



2026 - 2027 Plan Year

VANGUARD ACADEMY BENEFITS GUIDE

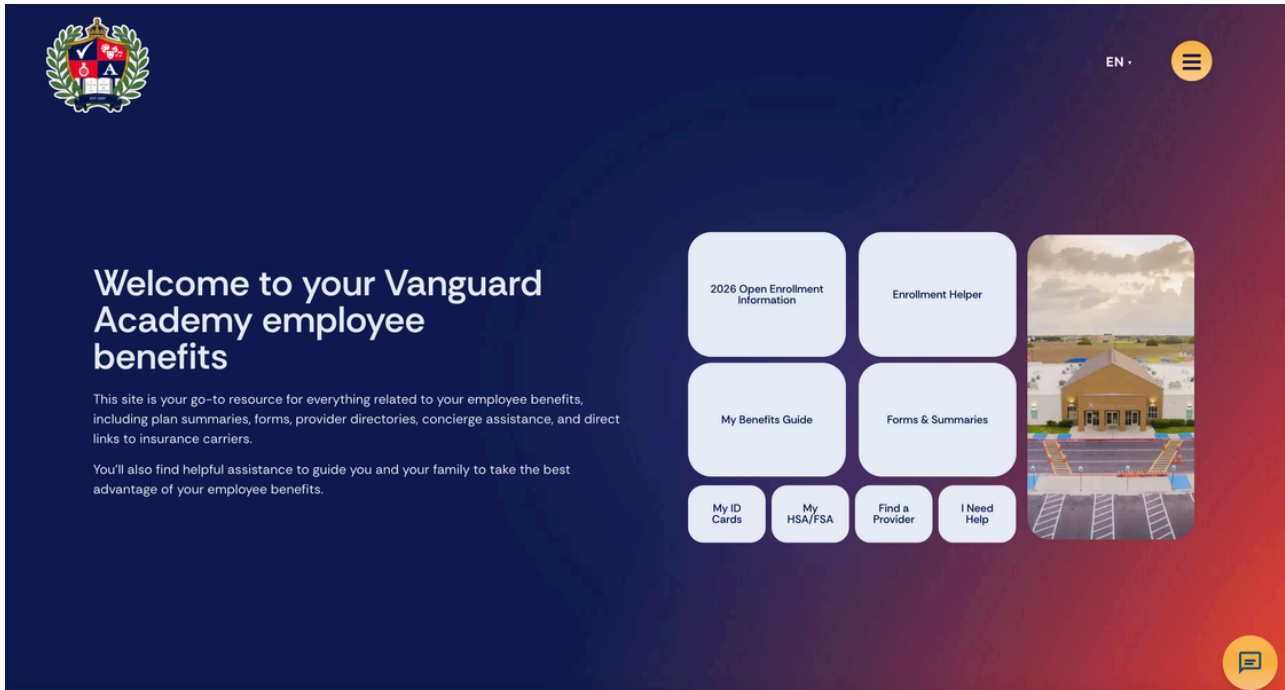


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Vanguard Benefits Guide

Explore your Vanguard Academy Employee Benefits

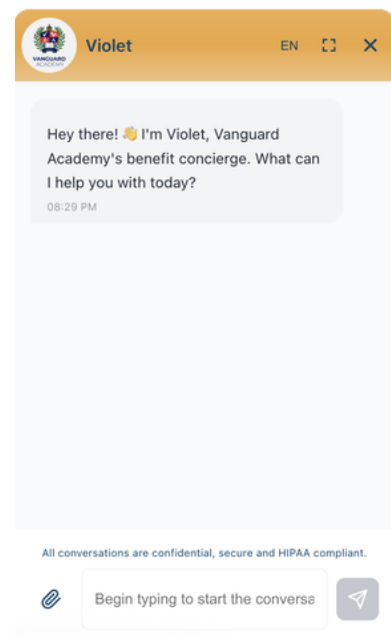


We're pleased to introduce your new employee benefits website—your one-stop resource for everything you need to know about your coverage.

On the site, you'll find plan information, helpful tools, videos, provider directories, forms, concierge support, and quick access to your insurance carriers. Visit today to explore your benefits and discover how to make the most of what's available to you and your family at <https://vanguard.benevibe.co/>

Meet Violet – Your Benefits Concierge

Violet is here to help you navigate your benefits with ease. Whether you have questions about coverage, need help finding a doctor, or want assistance with claims, Violet provides personalized support every step of the way.



Features Available on Your Benefits Portal

2026 Open Enrollment Information

Stay informed about your upcoming enrollment period. Review important dates, benefit options, and everything you need to make your elections for the 2026 plan year.

Enrollment Helper

Need help choosing the right benefits? This tool guides you through your options so you can make confident decisions based on your needs and coverage preferences.

My Benefits Guide

Explore a detailed overview of all benefits available to Vanguard Academy employees, including medical, dental, vision, and additional programs.

Forms & Summaries

Quickly access important plan documents, benefit summaries, and required forms all in one place.

My ID Cards

Easily access your insurance ID cards so you always have them available when visiting a doctor or pharmacy.

