

PERSONALIZED BENEFITS 2024



Accident Coverage

Critical Illness

Short Term Disability

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Term Life Insurance



Hospital Indemnity



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Discount Marketplace Website



Accident Insurance

What is Accident Insurance?

Accident Insurance pays you benefits for specific injuries and events resulting from a covered accident. The amount paid depends on the type of injury and care received. You have the option to elect Accident Insurance to meet your needs. Accident Insurance is a limited benefit policy. It is not health insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

You may qualify to receive benefits for items listed below, as long as they are the result of a covered accident. See the certificate of insurance and any riders for specific details.

- Accident hospital care
- Follow-up care
- Common Injuries
- Emergency care benefits

Other features of Accident Insurance include:

- **Guaranteed Issue:** No medical questions or tests required for coverage.
- **Flexible:** You can use the benefit money for any purpose you like.
- **Payroll deductions:** Premiums are paid through convenient payroll deductions.

How can Accident Insurance help?

Below are a few examples of how your Accident Insurance benefits could be used:

- Medical expenses, such as deductibles and copays
- Home healthcare costs
- Lost income due to lost time at work
- Everyday expenses like utilities and groceries

Who is eligible for Accident Insurance?

- **You**—all permanent active full-time employees, excluding Educational Assistants, working 30 hours per week or more.
- **Your spouse***— under age 70. Coverage is available only if employee coverage is elected.
- **Your child(ren)**— to age 26. Coverage is available only if employee coverage is elected.

*The use of "spouse" in this document means a person insured as a spouse as described in the certificate of insurance or rider. This may include domestic partners or civil union partners as defined by the group policy. Please contact your employer for more information.

What accident benefits are available?

The following list includes the benefits provided by Accident Insurance. The benefit amounts paid depend on the type of injury and care received. You may be required to seek care for your injury within a set amount of time. Note that there may be some variation by state. For a list of standard exclusions and limitations, go to the end of this document. For a complete description of your available benefits, along with applicable provisions, exclusions and limitations, see your certificate of insurance and any riders.

Event	Benefit
Accident hospital care	
Surgery open abdominal, thoracic	\$2,500
Surgery exploratory or without repair	\$250
Blood, plasma, platelets	\$400
Hospital admission	\$1,400
Hospital confinement per day up to 365	\$300
Coma duration of 14 or more days	\$7,000
Transportation per trip, up to 3 per accident	\$400

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Follow-up care	
Medical equipment	\$250
Physical therapy per treatment, up to 6	\$50
Prosthetic device (one)	\$1,200
Prosthetic device (two or more)	\$2,400
Common injuries	
Burns second degree, at least 36% of the body	\$1,250
Burns 3rd degree, at least 9 but less than 35 square inches of the body	\$2,500
Burns 3rd degree, 35 or more square inches of the body	\$18,000
Skin Grafts	25% of burn benefit
Emergency dental work while hospital confined	\$250 crown, \$125 extraction
Eye Injury removal of foreign object	\$75
Eye Injury surgery	\$300
Torn Knee Cartilage surgery with no repair or if cartilage is shaved	\$150
Torn Knee Cartilage surgical repair	\$750
Laceration¹ treated no sutures	\$60
Laceration¹ sutures up to 2"	\$120
Laceration¹ sutures 2" – 6"	\$480
Laceration¹ sutures over 6"	\$960
Ruptured Disk surgical repair	\$600
Tendon/Ligament/Rotator Cuff One, surgical repair	\$600
Tendon/Ligament/Rotator Cuff Two or more, surgical repair	\$900
Tendon/Ligament/Rotator Cuff Exploratory Arthroscopic Surgery with no repair	\$200
Concussion	\$250
Paralysis quadriplegia	\$15,000
Paralysis paraplegia	\$7,500
Dislocations	Closed/open reduction ²
Hip joint	\$2,500/\$5,000
Knee	\$1,500/\$3,000
Ankle or foot bone(s) Other than toes	\$1,200/\$2,400
Shoulder	\$500/\$1,000
Elbow	\$500/\$1,000
Wrist	\$500/\$1,000

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Accident Insurance

Finger/toe	\$150/\$300
Hand bone(s) Other than fingers	\$500/\$1,000
Lower jaw	\$500/\$1,000
Collarbone	\$500/\$1,000
Partial dislocations	25% of the closed reduction amount
Fractures	Closed/open reduction³
Hip	\$2,500/\$5,000
Leg	\$1,250/\$2,500
Ankle	\$500/\$1,000
Kneecap	\$500/\$1,000
Foot Excluding toes, heel	\$500/\$1,000
Upper arm	\$550/\$1,100
Forearm, Hand, Wrist Except fingers	\$500/\$1,000
Finger, Toe	\$100/\$200
Vertebral body	\$1,200/\$2,400
Vertebral processes	\$500/\$1,000
Pelvis Except coccyx	\$1,200/\$2,400
Coccyx	\$350/\$700
Bones of face Except nose	\$550/\$1,100
Nose	\$150/\$300
Upper jaw	\$550/\$1,100
Lower jaw	\$500/\$1,000
Collarbone	\$500/\$1,000
Rib or ribs	\$450/\$900
Skull – simple Except bones of face	\$1,500/\$3,000
Skull – depressed Except bones of face	\$5,000/\$10,000
Sternum	\$500/\$1,000
Shoulder blade	\$500/\$1,000
Chip fractures	25% of the closed reduction amount
Emergency care benefits	
Ground ambulance	\$200
Air ambulance	\$1000
Emergency room treatment	\$300
Initial doctor visit	\$80
Follow-up doctor visit	\$80

¹ Laceration benefits are a total of all lacerations per accident.

² Closed Reduction of Dislocation = Non-surgical reduction of a completely separated joint. Open Reduction of Dislocation = Surgical reduction of a completely separated joint.

³ Closed Reduction of Fracture = Non-surgical. Open Reduction of Fracture = Surgical.

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Accident Insurance

Meet Patty

Patty wasn't sure she'd be able to cover her medical expenses after she broke her leg in a car accident while out of town with friends. Thanks to her Accident Insurance coverage with emergency care benefits, Patty was able to use the benefits to help pay for her medical bills, as well as to offset her time away from work while going to various doctor appointments.

Benefits paid by Patty's Accident Insurance

	Out-of-Pocket Costs	Accident Insurance Benefit
Ground ambulance	\$500	\$200
Emergency room treatment	\$1,700	\$300
Leg fracture	--	\$1,250
Transportation (one trip)	\$85	\$400
Lodging (one night)	\$130	\$100
Medical equipment	\$150	\$250
Follow-up doctor visit	\$125	\$80
Lost time from work	\$300	--
Total	\$2,990	\$2,580

This is an example of how coverage could work. The amounts shown are an example only. Actual costs/results may vary.

What does my Accident Insurance include?

The benefits listed below are included with your accident coverage. For a list of standard exclusions and limitations, please refer to the end of this document. For a complete description of your available benefits, along with applicable provisions, exclusions and limitations, see your certificate of insurance and any riders.

- Wellness Benefit:** This provides an annual benefit payment if you complete a health screening test. You may only receive a benefit once per year, even if you complete multiple health screening tests.
 - Examples of health screening tests include but are not limited to: Pap test, serum cholesterol test for HDL and LDL levels, mammography, colonoscopy, and stress test on bicycle or treadmill.
 - The annual benefit is \$50 for completing a health screening test.
 - If your spouse and children are covered for Accident Insurance, they are also covered by the Wellness Benefit. Your spouse's benefit amount is also \$50. The benefit for child coverage is 50% with an annual maximum of \$100 for children's benefits.
- Accidental Death and Dismemberment (AD&D) Benefit:** If you are severely injured or die as a result of a covered accident, an AD&D benefit may be payable to you or your beneficiary.
 - If your spouse and children are covered for Accident Insurance, they are covered for this additional benefit.

