Once in 60 months
▪ Amalgam Fillings	▪ 1 replacement per surface in 24 Months
▪ Emergency Palliative Treatment	
▪ Periapical X-Rays	
▪ Other X-Rays	
▪ Resin Composite Fillings(excludes coverage for composite fillings on molars)	
▪ General Services	
TYPE C	
<i>Benefits are payable immediately from the start date of an individual's benefits</i>	
▪ Consultations	▪ 2 in 12 months
▪ Root Canal	▪ 1 per tooth per lifetime
▪ Periodontal Maintenance	▪ 1 perio. treatment in 6 months, includes 2 cleanings
▪ Periodontal Surgery	▪ 1 per quadrant in any 36 month period
▪ Scaling & Root Planing	▪ 1 per quadrant in any 24 month period
▪ Prefabricated Crowns	▪ 1 per tooth in 84 months
▪ Crown Buildups / Post Core	▪ 1 per tooth in 84 months
▪ Repairs	▪ 1 in 12 months
▪ Recementations	▪ 1 in 12 months
▪ Dentures	▪ 1 in 84 months
▪ Dentures – Rebases / Relines	▪ 1 in 36 months
▪ Denture Adjustments	▪ 1 in 12 months
▪ Fixed Bridges	▪ 1 in 84 months
▪ Inlays / Onlays /Crowns	▪ 1 replacement per tooth in 84 months
▪ Implant Services	▪ 1 per tooth position in 60 months
▪ Implant Repairs	▪ 1 per tooth in 12 months
▪ Implant Supported Prosthetic	▪ 1 per tooth in 60 Months
▪ Tissue Conditioning	▪ 1 in 36 months
▪ Occlusal Adjustments	▪ 1 in 12 months

▪ General Anesthesia	
▪ Pulpotomy	
▪ Pulp Capping	
▪ Pulp Therapy	
▪ Apexification & Recalcification	
▪ Periodontal Surgery – Soft & Connective Tissue Grafts	
▪ Periodontics – Non-Surgical	
▪ Oral Surgery: Simple Extractions	
▪ Oral Surgery: Surgical Extractions	
▪ Other Oral Surgery	
Orthodontics	
<i>Benefits are payable immediately from the start date of an individual's benefits</i>	
▪ Orthodontic Diagnostics	
▪ Orthodontic Treatment	

Exclusions	
All Active Full Time Employees Electing High	
<ul style="list-style-type: none"> ▪ Services which are not dentally necessary, those which do not meet generally accepted standards of care for treating the particular dental condition, or which we deem experimental in nature. ▪ Services for which a covered person would not be required to pay in the absence of dental insurance. ▪ Services or supplies received by a covered person before the insurance starts for that person. ▪ Services which are neither performed nor prescribed by a dentist except for those services of a licensed dental hygienist which are supervised and billed by a dentist and which are for scaling or polishing of teeth or fluoride treatment. ▪ Services which are primarily cosmetic unless required for the treatment or correction of a congenital defect of a newborn child. ▪ Services or appliances which restore or alter occlusion or vertical dimension. ▪ Restoration of tooth structure damaged by attrition, abrasion or erosion unless caused by disease. ▪ Restorations or appliances used for the purpose of periodontal splinting. ▪ Counseling or instruction about oral hygiene, plaque control, nutrition and tobacco. ▪ Personal supplies or devices including, but not limited to: water piks, toothbrushes, or dental floss. ▪ Initial installation of a Denture to replace one or more teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth. ▪ Decoration or inscription of any tooth, device, appliance, crown or other dental work. ▪ Missed appointments. ▪ Services covered under any workers' compensation or occupational disease law. ▪ Services covered under any employer liability law. ▪ Services for which the employer of the person receiving such services is not required to pay. ▪ Services received at a facility maintained by the Policyholder, labor union, mutual benefit association, or VA hospital. ▪ Services covered under other coverage provided by the Policyholder. ▪ Temporary or provisional restorations. ▪ Temporary or provisional appliances. ▪ Prescription drugs. ▪ Services for which the submitted documentation indicates a poor prognosis. ▪ Services, to the extent such services, or benefits for such services, are available under a government plan. This exclusion will apply whether or not the person receiving the services is enrolled for the 	

government plan. We will not exclude payment of benefits for such services if the government plan requires that Dental Insurance under the group policy be paid first.

- The following when charged by the dentist on a separate basis - Claim form completion; infection control such as gloves, masks, and sterilization of supplies; or local anesthesia, non-intravenous conscious sedation or analgesia such as nitrous oxide.
- Dental services arising out of accidental injury to the teeth and supporting structures, except for injuries to the teeth due to chewing and biting of food.
- Caries susceptibility tests.
- Precision attachments associated with fixed and removable prostheses.
- Adjustment of a denture made within 6 months after installation by the same dentist who installed it.
- Duplicate prosthetic devices or appliances.
- Replacement of a lost or stolen appliance, cast restoration or denture.
- Intra and extraoral photographic images.
- Fixed and removable appliances for correction of harmful habits.
- Appliances or treatment for bruxism (grinding teeth), including but not limited to occlusal guards and night guards.
- Treatment of temporomandibular joint disorder. This exclusion does not apply to residents of Minnesota.
- Implants supported prosthetics to replace one or more teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth.

Frequency & Allocations / Exclusions

(Custom Comprehensive (Flex) - Custom Standard (Flex))

Class Description: All Active Full Time Employees Electing Low	
TYPE A	
<i>Benefits are payable immediately from the start date of an individual's benefits</i>	
▪ Examinations	▪ 1 time in 6 months
▪ Examinations – Problem Focused	▪ Combined with Examinations Limit
▪ Prophylaxis: Cleanings	▪ 1 time in 6 months
▪ Fluoride	▪ 1 time in 12 months for a dependent child under age 14
▪ Bitewing X-Rays	▪ For a child under 19: 1 time in 12 months ▪ Adult: 1 time in 12 months
▪ Labs & Other Tests	
TYPE B	
<i>Benefits are payable immediately from the start date of an individual's benefits</i>	
▪ Sealants	▪ 1 per molar in 60 months for a child under age 16
▪ Space Maintainers	▪ 1 per lifetime for a child under age 14
▪ Full Mouth X-Rays	▪ Once in 60 months
▪ Amalgam Fillings	▪ 1 replacement per surface in 24 Months
▪ Emergency Palliative Treatment	
▪ Periapical X-Rays	
▪ Other X-Rays	
▪ Resin Composite Fillings(excludes coverage for composite fillings on molars)	
▪ General Services	
TYPE C	
<i>Benefits are payable immediately from the start date of an individual's benefits</i>	
▪ Consultations	▪ 2 in 12 months

▪ Root Canal	▪ 1 per tooth per lifetime
▪ Periodontal Maintenance	▪ 1 perio. treatment in 6 months, includes 2 cleanings
▪ Periodontal Surgery	▪ 1 per quadrant in any 36 month period
▪ Scaling & Root Planing	▪ 1 per quadrant in any 24 month period
▪ Prefabricated Crowns	▪ 1 per tooth in 84 months
▪ Crown Buildups / Post Core	▪ 1 per tooth in 84 months
▪ Repairs	▪ 1 in 12 months
▪ Recementations	▪ 1 in 12 months
▪ Dentures	▪ 1 in 84 months
▪ Dentures – Rebases / Relines	▪ 1 in 36 months
▪ Denture Adjustments	▪ 1 in 12 months
▪ Fixed Bridges	▪ 1 in 84 months
▪ Inlays / Onlays /Crowns	▪ 1 replacement per tooth in 84 months
▪ Implant Services	▪ 1 per tooth position in 60 months
▪ Implant Repairs	▪ 1 per tooth in 12 months
▪ Implant Supported Prosthetic	▪ 1 per tooth in 60 Months
▪ Tissue Conditioning	▪ 1 in 36 months
▪ Occlusal Adjustments	▪ 1 in 12 months
▪ General Anesthesia	
▪ Pulpotomy	
▪ Pulp Capping	
▪ Pulp Therapy	
▪ Apexification & Recalcification	
▪ Periodontal Surgery – Soft & Connective Tissue Grafts	
▪ Periodontics – Non-Surgical	
▪ Oral Surgery: Simple Extractions	
▪ Oral Surgery: Surgical Extractions	
▪ Other Oral Surgery	

Exclusions	
All Active Full Time Employees Electing Low	
<ul style="list-style-type: none"> ▪ Services which are not dentally necessary, those which do not meet generally accepted standards of care for treating the particular dental condition, or which we deem experimental in nature. ▪ Services for which a covered person would not be required to pay in the absence of dental insurance. ▪ Services or supplies received by a covered person before the insurance starts for that person. ▪ Services which are neither performed nor prescribed by a dentist except for those services of a licensed dental hygienist which are supervised and billed by a dentist and which are for scaling or polishing of teeth or fluoride treatment. ▪ Services which are primarily cosmetic unless required for the treatment or correction of a congenital defect of a newborn child. ▪ Services or appliances which restore or alter occlusion or vertical dimension. ▪ Restoration of tooth structure damaged by attrition, abrasion or erosion unless caused by disease. ▪ Restorations or appliances used for the purpose of periodontal splinting. ▪ Counseling or instruction about oral hygiene, plaque control, nutrition and tobacco. ▪ Personal supplies or devices including, but not limited to: water piks, toothbrushes, or dental floss. ▪ Initial installation of a Denture to replace one or more teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth. 	

- Decoration or inscription of any tooth, device, appliance, crown or other dental work.
- Missed appointments.
- Services covered under any workers' compensation or occupational disease law.
- Services covered under any employer liability law.
- Services for which the employer of the person receiving such services is not required to pay.
- Services received at a facility maintained by the Policyholder, labor union, mutual benefit association, or VA hospital.
- Services covered under other coverage provided by the Policyholder.
- Temporary or provisional restorations.
- Temporary or provisional appliances.
- Prescription drugs.
- Services for which the submitted documentation indicates a poor prognosis.
- Services, to the extent such services, or benefits for such services, are available under a government plan. This exclusion will apply whether or not the person receiving the services is enrolled for the government plan. We will not exclude payment of benefits for such services if the government plan requires that Dental Insurance under the group policy be paid first.
- The following when charged by the dentist on a separate basis - Claim form completion; infection control such as gloves, masks, and sterilization of supplies; or local anesthesia, non-intravenous conscious sedation or analgesia such as nitrous oxide.
- Dental services arising out of accidental injury to the teeth and supporting structures, except for injuries to the teeth due to chewing and biting of food.
- Caries susceptibility tests.
- Precision attachments associated with fixed and removable prostheses.
- Adjustment of a denture made within 6 months after installation by the same dentist who installed it.
- Duplicate prosthetic devices or appliances.
- Replacement of a lost or stolen appliance, cast restoration or denture.
- Intra and extraoral photographic images.
- Fixed and removable appliances for correction of harmful habits.
- Appliances or treatment for bruxism (grinding teeth), including but not limited to occlusal guards and night guards.
- Treatment of temporomandibular joint disorder. This exclusion does not apply to residents of Minnesota.
- Orthodontia services or appliances.
- Repair or a replacement of an orthodontic appliance.
- Implants supported prosthetics to replace one or more teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth.

Summary of Benefits VISION - New Vision Option

Vision		
Class Description	All Active Full Time Employees (30 Hours)	
Plan Name	M130A-10/25	
Reimbursement	In-Network Coverage (Using a Network Provider)	Out-of-Network Reimbursement (Using a Non-Network Provider)
Eye Examination		
Comprehensive exam of visual functions and prescription of corrective eyewear.	\$10 copay	\$45 allowance
Retinal Imaging This screening is used to take pictures of the inside of the eye particularly the retina to look for possible changes.	Up to \$39 copay	Applied to the exam allowance
Materials / Eyewear (Either Glasses or Contacts)		
Standard Corrective Lenses		
• Single vision	\$25 copay	\$30 allowance
• Lined bifocal	\$25 copay	\$50 allowance
• Lined trifocal	\$25 copay	\$65 allowance
• Lenticular	\$25 copay	\$100 allowance

Standard Lens Enhancement		
• Ultraviolet coating	Covered in Full	Applied to the allowance for the applicable corrective lens
• Standard Polycarbonate (child up to age 18)	Covered in Full	Applied to the allowance for the applicable corrective lens
Additional Lens Enhancements¹		
• Progressive Standard	Up to \$55 copay	\$50 allowance
• Progressive Premium/Custom	Premium: Up to \$95-\$105 copay Custom: Up to \$150-\$175 copay	\$50 allowance
• Standard Polycarbonate (adult)	Single Vision: Up to \$31 copay Multifocal: Up to \$35 copay	Applied to the allowance for the applicable corrective lens
• Scratch-resistant coating (variable by type)	Up to \$17 - \$33 copay	Applied to the allowance for the applicable corrective lens
• Tints (plastic lenses)	Pink I & II: \$0 copay Solid Plastic: \$15 Copay Plastic Gradient Dye: \$17 Copay	Applied to the allowance for the applicable corrective lens
• Anti-reflective coating (variable by type)	Up to \$41 - \$85 copay	Applied to the allowance for the applicable corrective lens
• Photochromic (variable by type)	Up to \$47 - \$82 copay	Applied to the allowance for the applicable corrective lens
Frame Allowance (You will receive an additional 20% off any amount that you pay over your allowance. This offer is available from all participating locations except Costco, Walmart and Sam's Club.) • Costco, Walmart and Sam's Club	\$130 allowance \$150 allowance on featured frames \$70 allowance	\$70 allowance
Contact Lenses		
• Elective	\$130 allowance	\$105 allowance
• Necessary	Covered in full after eyewear copay	\$210 allowance
• Contact Fitting and Evaluation	Standard or Premium fit: Copay not to exceed \$60	Applied to the contact lens allowance
Value Added Features		
Additional Savings on Glasses and Sunglasses¹	Get 20% off the cost for additional pairs of prescription glasses and non-prescription sunglasses, including lens enhancements. At times, other promotional offers may also be available.	

Laser Vision correction²	Savings averaging 15% off the regular price or 5% off a promotional offer for laser surgery including PRK, LASIK and Custom LASIK. Offer is only available at MetLife participating locations.
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¹Member costs for listed lens enhancements will be limited to copays that MetLife has negotiated with participating providers. These copays can be viewed by members after enrollment at www.metlife.com/mybenefits. All lens enhancements are available at participating private practices. Maximum copays and pricing are subject to change without notice. Please check with your provider for details and copays applicable to your lens choice. Please contact your local Costco, Walmart and Sam's Club to confirm the availability of lens enhancements and pricing prior to receiving services. Additional discounts may not be available in certain states.