My HSA/FSA

Manage your Health Savings Account (HSA) or Flexible Spending Account (FSA), view balances, and learn how to maximize your tax-advantaged healthcare funds.

Find a Provider

Search for in-network doctors, specialists, and healthcare facilities to ensure you receive the best coverage under your plan.

I Need Help

Submit a help request with your questions or concerns directly to our team. Once submitted, someone from Vanguard will review your request and follow up with assistance.

Don't just take our word for it—explore the site and see for yourself.

Eligibility and Enrollment

Who Can Enroll

All regular full-time Vanguard Academy Charter School employees working at least 30 hours per week are eligible for benefits. As a new hire, you are eligible for benefits on the first day of the month following the date of hire.

You may enroll the following dependents in our group benefit plans:

- Your legal spouse
- Your natural, adopted, custodial grandchild(ren), or stepchildren living with you, or children for whom you have legal guardianship, up to age 26
- Unmarried children of any age if disabled and claimed as a dependent on your federal income taxes

When You Can Enroll

You can enroll in benefits during the following times:

- Your initial new hire eligibility period
- Annual Open Enrollment period

If you fail to enroll within your new hire eligibility or the Open Enrollment period, you will not be able to elect benefits again until the next annual enrollment period, or if you experience a qualified life event.

Making Changes to Your Benefits

Outside of your initial new hire or the Open Enrollment period, changes to your benefits can only be made throughout the year within 30 days of a qualifying life event. Examples of the most common events include:

- Marriage or divorce
- Birth or adoption of an eligible child
- Death of a covered dependent
- Change in your or your spouse's work status that affects your benefits
- Change in residence that affects your eligibility for coverage
- Change in your child's eligibility
- Receipt of a Qualified Medical Child Support Order (QMCSO)

Contacts & Resources

Find more details about the benefits offered to you by contacting your insurance carrier or logging in to symetra.benselect.com/vanguardacademy. Register on the insurance carrier websites to access plan information, including your ID cards, coverages, claims, network providers, and more. Search for the carrier apps on Google Play or the App Store to access your benefits information anytime, anywhere from your mobile device. If you have questions about or need assistance with enrolling, you may contact Human Resources or our partners at McGriff / Marsh.

Insurance Carrier Websites & Apps

Register on the carrier websites and download the apps to have instant access to your benefits and valuable resources, including:

- Specific plan details
- ID cards
- In-network provider search
- Your claims history
- Other tools and resources

Benefit	Carrier	Phone	Website
Medical	BlueCross BlueShield of TX	800-521-2227	bcbstx.com
Capital Rx	Capital Rx Advantage Savings	888-227-0343	capitalrxadvantage.com
HSA & FSA	Consolidated Admin Services	877-941-5956	consolidatedadmin.com
Dental	BlueCross BlueShield of TX	800-521-2227	bcbstx.com
Vision	BlueCross BlueShield of TX Dearborn Network	800-521-2227	bcbstx.com
Basic & Voluntary Life and AD&D	OneAmerica	855-517-6365	oneamerica.com
Permanent Life + Care	Trustmark	800-918-8877	trustmark.com
Disability	OneAmerica	855-517-6365	oneamerica.com
Accident, Critical Illness, Hospital Indemnity	Symetra	800-796-3872	symetra.com
Cancer	APL	800-423-2765	ampublic.com/products/cancer
Identity Theft	Experian	888-397-3742	experian.com
EAP	OneAmerica	855-365-4754	guidanceresources.com
Benefit Support Center Monday through Friday. 8am – 5pm Cst	APEX	877-221-6228	symetra.benselect.com/vanguardacademy

Medical Insurance Plans

Blue Cross and Blue Shield of Texas

A suite of four medical insurance plans (HSA, HMO, and two PPO options) underwritten by Blue Cross and Blue Shield of Texas. Plans vary by deductible, coinsurance, copays, and monthly employee premiums to suit different coverage needs and budgets.

Starting from **\$0.00** /mo

	HSA 8500 Plan 1	Blue Essentials HMO 2500 Plan 2	PPO 1500 Plan 3	PPO 6000 Plan 4
MONTHLY PREMIUM				
Employee Only	\$0.00	\$150.27	\$300.13	\$60.26
Employee + Spouse	\$609.83	\$1,050.62	\$1,380.27	\$852.54
Employee + Children	\$417.34	\$788.01	\$1,065.20	\$621.45
Employee + Family	\$1,159.72	\$1,800.89	\$2,280.37	\$1,512.78
PLAN OVERVIEW				
Plan Type	HSA	HMO	PPO	PPO
Referral Required	No	Yes	No	No
Deductible (Ind / Fam)	\$8,500 / \$17,000	\$2,500 / \$5,000	\$1,500 / \$3,000	\$6,000 / \$12,000
Out-of-Pocket Max (Ind / Fam)	\$8,500 / \$17,000	\$8,000 / \$16,000	\$4,500 / \$9,000	\$8,000/\$16,000
Coinsurance (You Pay)	0% after deductible	30%	20%	30%
Out-of-Pocket Max Includes	All services subject to deductible first; after deductible, plan pays 100% in-network. Preventive care: No Charge.	In-network only. Out-of-Pocket includes deductible, coinsurance & copays.	In-network OOP includes deductible & coinsurance.	In-network OOP includes deductible, coinsurance & copays.
COINSURANCE				
Percentage You Pay	0% (Plan pays 100% after deductible)	30%	20%	30%
OFFICE VISITS				
Primary	Ded; then 0%	\$30 Copay	\$25 Copay	\$40 Copay
Specialist	Ded; then 0%	\$60 Copay	\$50 Copay	\$70 Copay
COMMON SERVICES				