Accidental Death Benefits	Benefit
Common Carrier: If the death occurs as a result of a covered accident on a common carrier a higher benefit will be paid. Common carrier means any commercial transportation that operates on a regularly scheduled basis between predetermined points or cities.	
Employee	\$120,000
Spouse	\$48,000
Children	\$24,000
Other Accident	
Employee	\$60,000
Spouse	\$24,000
Children	\$12,000

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Accidental Dismemberment Benefits	Benefit
Loss of both hand or both feet or sight in both eyes	\$25,000
Loss of one hand or one foot AND the sight of one eye	\$25,000
Loss of one hand AND one foot	\$25,000
Loss of one hand OR one foot	\$12,000
Loss of Two or more fingers or toes	\$2,500
Loss of one finger or one toe	\$1,200

- **Catastrophic Accident Benefit:** You may be eligible for an extra benefit if the effects from certain covered losses persist for at least 365 days. This is called the Catastrophic Accident Elimination Period.
 - Loss includes, but is not limited to permanent loss or loss of function of any of the following: both hands or both feet, the use of both arms or both legs, one hand and one foot, one arm and one leg, the sight of both eyes, hearing in both ears and the ability to speak.
 - If your spouse and children are covered for Accident Insurance, they are covered for this additional benefit if severely injured in a covered accident.
 - Coverage amounts:
 - Employee: \$120,000
 - Spouse: \$60,000
 - Children: \$30,000
 - Two additional benefits are also available:
 - \$5,000 when a covered person requires a home modification as prescribed by a doctor.
 - \$5,000 when a covered person requires a vehicle modification as prescribed by a doctor.
- **Portability on your Accident Insurance is NOT included should you leave your current employer or retire.**

What optional benefits are available?

You may choose to include the optional benefits below with your accident coverage. For a list of standard exclusions and limitations, please refer to the end of this document. For a complete description of your available benefits, along with applicable provisions, exclusions and limitations, see your certificate of insurance and any riders.

- **Spouse* Accident Insurance:** If you have coverage for yourself, you may enroll your spouse, as long as your spouse is under age 70 and is not covered under the Policy as an Employee.
 - Your spouse will receive the same base coverage as you.
 - Guaranteed Issue: No medical questions or tests required for coverage

*The use of "spouse" in this form means a person insured as a spouse as described in the certificate of insurance or benefit. This may include domestic partners or civil union partners as defined by the plan. Please contact your employer for more information.

- **Children's Accident Insurance:** As long as you have accident coverage on yourself, your natural child(ren), stepchild(ren), adopted child(ren) or child(ren) for whom you are a legal guardian are eligible to be covered under your employer's plan, up to the age of 20, or to age 26 if a full-time student.
 - Your child(ren) will receive the same base coverage as you.
 - Guaranteed Issue: No medical questions or tests required for coverage.
 - One premium amount covers all of your eligible children.
 - If both you and your spouse are covered under the policy as an employee, then only one, but not both, may cover the same child(ren) under this benefit. If the parent who is covering the child(ren) stops being insured as an employee then the other parent may apply for children's coverage.

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Accident Insurance

How much does Accident Insurance cost?

All employees pay the same rate, no matter their age. See the chart below for the premium amounts. Rates shown are guaranteed until January 1, 2022.

Monthly Rates			
Employee	Employee and Spouse	Employee and Children	Family
\$10.24	\$19.51	\$24.54	\$33.81

Exclusions and Limitations

Exclusions in the Certificate, Spouse Accident Insurance, Children's Accident Insurance and AD&D Benefit are listed below. (These may vary by state.) Benefits are not payable for any loss caused in whole or directly by any of the following*:

- Participation or attempt to participate in a felony or illegal activity.
- An accident while the covered person is operating a motorized vehicle while intoxicated. Intoxication means the covered person's blood alcohol content meets or exceeds the legal presumption of intoxication under the laws of the state where the accident occurred.
- Suicide, attempted suicide or any intentionally self-inflicted injury, while sane or insane.
- War or any act of war, whether declared or undeclared, other than acts of terrorism.
- Loss that occurs while on full-time active duty as a member of the armed forces of any nation. We will refund, upon written notice of such service, any premium which has been accepted for any period not covered as a result of this exclusion.
- Alcoholism, drug abuse, or misuse of alcohol or taking of drugs, other than under the direction of a doctor.
- Riding in or driving any motor-driven vehicle in a race, stunt show or speed test.
- Operating, or training to operate, or service as a crew member of, or jumping, parachuting or falling from, any aircraft or hot air balloon, including those which are not motor-driven. Flying as a fare-paying passenger is not excluded.
- Engaging in hang-gliding, bungee jumping, parachuting, sail gliding, parasailing, parakiting, kite surfing or any similar activities.
- Practicing for, or participating in, any semiprofessional or professional competitive athletic contests for which any type of compensation or remuneration is received.
- Any sickness or declining process caused by a sickness.

*See the certificate of insurance and riders for a complete list of available benefits, along with applicable provisions, exclusions and limitations.

Exclusions and limitations in the Catastrophic Accident Benefit are the same as in the Certificate, plus :

- The catastrophic accident benefit is not payable if the covered person is in a coma at the end of the catastrophic accident elimination period.
- The catastrophic accident benefit reduces to 50% at age 65 and to 25% of the initial benefit amount at age 70.

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Critical Illness Insurance

What is Critical Illness Insurance?

Critical Illness Insurance pays a lump-sum benefit if you are diagnosed with a covered illness or condition on or after your coverage effective date. You have the option to elect Critical Illness Insurance to meet your needs. Critical Illness Insurance is a limited benefit policy. It is not health insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

Features of Critical Illness Insurance include:

- **Guaranteed Issue:** No medical questions or tests are required for coverage.
- **Flexible:** You can use the benefit payments for any purpose you like.
- **Payroll deductions:** Premiums are paid through convenient payroll deductions.
- **Portable:** If you leave your current employer, you can take your coverage with you.

For what critical illnesses and conditions are benefits available?

Critical Illness Insurance provides a benefit payment for the following illnesses and conditions. Covered illnesses/conditions are broken out into groups called “modules”. Benefits are paid at 100% of the Maximum Critical Illness Benefit amount unless otherwise stated. For a complete description of your benefits, along with applicable provisions, conditions on benefit determination, exclusions and limitations, see your certificate of insurance and any riders.

Base Module

- Heart attack
- Stroke
- Coronary artery bypass (25%)
- Major organ failure
- Permanent paralysis
- End stage renal (kidney) failure

Cancer Module

- Cancer
- Skin cancer (10%)
- Carcinoma in situ (25%)

How can Critical Illness Insurance help?

Below are a few examples of how your Critical Illness Insurance benefit could be used (coverage amounts may vary):

- Medical expenses, such as deductibles and copays
- Child care
- Home healthcare costs
- Mortgage payment/rent and home maintenance

Who is eligible for Critical Illness Insurance?

- **You**—all permanent active full-time employees, excluding Educational Assistants, working 30 hours per week or more.
- **Your spouse***— under age 70. Coverage is available only if employee coverage is elected.
- **Your children**— to age 26. Coverage is available only if employee coverage is elected.

*The use of “spouse” in this document means a person insured as a spouse as described in the certificate of insurance or rider. This may include domestic partners or civil union partners as defined by the group policy. Please contact your employer for more information.

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Critical Illness Insurance

When is my coverage effective?

The effective date of coverage is the date you are eligible to begin filing claims. The injury must occur on or after the coverage effective date.

Annual Enrollment

- Your coverage becomes effective on January 1, following the election of coverage. Coverage for your spouse and/or children becomes effective on the same date as your coverage.

New Hires

- If you elect voluntary Coverage, that coverage becomes effective at 12:01 AM on the latest of the following:
 - The date you are eligible for coverage, if you apply on or before that date.
 - The first day of the month following the date you apply for coverage.
 - The first day of the month following the date you return to active employment, if you are not in active employment when your coverage would otherwise become effective.
- Coverage for your spouse and/or children becomes effective on the same date as your coverage.