² Custom LASIK coverage only available using wavefront technology with the microkeratome surgical device. Other LASIK procedures may be performed at an additional cost to the member. Laser vision care discounts are only available from participating locations.

Bi-Weekly Rates	
New Vision Option #182703	
Vision (Per Employee Per Month)	
▪ Employee Only	\$3.70
▪ Employee + Spouse	\$7.43
▪ Employee + Child(ren)	\$8.29
▪ Employee + Family	\$10.37
Rates are guaranteed from July 1, 2021 - June 30, 2023	

Frequency / Exclusions


Class Description: All Active Full Time Employees	
Frequencies	
▪ Examinations	▪ 1 per 12 Months
▪ Standard Corrective Lenses	▪ 1 per 12 Months
▪ Frames	▪ 1 per 12 Months
▪ Contact Lenses	▪ 1 per 12 Months
Either glasses or contacts allowed per frequency	

Exclusions
<ul style="list-style-type: none"> ▪ Services and/or materials not specifically included in the Summary of Benefits as covered Plan Benefits. ▪ Any portion of a charge in excess of the Maximum Benefit Allowance or reimbursement indicated in the Summary of Benefits. ▪ Plano lenses (lenses with refractive correction of less than $\pm .50$ diopter) ▪ Two pairs of glasses instead of bifocals. ▪ Replacement of lenses, frames and/or contact lenses furnished under this Plan which are lost, stolen or damaged, except at the normal intervals when Plan Benefits are otherwise available. ▪ Orthoptics or vision training and any associated supplemental testing. ▪ Medical or surgical treatment of the eyes. ▪ Prescription and non-prescription medications. ▪ Contact lens insurance policies or service agreements. ▪ Refitting of contact lenses after the initial (90-day) fitting period. ▪ Contact lens modification, polishing or cleaning. ▪ Local, state and/or federal taxes, except where MetLife is required by law to pay. ▪ Any eye examination or any corrective eyewear required as a condition of employment. ▪ Services and supplies received by You or Your Dependent before the Vision Insurance starts for that person. ▪ Missed appointments. ▪ Services or materials resulting from or in the course of a Covered Person's regular occupation for pay or profit for which the Covered Person is entitled to benefits under any Workers' Compensation Law, Employer's Liability Law or similar law. You must promptly claim and notify the Company of all such benefits. ▪ Services: (a) for which the employer of the person receiving such services is not required to pay; or (b) received at a facility maintained by the Employer, labor union, mutual benefit association, or VA hospital. ▪ Services or materials received as a result of disease, defect, or injury due to war or an act of war (declared or undeclared), taking part in a riot or insurrection, or committing or attempting to commit a felony. ▪ Services and materials obtained while outside the United States, except for emergency vision care. ▪ Services, procedures, or materials for which a charge would not have been made in the absence of insurance.



Voluntary Benefit Options

for SWF

A photograph of a man with dark, wavy hair and a light beard, wearing a blue and white striped shirt. He is holding a young child with light brown hair, who is wearing a light blue button-down shirt and jeans. Both are smiling and laughing. The background is a bright, out-of-focus outdoor setting with greenery and a white building.

Accident Expense
Critical Illness
Disability Income



Group Accident Expense Insurance

for SWF

Even with a good health insurance plan, a trip to the doctor or hospital can be expensive. Many people find themselves paying more out of their own pocket each year. If you or someone in your family are hurt in an accident, the last thing you want to think about is how you are going to pay for medical care.

Accident expense insurance provides peace of mind and gives you additional cash to help pay your health insurance deductible and other expenses.

Group Accident Expense insurance **pays a benefit directly to you** when you receive treatment from a physician for a covered accident.

Key Features

- ✓ **Helps with out-of-pocket expenses** associated with covered accidents
- ✓ **No deductibles**, copays, coinsurance or networks - see any doctor
- ✓ **Guaranteed issue** - no medical exams or tests
- ✓ **Portable** - coverage continues if you retire or change jobs, as long as you pay the premiums

**Know you
and your family
are protected.**

It's easy —
sign up today



Not available to residents of New York.

Group Accident Expense Benefits - 24-Hour

Forms G H1708/G H1708C (HSA Compatible)

Plan includes the benefits listed in the schedule below for a covered accident. Coverage is 24-Hour. All treatment must be provided or prescribed by a physician and is payable only once per insured per accident unless otherwise noted. In most states, the term physician does not include chiropractor or dentist. Each benefit is also subject to conditions for payments as detailed in the certificate.

Emergency Care

Payable within 60 days of accident unless otherwise noted

Initial Accident Treatment	\$100 - Dr. Office
One physician's office, urgent care or emergency room visit per accident within 60 days of accident for doctor's office and urgent care; within 30 days of accident for emergency room	\$100 - Urgent Care
	\$200 - ER
Telemedicine Treatment	\$40
Ambulance	\$200 - Ground
Transport to or from hospital; pays one of the following	\$600 - Air
X-Rays	\$200
Diagnostic Exams	\$100
CT, CAT, MRI or EEG	
Blood, Plasma or Platelets	\$600
Processing or transfusion	
Emergency Room Observation Unit	\$50 - 4-20 hours
Held in hospital, without admission, after ER treatment	\$100 - 20+ hours

Supportive Care

Benefits in this category only payable if Initial Accident Treatment or Telemedicine Treatment benefit was paid for same injury

Follow-Up Treatment	\$100
Benefit paid per visit, up to 2 visits per accident	
Physical, Occupational or Speech Therapy	\$60
Benefit paid per visit, up to 6 visits per accident	
Chiropractic/Acupuncture Treatment	\$60
Benefit paid per visit, up to 6 visits per accident	
Epidural Pain Management	\$100
Prescription Medication	\$10
Other than while confined in hospital or nursing home; up to two per accident; up to six times per calendar year	
Medical Supplies	\$10
Over-the-counter; once per accident; up to three per calendar year	
Appliances	\$250
Rented or purchased, such as crutches or wheelchair	
Prosthetic Devices	\$1,000 - One device
Not including hearing or dental aids, eyeglasses or cosmetic devices	\$2,000 - Multi. devices
Residence/Vehicle Modification	\$1,000
Transportation	\$200 - Ground
For physician treatment 50+ miles from residence; up to three round trips per accident	\$500 - Air
Lodging	\$200
For companion accompanying an insured traveling 100+ miles from residence for treatment; up to 30 days per accident	per day

Group Accident Expense Benefits - 24-Hour

Forms G H1708/G H1708C (HSA Compatible)

Specific Injury Care

Burns	
Pays a percentage of the burn benefit, based on degree of burn and percentage of body affected.	\$1,000
Burns — Skin Graft - Pays 50 percent of the burn benefit.	
Child Organized Sport	
Pays 10 percent of all other payable benefits resulting from injury of dependent child during amateur organized athletic competition or supervised practice for such	up to \$1,000 maximum
Coma	
Not medically induced or the result of drug or alcohol use	\$20,000
Concussion	
Not payable if traumatic brain injury benefit is paid	\$50
Dental Emergency	
Natural tooth treatment provided by a dentist	\$200 - Crown \$60 - Extraction
Dislocation	
Pays a percentage of the benefits for open reduction or closed reduction; where the percentage payable is based on the joint or bone affected and degree of dislocation	\$4,000 - Open reduction \$2,000 - Closed
Ear Injury	
Resulting in hearing loss greater than 60 percent	\$200 once per lifetime
Eye Injury	
Requiring surgery or removal of foreign object	\$200
Fracture	
Pays a percentage of the benefit for open reduction or for closed reduction, where the percentage payable is based on the joint or bone affected	\$4,000 - Open fracture \$2,000 - Closed fracture
Gunshot Wound	
Requiring hospitalization and surgery	\$1,000
Lacerations	
Pays a percentage of the benefit based on the length of laceration	\$100
Occupational HIV	
	\$600
Paralysis	
Lasting 90 or more days and diagnosed to be permanent; one paralysis benefit payable per lifetime	\$15,000 - Paraplegia \$30,000 - Quadriplegia
Poisoning	
	\$50
Post Traumatic Stress Disorder	
	\$400
Traumatic Brain Injury	
Diagnosed by CT, CAT, MRI, EEG, PET or X-Ray	\$600

82211

GROUP ACCIDENT EXPENSE INSURANCE PROVIDES LIMITED BENEFIT COVERAGE AND MAY CONTAIN REDUCTIONS OF BENEFITS, LIMITATIONS AND EXCLUSIONS. The description of benefits is intended only to highlight the insured employee's benefits and should not be relied upon to fully determine coverage. If this description conflicts in any way with the terms of the policy/certificate, the terms of the policy/ certificate prevail. For complete benefits descriptions and conditions, see the policy/certificate.

Group Accident Expense Benefits - 24-Hour

Forms G H1708/G H1708C (HSA Compatible)

Hospital Care

Daily benefit paid within 180 days of accident

Hospital Admission Pays once per calendar year	\$1,000
Hospital Confinement Daily benefit paid up to 365 days per accident	\$200
Intensive Care Daily benefit paid up to 30 days per accident	\$400
Sub-Acute Intensive Care Daily benefit, paid up to 30 days per accident	\$300
Rehabilitation Unit Daily benefit paid up to 30 days per accident, 60 days per calendar year	\$200
Child Care during Hospital Confinement Daily benefit paid for the care of all dependent children by licensed provider while insured is confined to hospital; up to 30 days per accident	\$40

Surgical Care

Paid within 180 days of accident

Open Abdominal, Thoracic or Cranial Surgery Not including hernia	\$2,000
Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery	\$1,000
Ruptured Disc Surgery	\$1,000
Hernia Surgery	\$500
Exploratory Surgery Diagnostic arthroscopic or laparoscopic, not payable if any other surgery benefit is paid	\$500
Miscellaneous Outpatient Surgery Must require anesthesia; ; not payable if any other surgery benefit is paid	\$200
Anesthesia Administered for a payable surgery benefit	\$200

Accidental Death and Dismemberment Rider

(Form R G1712C)

Accidental Death Benefit Not payable if Accidental Death-Common Carrier benefit is paid	\$40,000 - Employee \$20,000 - Spouse \$10,000 - Child
Accidental Death Seatbelt Benefit Additional death benefit if seatbelt in use	\$10,000 - Employee \$5,000 - Spouse \$2,500 - Child
Accidental Death - Common Carrier Benefit If fare-paying passenger on common carrier	\$100,000 - Employee \$50,000 - Spouse \$25,000 - Child
Accidental Death - Children Education Benefit Additional benefit for dependent children enrolled in post-secondary educational institution	Pays \$1,000 per accidental death, per qualifying child
Accidental Dismemberment Benefit Pays a percentage where the percentage varies by body part	\$40,000 - Employee \$20,000 - Spouse \$10,000 - Child

82211

GROUP ACCIDENT EXPENSE INSURANCE PROVIDES LIMITED BENEFIT COVERAGE AND MAY CONTAIN REDUCTIONS OF BENEFITS, LIMITATIONS AND EXCLUSIONS. The description of benefits is intended only to highlight the insured employee's benefits and should not be relied upon to fully determine coverage. If this description conflicts in any way with the terms of the policy/certificate, the terms of the policy/ certificate prevail. For complete benefits descriptions and conditions, see the policy/certificate.

Group Accident Expense Bi-Weekly Premiums - 24-Hour - Texas
Forms G H1708/G H1708C (HSA Compatible)

	Employee	Employee & Spouse	Employee & Children	Family
All Ages	\$5.25	\$9.05	\$9.16	\$13.90

*Premium rates shown are for the combined group Accident Expense policy and rider benefits as summarized in the proposal. For complete benefit descriptions, limitations, conditions and exclusions, see the policy/certificate. Policy availability, features, provisions and rates may vary by state.

Group Accident Expense - Texas

Forms G H1708/G H1708C

Limitations, Conditions and Exclusions

The following represents some policy limitations, conditions and exclusions. For complete details of the coverage, please contact your agent, Assurity or ask to review the policy. Provisions may vary by state.

Limitations

GROUP ACCIDENT EXPENSE INSURANCE PROVIDES LIMITED BENEFIT COVERAGE.

This insurance does not provide major medical coverage and does not satisfy the requirement for minimum essential coverage under the Affordable Care Act (ACA).

Availability of this product, and its benefits and premiums as presented, is subject to the approval of Assurity. Some applicants with pre-existing conditions may not be eligible for coverage. Product availability, features and rates may vary by state. All benefits, premiums, conditions, exclusions and limitations are governed by the actual contract as provided by Assurity, not this proposal.

Coverage Conditions

Actively Employed – The employee must be actively employed to be eligible for coverage.

Right to Cancel – The contract contains a 30-day free look period.

Termination – Coverage will terminate the earliest of the following: the date policy terminates for any reason; the date employee is no longer an employee (portability available); when premiums are not paid by the end of the grace period; the date Assurity receives written notice to terminate; when the employee establishes residence in a foreign country; or upon the employee's death.

Exclusions

Assurity will not pay benefits for losses caused by or the result of any Insured Person(s):

- receiving treatment by a Physician who is a member of an Insured Person's Immediate Family or business associate;
- operating, learning to operate, or serving as a crew member of any aircraft;
- engaging in hang-gliding, hot air ballooning, bungee jumping, parachuting, scuba diving, sail gliding, parasailing, parakiting, mountain or rock climbing, B.A.S.E. jumping, sky diving or cave diving;
- riding in or driving any motor-driven vehicle in an organized race, stunt show or speed test;
- officiating, coaching, practicing for or participating in any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received;
- having a sickness independent of the Covered Accident, including physical or mental infirmity (sickness means any illness, inflection, disease or any other abnormal physical condition which is not caused by an Injury);
- being exposed to war or any act of war, declared or undeclared;
- actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Army Reserve, except during active duty training of less than 60 days;
- suffering from a Mental and Nervous Disorder (except for Post-Traumatic Stress Disorder as described in the policy/certificate);
- being addicted to drugs or suffering from alcoholism;
- being under the influence of an excitant, depressant, hallucinogen, narcotic, or any other drug or intoxicant, unless administered on the advice of a Physician;
- being intoxicated (as determined by the laws governing the operation of motor vehicles in the jurisdiction where loss occurs) or under the influence of an illegal substance or a narcotic (except for narcotics used as prescribed to the Insured Person by a Physician);
- having cosmetic surgery or other elective procedures that are not medically necessary;
- having a hernia, except as paid under the Hernia Surgery Benefit, if applicable;
- commission of or attempting to commit a felony;
- being incarcerated in a penal institution or government detention facility;
- participating in a riot, insurrection or rebellion;
- driving any taxi for wage, compensation or profit;
- engaging in an illegal occupation;
- intentionally self-inflicting an injury; or
- committing or attempting to commit suicide, while sane or insane.