	HSA 8500 Plan 1	Blue Essentials HMO 2500 Plan 2	PPO 1500 Plan 3	PPO 6000 Plan 4
Inpatient Facility	Ded; then 0%	Ded + 30%	20% after deductible	30% after deductible
Outpatient Facility	Ded; then 0%	Ded + 30%	Ded + 20%	Ded + 30%
Urgent Care	Ded; then 0%	\$70 Copay	\$75 Copay	\$70 Copay
Emergency Room	Ded; then 0%	Ded + \$250	Ded + 20%	Ded + 30%
Lab	100% after deductible	Covered	Covered	Covered
X-Ray	100% after deductible	Covered	Covered	Covered
Advanced Imaging / Complex Imaging	100% after deductible	70% covered	80% covered	70% covered
PREVENTIVE CARE				
Preventive Care	No Charge	No Charge	No Charge	No Charge
PHARMACY				
First Dollar before Copay Applies (Ind/Fam)	Medical Deductible will Apply	\$1,500 / \$3,000	\$1,500 / \$3,000	\$1,500 / \$3,000
Retail	Ded; then 0%	\$20 / \$35 / \$75	\$20 / \$45 / \$75	\$20 / \$35 / \$70
Mail Order (90 days)				
Maximum Benefits	Unlimited	Unlimited	Unlimited	Unlimited

IS THIS RIGHT FOR YOU?

- ✓ HSA 8500: Healthy individuals who want to save pre-tax dollars and can absorb higher out-of-pocket costs
- ✓ HMO 2500: Employees seeking lower premiums with predictable copays and coordinated care
- ✓ PPO 1500: Employees wanting broad provider flexibility and moderate cost-sharing
- ✓ PPO 6000: Budget-conscious employees who rarely use medical services and want low premiums

WHO CAN ENROLL

Dependents covered up to age 26
Guaranteed Issue — no medical exam required

Prescription Drug Plan Comparison

	HSA 8500	PPO 6000	HMO 2500	PPO 1500
	You pay	You pay	You pay	You pay
Rx Out-of-Pocket Max	Integrated w/ Medical	\$1,500 / \$3,000 (Ind / Fam)	\$1,500 / \$3,000 (Ind / Fam)	\$1,500 / \$3,000 (Ind / Fam)
Retail 30-days Tier 1 Tier 2 Tier 3	0% after deductible	\$20 copay \$35 copay \$70 copay	\$20 copay \$35 copay \$75 copay	\$20 copay \$45 copay \$75 copay
Mail Order 90-days Tier 1 Tier 2 Tier 3	0% after deductible	\$60 copay \$105 copay \$210 copay	\$60 copay \$105 copay \$210 copay	\$60 copay \$135 copay \$225 copay

In-Network services shown only. For full plan details refer to the Summary Plan Description (SPD).

Prescription Drug Coverage

When you enroll in a Blue Cross and Blue Shield of Texas medical plan, you are automatically enrolled in prescription drug coverage using the BCBS prescription formulary. Prescription drug coverage is one of the most valuable, but also one of the most expensive benefits offered. You are encouraged to discuss lower-cost alternatives with your physician and check the drug list on the Blue Cross and Blue Shield of Texas prescription website at bcbstx.com.

Retail Pharmacy

Pay less and eliminate the need for claim forms when you use In-Network pharmacies for your prescriptions. Show your BCBS ID card to your pharmacist and pay the amount shown in the medical benefits summary chart.

Home Delivery Service

The BCBS Home Delivery service is a convenient, cost-effective way to receive up to a 90-day supply of prescription drugs. Your medication is delivered by mail direct to your home or work address. To learn more about the Home Delivery Service, call 800-521-2227.

Dental Care

Blue Cross and Blue Shield of Texas

A DPPO dental plan offered through Blue Cross and Blue Shield of Texas covering diagnostic, preventive, basic, and major dental services at varying coinsurance levels. Participants may use any dentist, with lower out-of-pocket costs when using contracting dentists.