What Maximum Critical Illness Benefit am I eligible for?

- For you
 - You have the opportunity to purchase a Maximum Critical Illness Benefit of \$5,000-\$20,000 in \$5,000 increments.
- For your spouse
 - You have the opportunity to purchase a Maximum Critical Illness Benefit of \$5,000 or \$10,000 for your spouse.
- For your children
 - You have the opportunity to purchase a Maximum Critical Illness Benefit of \$5,000 or \$10,000 for each covered child.

How many times can I receive the Maximum Critical Illness Benefit?

Usually you are only able to receive the Maximum Critical Illness Benefit once for each covered condition. Your plan includes the Recurrence Benefit*, which allows you to receive a benefit for the same condition a second time. It's important to note that in order for the second occurrence of the illness to be covered, it must occur after 12 consecutive months without the occurrence of any covered critical illness named in your certificate, including the illness from the first benefit payment.

If you have reached the benefit limit by receiving the maximum benefit for each covered condition, you may choose to end your coverage; however, if you have coverage for your spouse and/or children, you must continue your coverage in order to keep their coverage active. Please see your certificate of coverage for details.

*This benefit does not apply to the cancer module.

Critical Illness Insurance

Meet Julie

When Julie looks at her life, she thinks she's in pretty good health. Sure, she has a sedentary job, but Julie feels she offsets sitting 40 hours a week by eating fairly well, getting enough sleep and taking regular walks around her neighborhood. That's why the heart attack she suffered just three months after her 42nd birthday came as such a shock. While Julie is expected to make a full recovery, her recuperation could have been more challenging had it not been for the benefit paid by her Critical Illness Insurance.

Expenses incurred over two months:

\$5,000	Out-of-pocket medical expenses
\$2,800	Mortgage
\$1,500	Food and utilities
\$800	Car payment
\$150	Car insurance
\$500	Other living expenses
\$10,750	Total out-of-pocket expenses
\$10,000	Maximum Critical Illness Benefit paid under Julie's policy

The amounts shown are for illustrative purposes only. Actual costs/results may vary. The benefit amount assumes a Maximum Critical Illness Benefit of \$10,000 of base coverage. Your employer may offer/provide different amounts or options.

What optional benefits are available?

You may choose to include the optional benefits below with your critical illness coverage. For a list of standard exclusions and limitations, please refer to the end of this document. For a complete description of your available benefits, along with applicable provisions, exclusions and limitations, see your certificate of insurance and any riders. You must be insured under the policy for 30 days before benefits are payable.

- **Spouse* Critical Illness Insurance:** If you have coverage on yourself, you may enroll your spouse, as long as your spouse is under age 70 and is not covered under your employer's plan as an employee.
 - Your spouse will be covered for the same critical illness benefits as you are.
 - Your spouse will be able to receive a benefit the same number of times as you, as outlined above.
 - Guaranteed issue: No medical questions or tests are required for coverage

*The use of "spouse" in this form means a person insured as a spouse as described in the certificate of insurance or benefit. This may include domestic partners or civil union partners as defined by the plan. Please contact your employer for more information.

- **Children's* Critical Illness Insurance:** If you have critical illness coverage on yourself, your natural children, stepchildren, adopted children, or children for whom you are a legal guardian, are eligible to be covered under your employer's plan, up to the age of 20, or to age 26 if a full-time student.
 - Your children will be covered for the same covered conditions as you are with the exception of carcinoma in situ and coronary artery bypass; however, actual benefit amounts may vary.
 - Your children will be able to receive a benefit the same number of times as you, as outlined above.
 - One premium amount covers all of your eligible children.
 - Guaranteed issue: No medical questions or tests are required for coverage.
 - If both you and your spouse are covered under the policy as an employee, then only one, but not both, may cover the same children for Critical Illness Insurance. If the parent who is covering the children stops being insured as an employee then the other parent may apply for children's coverage.

**The definition of "child" may vary by state. Please contact your employer for more information.

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Critical Illness Insurance

How much does Critical Illness Insurance cost?

See the chart below for the premium amounts.

Rates shown are guaranteed until January 1, 2022.

Employee Coverage Monthly Rates									
Non-Tobacco User					Tobacco User				
Issue Age	\$5,000	\$10,000	\$15,000	\$20,000	Issue Age	\$5,000	\$10,000	\$15,000	\$20,000
Under 30	\$1.55	\$3.10	\$4.65	\$6.20	Under 30	\$2.35	\$4.70	\$7.05	\$9.40
30-39	\$2.55	\$5.10	\$7.65	\$10.20	30-39	\$4.15	\$8.30	\$12.45	\$16.60
40-49	\$5.50	\$11.00	\$16.50	\$22.00	40-49	\$9.00	\$18.00	\$27.00	\$36.00
50-59	\$10.05	\$20.10	\$30.15	\$40.20	50-59	\$16.65	\$33.30	\$49.95	\$66.60
60-64	\$13.95	\$27.90	\$41.85	\$55.80	60-64	\$23.75	\$47.50	\$71.25	\$95.00
65-69	\$19.05	\$38.10	\$57.15	\$76.20	65-69	\$29.45	\$58.90	\$88.35	\$117.80
70+	\$23.95	\$47.90	\$71.85	\$95.80	70+	\$36.75	\$73.50	\$110.25	\$147.00

Spouse Coverage* Monthly Rates					
Non-Tobacco User			Tobacco User		
Issue Age	\$5,000	\$10,000	Issue Age	\$5,000	\$10,000
Under 30	\$1.55	\$3.10	Under 30	\$2.30	\$4.60
30-39	\$2.45	\$4.90	30-39	\$3.95	\$7.90
40-49	\$5.30	\$10.60	40-49	\$8.65	\$17.30
50-59	\$10.00	\$20.00	50-59	\$16.60	\$33.20
60-64	\$14.00	\$28.00	60-64	\$23.95	\$47.90
65-69	\$19.10	\$38.20	65-69	\$29.70	\$59.40
70+	\$24.05	\$48.10	70+	\$37.10	\$74.20

Children Coverage Monthly Rates	
Coverage Amount	Rate
\$5,000	\$2.85
\$10,000	\$5.70

*Spouse rates are based on the age of the spouse.

Exclusions and Limitations

Benefits are not payable for any critical illness caused in whole or directly by any of the following*:

- Participation or attempt to participate in a felony or illegal activity.
- Suicide, attempted suicide or any intentionally self-inflicted injury, while sane or insane.
- War or any act of war, whether declared or undeclared, other than acts of terrorism.
- Loss that occurs while on full-time active duty as a member of the armed forces of any nation. We will refund, upon written notice of such service, any premium which has been accepted for any period not covered as a result of this exclusion.
- Alcoholism, drug abuse, or misuse of alcohol or taking of drugs, other than under the direction of a doctor.

Benefits reduce 50% for the employee and/or covered spouse on the policy anniversary following the 70th birthday, however, premiums do not reduce as a result of this benefit change.

*See the certificate of insurance and any riders for a complete list of available benefits, along with applicable provisions, exclusions and limitations.

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PLAN | INVEST | PROTECT



Short Term Disability Insurance

What is Group Short Term Disability Income Insurance?

Group Short Term Disability Income Insurance provides you with benefits to replace part of your paycheck when you can't work because of a sickness or injury. Your Short Term Disability benefits are paid for up to 26 weeks.

When you become disabled, you must complete a waiting period or to the end of your accumulated sick leave, whichever is greater, before benefits are payable.

Option 1

- If the disability was caused by an accidental injury*, the waiting period is 14 days.
- If the disability was caused by sickness, the waiting period is 14 days.

Option 2

- If the disability was caused by an accidental injury*, the waiting period is 30 days.
- If the disability was caused by sickness, the waiting period is 30 days.

*You must see a doctor within 48 hours of the accident. If you do not, the benefit waiting period for sickness will apply.