No benefits, except the Initial Accident Treatment benefit, will be payable for services provided outside of the United States.



Group Critical Illness Insurance

for SWF

More people are surviving life threatening illnesses than ever before. Unfortunately the cost of critical illness care is high and medical bills can follow survivors long after they've proven victorious in their fight.

Critical illness insurance provides peace of mind and gives you additional cash to help pay your health insurance deductible and other out-of-pocket expenses.

Group Critical Illness insurance **pays a lump-sum benefit directly to you** if you are diagnosed with stroke, heart attack or a number of other covered conditions.

Key Features

- ☑ **Pays a lump sum directly to you**
- ☑ Includes a **health screening benefit which pays \$50 a year** for any number of common covered medical tests or procedures
- ☑ The **return of premium benefit** pays you back **100% of the premiums paid for the policy and riders** if you die from a cause other than a covered critical illness
- ☑ **Guaranteed issue** – no medical exams or tests
- ☑ **Portable** – coverage continues if you retire or change jobs, as long as you pay the premiums

Not available to residents of New York.

**Know you
and your family
are protected.**

It's easy —
sign up today



Group Critical Illness Benefits - Texas

Forms G H1715/G H1715C, R G1716C (HSA Compatible)

Group Critical Illness Policy and Additional Critical Illness Rider

Assurity's Group Critical Illness insurance pays a lump sum benefit upon diagnosis of certain specified illnesses, conditions and procedures. The amount payable is equal to the policy benefit amount times the applicable percentage or the specified dollar amount as shown below for the specified covered condition.

Heart Attack	100%
Coronary Artery Bypass Surgery	25%
Stroke	100%
Invasive Cancer (30-day waiting period)	100%
Non-Invasive Cancer (30-day waiting period)	25%
Skin Cancer (30-day waiting period)	\$250/calendar year
Kidney (Renal) Failure	100%
Major Organ Transplant	100%
Advanced Alzheimer's Disease	100%
Coma	100%
Paralysis	100%
Loss of Sight	100%
Loss of Speech	100%
Loss of Hearing	100%
Advanced Parkinson's Disease	100%
Benign Brain Tumor	100%

Other Features

Additional Diagnosis Benefit

Once benefits have been paid for a covered critical illness, benefits are payable for each additional critical illness when the date of diagnosis is at least 30 days apart, and if the subsequent critical illness is not caused or contributed to by a critical illness for which benefits were paid. If an additional diagnosis is a cancer diagnosis, the insured person must also be in complete remission prior to the date of subsequent diagnosis.

Reoccurrence Diagnosis Benefit

Once benefits have been paid for a covered critical illness, benefits are payable for that same critical illness up to one time per insured person per lifetime, if the insured person is symptom and treatment-free for a period of 12 consecutive months, and if the subsequent critical illness is not caused or contributed to by a critical illness for which benefits were paid. If a subsequent diagnosis is a cancer diagnosis, the insured person must also be in complete remission prior to the date of subsequent diagnosis.

Waiver of Premium Benefit

Waives the premium for coverage after 90 consecutive days of total disability of the covered employee, for as long as total disability continues, if the disability is due to a critical illness for which benefits were paid.

Return of Premium for Non-CI Death

Returns 100% of all premiums paid for the policy and riders minus any benefits paid under the policy and riders, if the covered employee dies from a cause other than a covered critical illness.

Group Critical Illness Benefits - Texas

Forms G H1715/G H1715C, R G1716C (HSA Compatible)

Health Screening Rider (Form R G1720C)	Pays a \$50 benefit per calendar year per insured person for specified screening services listed below.	
	Biopsy for skin cancer	Flexible sigmoidoscopy
	Bone marrow biopsy and aspiration	Hemocult stool analysis
	Breast ultrasound	Mammography
	CA 15-3 (blood test for breast cancer)	Pap smear
	CA 19-9 (blood test for pancreatic cancer)	PSA (blood test for prostate cancer)
	CA 125 (blood test for ovarian cancer)	Serum protein electrophoresis (blood test
	CEA (blood test for colon and cervical cancer)	for Myeloma)
	Chest X-ray	Stress test (bicycle or treadmill)
	Colonoscopy	Thermography

Group Critical Illness Bi-Weekly Premiums -Texas

Forms G H1715/G H1715C, R G1716C (HSA Compatible)

Employee or Employee & Children (rates based on employee's age; benefit amounts over \$30,000 require underwriting of all covered persons)
Child benefit is equal to 25% of employee benefit.

Non-Tobacco

		Employee Benefit Amount								
Issue Age		\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000			
18-24		\$1.12	\$1.73	\$2.34	\$2.94	\$3.56	\$4.17			
25-29		\$1.48	\$2.31	\$3.12	\$3.94	\$4.75	\$5.59			
30-34		\$1.88	\$2.99	\$4.10	\$5.21	\$6.32	\$7.45			
35-39		\$2.65	\$4.27	\$5.91	\$7.52	\$9.15	\$10.76			
40-44		\$3.54	\$5.78	\$8.02	\$10.26	\$12.50	\$14.74			
45-49		\$4.68	\$7.89	\$11.12	\$14.33	\$17.55	\$20.78			
50-54		\$6.41	\$11.16	\$15.91	\$20.65	\$25.41	\$30.14			
55-59		\$8.57	\$15.36	\$22.17	\$28.97	\$35.79	\$42.59			
60-64		\$10.78	\$19.88	\$29.00	\$38.11	\$47.23	\$56.33			
65-69		\$14.71	\$27.75	\$40.80	\$53.84	\$66.88	\$79.93			
70+		\$25.11	\$48.11	\$71.13	\$94.15	\$117.14	\$140.14			

Tobacco

		Employee Benefit Amount								
Issue Age		\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000			
18-24		\$1.46	\$2.39	\$3.33	\$4.26	\$5.19	\$6.13			
25-29		\$1.99	\$3.29	\$4.60	\$5.92	\$7.23	\$8.54			
30-34		\$2.62	\$4.49	\$6.32	\$8.17	\$10.02	\$11.86			
35-39		\$3.81	\$6.58	\$9.33	\$12.10	\$14.85	\$17.61			
40-44		\$5.20	\$9.06	\$12.89	\$16.75	\$20.60	\$24.45			
45-49		\$7.12	\$12.72	\$18.31	\$23.91	\$29.50	\$35.10			
50-54		\$10.07	\$18.36	\$26.67	\$34.95	\$43.26	\$51.56			
55-59		\$13.81	\$25.74	\$37.70	\$49.64	\$61.57	\$73.51			
60-64		\$17.82	\$33.85	\$49.86	\$65.90	\$81.93	\$97.96			
65-69		\$24.82	\$47.83	\$70.83	\$93.84	\$116.85	\$139.86			
70+		\$42.58	\$82.81	\$123.08	\$163.32	\$203.55	\$243.80			

Employee & Spouse or Family (rates based on employee's age; employee benefit amount over \$30,000 requires underwriting for all covered)
Spouse benefit is equal to 50% of employee benefit.
Child benefit is equal to 25% of employee benefit.

Non-Tobacco

		Employee Benefit Amount								
Issue Age		\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000			
18-24		\$1.87	\$2.77	\$3.66	\$4.58	\$5.47	\$6.38			
25-29		\$2.43	\$3.62	\$4.82	\$6.04	\$7.23	\$8.44			
30-34		\$3.08	\$4.72	\$6.36	\$8.01	\$9.64	\$11.27			
35-39		\$4.38	\$6.78	\$9.18	\$11.59	\$13.99	\$16.40			
40-44		\$5.84	\$9.17	\$12.51	\$15.83	\$19.17	\$22.48			
45-49		\$7.64	\$12.44	\$17.26	\$22.06	\$26.87	\$31.67			
50-54		\$10.38	\$17.48	\$24.59	\$31.69	\$38.79	\$45.90			
55-59		\$13.68	\$23.87	\$34.07	\$44.26	\$54.46	\$64.67			
60-64		\$16.97	\$30.64	\$44.30	\$57.95	\$71.64	\$85.29			
65-69		\$22.90	\$42.47	\$62.03	\$81.59	\$101.17	\$120.72			
70+		\$38.69	\$73.22	\$107.73	\$142.24	\$176.77	\$211.28			

Tobacco

		Employee Benefit Amount								
Issue Age		\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000			
18-24		\$2.38	\$3.75	\$5.15	\$6.54	\$7.93	\$9.31			
25-29		\$3.19	\$5.12	\$7.07	\$9.01	\$10.93	\$12.86			
30-34		\$4.21	\$6.97	\$9.69	\$12.44	\$15.18	\$17.92			
35-39		\$6.14	\$10.24	\$14.36	\$18.46	\$22.57	\$26.67			
40-44		\$8.36	\$14.10	\$19.85	\$25.58	\$31.33	\$37.08			
45-49		\$11.33	\$19.71	\$28.07	\$36.44	\$44.82	\$53.18			
50-54		\$15.89	\$28.32	\$40.76	\$53.19	\$65.62	\$78.06			
55-59		\$21.63	\$39.53	\$57.43	\$75.33	\$93.23	\$111.13			
60-64		\$27.60	\$51.63	\$75.68	\$99.71	\$123.74	\$147.79			
65-69		\$38.15	\$72.65	\$107.16	\$141.67	\$176.18	\$210.68			
70+		\$65.00	\$125.39	\$185.75	\$246.11	\$306.46	\$366.85			

*Premium rates shown are for the combined group Critical Illness policy and rider benefits as summarized in the proposal. For complete benefit descriptions, limitations, conditions and exclusions, see the policy/certificate. Policy availability, features, provisions and rates may vary by state.

Group Critical Illness - Texas

Forms G H1715/G H1715C

Limitations, Conditions and Exclusions

The following represents some policy limitations, conditions and exclusions. For complete details of the coverage, please contact your agent, Assurity or ask to review the policy. Provisions may vary by state.

Limitations

GROUP CRITICAL ILLNESS INSURANCE PROVIDES LIMITED BENEFIT COVERAGE.

This insurance does not provide major medical coverage and does not satisfy the requirement for minimum essential coverage under the Affordable Care Act (ACA).

Availability of this product, and its benefits and premiums as presented, is subject to the approval of Assurity. Some applicants with pre-existing conditions may not be eligible for coverage. Product availability, features and rates may vary by state. All benefits, premiums, conditions, exclusions and limitations are governed by the actual contract as provided by Assurity, not this proposal.

Pre-existing conditions: Assurity will not pay benefits for a specified critical illness that is caused by a pre-existing condition unless the specified critical illness starts after coverage has been in force for 12 months from the issue date. Pre-existing condition means a sickness or physical condition for which, during the 12 months before the issue date, the Insured Person received medical advice or treatment from a Physician.

Waiting period: The benefits payable for Invasive Cancer, Non-Invasive Cancer, and Skin Cancer have a waiting period. There is no coverage for Invasive Cancer, Non-Invasive Cancer, or Skin Cancer, if an insured person initially incurred or was diagnosed with any of these conditions before the end of the waiting period.

Coverage Conditions

Actively Employed – The employee must be actively employed to be eligible for coverage.

Right to Cancel – The contract contains a 30-day free look period.

Termination – Coverage will terminate the earliest of the following: the date policy terminates for any reason; the date employee is no longer an employee (portability available); when premiums are not paid by the end of the grace period; the date Assurity receives written notice to terminate; when the employee establishes residence in a foreign country; or upon the employee's death.

Exclusions

Assurity will not pay benefits for losses caused by or the result of any Insured Person(s):

- receiving treatment by a Physician who is a member of an Insured Person's immediate family or business associate;
- being exposed to war or any act of war, declared or undeclared;
- actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Army Reserve, except during active duty training of less than 60 days;
- being addicted to drugs or suffering from alcoholism;
- being intoxicated (as determined by the laws governing the operation of motor vehicles in the jurisdiction where loss occurs) or under the influence of an illegal substance or a narcotic (except for narcotics used as prescribed to the Insured Person by a Physician);
- commission of or attempting to commit a felony;
- being incarcerated in a penal institution or government detention facility;
- engaging in an illegal occupation;
- intentionally self-inflicting an injury; or
- committing or attempting to commit suicide, while sane or insane.



Group Short Term Disability

for SWF

An accident or injury may stop you from working, but it won't stop your bills. If you're unable to work, do you have enough money set aside to cover your expenses while you recover?

Disability Income insurance helps replace income and maintain financial stability if you become disabled and are unable to work, providing a reliable stream of income and peace of mind.

Group Short-Term Disability Income insurance pays a weekly benefit directly to you if you are sick or injured and can't work.

Key Features

- ☑ **Pays benefits if you become totally disabled and can't perform the important duties of your occupation**, as long as you are not working another job and are under the care of a physician
- ☑ Weekly benefit amount from **\$100 to \$1,000** by \$25 increments, subject to maximum benefit of 60% of weekly income
- ☑ **Pays 50% of your weekly total disability benefit if you return to work part time**, following a period of paid total disability*

**Know you
and your family
are protected.**

It's easy —
sign up today



Not available to residents of New York.