Starting from **\$0.00** /mo

Employee Only

\$0.00

/mo

Employee + Spouse

\$33.08

/mo

Employee + Children

\$42.14

/mo

Employee + Family

\$90.27

/mo

	IN-NETWORK
Deductible (Ind / Fam)	\$50 / \$150
Referral Required	No

Deductibles & Maximums

CATEGORY	DEDUCTIBLE	MAXIMUM
Basic & Major Services	\$50 individual / \$150 family	\$1,750 annual
Orthodontia(Up to 19 years old)	Waived	\$1,000 lifetime

Coverage by Service

SERVICE	COVERAGE
PREVENTIVE & DIAGNOSTIC — PLAN PAYS, NO DEDUCTIBLE	
Diagnostic Evaluations	100%
Preventive Services	100%
Diagnostic Radiographs	100%
Miscellaneous Preventive Services	100%
BASIC SERVICES — AFTER DEDUCTIBLE	
Basic Restorative Services	80%

Non-Surgical Extractions	80%
Non-Surgical Periodontal Services	80%
Adjunctive Services	80%
Oral Surgery Services	80%
MAJOR SERVICES — AFTER DEDUCTIBLE	
Endodontic Services	50%
Surgical Periodontal Services	50%
Major Restorative Services	50%
Prosthodontic Services	50%
Miscellaneous Restorative and Prosthodontic Services	50%
Implants	50%
Orthodontia	50%
ADDITIONAL BENEFITS	
Enhanced Benefits (Medical Condition-Based)	Included
Teledentistry Dental Services	Virtual dental visit available via Teledentistry.com for urgent concerns when unable to see a dentist in person.

IS THIS RIGHT FOR YOU?

- ✓ Employees seeking employer-subsidized dental coverage with no monthly premium for employee-only coverage
- ✓ Individuals who prioritize preventive dental care
- ✓ Families with children needing orthodontic or preventive services

WHO CAN ENROLL

Dependents covered up to age 26

Vision Care

Blue Cross and Blue Shield of Texas / EyeMed

A vision plan powered by EyeMed providing annual exams, frames, lenses, and contact lens benefits through a broad network of independent eye doctors and retailers. Members receive in-network copay/allowance benefits and out-of-network reimbursements.

Starting from **\$6.10** /mo

Employee Only

\$6.10

/mo

Employee + Spouse

\$11.61

/mo

Employee + Children

\$12.20

/mo

Employee + Family

\$17.95

/mo

SERVICE	IN-NETWORK
Exam with dilation as necessary	\$10 copay
Retinal Imaging	Up to \$39
Contact Lens Fit and Follow-up (Standard)	Up to \$40
Contact Lens Fit and Follow-up (Premium)	10% off retail price
Frames (any available frame at provider location)	\$0 copay, \$100 allowance, 20% off balance over \$100
Single Vision Lenses	\$25 copay
Bifocal Lenses	\$25 copay
Trifocal Lenses	\$25 copay
Lenticular Lenses	\$25 copay
Standard Progressive Lens	\$90 copay
Premium Progressive Lens – Tier 1	\$110 copay
Premium Progressive Lens – Tier 2	\$120 copay
Premium Progressive Lens – Tier 3	\$135 copay
Premium Progressive Lens – Tier 4	\$90 copay, 80% of charge less \$120 allowance
UV Coating	\$15
Tint (solid and gradient)	\$15

Scratch Resistant Coating	\$15
Polycarbonate Lenses – Adults	\$40
Polycarbonate Lenses – Kids under 19	\$0 (covered in full)
Standard Anti-Reflective Coating	\$45
Premium Anti-Reflective Coating – Tier 1	\$57
Premium Anti-Reflective Coating – Tier 2	\$68
Premium Anti-Reflective Coating – Tier 3	80% of charge
Polarized Lenses	20% off retail
Photochromic/Transitions Plastic	\$75
Contact Lenses – Conventional	\$0 copay, \$100 allowance, 15% off balance over \$100
Contact Lenses – Disposable	\$0 copay, \$100 allowance, plus balance over \$100
Contact Lenses – Medically Necessary	\$0 copay, paid in full
Laser Vision Correction	15% off retail price or 5% off promotional price
Additional Pairs Benefit	40% off complete pair of eyeglasses; 15% off conventional contact lenses once funded benefit has been used
Amplifon Hearing Discount	Up to 64% off hearing aids, extended warranty, free batteries, and low price guarantee
Other Add-On Services and Materials	20% off retail price
Additional Vision Care Discount – Complete pair of prescription eyeglasses	40% off
Additional Vision Care Discount – Non-prescription sunglasses	20% off
Additional Vision Care Discount – Any item not covered by the plan	20% off
Benefit Frequency	Every 12 months

IS THIS RIGHT FOR YOU?

- ✓ Employees seeking affordable annual eye exam and eyewear coverage
- ✓ Families with children under 19 (polycarbonate lenses covered in full for kids)
- ✓ Contact lens wearers needing an annual allowance

WHO CAN ENROLL

Dependents covered up to age 26

KEY NUMBERS

\$10 copay

Eye Exam (in-network)

\$100 allowance

Contact Lenses

\$100 allowance

Frames (in-network)

Every 12 months

Benefit frequency

McGriff Drug Discount Card

Marsh & McLennan Agency LLC (McGriff)

A free prescription drug discount card that provides pre-negotiated discounts of up to 90% on prescription and over-the-counter medications at over 66,000 pharmacies nationwide. This is not insurance and cannot be used with Medicare, Medicaid, or any federal/state funded program.

Starting from **\$0.00** /mo

McGriff Drug Discount Card

A single-tier free discount card program with no enrollment fees. Members use the card or app at participating pharmacies to access pre-negotiated discounts on generic and brand medications.