What are some common causes of a disability?

- Pregnancy/childbirth
- Accidental injury
- Back injuries
- Heart disease
- Cancer
- Tendonitis
- Rotator cuff surgery
- Arthritis
- Carpal tunnel syndrome

How can Short Term Disability benefits be used?

When your claim is approved, you will receive weekly benefits to replace part of your income based on your coverage level. You may use this money however you would like. Below are a few examples of how your Short Term Disability benefits could be used, depending on how much coverage you have:

- Everyday expenses, such as groceries, utilities, house payments and car payments
- Medical bills and recovery expenses
- Support services during your recovery

Who is eligible?

All permanent active full-time employees, excluding Educational Assistants, working 30+ hours per week.

What amount of coverage am I eligible for?

- Eligible employees may elect \$100 increments of coverage, not to exceed of 60% of weekly earnings for up to 26 weeks with a minimum weekly benefit of \$25 and a maximum weekly benefit of \$1,500.

Meet Tara

Tara worked full-time to support her active daughter, Claire. One cold evening while walking to her car after work, Tara slipped and fell on a patch of ice, causing her to strain her back, which made her unable to do her job. Tara had no other sources of income or disability benefits outside of her coverage through work during her time off work. Fortunately, Tara had purchased Short Term Disability Income Insurance through her employer, which provided her with benefits to replace 60% of her regular pay while she was unable to work. This helped reduce the potential financial strain Tara would have faced without this insurance. Seven weeks later, Tara's back had healed and she was able to return to work.

\$0	Tara's income while on Disability
-\$900	Monthly rent
-\$250	Utilities
-\$350	Monthly grocery expense
-\$270	Car payment
-\$300	Other (insurance, gas, entertainment, etc.)
-\$2,070	Monthly expense deficit
+\$2,160	Tara's monthly Short Term Disability benefit (60% of her normal income)
\$90	Left over for unexpected expenses or savings

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Short Term Disability Insurance

What does my Short Term Disability Income Insurance include?

The benefits listed below are included with your Short Term Disability coverage. For a list of standard exclusions and limitations, go to the end of this document. For a complete description of your available benefits, along with applicable provisions, exclusions and limitations, see your certificate of insurance and any riders.

- **Vocational rehabilitation:** We have vocational rehabilitation services available to assist you in returning to work when possible.
- **Waiver of Premium:** While you are receiving benefits from us, we will waive your insurance premiums.

Do I need to provide evidence of insurability (answer health questions) to be covered for Short Term Disability Income Insurance?

New Hires

- You do not need to provide evidence of insurability to be covered.

Annual Enrollment

- If you do not have current coverage, and you apply more than 31 days after the date you first become eligible, you will need to submit evidence of insurability for any coverage elected.
- Any elections for increased coverage will require evidence of insurability.
- When evidence of insurability is required, the insurance company will need to approve it before coverage becomes effective.

What is Group Long Term Disability Income Insurance?

Group Long Term Disability Income Insurance provides you with benefits to replace a part of your paycheck when you can't work because of a sickness or injury.

How can Long Term Disability benefits be used?

When your claim is approved, you will receive monthly benefits to replace part of your income based on your coverage level. You may use this money however you would like. Below are a few examples of how your Long Term Disability benefits could be used, depending on how much coverage you have:

- Rent or mortgage payment
- Car payments
- Groceries and utilities
- Medical bills and recovery expenses

Who is eligible?

All permanent active full-time employees, excluding Educational Assistants, working 30+ hours per week and enrolled in Short Term Disability coverage.

What amount of coverage am I eligible for?

Eligible employees may elect \$100 increments of coverage, not to exceed of 60% of monthly earnings with a minimum benefit election of \$300 and a maximum benefit of \$6,000.

The minimum monthly benefit is the greater of \$100 or 10% of your gross monthly benefit.

What is the elimination period?

When you become disabled, you must complete an elimination period meaning that you are absent from work due to the same disability for 180 consecutive days, or to the end of your accumulated sick leave, whichever is greater, before benefits are payable. Any days that you are able to work after the start of your disability will not count towards your elimination period. You may be eligible for Short Term Disability payments during this time.

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Long Term Disability Insurance

How long will I receive benefits?

Long Term Disability Income benefits are paid for the duration of your disability or to the maximum period of payment shown below.

For a disability which begins before you reach age 60, the Maximum Period of Payment will be until the Social Security Normal Retirement Age (SSNRA), as shown in the following table:	
Year of Birth	Social Security Retirement Age (SSNRA)*
Before 1938	65 years
1938	65 years and 2 months
1939	65 years and 4 months
1940	65 years and 6 months
1941	65 years and 8 months
1942	65 years and 10 months
1943-1954	66 years
1955	66 years and 2 months
1956	66 years and 4 months
1957	66 years and 6 months
1958	66 years and 8 months
1959	66 years and 10 months
After 1959	67 years
For a disability which starts on or after you reach age 60, the Maximum Period of Payment will be determined according to the following table:	
Age When Disability Begins	Maximum Period of Payment
60	60 months or to SSNRA*, whichever is greater
61	48 months or to SSNRA*, whichever is greater
62	42 months or to SSNRA*, whichever is greater
63	36 months or to SSNRA*, whichever is greater
64	30 months or to SSNRA*, whichever is greater
65	24 months
66	21 months
67	18 months
68	15 months
69 and over	12 months
*Age at which you are entitled to unreduced Social Security Benefits based on the Social Security Amendments of 1983.	

Meet Tom

Tom and his wife, Kelly, lived a busy life filled with work and taking care of their two children. At the age of 52, Tom was diagnosed with multiple sclerosis. At first his symptoms were mild but as the disease progressed, Tom was no longer able to work. Fortunately, Tom had purchased Long Term Disability Income Insurance through his employer, which provided him with benefits to replace 50% of his regular pay while he was unable to work. This allowed the family to stay in their home and helped pay their everyday expenses, while coping with Tom's declining health.

\$0	Tom's monthly income during disability
-\$1,100	Monthly mortgage payment
-\$350	Utilities
-\$600	Monthly grocery expenses
-\$400	Medical expenses
-\$200	Other (insurance, gas, entertainment, etc.)
-\$2,650	Monthly expense deficit
+\$1,200	Social Security Disability monthly benefit
+\$1,400	Tom's monthly Long Term Disability benefit (50% of his normal pay, minus Social Security Benefit)
\$50	Left over for unexpected expenses or savings

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Long Term Disability Insurance

What does my Long Term Disability Income Insurance include?

The benefits listed below are included with your Long Term Disability coverage. For a list of standard exclusions and limitations, go to the end of this document. For a complete description of your available benefits, along with applicable provisions, exclusions and limitations, see your certificate of insurance and any riders.

- **Vocational rehabilitation:** We have vocational rehabilitation services available to assist you in returning to work when possible. If applicable, we will provide you with a written plan developed specifically for you.
- **Waiver of Premium:** While you are receiving benefits from us, we will waive your insurance premiums.
- **Social Security Disability Income (SSDI) filing assistance:** When appropriate, experts will help you file for SSDI benefits, which can be a very difficult process.
- **Survivor Benefit:** If you pass away while receiving disability benefits, we may pay your eligible survivor a lump-sum benefit equal to three times your monthly payment.

How much does Short and Long Term Disability Income Insurance cost?

Rates shown are guaranteed until: 01/01/2023.

The cost is calculated based on your age at the start of the plan's current policy year.

Option 1 (STD 14 day waiting period)

Age	60% Benefit Percentage Rates per \$100 of monthly benefit
Under 25	\$0.98
25-29	\$1.02
30-34	\$1.24
35-39	\$1.41
40-44	\$1.71
45-49	\$2.05
50-54	\$2.51
55-59	\$3.10
60-64	\$3.35
65 and over	\$3.58

Option 2 (STD 30 day waiting period)

Age	60% Benefit Percentage Rates per \$100 of monthly benefit
Under 25	\$0.87
25-29	\$0.91
30-34	\$1.10
35-39	\$1.27
40-44	\$1.55
45-49	\$1.87
50-54	\$2.28
55-59	\$2.82
60-64	\$2.98
65 and over	\$3.19

Your contributions are deducted on a post-tax basis.