Group Short-Term Disability Income Benefits - Class 2 - Texas

Forms G H1808/G H1808C

Off-the-Job, Accident & Sickness Protection

Total Disability	After the elimination period has been satisfied, pays the total disability weekly benefit while the insured person is totally disabled due to an injury or sickness which occurs while not actively at work resulting in the insured person being unable to perform the important duties of their own occupation, not working at another job and requiring a physician's care appropriate for the condition. Benefits continue while the insured person is totally disabled, or to the end of the benefit period, whichever is first. Benefits are payable for only one of two or more concurrent disabilities.
Partial Disability	<p>Pays 50% of the total disability weekly benefit while the insured person is partially disabled and has returned to work part-time immediately following a period of paid total disability, but still unable to perform all work duties resulting in a loss of income of at least 20%. Partial disability benefits will continue until the insured person is no longer partially disabled or to the end of the maximum benefit period, whichever is first, but in no case longer than:</p> <ul style="list-style-type: none">• 13 weeks if the maximum benefit period is 13 or 26 weeks; or• 26 weeks if the maximum benefit period is 52 or 104 weeks.
Presumptive Disability	Waives the elimination period and pays the total disability benefits for the maximum benefit period when an insured person suffers a permanent and irrevocable loss of speech, hearing in both ears, sight in both eyes, use of both feet, use of both hands, or use of one hand and one foot.
Recurrent Disability	Pays the weekly benefit for a recurrent total disability if it is separated from the ending date of the prior total disability by a period of 30 days, in which the insured person is actively employed on a continuous basis and not receiving any disability benefits under the certificate or any riders. The recurrent total disability is subject to a new elimination period and starts a new maximum benefit period.
Childbirth	For childbirth, the insured person will be considered totally disabled for a period of six weeks for non-Caesarean delivery or eight weeks for Caesarean delivery. The number of weekly benefits payable will be reduced by the elimination period. For example, if the elimination period for sickness is 14 days, the benefit is payable for four weeks for non-Caesarean delivery and six weeks for Caesarean delivery.
Organ Donor	Pays policy and rider benefits on the same basis as any other sickness if the insured person becomes disabled as the result of surgery for transplanting an organ or donating bone marrow from the insured person to another person.
Mental and Nervous Disorder	<p>Pays policy and rider benefits on the same basis as any other sickness if the insured person is disabled as the result of a mental or nervous disorder. Mental or nervous disorder related disability benefits are subject to normal elimination period and maximum benefit period conditions, in addition to a total lifetime disability weekly benefit limit for these conditions of:</p> <ul style="list-style-type: none">• 52 weeks if the maximum benefit period is 13 or 26 weeks; or• 104 weeks if the maximum benefit period is 52 or 104 weeks.
Substance Abuse	<p>Pays policy and rider benefits on the same basis as any other sickness if the insured person is disabled as the result of substance abuse. Substance abuse related disability benefits are subject to normal elimination period and maximum benefit period conditions, in addition to a total lifetime disability weekly benefit limit for these conditions of:</p> <ul style="list-style-type: none">• 52 weeks if the maximum benefit period is 13 or 26 weeks; or• 104 weeks if the maximum benefit period is 52 or 104 weeks.
Waiver of Premium	Waives premiums starting on the first premium due date after the insured person has been totally disabled for 30 days. Premiums continue to be waived until the insured person is no longer totally disabled or to the end of the maximum benefit period, whichever is first.
Accidental Death	Pays a lump sum benefit of 25 times the total disability weekly benefit if the insured person dies as the result of an injury sustained in a covered accident within 90 days of the date of the covered accident.

82211

GROUP DISABILITY INCOME INSURANCE PROVIDES LIMITED COVERAGE. It may contain reductions of benefits, limitations and exclusions. The description of benefits is intended only to highlight the insured employee's benefits and should not be relied upon to fully determine coverage. If this description conflicts in any way with the terms of the policy/certificate, the terms of the policy/certificate prevail. For complete benefit description and conditions, see the policy/certificate. Policy availability, features and rates may vary by state.

Group Short-Term Disability Income Benefits - Class 2 - Texas

Forms G H1808/G H1808C

Off-the-Job, Accident & Sickness Protection

Survivor	<p>Pays a lump sum benefit to a beneficiary if the insured person dies while receiving total disability weekly benefits, subject to certain conditions and limitations.</p> <ul style="list-style-type: none">● If maximum benefit period is 13 or 26 weeks, benefit payable if insured received total disability benefits for at least six consecutive weeks; lump sum benefit equals three times the total disability weekly benefit amount, subject to a maximum of \$3,000.● If maximum benefit period is 52 or 104 weeks, benefit payable if insured received total disability benefits for at least 13 consecutive weeks; lump sum benefit equals six times the total disability weekly benefit amount, subject to a maximum of \$6,000.● This benefit not payable if Terminal Illness Benefit paid.
Terminal Illness	<p>Pays a lump sum benefit if the insured person is diagnosed with a terminal illness with life expectancy of six months or less and is receiving total disability weekly benefits, subject to certain conditions and limitations.</p> <ul style="list-style-type: none">● If maximum benefit period is 13 or 26 weeks, benefit payable if insured received total disability benefits for at least six consecutive weeks; lump sum benefit equals three times the total disability weekly benefit amount, subject to a maximum of \$3,000.● If maximum benefit period is 52 or 104 weeks, benefit payable if insured received total disability benefits for at least 13 consecutive weeks; lump sum benefit equals six times the total disability weekly benefit amount, subject to a maximum of \$6,000.● If this benefit is paid, Survivor Benefit is not payable.
Workplace Modification	<p>Pays the actual costs incurred modifying the workplace to help the insured person remain at work or return to work, subject to certain conditions and limitations.</p> <ul style="list-style-type: none">● If maximum benefit period is 13 or 26 weeks, benefit payable if insured received total disability benefits for at least six consecutive weeks; actual costs reimbursed limited to three times the total disability weekly benefit, not to exceed \$3,000 for the insured's lifetime.● If maximum benefit period is 52 or 104 weeks, benefit payable if insured received total disability benefits for at least 13 consecutive weeks; actual costs reimbursed limited to six times the total disability weekly benefit, not to exceed \$6,000 for the insured's lifetime.
Catastrophic Disability Rider Benefit (Form R G1809C)	<p>Pays a lump sum benefit if the insured person is receiving total disability weekly benefits and is catastrophically disabled (requiring assistance with at least two activities of daily living) for at least 30 days after satisfying the policy's elimination period.</p> <ul style="list-style-type: none">● Lump sum benefit of six times the total disability weekly benefit amount if maximum benefit period is 13 or 26 weeks; or● Lump sum benefit of 13 times the total disability weekly benefit amount if maximum benefit period is 52 or 104 weeks.

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GROUP DISABILITY INCOME INSURANCE PROVIDES LIMITED COVERAGE. It may contain reductions of benefits, limitations and exclusions. The description of benefits is intended only to highlight the insured employee's benefits and should not be relied upon to fully determine coverage. If this description conflicts in any way with the terms of the policy/certificate, the terms of the policy/certificate prevail. For complete benefit description and conditions, see the policy/certificate. Policy availability, features and rates may vary by state.

Group Disability Income Bi-Weekly Premiums - Class 2 - Texas

Forms G H1808/G H1808C

Benefit Period: 13 Weeks

Elimination Period: 0/7 days (accident/sickness)

Annual Income	\$8,750	\$11,000	\$13,000	\$15,250	\$17,500	\$19,500	\$21,750	\$24,000
Weekly Benefit	\$100	\$125	\$150	\$175	\$200	\$225	\$250	\$275
Issue Age								
18 - 49	\$4.44	\$5.54	\$6.64	\$7.75	\$8.88	\$9.98	\$11.08	\$12.18
50 - 59	\$5.42	\$6.75	\$8.09	\$9.45	\$10.82	\$12.16	\$13.51	\$14.86
60 - 69	\$7.02	\$8.78	\$10.53	\$12.29	\$14.03	\$15.80	\$17.54	\$19.30
70+	\$9.19	\$11.49	\$13.78	\$16.09	\$18.38	\$20.70	\$22.99	\$25.29
Annual Income	\$26,000	\$28,250	\$30,500	\$32,500	\$34,750	\$37,000	\$39,000	\$41,250
Weekly Benefit	\$300	\$325	\$350	\$375	\$400	\$425	\$450	\$475
Issue Age								
18 - 49	\$13.29	\$14.39	\$15.51	\$16.61	\$17.73	\$18.82	\$19.94	\$21.05
50 - 59	\$16.21	\$17.56	\$18.92	\$20.27	\$21.61	\$22.97	\$24.32	\$25.69
60 - 69	\$21.08	\$22.81	\$24.57	\$26.31	\$28.10	\$29.84	\$31.60	\$33.34
70+	\$27.58	\$29.88	\$32.18	\$34.48	\$36.77	\$39.09	\$41.40	\$43.70
Annual Income	\$43,500	\$45,500	\$47,750	\$50,000	\$52,000	\$54,250	\$56,500	\$58,500
Weekly Benefit	\$500	\$525	\$550	\$575	\$600	\$625	\$650	\$675
Issue Age								
18 - 49	\$22.17	\$23.26	\$24.38	\$25.48	\$26.60	\$27.70	\$28.79	\$29.89
50 - 59	\$27.04	\$28.38	\$29.73	\$31.09	\$32.44	\$33.79	\$35.13	\$36.48
60 - 69	\$35.10	\$36.86	\$38.62	\$40.37	\$42.11	\$43.89	\$45.62	\$47.39
70+	\$45.99	\$48.29	\$50.59	\$52.89	\$55.19	\$57.49	\$59.77	\$62.09
Annual Income	\$60,750	\$63,000	\$65,000	\$67,250	\$69,500	\$71,500	\$73,750	\$76,000
Weekly Benefit	\$700	\$725	\$750	\$775	\$800	\$825	\$850	\$875
Issue Age								
18 - 49	\$31.00	\$32.12	\$33.23	\$34.33	\$35.42	\$36.54	\$37.66	\$38.76
50 - 59	\$37.84	\$39.20	\$40.55	\$41.89	\$43.25	\$44.60	\$45.95	\$47.29
60 - 69	\$49.15	\$50.90	\$52.65	\$54.42	\$56.17	\$57.91	\$59.67	\$61.43
70+	\$64.39	\$66.69	\$68.99	\$71.29	\$73.59	\$75.88	\$78.18	\$80.47
Annual Income	\$78,000	\$80,250	\$82,500	\$84,500	\$86,750			
Weekly Benefit	\$900	\$925	\$950	\$975	\$1,000			
Issue Age								
18 - 49	\$39.86	\$40.96	\$42.09	\$43.18	\$44.30			
50 - 59	\$48.65	\$50.00	\$51.35	\$52.69	\$54.06			
60 - 69	\$63.19	\$64.93	\$66.70	\$68.45	\$70.21			
70+	\$82.78	\$85.07	\$87.37	\$89.67	\$91.97			

82211

*Premium rates shown are for the combined group Disability Income policy and rider benefits as summarized in the proposal. For complete benefit descriptions, limitations, conditions and exclusions, see the policy/certificate. Policy availability, features, provisions and rates may vary by state.

Group Disability Income Bi-Weekly Premiums - Class 2 - Texas

Forms G H1808/G H1808C

Benefit Period: 26 Weeks

Elimination Period: 0/7 days (accident/sickness)

Annual Income	\$8,750	\$11,000	\$13,000	\$15,250	\$17,500	\$19,500	\$21,750	\$24,000
Weekly Benefit	\$100	\$125	\$150	\$175	\$200	\$225	\$250	\$275
Issue Age								
18 - 49	\$6.49	\$8.11	\$9.75	\$11.37	\$12.99	\$14.63	\$16.24	\$17.88
50 - 59	\$8.77	\$10.95	\$13.15	\$15.35	\$17.52	\$19.69	\$21.90	\$24.08
60 - 69	\$11.78	\$14.74	\$17.70	\$20.63	\$23.59	\$26.54	\$29.48	\$32.42
70+	\$15.93	\$19.93	\$23.89	\$27.90	\$31.87	\$35.86	\$39.83	\$43.83
Annual Income	\$26,000	\$28,250	\$30,500	\$32,500	\$34,750	\$37,000	\$39,000	\$41,250
Weekly Benefit	\$300	\$325	\$350	\$375	\$400	\$425	\$450	\$475
Issue Age								
18 - 49	\$19.48	\$21.12	\$22.74	\$24.35	\$26.01	\$27.62	\$29.25	\$30.86
50 - 59	\$26.27	\$28.47	\$30.65	\$32.85	\$35.04	\$37.25	\$39.43	\$41.61
60 - 69	\$35.35	\$38.33	\$41.26	\$44.22	\$47.15	\$50.10	\$53.06	\$56.00
70+	\$47.79	\$51.79	\$55.76	\$59.76	\$63.72	\$67.72	\$71.70	\$75.69
Annual Income	\$43,500	\$45,500	\$47,750	\$50,000	\$52,000	\$54,250	\$56,500	\$58,500
Weekly Benefit	\$500	\$525	\$550	\$575	\$600	\$625	\$650	\$675
Issue Age								
18 - 49	\$32.51	\$34.11	\$35.75	\$37.37	\$38.98	\$40.62	\$42.22	\$43.86
50 - 59	\$43.80	\$46.00	\$48.19	\$50.36	\$52.56	\$54.76	\$56.93	\$59.11
60 - 69	\$58.95	\$61.91	\$64.83	\$67.80	\$70.73	\$73.69	\$76.62	\$79.59
70+	\$79.66	\$83.67	\$87.63	\$91.63	\$95.60	\$99.60	\$103.55	\$107.56
Annual Income	\$60,750	\$63,000	\$65,000	\$67,250	\$69,500	\$71,500	\$73,750	\$76,000
Weekly Benefit	\$700	\$725	\$750	\$775	\$800	\$825	\$850	\$875
Issue Age								
18 - 49	\$45.48	\$47.11	\$48.73	\$50.35	\$51.98	\$53.61	\$55.24	\$56.85
50 - 59	\$61.32	\$63.50	\$65.71	\$67.89	\$70.08	\$72.28	\$74.46	\$76.66
60 - 69	\$82.56	\$85.47	\$88.43	\$91.37	\$94.32	\$97.26	\$100.20	\$103.16
70+	\$111.55	\$115.52	\$119.51	\$123.49	\$127.47	\$131.45	\$135.44	\$139.43
Annual Income	\$78,000	\$80,250	\$82,500	\$84,500	\$86,750			
Weekly Benefit	\$900	\$925	\$950	\$975	\$1,000			
Issue Age								
18 - 49	\$58.48	\$60.11	\$61.72	\$63.35	\$64.98			
50 - 59	\$78.85	\$81.04	\$83.21	\$85.42	\$87.60			
60 - 69	\$106.10	\$109.04	\$112.02	\$114.94	\$117.90			
70+	\$143.41	\$147.38	\$151.38	\$155.35	\$159.34			

*Premium rates shown are for the combined group Disability Income policy and rider benefits as summarized in the proposal. For complete benefit descriptions, limitations, conditions and exclusions, see the policy/certificate. Policy availability, features, provisions and rates may vary by state.