Employee Only

\$0.00/mo

✓ Prescription Drug Discounts (Up to 90%)

Pre-negotiated discounts of up to 90% on prescription medications. Savings vary by drug and pharmacy. Discounts on generic drugs are typically much higher than on brand-name drugs.

✓ Over-the-Counter (OTC) Drug Discounts

Card may be used for OTC drugs not covered by a member's insurance plan.

✓ Online Pricing Tool & Mobile App

Digital pricing tool available on McGriff.com and via mobile app. Enables members to compare pricing across pharmacies for their specific medications and download digital or printed coupons.

✓ Pet Medication Discounts

Discounts on pet medications available at participating pharmacies.

✓ Nationwide Pharmacy Network (66,000+ locations)

Generally accepted by major pharmacy chains and independent pharmacies including Costco, Kroger, Publix, Walmart, CVS, Walgreens, and Rite Aid. Some independent pharmacies and chains may be excluded.

✓ Price Transparency & Comparison

Members with health insurance can compare discount card pricing against their insurer's pricing to determine the best savings opportunity, particularly beneficial for those with high-deductible health plans.

✓ 24/7 Member Support

Support available 24/7 by calling 888-227-0343.

IS THIS RIGHT FOR YOU?

- ✓ Employees on high-deductible health plans who have not yet met their deductible
- ✓ Members needing medications not covered by their insurance plan
- ✓ Uninsured individuals seeking affordable prescription access
- ✓ Anyone purchasing OTC medications or pet medications
- ✓ Price-conscious consumers who want to compare costs across pharmacies

WHO CAN ENROLL

Dependents covered up to age 26

HSA vs FSA Benefit Summary

This document describes the rules, eligibility, and contribution limits for Health Savings Accounts (HSA), Flexible Spending Accounts (FSA), and Dependent Care Flexible Spending Accounts (DCFSA) offered as tax-advantaged benefit accounts. It outlines key differences, employer contributions, and IRS limits for the 2026 plan year.

Health Savings Account (HSA)

A tax-advantaged savings account paired exclusively with an HSA-qualified HDHP. Contributions, investment earnings, and qualified distributions are all exempt from FICA, federal, and state income tax. Funds roll over year to year and remain with the employee upon termination.

✓ Employer Annual Contribution

\$500 annual employer contribution deposited monthly at \$41.67 per month to the employee's HSA.

✓ 2026 IRS Contribution Limit – Single

2026 maximum HSA contribution for Single coverage is \$4,400.

✓ 2026 IRS Contribution Limit – Family

2026 maximum HSA contribution for Family coverage is \$8,750.

✓ Age 55+ Catch-Up Contribution

Employees age 55 or older may contribute an additional \$1,000 above the standard IRS limit.

✓ Pro-Rated Contributions for New Hires

New hire employer contributions are pro-rated based on the remaining pay periods in the plan year.

✓ Investment Growth

HSA funds can be invested, allowing for tax-free growth over time.

✓ Eligible Expense Coverage

Funds may be used for current and future qualified medical, dental, and vision expenses, long-term care premiums, Medicare premiums, and COBRA premiums.

Flexible Spending Account (FSA)

A tax-advantaged account funded by pre-tax employee payroll deductions. The full annual election is available on day one of the plan year. Funds are subject to use-it-or-lose-it rules with a limited rollover allowance.

✓ 2026 FSA Maximum Contribution

2026 IRS maximum FSA contribution is \$3,400.

✓ 2025 Rollover Limit

Up to \$500 of unused FSA funds may roll over at the beginning of the 05/01/2026 plan year.

✓ 2026 Rollover Limit

Up to \$680 of unused FSA funds may roll over.

✓ Run-Out Period

Some employers allow a run-out period after the plan year ends during which claims incurred during the plan year may still be submitted.

✓ Front-Loading

The full annual FSA election amount is available for use on day one of the plan year or the effective date of enrollment.

✓ Eligible Expense Coverage

Funds may be used for qualified medical, dental, and vision expenses for the employee, dependent child, spouse, or other tax dependent.

IS THIS RIGHT FOR YOU?

- ✓ Employees enrolled in an HDHP who want to save for current and future medical expenses tax-free (HSA)
- ✓ Employees who want to use pre-tax dollars for predictable annual medical, dental, or vision expenses (FSA)
- ✓ Employees planning for retirement healthcare costs such as Medicare or long-term care premiums (HSA)
- ✓ Employees with childcare, elder care, or other dependent care expenses who want to reduce taxable income (DCFSA)

WHO CAN ENROLL

Dependents covered up to age 26

Dependent Care Flexible Spending Account (DCFSA)

A tax-advantaged account that allows employees to use pre-tax dollars to pay for eligible dependent care expenses. Funds become available as contributions are made through payroll deductions — not front-loaded like the medical FSA.