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Disability Insurance

Why isn't Social Security Disability Insurance enough?

It could take over one year to receive approval for Social Security Disability Insurance (SSDI) benefits. Additionally, one of the decision points the Social Security Administration uses to determine if you meet their definition of disability is whether your disability is expected to last at least a year or result in your death. Disability Income Insurance can provide benefits while you wait for SSDI benefits to be approved and can supplement those benefits once approved.

Why would someone need both Short and Long Term Disability Income coverage?

Short and Long Term Disability coverage provide financial protection for different periods of time. Short Term Disability coverage is intended to provide financial protection for a disability lasting just a few weeks. Some disabilities last longer. Long Term Disability benefits begin after Short Term Disability has been exhausted. Depending on the terms of your plan, you may be eligible to receive Long Term Disability benefits until you are no longer disabled or reach Social Security Normal Retirement Age.

Why should I enroll through my employer?

- Insurance premiums are deducted from your paycheck.
- We will waive your premiums while you are receiving benefits from us.
- The cost of Disability Income Insurance through your employer is usually much lower than an individual disability policy.

Exclusions and Limitations

Short Term Disability Income Insurance Exclusions and Limitations*

Benefits are not payable if your disability results from any of the following:

- Sickness or injury which occurs in any armed conflict, whether declared as war or not, involving any country or government.
- Sickness or injury which occurs while you are on military service for any country or government.
- Intentionally self-inflicted injury or illness, whether you are sane or insane.
- Injury which occurs when you commit or attempt to commit a felony.
- Injury suffered in a fight in which you are the aggressor.
- Sickness or injury due to cosmetic or reconstructive surgery, except for surgery necessary to correct a deformity caused by sickness or accidental injury.
- Sickness or accidental injury for which you have or had a right to payment under a workers' compensation or similar law. This includes payment you would have been entitled to receive if the Policyholder had not declined to provide workers' compensation insurance as allowed by the Policyholder's state of domicile.
- Sickness or accidental injury arising out of or in the course of work for pay, profit or gain.

Benefits are not payable for the portion of any period of disability that you are confined in a penal or correctional institution as a result of conviction for a criminal or other public offense.

Benefits are not payable if your disability is due to a pre-existing condition and you became disabled during the first 12 months your insurance is in effect. A pre-existing condition is a sickness or accidental injury for which, during the 3 months immediately before the effective date of your insurance or increased amount of insurance, you did one or more of the following: received medical treatment, care, services or advice; or took prescribed drugs; or had medications prescribed.

Even though you may experience multiple reasons for your disability, only one disability benefit is payable at any given time.

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Disability Insurance

Your benefits will be reduced by other income you are eligible to receive while disabled. These include but aren't limited to:

- Income received from any form of employment
- Unemployment benefits and any type of income replacement provided by your employer
- Workers' Compensation benefits or benefits from similar programs
- Judgments or settlements you receive related to disability
- Disability or retirement payments under Social Security or other federal and state plans
- Disability income payments under automobile liability insurance benefits
- Disability income payments payable under any other group insurance policy and certain retirement payments provided under your employer's retirement plan

*Limitations and exclusions will vary by state and by your employer's benefit plan.

Long Term Disability Income Insurance Exclusions and Limitations*

Benefits are not payable if your disability is caused by, contributed to or resulting from your:

- Loss of a professional or occupational license or certification
- Commission of or attempt to commit a felony
- Intentionally self-inflicted injuries
- Attempted suicide, regardless of mental capacity
- Being legally intoxicated or being under the influence of any narcotic, unless taken under the direction of and as directed by a doctor
- Participation in a war, declared or undeclared, or any act of war
- Active military duty
- Active participation in a riot
- Engaging in any illegal or fraudulent occupation, work or employment
- Commission of a crime for which you have been convicted
- Elective surgery, except when required for your appropriate care as a result of your injury or sickness
- Traveling or flying on an aircraft operated by or under the authority of military or any aircraft being used for experimental purposes

Benefits are not payable if your disability begins in the first 12 months following the effective date of your coverage and your disability is caused by, contributed by, or the result of a pre-existing condition. A pre-existing condition means any condition for which you have done any of the following during the 12 months just prior to your effective date of coverage, whether or not that condition is diagnosed or misdiagnosed: received medical treatment or consultation; taken or were prescribed drugs or medicine; or received care or services, including diagnostic measures.

Your benefits may be limited to a shorter time period, such as 24 months during your lifetime, if:

- The disability is due to a mental illness, alcoholism or drug abuse.

Your benefits will be reduced by other income (deductible sources of income) you are eligible to receive while disabled. These include but aren't limited to:

- Income received from any form of employment
- Unemployment benefits and any type of income replacement provided by your employer
- Workers' Compensation benefits or benefits from similar programs
- Judgments or settlements you receive related to disability
- Disability or retirement payments under Social Security or other federal and state plans
- Disability income payments under automobile liability insurance benefits
- Disability income payments payable under any other group insurance policy and certain retirement payments provided under your employer's retirement plan

*Limitations and exclusions will vary by state and by your employer's benefit plan.

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Term Life Insurance

What is Group Term Life Insurance?

Group Term Life Insurance is offered through your employer and pays a benefit to your beneficiary if you pass away during a specific period of time (known as a “term”). The term of this coverage is generally one year, renewing on an annual basis with your other employer-offered benefits. Your employer offers Basic Life Insurance and Accidental Death and Dismemberment Insurance, which is the amount they provide at no cost to you. You also have the option to elect additional coverage called Supplemental Life Insurance.

What is Accidental Death and Dismemberment (AD&D) Insurance?

AD&D Insurance pays a benefit to you or your beneficiary, separate from the life insurance benefit, if you are severely injured or die as the result of a covered accident. This coverage is part of the Group Term Life Insurance offered through your employer.

How can life insurance help?

Below are a few examples of how your life insurance benefit could be used (coverage amounts may vary):

- Pay off any remaining medical bills, funeral costs and debts
- Provide ongoing financial support to your family
- Keep your family in your home by paying off the mortgage
- Fund your children’s education

Who is eligible for life insurance?

- You—all permanent active full-time employees, excluding Educational Assistants, working 30+ hours per week.
- Your spouse*— Coverage is available only if Employee Supplemental Life Insurance is elected.
- Your children—to age 26. Coverage is available only if Employee Supplemental Life Insurance is elected.

**The use of “spouse” in this document means a person insured as a spouse as described in the certificate of insurance or rider. This may include domestic partners or civil union partners as defined by the group policy. Please contact your employer for more information.*

What amount of coverage am I eligible for?

- For you
 - Your employer provides you with Basic Life Insurance and Basic AD&D Insurance of 2 times your annual salary to a maximum of \$500,000. There is no cost to you for this insurance. Coverage amounts are rounded to the next highest \$1,000.
 - Eligible employees may elect Supplemental Life and AD&D Insurance of \$10,000 to \$300,000 in \$10,000 increments.
- For your spouse*
 - Your employer provides you with \$1,000 of Basic Life Insurance on your spouse. There is no cost to you for this insurance.
 - Eligible employees may elect Spouse Supplemental Life Insurance of \$5,000 to \$250,000 in \$5,000 increments not to exceed 50% of your approved employee Supplemental Life Insurance amount.
- For your children
 - Your employer provides you with \$1,000 of Basic Life Insurance on your children. There is no cost to you for this insurance.
 - Eligible employees may elect Children Supplemental Life Insurance of \$10,000 on your children from birth to age 20, or to age 26 if they are a full-time student.