Group Disability Income Bi-Weekly Premiums - Class 2 - Texas

Forms G H1808/G H1808C

Benefit Period: 13 Weeks

Elimination Period: 0/14 days (accident/sickness)

Annual Income	\$8,750	\$11,000	\$13,000	\$15,250	\$17,500	\$19,500	\$21,750	\$24,000
Weekly Benefit	\$100	\$125	\$150	\$175	\$200	\$225	\$250	\$275
Issue Age								
18 - 49	\$3.57	\$4.47	\$5.38	\$6.27	\$7.16	\$8.05	\$8.96	\$9.86
50 - 59	\$4.62	\$5.78	\$6.93	\$8.08	\$9.24	\$10.40	\$11.56	\$12.70
60 - 69	\$6.22	\$7.79	\$9.33	\$10.90	\$12.44	\$14.00	\$15.57	\$17.12
70+	\$8.47	\$10.59	\$12.69	\$14.83	\$16.95	\$19.07	\$21.19	\$23.31
Annual Income	\$26,000	\$28,250	\$30,500	\$32,500	\$34,750	\$37,000	\$39,000	\$41,250
Weekly Benefit	\$300	\$325	\$350	\$375	\$400	\$425	\$450	\$475
Issue Age								
18 - 49	\$10.72	\$11.63	\$12.53	\$13.42	\$14.33	\$15.22	\$16.10	\$17.00
50 - 59	\$13.86	\$15.02	\$16.19	\$17.34	\$18.49	\$19.65	\$20.81	\$21.97
60 - 69	\$18.66	\$20.24	\$21.77	\$23.34	\$24.89	\$26.46	\$28.03	\$29.57
70+	\$25.41	\$27.54	\$29.66	\$31.78	\$33.90	\$36.03	\$38.13	\$40.24
Annual Income	\$43,500	\$45,500	\$47,750	\$50,000	\$52,000	\$54,250	\$56,500	\$58,500
Weekly Benefit	\$500	\$525	\$550	\$575	\$600	\$625	\$650	\$675
Issue Age								
18 - 49	\$17.92	\$18.80	\$19.68	\$20.60	\$21.49	\$22.38	\$23.25	\$24.17
50 - 59	\$23.11	\$24.27	\$25.42	\$26.59	\$27.73	\$28.89	\$30.05	\$31.22
60 - 69	\$31.13	\$32.69	\$34.23	\$35.81	\$37.37	\$38.91	\$40.47	\$42.02
70+	\$42.36	\$44.49	\$46.60	\$48.73	\$50.86	\$52.97	\$55.07	\$57.20
Annual Income	\$60,750	\$63,000	\$65,000	\$67,250	\$69,500	\$71,500	\$73,750	\$76,000
Weekly Benefit	\$700	\$725	\$750	\$775	\$800	\$825	\$850	\$875
Issue Age								
18 - 49	\$25.06	\$25.95	\$26.87	\$27.73	\$28.63	\$29.55	\$30.43	\$31.33
50 - 59	\$32.39	\$33.53	\$34.69	\$35.85	\$37.00	\$38.16	\$39.31	\$40.47
60 - 69	\$43.57	\$45.14	\$46.69	\$48.27	\$49.81	\$51.35	\$52.91	\$54.48
70+	\$59.31	\$61.44	\$63.55	\$65.69	\$67.80	\$69.91	\$72.03	\$74.14
Annual Income	\$78,000	\$80,250	\$82,500	\$84,500	\$86,750			
Weekly Benefit	\$900	\$925	\$950	\$975	\$1,000			
Issue Age								
18 - 49	\$32.22	\$33.12	\$34.02	\$34.91	\$35.82			
50 - 59	\$41.62	\$42.77	\$43.93	\$45.09	\$46.26			
60 - 69	\$56.03	\$57.60	\$59.14	\$60.71	\$62.25			
70+	\$76.27	\$78.39	\$80.50	\$82.64	\$84.76			

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*Premium rates shown are for the combined group Disability Income policy and rider benefits as summarized in the proposal. For complete benefit descriptions, limitations, conditions and exclusions, see the policy/certificate. Policy availability, features, provisions and rates may vary by state.

Group Disability Income - Texas

Forms G H1808/G H1808C

Limitations, Conditions and Exclusions

The following represents some policy limitations, conditions and exclusions. For complete details of the coverage, please contact your agent, Assurity or ask to review the policy. Provisions may vary by state.

Limitations

GROUP DISABILITY INCOME INSURANCE PROVIDES LIMITED BENEFIT COVERAGE.

This insurance does not provide major medical coverage and does not satisfy the requirement for minimum essential coverage under the Affordable Care Act (ACA).

Availability of this product, and its benefits and premiums as presented, is subject to the approval of Assurity. Some applicants with pre-existing conditions may not be eligible for coverage. Product availability, features and rates may vary by state. All benefits, premiums, conditions, exclusions and limitations are governed by the actual contract as provided by Assurity, not this proposal.

Elimination Period: This contract has an elimination period. Benefits are not payable during the elimination period.

Foreign Travel and Residency: Up to a maximum of three disability weekly benefits will be paid for any disability continued outside the United States or Canada.

Mental and Nervous Disorders: Total lifetime disability weekly benefit limit for these conditions of 52 weeks if the maximum benefit period is 13 or 26 weeks, or 104 weeks if the maximum benefit period is 52 or 104 weeks.

Substance Abuse: Total lifetime disability weekly benefit limit for these conditions of 52 weeks if the maximum benefit period is 13 or 26 weeks, or 104 weeks if the maximum benefit period is 52 or 104 weeks.

Pre-existing condition: A pre-existing condition is a physical condition or sickness for which, during the 12 months before the issue date, the insured person received medical advice or treatment from a physician. Assurity will not pay benefits for a total disability that is caused by a pre-existing condition unless the total disability starts after the certificate has been in force for 12 months from the issue date or for 12 months from the most recent reinstatement date.

Special Endorsement

The pre-existing condition clause will be waived during the initial enrollment for employees with the existing carrier's coverage. Any employee not covered by the prior policy, including new hires, will be subject to the normal pre-existing condition clause.

Coverage Conditions

Actively Employed – The employee must be actively employed to be eligible for coverage.

Right to Cancel – The contract contains a 30-day free look period.

Termination – Coverage will terminate and no benefits will be payable under the certificate or any attached riders on the earliest of the following: the date the policy terminates; when any premium due for the certificate is not paid before the end of the grace period; the date the Insured Person no longer meets the definition of employee, unless coverage is continued as described in the Continuation of Coverage section; the date the Insured Person's class is no longer eligible; the date Assurity receives written notice to terminate; or upon the Insured Person's death.

Exclusions

Assurity will not pay benefits for losses caused by or the result of any Insured Person(s):

- having an injury or sickness covered under Workers' Compensation, Employer's Liability law or similar law;
- having cosmetic surgery or other elective procedures that are not medically necessary;
- operating, learning to operate, or serving as a crew member of any aircraft;
- engaging in hang-gliding, hot air ballooning, bungee jumping, parachuting, scuba diving, sail gliding, parasailing, parakiting, mountain or rock climbing, B.A.S.E. jumping, sky diving or cave diving;
- riding in or driving any motor-driven vehicle in an organized race, stunt show or speed test;
- officiating, coaching, practicing for or participating in any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received;
- being exposed to war or any act of war, declared or undeclared;
- actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Army Reserve, except during active duty training of less than 60 days;
- being under the influence of an excitant, depressant, hallucinogen, narcotic, or any other drug or intoxicant, unless administered on the advice of a Physician;
- being intoxicated (as determined by the laws governing the operation of motor vehicles in the jurisdiction where loss occurs) or under the influence of an illegal substance or a narcotic (except for narcotics used as prescribed to the Insured Person by a Physician);
- having dental treatment;
- having committed or attempting to commit a felony;
- participating in a riot, insurrection or rebellion;
- engaging in an illegal occupation;
- intentionally self-inflicting an injury; or
- committing or attempting to commit suicide, while sane or insane.
- We will not pay benefits during any period in which the insured person is incarcerated in a penal institution or government detention facility.
- We will not pay benefits for disabilities that occur while the insured person is incarcerated in a penal institution or government detention facility.
- Rider forms may contain additional conditions, limitations and exclusions.

We are never more than one call away.



Customer Service
800-276-7619, Ext. 4210
7:30am - 5:00pm CST



Email
claimsinfo@assurity.com



Claims
800-869-0355, Ext. 4484



Assurity
P.O. Box 82533
Lincoln, NE 68501-2533



Policy Services
800-869-0355, Ext. 4279
FAX: 888-255-2060



Connect Online
assurity.com
[linkedin.com/company/assurity-life](https://www.linkedin.com/company/assurity-life)

Helping people through difficult times

As a mutual organization, Assurity was founded on the simple concept of people coming together to support each other in moments of need. We continue our mission of helping people through difficult times by providing affordable insurance protection that is easy to understand and buy. Our financial stability has stood the test of time. It shows our commitment to be there when our customers need us. Owned by our policyholders, we conduct our business to serve only their best interests. Whether paying benefits, offering service with a human touch, giving back to our community, or practicing sustainable habits that provide for our planet, we embrace our capacity to improve lives. We all share in the future we create, and Assurity believes in using our business as a force for good.



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NOT AVAILABLE IN NEW YORK.

Assurity is a marketing name for the mutual holding company Assurity Group, Inc. and its subsidiaries. Those subsidiaries include but are not limited to: Assurity Life Insurance Company and Assurity Life Insurance Company of New York. Insurance products and services are offered by Assurity Life Insurance Company in all states except New York. In New York, insurance products and services are offered by Assurity Life Insurance Company of New York, Albany, New York. Product availability, features and rates may vary by state.



Submit Claims Online

Using MyAssurity

With just a few clicks, you can now submit any new supplemental health insurance or wellness benefit claim at MyAssurity.com – and get your benefit payment **in as little as two days.**¹

After answering a few simple questions, you can upload any additional information and set up direct deposit of your benefit payment.²

How it Works



1. Login or register on MyAssurity.com



2. Select “Claims” from the menu bar and choose the type of claim



3. Provide information about the claim – provider, date of service, details, etc.



4. Select how you would like to be paid



5. Sign and submit the claim form

**Need help filing your claim?
Give us a call.**



**800.869.0355 Ext. 4484
claimsinfo@assurity.com**

¹ Once all required information needed to process the claim has been received by Assurity and a benefit has been determined to be payable.

² Assurity allows a benefit payment up to \$10,000 to be direct deposited to your bank account with proper verification. If the benefit amount payable is more than \$10,000, a check will be sent to you by U.S. Mail regardless of the payment method selected.

NOT AVAILABLE IN NEW YORK.

Assurity is a marketing name for the mutual holding company Assurity Group, Inc. and its subsidiaries. Those subsidiaries include but are not limited to: Assurity Life Insurance Company and Assurity Life Insurance Company of New York. Insurance products and services are offered by Assurity Life Insurance Company in all states except New York. In New York, insurance products and services are offered by Assurity Life Insurance Company of New York, Albany, NY. Product availability, features and rates may vary by state.

DiRx delivers the medicines you need at a price you can afford!

A pharmacy benefit with no added fees.
No insurance needed.

DiRx negotiates low prices on the most commonly prescribed FDA-approved generic medicines. Our team has shortened the path from medicine manufacturers to patients, to eliminate frustration and extra costs. The bottom line? We know pharmacy and we know how to help you get safe medicine at a low, reliable price.



Convenient

- Order online, with medicines starting at just \$2.79.
- Delivered for free right to your doorstep.



Simple

- We'll take care of transferring your prescription for you.



Safe

- FDA-approved generic medicines from a licensed and accredited US pharmacy you can trust.



Helpful

- Talk to a member of our customer care team 24 hours a day, 7 days a week.
- Pharmacist team extended hours six days a week.



No surprises

- No sudden price changes; locked in pricing with our auto-refill program.
- No coupons or codes. No copays or membership fees.

Switching is easy.

- 1 Click on the link in the "Welcome" email you have received from DiRx to complete your registration.
- 2 Search for your medications and see how much you'll save.
- 3 Place your order. We'll transfer your prescription and ship it right to your door.



Satisfied Customers

★★★★★ Verified DiRx customer review

Easy & Efficient

Very quick, easy online process!
And the prices can't be beat!!

★★★★★ Verified DiRx customer review

Navigating the website was simple

... My wife and I saved over \$150 not to mention time going to the pharmacy!

★★★★★ Verified DiRx customer review

Fast delivery

Fast delivery, answered all my questions. Painless transition.

SOURCE: Trustpilot.com

DiRx carries 1,100+ of the most commonly prescribed medicines, as low as \$2.79 per month.

200+ meds
<\$5/month

500+ meds
<\$10/month

600+ meds
<\$15/month

Medications for Chronic and Acute Needs

Heart Health

We carry 300+ generic medications that aide in managing high blood pressure, high cholesterol, arrhythmia, angina, atrial fibrillation and numerous other heart health-related conditions. You will find commonly prescribed Atorvastatin and Lisinopril, starting at just \$2.79/month.

300+
meds as low as
\$2.79/month

Mental Health

We carry 170+ generic medications for the treatment of depression, anxiety, obsessive compulsive disorder and other mental health-related conditions. These include the commonly prescribed Sertraline, starting as low as \$3.24/month.

170+
meds as low as
\$3.24/month

Diabetes

We carry 35+ medications to help manage Type 2 Diabetes insulin levels for as low as \$2.79/month. We currently carry Metformin, Glipizide, Glyburide, Glimepiride and Pioglitazone. Expect an expansion of our Diabetes medication offerings coming soon.

35+
meds as low as
\$2.79/month

Men's Health

We carry 20+ medications for the treatment of male pattern baldness, benign prostatic hyperplasia, and sexual health. We have 7 ED medications starting as low as \$4.50/month including generic Cialis and Viagra.

7
ED meds
as low as
\$4.50/month

Gastrointestinal

We carry 30+ medications for gastrointestinal conditions, with 18 under \$10/month. These include the generic forms of Prevacid and Nexium for as low as \$5.99/month and Prilosec as low as \$3.24/month.

30+
meds as low as
\$3.24/month

Women's Health

We carry 20+ medications for women's health-related needs, including 11 under \$10/month. Nine Oral Contraceptives are offered as low as \$6.48/month, including generic forms of Yaz, Loestrin, Ortho Tri-Cyclen, and Lutera.