2026 Max Contribution – Married Filing Jointly / Single	\$7,500
2026 Max Contribution – Married Filing Separately	\$3,750
Minimum Contribution	\$50
Fund Availability DCFSA funds become available as contributions are made. When payroll is processed and your paycheck is available, your Dependent Care contributions are applied to your account and available for reimbursement.	
Eligible Expense Coverage Allows you to use pre-tax dollars to pay for eligible expenses related to a childcare center, babysitter, nanny (birth through age 12), summer day camp, before or after-school care, disabled dependent and/or spouse care, and elder care.	
Reimbursement Timeframe Reimbursement timeframe details will be provided once confirmed.	

Basic Life Benefit Summary

OneAmerica

Employer-paid basic term life insurance providing a \$50,000 death benefit with a matching \$50,000 AD&D Principal Sum. Includes accelerated life benefit, waiver of premium, and a full dismemberment/paralysis loss schedule.

Basic Term Life and AD&D;

Employer-provided \$50,000 basic term life with matching AD&D coverage. Benefit reduces to 50% at age 70.

✓ **Accelerated Life Benefit**

Employee may request payment of 25%, 50%, or 75% of the \$50,000 Life Amount upon diagnosis of a terminal condition as defined in the Certificate.

✓ **Waiver of Premium**

AUL may waive premium payments if the employee becomes Totally Disabled before age 60 while insured, and remains continuously Totally Disabled for 6 months, with proof of Total Disability submitted.

✓ **Seat Belt Benefit**

Additional AD&D benefit payable if loss occurs while wearing a seat belt.

✓ **AirBag Benefit**

Additional AD&D benefit payable if loss occurs in a vehicle equipped with an air bag.

✓ **Exposure Benefit**

AD&D; benefit for loss resulting from exposure to the elements following an accident.

✓ **Disappearance Benefit**

AD&D; benefit if the insured disappears and is presumed dead following a covered accident.

✓ **Repatriation Benefit**

AD&D; benefit to cover costs of returning remains to the employee's home following an accidental death.

✓ **Child Higher Education Benefit**

Benefit to assist with higher education costs for dependent children following the employee's accidental death.

✓ **Child Care Benefit**

Benefit to assist with child care costs following the employee's accidental death.

✓ **Conversion Privilege**

If life insurance coverage ceases, the employee may be entitled to convert the life amount to an individual policy. See Certificate for details.

IS THIS RIGHT FOR YOU?

- ✓ Full-time employees seeking baseline employer-paid life protection
- ✓ Employees wanting built-in accidental death and dismemberment coverage
- ✓ Employees with dependents who need a financial safety net

WHO CAN ENROLL

Guaranteed Issue — no medical exam required 30+ hrs/week to be eligible

Voluntary Life Benefit Summary

American United Life Insurance Company (AUL) / OneAmerica Financial

Voluntary Term Life and AD&D plan offering employee coverage in \$10,000 increments up to \$500,000 (guaranteed issue \$250,000), with dependent spouse and child coverage available. Includes accidental death and dismemberment benefits with a full loss schedule and additional features such as accelerated life benefit, waiver of premium, and portability.

Employee Voluntary Term Life & AD&D

Flat amount in \$10,000 increments, minimum \$10,000, maximum \$500,000, not to exceed 7x annual base salary. Guaranteed issue of \$250,000. AD&D Principal Sum mirrors Life Amount.

Reference enrollment website or a licensed benefit counselor for personalized rates

Dependent Voluntary Term Life & AD&D

Spouse coverage in \$5,000 increments, minimum \$5,000, maximum \$500,000 (not to exceed 100% of employee's Life Amount). Spouse guaranteed issue \$50,000.

Two child coverage options: Plan 1 provides \$5,000 per child; Plan 2 provides \$10,000 per child (ages 6 months to 26). Live birth to 6 months: \$1,000 under both plans.

Reference enrollment website or a licensed benefit counselor for personalized rates

✓ Accelerated Life Benefit

Employee may request 25%, 50%, or 75% of Life Amount upon diagnosis of a terminal condition as defined in the Certificate.

✓ Waiver of Premium

AUL may waive further premium payments if the Employee becomes Totally Disabled before age 60, remains continuously Totally Disabled for 6 months, and submits proof of Total Disability.

✓ Conversion

If the Employee's Life Insurance ceases, the Employee may convert his/her policy. See Certificate for specific details.

✓ Portability

Employee may apply for continuation of coverage should coverage terminate, extending coverage for an additional period.

✓ Seat Belt Benefit

Additional benefit paid if death occurs while properly wearing a seat belt.

✓ Dependent Spouse Accelerated Life Benefit (ALB)

Accelerated life benefit available for insured spouse upon terminal condition diagnosis.

✓ Spouse/Child Higher Education Benefit

Benefit to assist with higher education costs for surviving spouse or child.

✓ Spouse/Child Care Benefit

Benefit to assist with child care costs for surviving dependents.

Employee Voluntary Term Life & AD&D

Flat amount in \$10,000 increments, minimum \$10,000, maximum \$500,000, not to exceed 7× annual base salary. Guaranteed issue of \$250,000. AD&D Principal Sum mirrors Life Amount.

Reference enrollment website or a licensed benefit counselor for personalized rates

✓ Air Bag Benefit

Additional benefit paid if death occurs in a vehicle equipped with a functioning air bag.