**The use of “spouse” in this document means a person insured as a spouse as described in the certificate of insurance or rider. This may include domestic partners or civil union partners as defined by the group policy. Please contact your employer for more information.*

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Term Life Insurance

Meet the Wilsons

Mark and Jodi Wilson had a busy life filled with work, sports and their three children. Mark was the breadwinner of the family and worked as a construction manager. Jodi had quit her job to stay home with the children when their second child was born. Mark had been suffering from recurring headaches and, after seeing many doctors, was diagnosed with an inoperable brain tumor. Fortunately for the Wilson family, Mark had elected Group Term Life Insurance coverage through his employer. When Mark passed away, Jodi was able to use the life insurance proceeds to pay off the remaining home mortgage and cover Mark's funeral. There was even enough money to support the family while she transitioned from being a stay-at-home mother to a working single parent.

Expenses covered by Mark's Life Insurance Proceeds:

\$180,000	Total Life Insurance Proceeds
-\$8,000	Funeral Costs
<u>-\$75,000</u>	Remaining Mortgage
\$97,000	Everyday Expenses (utilities, car, groceries, etc.)

The amounts shown are an example only. Actual costs/results may vary.

What does my life insurance include?

The benefits listed below are included with your life insurance coverage.

- **Accelerated Death Benefit:** If you have a medical condition that requires permanent continuous confinement in an institution or are diagnosed with a terminal illness with a limited life expectancy, you may receive a portion of your death benefit while still living.
- **Accidental Death and Dismemberment (AD&D) Insurance:** Pays a benefit to you or your beneficiary, separate from the life insurance benefit, if you are severely injured or die as the result of a covered accident. The proceeds can be used however you or your beneficiary would like.
- **Continuation:** If on an approved absence from work, you may continue your life insurance coverage under the employer's group policy for a set amount of time. Premiums must be paid during this time.
- **Conversion:** You, your spouse and/or your children may convert life insurance coverage to an individual whole life insurance policy when you leave your employer or due to loss of eligibility under the employer's group policy.
- **Portability:** You may apply to continue your Basic and Supplemental coverage when you leave your current employer, and pay premiums to the insurance company directly.
- **Waiver of Premium:** If you become unable to work due to total disability, your Basic and Supplemental Life Insurance can be continued without premium payment.
- **Convenient Payroll Deductions:** Premium deductions for Supplemental coverages are taken directly from your paycheck, so you never have to worry about late payments or lapse notices.

Term Life Insurance

How much does my life insurance cost?

Basic Life Insurance and Basic AD&D Insurance are provided by your employer at no cost to you.

The cost for Supplemental Life is calculated based on the age of the employee or spouse at the start of the plan's current policy year.

Rates shown are guaranteed until January 1, 2023.

Employee and Spouse Supplemental Life Insurance Rates

Age	Monthly Rate per \$1,000 of Coverage
Under 25	\$0.070
25-29	\$0.083
30-34	\$0.106
35-39	\$0.130
40-44	\$0.165
45-49	\$0.280
50-54	\$0.440
55-59	\$0.680
60-64	\$0.860
65-69	\$1.500
70 +	\$3.450

Supplemental Accidental Death and Dismemberment (AD&D) Insurance Rates

Coverage Type	Monthly Rate per \$1,000 of Coverage
Employee Supplemental AD&D	\$0.02

Children Life Insurance Rates

Monthly Rate per \$1,000 of Coverage

\$0.10

Monthly cost for all eligible children.

The rates are per individual.

Use the steps below to calculate your premium for you and your spouse based on the amount of insurance you elected:

Step 1: Enter the rate per \$1,000 based on age: _____

Step 2: Take the amount of insurance and divide it by 1,000: _____

(Example: For \$150,000 of coverage, enter "150")

Step 3: Multiply lines 1 and 2 (this is your monthly cost): _____

Monthly cost for your children: (covers all eligible children)

Enter the monthly cost for the amount of coverage from the table above: _____

Do I need to provide evidence of insurability (answer health questions) to be covered?

New Hires

- For you—You may elect up to \$100,000 of Supplemental Life Insurance without providing evidence of insurability.
- For your spouse*—You may elect up to \$20,000 of Supplemental Life Insurance on your spouse without providing evidence of insurability.
- For your children—You may elect up to \$10,000 of Supplemental Life Insurance on your children without providing evidence of insurability.
- If you elect higher amount(s), you will need to submit evidence of insurability to the insurance company for approval before coverage becomes effective.

**The use of "spouse" in this document means a person insured as a spouse as described in the certificate of insurance or rider. This may include domestic partners or civil union partners as defined by the group policy. Please contact your employer for more information.*

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Term Life Insurance

Annual Enrollment

- For you
 - If you are not currently enrolled for Supplemental Life Insurance and are now eligible for the first time, you may elect up to \$100,000 during the current enrollment period without providing evidence of insurability.
 - If you currently have Supplemental Life Insurance, you may elect to increase your coverage amount up to a total of \$20,000 (two plan increments) when total coverage does not exceed \$100,000 during the current enrollment period without providing evidence of insurability.
 - If you are a late entrant, you must provide evidence of insurability for any coverage elected.
- For your spouse*
 - If you are not currently enrolled for Spouse Supplemental Life Insurance and are now eligible for the first time, you may elect up to \$20,000 during the current enrollment period without providing evidence of insurability on your spouse.
 - You must provide evidence of insurability on your spouse for any increase to coverage elected during the current enrollment period.
 - If you are a late entrant, you must provide evidence of insurability on your spouse for any coverage elected.
- For your children
 - If you are not currently enrolled for Children Supplemental Life Insurance and are now eligible for the first time, you may elect \$10,000 during the current enrollment period without providing evidence of insurability on your children.
 - If you are a late entrant, you must provide evidence of insurability on your children for any coverage elected.
- When evidence of insurability is required, the insurance company will need to approve it before coverage becomes effective.

**The use of "spouse" in this document means a person insured as a spouse as described in the certificate of insurance or rider. This may include domestic partners or civil union partners as defined by the group policy. Please contact your employer for more information.*

Exclusions and Limitations

Supplemental Life Insurance coverages have a two year suicide exclusion from the effective date of coverage or an increase in coverage.

AD&D Insurance has exclusions that are described in the certificate of insurance or rider.

Are there additional non-insurance services available?

- Funeral Planning and Concierge Services: You have the support of a team of independent professionals ready to assist with funeral planning for you and eligible family members.

Funeral Planning and Concierge Services are provided by Everest Funeral Package, LLC, Houston, TX.

- Travel Assistance: When traveling more than 100 miles from home, Voya Travel Assistance offers enhanced security for your leisure and business trips. You and your dependents can take advantage of four types of services: pre-trip information, emergency personal services, medical assistance services and emergency transportation services.

Voya Travel Assistance services are provided by Europe Assistance USA, Bethesda, MD.

AFLAC HOSPITAL INDEMNITY

Benefits Overview

Benefit Amount

HOSPITAL ADMISSION BENEFIT per confinement (once per covered sickness or accident per calendar year for each insured)

Payable when an insured is admitted to a hospital and confined as an in-patient because of a covered accidental injury or covered sickness. We will not pay benefits for confinement to an observation unit, or for emergency room treatment or outpatient treatment.

\$1,000

We will not pay benefits for admission of a newborn child following his birth; however, we will pay for a newborn's admission to a Hospital Intensive Care Unit if, following birth, he is confined as an inpatient as a result of a covered accidental injury or covered sickness (including congenital defects, birth abnormalities, and/or premature birth).

HOSPITAL CONFINEMENT per day (maximum of 31 days per confinement for each covered sickness or accident for each insured)

Payable for each day that an insured is confined to a hospital as an in-patient as the result of a covered accidental injury or covered sickness. If we pay benefits for confinement and the insured becomes confined again within six months because of the same or related condition, we will treat this confinement as the same period of confinement. This benefit is payable for only one hospital confinement at a time even if caused by more than one covered accidental injury, more than one covered sickness, or a covered accidental injury and a covered sickness.