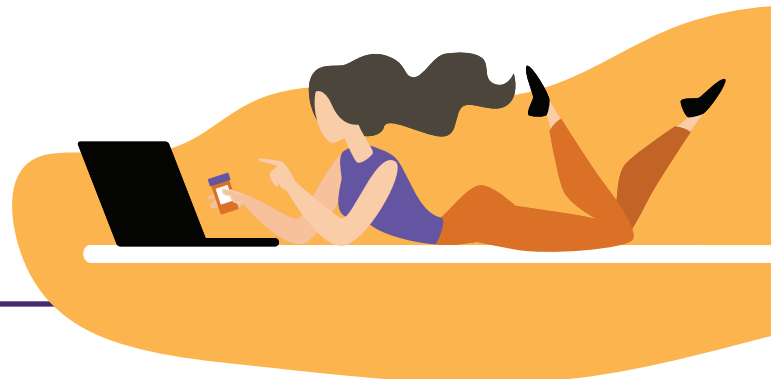
9
oral contraceptives
as low as
\$6.48/month

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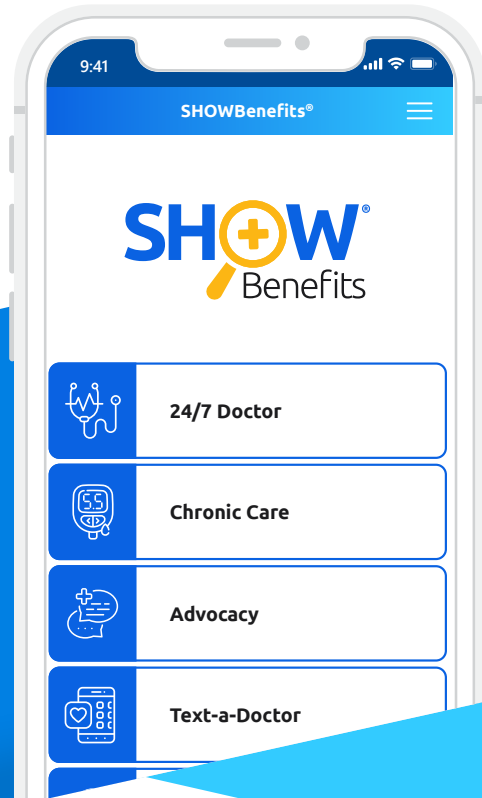
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\$11
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Unlimited access to a national network of licensed doctors, with a \$0 Copay, who can diagnose and prescribe in real-time. Plus access to physician locator services.



TelePet

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Non-emergency veterinarian services for your pets available 24/7 by talk, chat, or email message, serving more than 3 million pets.



Advocacy

Health Navigation Services

Help members coordinate care among physicians and medical institutions, plus medical bill negotiation and second opinion services are available.



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Unlock 24/7 access to doctors, right in your pocket! Save time and money with 24/7 access to board-certified physicians from your smartphone, tablet, or computer!

Telemedicine

Unlimited access to a national network of licensed doctors with a \$0 Copay, who can diagnose and prescribe in real-time.

TelePet

Non-emergency veterinarian services for your pets available 24/7 by talk, chat, or email message, serving more than 3 million pets in the United States and worldwide.

Advocacy

Help members coordinate care among physicians and medical institutions. With healthcare navigation tools available to redirect claims and lower out-of-pocket costs.

2nd Opinion

Connect the patient's attending doctors with a Physician Specialist to jointly develop a comprehensive collaborative diagnosis.

Medical Market

Message specialists including Dentists, Dietitians, Fitness trainers, Primary care, Pediatricians, Psychologists, Pharmacists, Women's health & more.

Text-a-Doctor

Ask medical questions to board-certified physicians online, with specialists from more than 22 disciplines, with more being added.

Medical Bill Negotiation

Anytime a member or employee has a medical bill over \$400 not covered by their insurance, our skilled negotiation team will work with all providers to get a discount.

RxMarket

Search prescription prices at nearby pharmacies, with competitive pricing on everyday prescriptions, mail order options, and additional savings programs.

Physician Locator

Help Members identify in-network physicians, hospitals, dentists, and other healthcare providers for the member's needed services.

Lifestyle Perks

A FREE discount card for savings on: Disney®, Universal Studios®, Movie Tickets, Gym Savings, Online Fitness, Car Rental Discounts, discounted medical services, and more.

Life insurance can help protect your family's future



Have extra comfort knowing that your loved ones can be better prepared to meet financial obligations, should something unforeseen happen to you.

If you have a spouse/domestic partner and/or children, they may rely on your help in running the household. It's important to take steps to make sure your family would be more financially prepared without you to handle expenses like:

- Mortgage or rent payments
- Food
- Utilities
- Transportation
- Insurance premiums
- Childcare/education fees

With group life insurance you receive:

- A wide range of coverage options to fit your needs and budget
- Death benefit proceeds that are income tax free to your beneficiary
- Underwriting requirements waived for certain amounts

[In general, industry experts recommend having enough life insurance to replace 7 years of income.¹](#)

Taking care of everyday living costs is just one thing to consider. Nearly one-in-three Americans think they need more life insurance.¹ Families without adequate life insurance could struggle with longer term expenses like:

- College tuition
- Retirement
- Child or aging parent care
- Wedding expenses

Enroll today!

For questions, please
call MetLife at
1 800 GET-MET8
1 800 438-6388

Why should I enroll now?

- Competitive employee rates
- Convenient payroll deduction
- Value-added services at no additional cost to you

You can better prepare for these longer term expenses by purchasing additional life insurance that goes above your employer-provided coverage. It's important to review your life insurance coverage often, as you experience different life events. Getting married, having children and buying a home, could require adding more life insurance protection to your portfolio as your financial commitments change.

Your plan also gives you access to MetLife AdvantagesSM — services at no additional cost to you including:

Will Preparation² offers you and your spouse/domestic partner face-to-face meetings or phone calls with a MetLife Legal plan attorney to prepare or update a will, living will or power of attorney.

Estate Resolution Services² provides you and the beneficiaries of your estate with face-to-face meetings or phone consultations with a participating MetLife Legal plan attorney to help settle your or your spouse/domestic partners' estate.

Portability³ gives you the flexibility to take your MetLife coverage with you if you change jobs.

Get extra protection by adding accidental death and dismemberment (AD&D) insurance.

This protection is in addition to your life insurance coverage and can give you and your family extra financial security should a sudden accident take your life or cause you serious loss or harm. AD&D coverage complements your life insurance with protection that covers you for:

- Paralysis
- Loss of limb, speech, hearing or sight
- Brain damage or coma
- Fatal accident

Some additional payouts that may be included in your AD&D insurance coverage

- Air bag benefit
- Hospitalization benefit
- Child care center benefit
- Seat belt benefit

(Please see your Plan Summary for details.)

1. Facts About Life 2017: Facts from LIMRA, September 2017

2. Included with Supplemental Life Insurance. Will Preparation and MetLife Estate Resolution Services are offered by MetLife Legal Plans, Inc., a MetLife company, Cleveland, Ohio. In certain states, legal services benefits are provided through insurance coverage underwritten by Metropolitan Property and Casualty Insurance Company and affiliates, Warwick, Rhode Island. For New York sitused cases, the Will Preparation service is an expanded offering that includes office consultations and telephone advice for certain other legal matters beyond Will Preparation. Tax Planning and preparation of Living Trusts are not covered by the Will Preparation Service. Certain services are not covered by Estate Resolution Services, including matters in which there is a conflict of interest between the executor and any beneficiary or heir and the estate; any disputes with the group policyholder, MetLife and/or any of its affiliates; any disputes involving statutory benefits; will contests or litigation outside probate court; appeals; court costs, filing fees, recording fees, transcripts, witness fees, expenses to a third party, judgments or fines; and frivolous or unethical matters.

3. All coverage amounts are subject to applicable state laws. To take advantage of this benefit, coverage of at least [\$10,000][\$20,000] must be elected.

Like most group life insurance policies, MetLife insurance policies have certain exclusions, limitations, reductions of benefits and terms for keeping them in force. A MetLife representative can provide you with costs and complete details.

SWF Foods Rate Summary

Coverage	Participating Lives	Covered Volume	Rates	Annual Premium
New Life Option 6192699				
Supplemental Life <i>(per \$1,000 of Covered Volume)</i>				
All Active Full Time Employees				
Less than 30			\$0.075	
30-34			\$0.100	
35-39			\$0.113	
40-44			\$0.125	
45-49			\$0.188	
50-54			\$0.288	
55-59			\$0.538	
60-64			\$0.825	
65-69			\$1.588	
70+			\$2.266	
Rates are guaranteed from July 1, 2021 - June 30, 2024				
Important Information concerning Supplemental Life enrollments: For take-over supplemental life plans: This quote includes a one-time special enrollment. Please see the Plan Features and Limitations section for details.				

Coverage	Participating Lives	Covered Volume	Rates	Annual Premium
Supplemental AD&D <i>(per \$1,000 of Covered Volume)</i>			\$0.027	
Rates are guaranteed from July 1, 2021 - June 30, 2024				
Please note that the MetLife AD&D insurance premium includes a fee for the Travel Assistance [and Identity Theft Solutions] services, provided by AXA Assistance USA, Inc.				
¹ Travel Assistance services are offered and administered by AXA Assistance USA, Inc. Certain benefits provided under the Travel Assistance program are underwritten by Certain Underwriters at Lloyd's London (not incorporated) through Lloyd's Illinois, Inc. Neither AXA Assistance USA Inc. nor the Lloyd's entities are affiliated with MetLife, and the services and benefits they provide are separate and apart from the insurance provided by MetLife.				
Supplemental Dependent Life <i>(per \$1,000 of Covered Volume)</i>				
All Active Full Time Employees				
Spouse*:				
Less than 30			\$0.075	
30-34			\$0.100	
35-39			\$0.113	
40-44			\$0.125	
45-49			\$0.188	
50-54			\$0.288	
55-59			\$0.538	
60-64			\$0.825	
65-69			\$1.588	
70+			\$2.575	
Child			\$0.150	
Rates are guaranteed from July 1, 2021 - June 30, 2024				
* Spouse rates are based on the employee's age.				
** Child(ren) rates are per \$1,000 of coverage, per child unit. A child unit may consist of more than one child.				
Important Information concerning Dependent Supplemental Life enrollments:				
For take-over dependent supplemental life plans: This quote includes a one-time special enrollment. Please see the Plan Features and Limitations section for details.				
Supplemental Dependent AD&D <i>(per \$1,000 of Covered Volume)</i>				
All Active Full Time Employees				
▪ Spouse			\$0.024	
▪ Child(ren)			\$0.024	
Rates are guaranteed from July 1, 2021 - June 30, 2024				

Summary of Benefits

Life / AD&D Insurance - New Life Option

Supplemental Term Life	
All Active Full Time Employees (30 Hours)	<ul style="list-style-type: none"> • \$10,000 increments to a maximum of the lesser of 5.00 times pay or \$500,000 • A minimum benefit of \$10,000 • Medical Evidence Level: the lesser of \$100,000 and 3.00 times pay • No Age Reduction • Waiver of Premium (disabled prior to 60, waiting period 9 months, coverage continues to 65) • Conversion and Portability are included in this quote • Accelerated Benefit Option: 24 months or less to live, up to 80.0% of coverage, to a maximum of \$500,000
Supplemental Term AD&D	
All Active Full Time Employees (30 Hours)	<ul style="list-style-type: none"> • 100% of the Supplemental Term Life benefit. • Waiver of Premium (disabled prior to 60, waiting period 9 months, coverage continues to 65) • Portability is included in this quote
Supplemental Dependent Life	
All Active Full Time Employees (30 Hours)	<p>Spouse Benefit:</p> <ul style="list-style-type: none"> • \$5,000 increments to a maximum of \$250,000, not to exceed 50% of employee's Optional Life Benefit • A minimum benefit of \$5,000 • Spouse Medical Evidence Level: \$25,000 • Spouse Accelerated Benefit Option: 24 months or less to live, up to 80.0% of coverage, to a maximum of \$500,000 <p>Child Benefit:</p> <ul style="list-style-type: none"> • Child Under 15 days: \$1,000 • Child 15 days to 6 months old: \$1,000 • Child more than 6 months, but less than 1 year old: \$1,000 • Child more than 1 year old: \$1,000 increments to a maximum of \$10,000 • Child limiting age: 26, 26 if a full time student • Child Medical Evidence Level: \$10,000 <ul style="list-style-type: none"> • No Age Reduction • Conversion and Portability are included in this quote

Supplemental Dependent AD&D	
All Active Full Time Employees (30 Hours)	<p>Spouse Benefit:</p> <ul style="list-style-type: none"> 100% of the Dependent Supplemental Life benefit. <p>Child Benefit:</p> <ul style="list-style-type: none"> Child Under 15 days: \$1,000 Child 15 days to 6 months old: \$1,000 Child more than 6 months, but less than 1 year old: \$1,000 Child more than 1 year old: \$1,000 increments to a maximum of \$10,000 Portability is included in this quote

Table of Covered Losses for AD&D		
Covered Loss	Supplemental AD&D	Supplemental Dependent AD&D
Life	100%	100%
Hand	50%	50%
Foot	50%	50%
Arm	75%	75%
Leg	75%	75%
Sight of One Eye	50%	50%
Combination of a Hand, Foot, and/or Eye	100%	100%
Thumb & Index Finger on the Same Hand	25%	25%
Speech and Hearing	100%	100%
Speech	50%	50%
Hearing	50%	50%
Paralysis of Both Arms and Both Legs	100%	100%
Paralysis of Both Legs	50%	50%
Paralysis of the Arm & Leg on Either Side of the Body	50%	50%
Paralysis of One Arm or Leg	25%	25%
Brain Damage	100%	100%
Coma	1% monthly up to 60 months	1% monthly up to 60 months
* Maximum Amount payable for all Covered Losses sustained in one accident is capped at 100% of the Full Amount		
Additional Benefits		
Benefit	Supplemental AD&D	Supplemental Dependent AD&D
Air Bag Use	5% up to \$10,000	5% up to \$10,000
Seat Belt Use	10% up to \$25,000	10% up to \$25,000
Common Carrier	100% of Full Amount	100% of Full Amount

Limitations and Exclusions	
Limitations	<ul style="list-style-type: none"> The Accidental Death & Dismemberment loss must occur within 365 days after the date of the accident and be a direct result of bodily injury sustained from that accident, independent of other causes.
Exclusions	<p>Accidental Death & Dismemberment insurance does not include payment for any loss which in any way results from or is caused by or contributed to by:</p> <ul style="list-style-type: none"> physical or mental illness or infirmity, or the diagnosis or treatment of such illness or infirmity; infection, other than infection occurring in an external accidental wound, or from food poisoning; suicide or attempted suicide; (In Missouri, such exclusion only applies while the person is sane); intentionally self-inflicted injury; service in the armed forces of any country or international authority. However, service in reserve forces does not constitute service in the armed forces, unless in connection with such reserve service an individual is on active military duty as determined by the applicable military authority other than weekend or summer training. For purposes of this provision reserve forces are defined as reserve forces of any branch of the military of the United States or of any other country or international authority, including but not limited to the National Guard of the United States or the national guard of any other country; any incident related to: 1) travel in an aircraft as a pilot, crew member, flight student or while acting in any capacity other than as a passenger (applies to: SupplementalADD); 2) travel in an aircraft for the purpose of parachuting or otherwise exiting from such aircraft while it is in flight; 3) parachuting or otherwise exiting from an aircraft while such aircraft is in flight except for self preservation; 4) travel in an aircraft or device used for testing or experimental purposes; by or for any military authority; or for travel or designed for travel beyond the earth's atmosphere; committing or attempting to commit a felony; the voluntary intake or use by any means of: 1) any drug, medication or sedative, unless it is: taken or used as prescribed by a Physician, or an "over the counter" drug, medication or sedative, taken as directed; 2) alcohol in combination with any drug, medication, or sedative; or 3) poison, gas, or fumes; war, whether declared or undeclared; or act of war, insurrection, rebellion, active participation in a riot; driving a vehicle or operating another device while intoxicated as defined by the laws of the jurisdiction in which the vehicle or other device was being operated.