✓ Repatriation Benefit

Benefit for transportation of remains if death occurs away from home.

✓ Disappearance Benefit

Benefit payable if insured disappears and is presumed dead.

✓ Exposure Benefit

Benefit payable for loss resulting from exposure to elements following an accident.

IS THIS RIGHT FOR YOU?

- ✓ Full-time employees seeking supplemental life coverage beyond any employer-paid base amount
- ✓ Employees with dependents who want affordable spouse and child life coverage
- ✓ Employees who want flexibility to choose coverage amounts in increments

WHO CAN ENROLL

Dependents covered up to age 26
30+ hrs/week to be eligible

Life + Care Insurance

Trustmark

Permanent life insurance that combines a death benefit with long-term care benefits payable when the insured requires help with at least two of six activities of daily living or has severe cognitive impairment. Care benefits are payable for both professional and family caregiving services, with coverage guaranteed issue up to specified limits.

Employee Coverage

Permanent life insurance with integrated professional and family caregiving benefits for the employee. Guaranteed Issue up to \$125,000. Death benefit reduces by 67% at age 70 or on the 10th policy anniversary, whichever is later; care benefits do not reduce.



Pricing not available

[Reference enrollment website or a licensed benefit counselor for personalized rates](#)

Spouse Coverage

Permanent life insurance with integrated caregiving benefits for the employee's spouse. Guaranteed Issue up to \$25,000, not to exceed 100% of employee benefit amount. Maximum issue age 70. Available only if employee applies for coverage.



Pricing not available

[Reference enrollment website or a licensed benefit counselor for personalized rates](#)

IS THIS RIGHT FOR YOU?

- ✓ Employees seeking permanent life insurance with built-in long-term care protection
- ✓ Employees wanting to protect retirement savings from potential future care costs
- ✓ Those who want the flexibility to be cared for by a family member rather than only professional caregivers
- ✓ Employees wanting guaranteed issue coverage without medical underwriting during initial enrollment

WHO CAN ENROLL

Dependents covered up to age 26
Guaranteed Issue — no medical exam required

Plan Highlights

Benefit Amount — Employee

GI up to \$125,000

Employee Guaranteed Issue up to \$125,000. Death benefit reduces by 67% at age 70 or on the 10th policy anniversary, whichever is later; care benefits do not reduce. Note: Guaranteed Issue is available during your initial enrollment period — no health questions asked. For future enrollment or changes outside the initial period, coverage approval will be subject to underwriting.

Benefit Amount — Spouse**GI up to \$25,000**

If employee applies for coverage, Spousal Guaranteed Issue max of \$25,000, not to exceed 100% of employee benefit. Maximum issue age 70.

Professional Caregiving Benefit**4%/mo or 20% lump sum**

When you receive professional caregiving services, you can collect 4% of your benefit amount per month, up to two times the face amount of your certificate — or you may elect a one-time lump sum of 20% of your face amount.

Family / Friend Caregiving Benefit**2%/mo or 10% lump sum**

When care is provided by a family member or friend rather than a professional, you can collect 2% of your benefit per month, up to two times the face amount — or you may elect a one-time lump sum of 10% of your face amount.

Terminal Illness Benefit**Up to 50% advance**

Advance up to 50% of death benefit when diagnosed with a life expectancy of 24 months or less.

Portability

Coverage is portable — you keep your policy if you leave employment.

Rate Guarantee**Locked for life**

Once coverage is in force, your rate is guaranteed never to increase with age.

Short Term Disability Insurance

OneAmerica Financial (American United Life Insurance Company®)

Replaces 60% of pre-disability weekly earnings (up to \$2,000/week) for up to 12 weeks when you cannot work due to injury, illness, or childbirth. A 7-day elimination period applies to both injury and sickness.

60%

OF WEEKLY EARNINGS

\$2,000

MAX WEEKLY BENEFIT

\$25

MINIMUM WEEKLY
BENEFIT

12 weeks

MAX BENEFIT DURATION

**7 consecutive
days**

ELIMINATION — INJURY

BENEFIT DETAILS	SHORT-TERM DISABILITY
Benefit Amount	60% of covered weekly earnings — max \$2,000/week / min \$25/week
Elimination Period	7 consecutive days for injury or sickness
Maximum Benefit Duration	12 weeks
Recurrent Disability	Benefits continue without a new elimination period if you return to active work and become disabled again within 30 consecutive days of your return.
Pre-Existing Condition	3/6 exclusion period — conditions treated in the 3 months prior to your effective date are excluded during your first 6 months of coverage.
Eligibility	Full-time employees working 30+ hours/week . Coverage begins on your individual effective date provided you are actively at work.
Benefit Offsets	Other Income Benefits as outlined in the certificate, Social Security (Family Integration Method)
Portability	You may apply to continue coverage if your employment ends. Extended coverage is available for an additional period upon approval.
Definition of Earnings	Coverage is based upon earnings as last reported in writing to and approved by AUL. In no event will the amount of earnings used to calculate benefits exceed the lesser of: the amount approved by AUL, the amount shown in the Employer's payroll records, or the amount for which premium has been paid.
Continuation of Coverage	✓ FMLA (Family Medical Leave Act) ✓ Temporary Lay Off or Leave of Absence ✓ LOA for Military Service

DEFINITIONS

Total Disability

You cannot perform the material and substantial duties of your regular job, are not working in any occupation, and are under regular physician care for the injury or sickness.