\$150

HOSPITAL INTENSIVE CARE BENEFIT per day (maximum of 10 days per confinement for each covered sickness or accident for each insured)

Payable for each day when an insured is confined in a Hospital Intensive Care Unit because of a covered accidental injury or covered sickness. We will pay benefits for only one confinement in a Hospital's Intensive Care Unit at a time. Once benefits are paid, if an insured becomes confined to a Hospital's Intensive Care Unit again within six months because of the same or related condition, we will treat this confinement as the same period of confinement. This benefit is payable in addition to the Hospital Confinement Benefit.

\$150

INTERMEDIATE INTENSIVE CARE STEP-DOWN UNIT per day (maximum of 10 days per confinement for each covered sickness or accident for each insured)

Payable for each day when an insured is confined in an Intermediate Intensive Care Step-Down Unit because of a covered accidental injury or covered sickness. We will pay benefits for only one confinement in an Intermediate Intensive Care Step-Down Unit at a time.

\$75

Once benefits are paid, if an insured becomes confined to a Hospital's Intermediate Intensive Care Step-Down Unit again within six months because of the same or related condition, we will treat this confinement as the same period of confinement.

This benefit is payable in addition to the Hospital Confinement Benefit.

HEALTH SCREENING BENEFIT

The Health Screening Benefit is payable once per calendar year for health screening tests performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations. This benefit is payable for each insured.

Residents of Massachusetts are not eligible for the Health Screening Benefit.

\$50

COVERED HEALTH SCREENING TESTS INCLUDE:

.Blood test for triglycerides	.DNA stool analysis	.PSA (blood test for prostate cancer)
.Bone marrow testing	.Fasting blood glucose test	.Serum cholesterol test to determine levels of HDL and LDL
.Breast ultrasound	.Flexible sigmoidoscopy	.Serum protein electrophoresis (blood test for myeloma)
.CA15-3 (blood test for breast cancer)	.Non-diagnostic vascular	.Spiral CT screening for lung cancer
.CA125 (blood test for ovarian cancer)	.Immunizations	.Stress test on a bicycle or treadmill
.CEA (blood test for colon cancer)	.Hemoccult stool analysis	.Thermography
.Chest X-ray	.Mammography	.Urinalysis
.Colonoscopy	.Pap smear	.Vision screening

Per Calendar Year

SUCCESSOR INSURED BENEFIT

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

In order to receive benefits for accidental injuries due to a covered accident, an insured must be admitted within six months of the date of the covered accident.



Hospital Indemnity Insurance

Monthly Rates	
\$1500 Benefit	
Employee Only	\$18.38
Employee + Spouse	\$36.84
Employee + Child(ren)	\$29.46
Family	\$47.2
Hospital Benefits At A Glance	
Hospital Admission (per confinement)	\$1000
Hospital Confinement (per day benefit)	\$150
Maximum Days Payable	Up to 31 Days
Hospital ICU Confinement (per day benefit)	\$150
Maximum Days Payable	Up to 10 Days
Wellness Benefit	
\$50 Health Screening benefit per calendar year!	



Nationwide[®] pet insurance

My Pet Protection[®] plan summary

Nationwide pet insurance helps you cover veterinary expenses so you can provide your pets with the best care possible without worrying about the cost. Simply pay for coverage through a convenient after-tax payroll deduction.



My Pet Protection coverage highlights

We offer a choice of reimbursement options so you can find coverage that fits your budget. All plans have a \$250 annual deductible and \$7,500 maximum annual benefit. Coverage includes*:

- Accidents
- Illnesses
- Hereditary and congenital conditions
- Cancer
- Dental diseases
- Behavioral treatments
- Rx therapeutic diets and supplements
- And more

Plus, every My Pet Protection policy includes these additional benefits to maximize your value:

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



Included with every policy



- 24/7 access to veterinary experts (\$110 value)
- Available via phone, chat and email
- Unlimited help for everything from general pet questions to identifying urgent care needs



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



Additional highlights

- Exclusive product for employer groups only
- Preferred pricing for employees
- Multiple-pet discounts
- Guaranteed issuance

Get a fast, no-obligation quote today.

• 877-738-7874

*Some exclusions may apply. Certain coverages may be excluded due to pre-existing conditions. See policy documents for a complete list of exclusions.

Products underwritten by Veterinary Pet Insurance Company (CA), Columbus, OH; National Casualty Company (all other states), Columbus, OH. Agency of Record: DVM Insurance Agency. All are subsidiaries of Nationwide Mutual Insurance Company. Subject to underwriting guidelines, review and approval. Products and discounts not available to all persons in all states. Insurance terms, definitions and explanations are intended for informational purposes only and do not in any way replace or modify the definitions and information contained in individual insurance contracts, policies or declaration pages, which are controlling. Nationwide, the Nationwide N and Eagle, **vet**helpline, and Nationwide is on your side are service marks of Nationwide Mutual Insurance Company. ©2021 Nationwide. 21PMC8302E_GRP



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Pet Rx ExpressSM FAQs

Nationwide and Walmart have joined forces to help families with pets save time and money when filling their pet prescription medications at any of Walmart's 4,700 pharmacies across the country.

[Read the entire announcement here.](#)

Who is eligible for Nationwide Pet Rx Express?

This optional program is available to all Nationwide pet insurance members with active plans for dogs, cats, birds or exotic pets. Members can take advantage of Walmart's low prices for prescriptions and enjoy the convenience of having the pharmacy submit claims directly to Nationwide on their behalf.

Is there an additional charge for Nationwide Pet Rx Express?

There is no cost to sign up for and use Nationwide Pet Rx Express.

How do members use Nationwide Pet Rx Express?

Using Nationwide Pet Rx Express is simple and convenient.

1. Nationwide pet insurance members can sign up at my.petinsurance.com.
2. After allowing 24 hours from sign-up, members can bring their pet prescriptions to any in-store Walmart pharmacy.
3. At checkout, members provide their pet insurance information and pay for the prescription.

Walmart pharmacy will automatically submit claims to Nationwide for processing, and members will be reimbursed for eligible expenses*.



If enrolled in Nationwide Pet Rx Express, can members still fill prescriptions at their vet office or other pharmacies?

Yes. Members can fill prescriptions at any pharmacy or veterinarian and then submit a traditional claim.

What pet medications are available through Walmart pharmacy?

In-store Walmart pharmacies carry many of the same pet medications found in most veterinary offices. Members may want to call ahead to make sure their preferred Walmart location carries their specific medication.

Is prescription pet food included?

Prescription diets are not included in this program, only prescription medications.

Does Nationwide Pet Rx Express cover medications for pre-existing conditions?

Unfortunately, no. Like all pet insurers, Nationwide does not cover pre-existing conditions.

Is a prescription required to get pet medications through Walmart pharmacy?

Walmart pharmacies may offer over-the-counter medications that do not require a prescription. However, a valid prescription from a veterinarian is required for the medication to be eligible for coverage under a Nationwide pet insurance plan.

How does the Nationwide claim process work for prescriptions filled through Walmart?

When filling a pet prescription at an in-store Walmart pharmacy, members simply provide their digital Nationwide pet insurance ID card to receive preferred pricing and have claims submitted on their behalf.

Where can members find their pet insurance information?

After signing up for Nationwide Pet Rx Express, members will receive an email with instructions on where to find their digital pet insurance ID card, which can be viewed and downloaded at my.petinsurance.com.

Can a vet call in a prescription to Walmart?

Yes. Veterinarians can call in prescriptions, just like they currently do. Once the pharmacy receives the prescription and the member's eligibility is verified, the prescription will be filled, and the claim submitted.

*Reimbursement or co-insurance is based on coverage detailed in policy. See Nationwide Pet Rx Express Terms of Service. Certain coverages may be excluded due to pre-existing conditions. See policy documents for a complete list of exclusions.