Help your employees be financially prepared for the unexpected

Today's workforce is complex, which makes voluntary benefits especially important. While auto and home insurance may not be top of mind for your benefits program, these coverages provide more options for your employees to improve their financial wellness. Time to consider?



After medical, auto and home insurances rank among **the top 5 must-have** benefits for employees.¹

Employees saved an average of **\$562** on auto insurance when they switched to MetLife Auto & Home.²

Just like medical, premiums and out-of-pocket expenses for auto and home insurance are going up. From auto accidents to natural disasters, there has been an increase in the severity and frequency of incidents. And without the right coverage, an accident or storm can be devastating to your employees' financial wellbeing. With MetLife Auto & Home®, you can give your employees access to the protection they need to stay prepared for the unexpected. And the support they need to get back on track.

Personalized protection for the right fit

Everyone has different needs at different stages of life. That's why we offer a wide range of products and services — providing the flexibility for your employees to choose what's right for them.



- Auto
- Home
- RV
- Renters
- Flood*
- Condo
- Boats
- Landlord's rental dwelling
- Personal excess liability protection

Valuable savings on coverages employees need

Finding more money within a monthly budget to get the right benefits can be challenging for most employees. By offering auto and home through your group benefits program, you can give them access to valuable group discounts. And when employees save on coverage they already have, it gives them more options to get the right protection. Best of all, our simple, convenient solutions like payroll deduction help them balance their monthly budget.

Industry-leading features that give employees confidence

Sometimes, things go wrong. Homes or vehicles get damaged and your employees need help getting back on track. Our product advantages can help put things right for your employees:

- **Replacement cost coverages for homes and new vehicles** help employees rebuild at today's cost or repair/replace a new vehicle in case of a total loss³
- **Replacement costs for special parts** helps them with repair or replacement of certain parts, regardless of their wear and tear at the time of the accident⁴
- **Multi-policy advantages** offer the convenience of one common effective date and payroll deduction for both auto and home policies
- **Safe driving benefit** rewards employees with \$50 for every year of claim-free driving for up to five years. Employees can use that money to pay for their deductible⁵

Value-added services for peace of mind

We understand that recovering from a loss can take time. That's why we offer value-added programs — like prevention tips, auto repair shops, contractor references and identity protection services — to help your employees move forward with confidence. All these money-saving services are provided at no cost to you or your employees.

Service your employees can count on

Your employees can rely on us for easy, expert service from start to finish.

Convenient options — call-center, local agents, online, or mobile app — for your employees to buy and manage their coverage. And, since our auto and home program is offered year-round, your employees can buy coverage when the time is right for them.

Professional claims experts are available any time — 24 hours a day, 7 days a week — to support your employees in their time of need.

Simple and easy for you

Our people, processes and tools make it easy to add auto and home to your benefits program. We provide:

Engaging enrollment with our proven communications strategy. And we take care of it all — including communication costs — so that there's little or no work for you.

Seamless, simplified implementation with a service model built to deliver an efficient, flexible, and streamlined experience across all MetLife products. We focus on making benefits easier so you can focus on the people who make your business successful.

Get expert guidance for confident decisions — for your organization and your employees. Contact your MetLife representative today.

*MetLife Auto & Home participates in the National Flood Insurance Program (NFIP) managed by the federal government.

1. MetLife's 18th Annual U.S. Employee Benefit Trends Study 2020. Respondents included employees of Employer groups.
2. Savings based on our 2021 countrywide research of new call center customers' annual average savings on auto insurance in 2020. Statistics do not reflect sales of the product sold on MetLife Auto & Home MyDirect®.
3. See policy for restrictions for more details. Not available in all states. Deductible applies.
4. Not available in NC. See policy for restrictions. Deductible applies.
5. Not available in all states. NY drivers must pay a state-required minimum deductible before using this benefit. Benefit can be earned for up to 5 years. Depending on your policy form, the benefit could be up to \$250 or \$500.

Availability of products and features are based on MetLife Auto & Home's guidelines, group size, underwriting and state requirements.

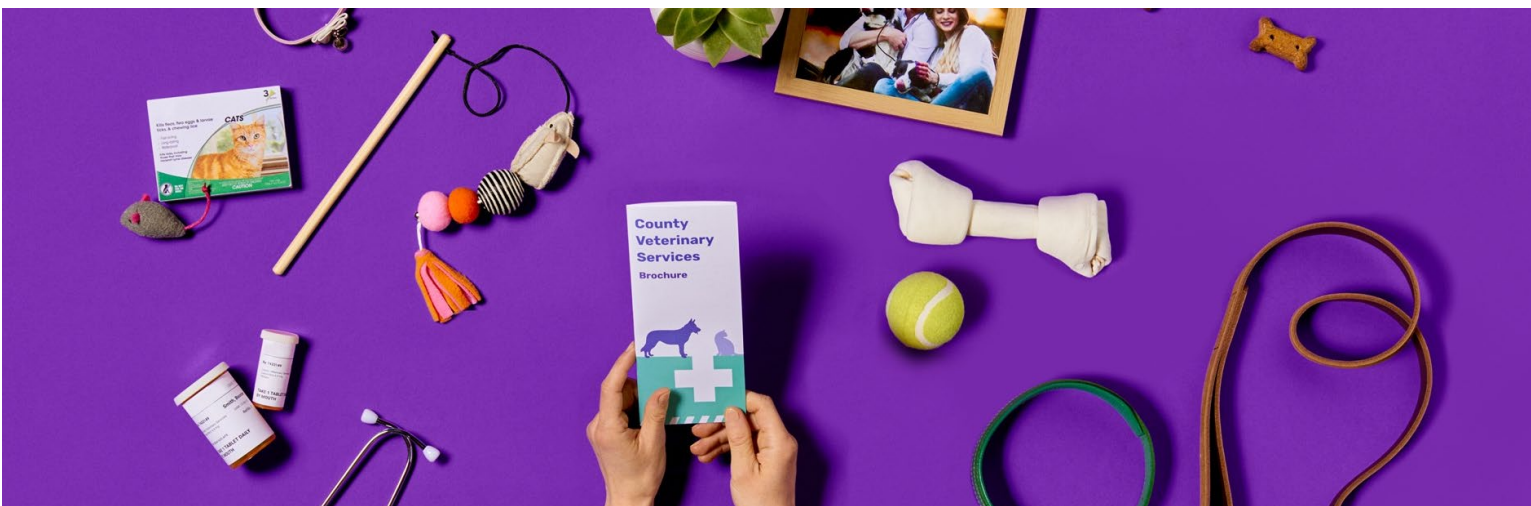
MetLife Auto & Home is a brand of Metropolitan Property and Casualty Insurance Company and its affiliates: Economy Fire & Casualty Company, Economy Premier Assurance Company, Economy Preferred Insurance Company, Metropolitan Casualty Insurance Company, Metropolitan Direct Property and Casualty Insurance Company, Metropolitan General Insurance Company, Metropolitan Group Property and Casualty Insurance Company, and Metropolitan Lloyds Insurance Company of Texas, all with administrative home offices at 700 Quaker Lane, Warwick, RI 02886. Coverage, rates, discounts, and policy features vary by state and product, and are available in most states to those who qualify. Policies have exclusions, limitations, and terms under which the policy may be continued in force or discontinued. For costs and complete details of coverage, contact your local MetLife Auto & Home representative or the company. For certain insurance coverage, including MetLife Auto & Home insurance products, an employee does not enroll, but must apply.

The Farmers Insurance Group® has purchased all the entities described above, except Metropolitan General Insurance Company. MetLife is no longer affiliated with MetLife Auto & Home and is not responsible for any of MetLife Auto & Homes' activities.



MetLife Pet Insurance¹

Underwritten and Issued by Independence American Insurance Company



Help take the worry out of covering the cost of unexpected visits to the vet with your furry family members with MetLife Pet Insurance¹.

Q. What is pet insurance?

A. Just like health insurance for you and your family, pet insurance is coverage for dogs and cats that can help you be prepared for unexpected vet costs. With MetLife Pet Insurance¹, you may be able to cover² up to 90% on the veterinary care expenses from any licensed veterinarian, specialist or emergency clinic across the U.S.

Q. Why do I need pet insurance?

A. Now more than ever, pets are playing a significant role in our lives and it is important to keep them safe and healthy. Perhaps you may have already experienced the cost of veterinary care for your pet. The average annual cost for a routine vet visit is \$212 for a dog and \$160 for a cat; and the average annual cost for a surgical vet visit is \$426 for a dog and \$214 for a cat.³

Q. How does pet insurance work?

A. Our process is simple and straightforward. Take your pet to the vet and pay the bill, then send your claim to us. You can file by using our mobile app, online portal, e-mail, fax or mail, and we'll process your claim within 10 days⁵. Then, you'll receive reimbursement⁶ by check or direct deposit if the claim expense is covered under the policy.

Q. When does coverage start?

A. MetLife Pet Insurance¹, provides among the shortest wait periods⁷ for accident and illness coverage. Accident coverage and wellness coverage (for those who select it) begin on the effective date of your policy. Illness coverage begins 14 days later.

6 in 10 +
More than 6 in 10 pet owners
said their pet has had an
emergency medical expense⁴

Get a quote or enroll today.

Visit
www.metlife.com/mybenefits
or call 1-800-GET-MET⁸

Q. What does it cover²?

A. Coverage includes:

- accidental injuries
- illnesses
- exam fees
- surgeries
- medications
- ultrasounds
- hospital stays
- X-rays and diagnostic tests

And our coverage² also includes:

- hip dysplasia
- hereditary conditions
- congenital conditions
- holistic care
- chronic conditions
- alternative therapies
- and much more!

Q. What does it not cover?

A. Pre-existing conditions may not be covered- enroll your pets today and help make sure they're protected.

Q. Can I visit any vet?

A. You can visit any licensed vet or emergency clinic in the U.S., and you and your veterinarian of choice can determine the best treatment plan and medical course of action for your pet. Once you've received and paid your bill, send it to us and we will process your claim for reimbursement⁶ if the claim expense is covered under the policy.

Q. How much pet insurance do I need?

A. We believe that every individual and their pet have unique needs. Hence we provide the ability to customize your coverage. Coverage is flexible and customizable so that you can choose the plan that works for you. Options include:

- levels of coverage from **\$1,000 – unlimited⁸**
- **\$0 - \$2,500** deductible options⁹
- reimbursement percentages from **65% - 100%⁶**

Q. How much will it cost?

A. Each pet's premium will be unique based on the age, breed, location and gender, as well as what coverage amount you select. Plus, if you go claim-free in a policy year, we'll automatically decrease your deductible by \$25¹⁰.

Q. Are there any discounts?

A. Yes. Group discounts are available¹¹.

Q. How do I pay for my coverage?

A. Check with your employer. You may either have an option for payroll deduction or you can set up an automatic payment from your bank with us.

¹Independence American Insurance Company ("IAIC") is the insurance carrier for this product. PetFirst Healthcare, LLC, a MetLife company, is the policy administrator authorized to offer and administer pet insurance policies. Independence American Insurance Company, a Delaware insurance company, is headquartered at 485 Madison Avenue, NY, NY 10022. For costs, complete details of coverage and exclusions, and a listing of approved states, please contact PetFirst Healthcare, LLC.

²Provided all terms of the policy are met. Like most insurance policies, insurance policies offered by PetFirst Healthcare, LLC and underwritten by Independence American Insurance Company, contain certain exclusions, exceptions, reductions, limitations, and terms for keeping them in force.

³2019-2020 APPA National Pet Owners Survey.

⁴Delfino, Devon. "42% of Millennials Have Been in Debt for Their Pet," lendingtree, <https://www.lendingtree.com/personal/pet-financing/average-pet-debt/>. Accessed 22 April 2020.

⁵80% of claims are processed within 10 days or less.

⁶Reimbursement options include: 65%, 70%, 80%, 90% and 100%.

⁷Accident coverage and wellness coverage (for those who select it) begin on the effective date of your policy. Illness coverage begins 14 days later.

⁸Annual limit options range from \$1,000 - \$25,000 in \$1,000 increments.

⁹Deductible options range include: \$0 - \$750 in \$50 increments and \$1,000, \$1,250, \$1,500, \$2,000 and \$2,500.

¹⁰With deductible savings, your pet's deductible automatically decreases by \$25 each policy year that you don't receive a claim reimbursement. May not be available in all states.

¹¹This discount is not available in Tennessee. This discount is only available for individuals who access the policy through a group (10% for Groups > 1000 lives and 5% for Groups 50-999 lives).

Protect Your Furry Family Members with MetLife Pet Insurance¹.

Underwritten and Issued by Independence American Insurance Company



Now more than ever, pets are playing a significant role in our lives and it is important to keep them safe and healthy. Help make sure your furry family members are protected against unplanned vet expenses for covered accidents or illnesses with MetLife Pet Insurance¹.

Why is pet insurance important?

- A small monthly payment can help you prepare for unexpected vet expenses down the road
- More than **6 in 10** pet owners said their pet has had an **emergency medical expense**²
- 24% of **pet parents have credit card or personal loan debt** to cover pet health and vet costs³
- Average annual cost for a routine vet visit is **\$212 for a dog** and **\$160 for a cat**; and average annual cost for a surgical vet visit is **\$426 for a dog** and **\$214 for a cat**⁴
- Pet insurance may not cover pre-existing conditions

...so there's no better time than now to protect your furry family members.

What is covered⁵?

- > accidental injuries
- > illnesses
- > exam fees
- > surgeries
- > medications
- > ultrasounds
- > hospital stays
- > X-rays and other diagnostics

And our coverage⁵ also includes

- > hip dysplasia
- > hereditary conditions
- > congenital conditions
- > chronic conditions
- > alternative therapies
- > and much more!

To get a quote or enroll, visit:

www.metlife.com/mybenefits

or call 1-800-GET-MET8



Pet Insurance

How does MetLife Pet Insurance¹ work?



Select and enroll in the coverage that's best for you and your pet



Download our mobile app



Take your pet to the vet



Pay the bill



Send the bill and your claim to us via our mobile app, online portal, email, fax or mail



Receive reimbursement⁶ by check or direct deposit if the claim expense is covered under the policy

Why Choose MetLife?

- **Flexible product offerings** with straightforward pricing [and options], group discounts⁷, customizable limits and deductible savings⁸
- **Quick 3-step enrollment** and hassle-free claims experience with most claims processed within 10 days⁹
- **Multi-channel support options with our experienced team** of pet advocates that have been serving pet parents and their communities for more than 15 years

To get a quote or enroll, visit www.metlife.com/mybenefits or call 1-800-GET-MET8.

1. Independence American Insurance Company ("IAIC") is the insurance carrier for this product. IAIC, a Delaware insurance company, is headquartered at 485 Madison Avenue, NY, NY 10022. MetLife Pet Insurance Solutions LLC is the policy administrator authorized by IAIC to offer and administer pet insurance policies. This entity was previously known as PetFirst Healthcare, LLC and in some states continues to operate under that name pending approval of its application for a name change. The entity may operate under an assumed name and/or fictitious name in certain jurisdictions as approved, including MetLife Pet Insurance Services LLC (New York and Minnesota), MetLife Pet Insurance Solutions Agency LLC (Illinois), and such other assumed names or fictitious names approved by certain jurisdictions.

2. Delfino, Devon. "42% of Millennials Have Been in Debt for Their Pet," lendingtree, <https://www.lendingtree.com/personal/pet-financing/average-pet-debt/>. Accessed 22 April 2020.

3. 2019 Benefits Pro "Americans willing to spend as much on pets' health care as their own".

4. 2019-2020 APPA National Pet Owners Survey.

5. Provided all terms of the policy are met. Like most insurance policies, insurance policies issued by IAIC contain certain exclusions, exceptions, reductions, limitations, and terms for keeping them in force. For costs, complete details of coverage and exclusions, and a listing of approved states, please contact MetLife Pet Insurance Solutions LLC.

6. Reimbursement options include: 65%, 70%, 80%, 90% and 100%.

7. This discount is not available in Tennessee. This discount is only available to individuals who are eligible members or employees of an entity that has arranged for MetLife to offer pet insurance to its eligible population (The discount is 10% for Groups > 1000 lives and 5% for Groups 50-999 lives).

8. With deductible savings, your pet's deductible automatically decreases by \$25 each policy year that you don't receive a claim reimbursement. May not be available in all states.

9. 80% of claims are processed within 10 days or less.

Legal Plans

Provides access to legal expertise for both expected and unexpected events.

Facts & Stats

Whether it's a planned event, like buying a home or preparing a will, or an unexpected problem, like a speeding ticket, most of us need legal counsel at some point.



The cost of MetLife Legal Plans coverage for the whole year is less than the average lawyer's hourly fee²

\$370 vs **\$18**
an hour a month³

Just a few times in life you might need legal help.



GETTING MARRIED

- Prenuptial agreement
- Name change
- Updating or creating estate planning documents



STARTING A FAMILY

- Creating wills and estate planning documents
- School and administrative hearings
- Adoption



CARING FOR AGING PARENTS

- Review of Medicare/Medicaid documents
- Nursing home agreement
- Reviewing estate planning documents



BUYING, RENTING OR SELLING A HOME

- Reviewing contracts and purchase agreements
- Preparing deeds
- Attending the closing



DEALING WITH IDENTITY THEFT

- Attorney consultations regarding potential creditor actions
- Assistance with contacting banks and creditors
- Attorney defense for issues related to identity theft



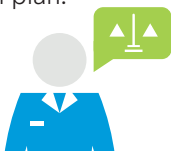
SENDING KIDS OFF TO COLLEGE

- Security deposit assistance
- Reviewing leases
- Student loan debt assistance

Affordable monthly rates, unlimited usage

There are many benefits to enrolling in the legal plan. If you use it just once in a year, it is very likely that the plan will more than pay for itself.

Review the table to see the potential savings for a legal insurance plan member who enrolls in the legal plan and uses a Network Attorney for three basic legal matters.



Example of Personal Legal Matters and Costs⁴

Wills for Employee and Spouse	\$740
Medical Powers of Attorney	\$185
Home Refinancing	\$1,850
Total	\$2,775
Legal Plan⁵	\$216 per year
Potential Savings	\$2,559

Legal Plans

Provides access to legal expertise for both expected and unexpected events.

Legal experts on your side, whenever you need them



Quality legal assistance can be pricey. And it can be hard to know where to turn to find an attorney you trust. For a monthly fee, you can have a team of top attorneys ready to help you take care of life's planned and unplanned legal events.

MetLife Legal Plans, formerly known as Hyatt Legal Plans, gives you access to the expert guidance and tools you need to handle the broad range of personal legal needs you might face throughout your life. This could be when you're buying or selling a home, starting a family, dealing with identity theft, or caring for aging parents.

Reduce the out of pocket cost of legal services with MetLife Legal Plans.

How it works

Our service is tailored to your needs. With network attorneys available in person, by phone, or by email and online tools to do-it-yourself or plan your next move — we make it easy to get legal help. And, you will always have a choice in what attorney to use. You can choose one from our network of prequalified attorneys, or use an attorney outside of our network and be reimbursed some of the cost.¹

Best of all, you have unlimited access to our attorneys for all legal matters covered under the plan. For a monthly premium conveniently paid through payroll deduction, an expert is on your side as long as you need them.

When you need help with a personal legal matter, MetLife Legal Plans is there for you to help make it a little easier.

For added protection, your spouse and dependent children are also covered.

Estate planning at your fingertips:

Our newly redesigned website provides you with the ability to create wills, living wills and powers of attorneys online in as little as 15 minutes. Answer a few questions about yourself, your family and your assets to create these documents instantly. Where available, you also have access to digital notary and signing capabilities to finalize the documents.²

Legal Plans

Helping you navigate life's planned and unplanned events.

For **\$18 a month**, you get legal assistance for some of the most frequently needed personal legal matters — with no waiting periods, no deductibles and no claim forms, when using a network attorney for a covered matter.

Money Matters	<ul style="list-style-type: none"> Debt Collection Defense Identity Management Services³ 	<ul style="list-style-type: none"> Identity Theft Defense Negotiations with Creditors Personal Bankruptcy 	<ul style="list-style-type: none"> Promissory Notes Tax Audit Representation Tax Collection Defense
Home & Real Estate	<ul style="list-style-type: none"> Boundary & Title Disputes Deeds Eviction Defense Foreclosure 	<ul style="list-style-type: none"> Home Equity Loans Mortgages Property Tax Assessments Refinancing of Home 	<ul style="list-style-type: none"> Sale or Purchase of Home Security Deposit Assistance Tenant Negotiations Zoning Applications
Estate Planning	<ul style="list-style-type: none"> Codicils Complex Wills Healthcare Proxies Living Wills 	<ul style="list-style-type: none"> Powers of Attorney (Healthcare, Financial, Childcare, Immigration) 	<ul style="list-style-type: none"> Revocable & Irrevocable Trusts Simple Wills
Family & Personal	<ul style="list-style-type: none"> Adoption Affidavits Conservatorship Demand Letters Garnishment Defense Guardianship Immigration Assistance 	<ul style="list-style-type: none"> Juvenile Court Defense, Including Criminal Matters Name Change Parental Responsibility Matters Personal Property Protection Prenuptial Agreement 	<ul style="list-style-type: none"> Protection from Domestic Violence Review of ANY Personal Legal Document School Hearings
Civil Lawsuits	<ul style="list-style-type: none"> Administrative Hearings Civil Litigation Defense 	<ul style="list-style-type: none"> Disputes Over Consumer Goods & Services Incompetency Defense 	<ul style="list-style-type: none"> Pet Liabilities Small Claims Assistance
Elder-Care Issues	Consultation & Document Review for your parents: <ul style="list-style-type: none"> Deeds Leases 	<ul style="list-style-type: none"> Medicaid Medicare Notes Nursing Home Agreements 	<ul style="list-style-type: none"> Powers of Attorney Prescription Plans Wills
Vehicle & Driving	<ul style="list-style-type: none"> Defense of Traffic Tickets⁴ Driving Privileges Restoration 	<ul style="list-style-type: none"> License Suspension Due to DUI 	<ul style="list-style-type: none"> Repossession

To learn more, visit info.legalplans.com and enter access code **Legal** or call **800.821.6400** Monday – Friday 8:00 am – 8:00 pm (ET).

- You will be responsible to pay the difference, if any, between the plan's payment and the out-of-network attorney's charge for services.
- Digital notary and signing is not available in all states.
- This benefit provides the Participant with access to LifeStages Identity Management Services provided by CyberScout, LLC. CyberScout is not a corporate affiliate of MetLife Legal Plans.
- Does not cover DUI.

Group legal plans provided by MetLife Legal Plans, Inc., Cleveland, Ohio. In certain states, group legal plans are provided through insurance coverage underwritten by Metropolitan Property and Casualty Insurance Company and affiliates, Warwick, RI. No service, including consultations, will be provided for: 1) employment-related matters, including company or statutory benefits; 2) matters involving the employer, MetLife, its affiliates, or plan attorneys; 3) matters in which there is a conflict of interest between the employee and spouse/civil union partner or dependents, in which case services are excluded for the spouse/civil union partner and dependents; 4) appeals and class actions; 5) farm and business matters, including rental issues when the participant is the landlord; 6) patent, trademark, and copyright matters; 7) costs and fines; 8) frivolous or unethical matters; 9) matters for which an attorney-client relationship exists prior to the participant becoming eligible for plan benefits. For all other personal legal matters, an advice and consultation benefit is provided. Additional representation is also included for certain matters. Please see your plan description for details. MetLife® is a registered trademark of Metropolitan Life Insurance Company, New York, NY. [ML3]

Legal help made easy

MetLife Legal Plans provides you with access to experienced attorneys and reduces effort on your end. It's a smart, simple, affordable way to get the legal help you need.



Experience and convenience you can count on.

You'll have all the help you're looking for from our experienced service team, network of attorneys and variety of online resources.



Award-winning service

- Regularly recognized for excellence in customer service¹
- Experienced service team available from 8 am to 8 pm ET



Top-quality attorney network

- Average of 25 years of experience and vetted regularly
- Nationwide network with a range of specialties



Convenient online help

- Create an account on our website to access coverage information and our attorney locator
- 24/7 access to our attorney locator and case numbers
- Access to digital estate planning to create wills, living wills and powers of attorney all online



Ease of use²

- All billing is handled between MetLife and the attorney
- No claims forms, hidden fees or deductibles

¹Two-time winner of the Silver Stevie in the American Business Awards, 2016 and 2017; Bronze winner in 2018, 2019 and 2020.

² When using a network attorney for a covered legal matter

Group legal plans are provided by MetLife Legal Plans, Inc., Cleveland, OH. In certain states, group legal plans are provided through insurance coverage underwritten by Metropolitan Property and Casualty Insurance Company and Affiliates, Warwick, RI. Payroll deduction required for group legal plans. For costs and complete details of the coverage, call or write the company.

Some services not available in all states. No service, including consultations, will be provided for: 1) employment-related matters, including company or statutory benefits; 2) matters involving the employer, MetLife and affiliates and plan attorneys; 3) matters in which there is a conflict of interest between the employee and spouse or dependents in which case services are excluded for the spouse and dependents; 4) appeals and class actions; 5) farm and business matters, including rental issues when the participant is the landlord; 6) patent, trademark and copyright matters; 7) costs and fines; 8) frivolous or unethical matters; 9) matters for which an attorney-client relationship exists prior to the participant becoming eligible for plan benefits. For all other personal legal matters, an advice and consultation benefit is provided. Additional representation is also included for certain matters.

Legal Plans

Provides access to legal expertise for both expected and unexpected events.

The Benefits of Estate Planning



Seventy percent of Americans don't have a will¹, the most basic estate planning document you need to protect your assets and your family's future.

If you have assets you wish to leave behind, want to take control of healthcare decisions or if you have young children, you should consider what estate planning documents you need.

There are several components to an estate plan that are covered with your legal plan:

Will: A will ensures that your property will be distributed and your family will be cared for exactly as you wish. Without a will, the courts may decide how your property is distributed.

Living Trust: A living trust allows you to distribute your assets and property while you are still alive, while at the same time reducing the amount of taxes you may have to pay.

Living Will: This document specifies the types of medical treatments you want in the event that you become unable to express those wishes directly. A living will not only ensures that you get the care you want, but protects your loved ones from making difficult decisions on your behalf.

Durable Power of Attorney: In the event you become incapacitated, this document allows you to designate someone you trust to make decisions on your behalf.

You can meet with an attorney to discuss your estate plan and have them prepare the documents you need, or you can use our digital estate planning service to complete wills, living wills and powers of attorney online in as little as 15 minutes.

Consider this real member story:²

"My spouse and I decided it was time to do our estate planning. Our attorney in San Francisco made the process easy. He listened to us, what we wanted and made great recommendations on how we can best plan for the future. He explained in simple language all the documents that we were signing."

See the costs without a legal plan:

Covered services	Without a legal plan	With a legal plan
Wills for employee and spouse	\$740	\$0 out of pocket
Living trust	\$1,850	\$0 out of pocket
Living will	\$370	\$0 out of pocket
Durable power of attorney	\$370	\$0 out of pocket
Total	\$3,330 for all three³	\$216 per year⁴
Potential savings		\$3,114

Even if you only use the plan once, it will likely pay for itself. Plus, the plan provides coverage for other common legal issues you face including traffic ticket defense, debt collection matters and identity theft assistance. For more information, visit info.legalplans.com or call 800.821.6400.

Count on us for an exceptional service experience.

1. CARAVAN survey conducted by ENGINE on behalf of MetLife Legal Plans, January 2020

2. Example based on real member feedback.

3. Example based on the average amount of hours it would take, using the average hourly rate of \$370 based on years of legal experience, National Law Journal and ALM Legal Intelligence, Survey of Law Firm Economics (2018).

4. Rates may vary. This cost is based on an average monthly rate of \$18.

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Notes



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