Products underwritten by Veterinary Pet Insurance Company (CA), Columbus, OH, an A.M. Best A+ rated company (2020); National Casualty Company (all other states), Columbus, OH, an A.M. Best A+ rated company (2020). Agency of Record: DVM Insurance Agency. All are subsidiaries of Nationwide Mutual Insurance Company. Subject to underwriting guidelines, review and approval. Products and discounts not available to all persons in all states. Insurance terms, definitions and explanations are intended for informational purposes only and do not in any way replace or modify the definitions and information contained in individual insurance contracts, policies or declaration pages, which are controlling. Nationwide, the Nationwide N and Eagle, and Nationwide is on your side are service marks of Nationwide Mutual Insurance Company. Third party marks are the property of their respective owners. ©2021 Nationwide. 21GRP8042





Avian & Exotic Pet Plan

Available only from Nationwide®



Affordable medical coverage for your bird or exotic pet.

Choose 50% or 70% reimbursement. Coverage includes medical treatments and surgeries for accidents, illnesses and diseases, including cancer.

This plan covers:

- ✓ Amphibians
- ✓ Birds
- ✓ Chameleons
- ✓ Chinchillas
- ✓ Ferrets
- ✓ Geckos
- ✓ Gerbils
- ✓ Guinea pigs
- ✓ Hamsters
- ✓ Iguanas
- ✓ Lizards
- ✓ Mice
- ✓ Rats
- ✓ Rabbits
- ✓ Snakes
- ✓ Tortoises
- ✓ Turtles



For more information or to enroll, **call 877-738-7874**

¹ Some exclusions may apply. Certain coverages may be subject to pre-existing exclusion. See policy documents for a complete list of exclusions. Plans may not be available in all states. Policy eligibility may vary. Some species of avian and exotic pets are not eligible for coverage. Plans feature a \$250 annual deductible and have a maximum annual benefit of \$7,500.

Products underwritten by Veterinary Pet Insurance Company (CA), Columbus, OH, an A.M. Best A+ rated company (2020); National Casualty Company (all other states), Columbus, OH, an A.M. Best A+ rated company (2020). Agency of Record: DVM Insurance Agency. All are subsidiaries of Nationwide Mutual Insurance Company. Subject to underwriting guidelines, review and approval. Products and discounts not available to all persons in all states. Insurance terms, definitions and explanations are intended for informational purposes only and do not in any way replace or modify the definitions and information contained in individual insurance contracts, policies or declaration pages, which are controlling. Nationwide, the Nationwide N and Eagle, and Nationwide is on your side are service marks of Nationwide Mutual Insurance Company. ©2021 Nationwide. 21GRP7971_EMP



TELEHEALTH



Quality healthcare
when & where **YOU** need it!

TELEHEALTH is a unique benefits package offered by HUB that is designed to help you navigate the complex healthcare and insurance system.

Inside this brochure:

- Teladoc
- Health Advocate (TM) Solutions
- eDocAmerica





of doctor visits

are for common conditions easily treated by Telehealth visits.

Teladoc

24/7 access to U.S. board-certified doctors & pediatricians

Anytime, anywhere.

Teladoc's U.S. board-certified doctors can resolve many of your medical issues, 24/7/365, via phone or online video visits from wherever you happen to be. It's healthcare on your terms – simple as that.

Members can access a physician within three hours of their incoming call. If appropriate, the physician will diagnose and prescribe short-term medication when medically necessary. The prescription will be called into the member's pharmacy of choice. Teladoc is available 24 hours a day, 7 days a week and 365 days a year.



Highlights

- Routine nonemergency health issues addressed for members and their dependents
- Medical problems managed via telephone
- Recommend treatment and may prescribe short-term medication, if medically appropriate
- Supplements and supports primary care physicians or can be a first line of defense for patients who have no primary care physician
- Solves most minor medical issues in a matter of hours -patients get well faster
- Fewer hours spent in doctor's offices or emergency rooms -less time away from work or away from family
- **Common conditions easily treated by Telehealth consultations :** Cold and flu symptoms, bronchitis, respiratory infection, sinus problems, allergies, urinary tract infection, pink eye, ear infection, and many more!

\$0 per visit!



92%

of members report that the Teladoc physician resolved their medical issue.



1: Contact Teladoc



2: Talk with a doctor



3: Resolve your issue



4: Smile





Health Advocate (TM) Solutions

A Personal Health Advocate is available to you and your covered dependents at **no cost**. Your Personal Health Advocate is a trained professional, typically a Registered Nurse, who understands the ins and outs of the health care system and how to navigate through it. The Personal Health Advocate helps you and your covered dependents coordinate care among doctors and medical institutions in various ways.

Your Personal Health Advocate Services can help you:

- Translate benefits information, clarify medical conditions and treatment options, resolve claims and billing issues, negotiate payments, provide cost estimates, locate qualified providers, secure second opinions, schedule appointments, arrange for specialized treatments, research elder care and more.

Health Advocate is a confidential service available 24 hours a day, 7 days a week and is available to your immediate family (including parents and in-laws).

NurseLine(TM) You're in good hands. You and your family have a place to turn to for trusted advice and information when you need it most. Rest assured—highly trained registered nurses are on-call 24/7 to answer your questions.

Health Advocate, Inc., the nations leading health advocacy company, serves more than 40 million Americans nationwide through its more than 10,000 client relationships

Medical Bill Saver™

Major issues can add up to major bills! Call Medical Bill Saver™ and rest easy.

Experts who know the ins and outs of billing practices will attempt to negotiate discounts on your behalf. Negotiations can lead to a reduction in your out-of-pocket costs.

How it works:

1. A specialized team member will attempt to negotiate a reduction on the amount due with the provider. Once an agreement is made, the provider signs off on payment terms and conditions.
2. Negotiators have access to pricing benchmarks and information to help them negotiate effectively with physicians, dentists, hospitals, surgery centers and other health service providers.
3. Member will be sent a Savings Results Statement that summarizes the outcome of the negotiation and conditions of payment.





According to a recent survey this service has the following benefits:

- Improved communication with my doctor
- Helped me with my medication use
- Helped me understand my symptoms and condition
- Helped me seek treatment for a previously unrecognized problem
- Helped me seek preventive care
- Resulted in less need for medical attention
- Lowered annual doctor visits

eDocAmerica

Doctors Online provides 24/7 access to web-based answers to medical questions from an expert team of board-certified physicians, psychologists, pharmacists, dentists, dietitians, and fitness trainers. (Other services include physician-written weekly Health Tips, two Health Risk Assessments, a 3D Video Library with access to 250+ medical topics.)

Highlights

- Email access to the eDocAmerica medical team.
- Phone access to medical team through eDocVoice.
- Smartphone App (iPhone/Droid) access to the medical team.
- Ask any medical or health questions and always get personal, direct answers.
- 3D Video Library with more than 250 videos.
- Weekly Health Tips emails from doctors.
- Healthy Lifestyle Assessment to help you monitor your current health status.
- Personal Health Record provides secure storage for your health information.
- All services are unlimited, confidential, and include the entire immediate family.
- eDocAmerica serves members in all 50 states and over 30 foreign countries.
- **No hidden fees of any kind.**

Disclosures: **This program is NOT insurance coverage.** The program does not meet the minimum creditable coverage requirements under the Affordable Care Act or Massachusetts M.G.L. c. 111M and 956 CMR 5.00.

It contains a 30 day cancellation period. Discount Plan Organization: New Benefits, Ltd., Attn: Compliance Department, PO Box 803475, Dallas, TX 75380-3475, 800-800-7616. Website to obtain participating providers: MyBenefitsWork. Not available to VT or WA residents.

Disclaimers

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Questions? Call 1-866-664-4621 or email customercare@benefithub.com

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HUB TeleHealth	www.hubtelehealth.com	855-647-6767
Discount Marketplace Website	www.pueblo60.benefithub.com	866-664-4621
HUB International Voluntary Benefits Division: Claims Escalation	voluntaryclaims@hubinternational.com	