Residual Disability

The elimination period can be satisfied using any combination of total and partial disability days.

Partial Disability

You can perform at least one material duty of your regular job or another occupation, but are earning less than 80% of your pre-disability earnings due to the same condition.

Maternity

Maternity leave is covered the same as any qualifying disability, subject to any applicable pre-existing condition exclusion.

■ Exclusions & Limitations

- Non-occupational only — work-related injuries and illnesses are not covered
- 7-day elimination period before benefits begin
- Maximum benefit duration of 12 weeks
- Pre-existing condition exclusion: 3/6 period applies
- Must be actively at work on your effective date to be covered

IS THIS RIGHT FOR YOU?

- ✓ Full-time employees seeking income protection during illness or injury
- ✓ Employees planning for pregnancy or maternity leave
- ✓ Workers without sufficient savings to cover a short-term income gap

WHO CAN ENROLL

- Guaranteed Issue — no medical exam required
- 30+ hrs/week to be eligible
- 3/6 pre-existing condition exclusion

Long Term Disability Insurance

OneAmerica Financial (American United Life Insurance Company®)

Replaces 60% of pre-disability monthly earnings (up to \$6,000/month) when you are unable to work due to a serious injury or illness. Benefits begin after a 90-day elimination period and continue to Social Security Normal Retirement Age (SSNRA).

60%

OF MONTHLY EARNINGS

\$6,000

MAX MONTHLY BENEFIT

**To Social Security
Normal Retirement
Age (SSNRA)**

MAX BENEFIT DURATION

90 consecutive days

ELIMINATION PERIOD

BENEFIT DETAILS	LONG-TERM DISABILITY
Benefit Amount	60% of monthly earnings — max \$6,000/month
Elimination Period	90 consecutive days for injury or sickness
Maximum Benefit Duration	To Social Security Normal Retirement Age (SSNRA)
Recurrent Disability	Benefits continue without a new elimination period if you return to active work and become disabled again within 180 consecutive days of your return.
Pre-Existing Condition	3/12 exclusion period — conditions treated in the 3 months prior to your effective date are excluded during your first 12 months of coverage.
Eligibility	Full-time employees working 30+ hours/week . Coverage begins on your individual effective date provided you are actively at work.
Benefit Offsets	Social Security (Family Integration Method)
Portability	You may apply to continue coverage if your employment ends. Extended coverage is available for an additional period upon approval.
Definition of Earnings	As defined by your contract: The amount of coverage will be based upon earnings as last reported in writing to and approved by AUL. In no event will the amount of earnings used to calculate benefits under the AUL contract exceed the lesser of the amount approved by AUL, amount shown in the Employer's payroll records, or for which premium has been paid.
Continuation of Coverage	✓ FMLA (Family Medical Leave Act) ✓ Leave of Absence — including Active Military Service ✓ Temporary Layoff

DEFINITIONS

Total Disability

You cannot perform the material and substantial duties of your regular job, are not working in any occupation, and are under regular physician care for the injury or sickness.

Residual Disability

The elimination period can be satisfied using any combination of total and partial disability days.

Partial Disability

You can perform at least one material duty of your regular job or another occupation, but are earning less than 80% of your pre-disability earnings due to the same condition.

Maternity

Maternity leave is covered the same as any qualifying disability, subject to any applicable pre-existing condition exclusion.

■ Exclusions & Limitations

- 90-day elimination period before benefits begin
- 3/12 pre-existing condition exclusion applies
- Mandatory Rehabilitation Program participation may be required
- Social Security Family benefits offset against LTD payment
- Fully employee-paid — employer contributes 0%
- Participation requirement: greater of 10 insured or 25% of eligible employees

IS THIS RIGHT FOR YOU?

- ✓ Full-time employees seeking long-term income protection
- ✓ Employees with higher monthly earnings seeking maximum benefit coverage
- ✓ Workers in occupations with higher risk of extended disability

WHO CAN ENROLL

Guaranteed Issue — no medical exam required
30+ hrs/week to be eligible
3/12 pre-existing condition exclusion

KEY NUMBERS

■ 60%

Of monthly earnings

■ \$6,000

Max monthly benefit

■ To Social Security

Max duration

■ 90 days

Elimination period

Accident Insurance

Symetra Life Insurance Company

A scheduled benefit accident insurance plan that pays fixed cash benefits for covered injuries and related medical services resulting from a covered accident. Benefits are paid directly to the insured regardless of other insurance coverage and can be used for any purpose.

Starting from **\$10.31** /mo

Single

\$10.31

/mo

Employee + Spouse

\$15.65

/mo

Employee + Children

\$19.35

/mo

Family

\$29.04

/mo

BENEFIT	AMOUNT
EMERGENCY CARE & DIAGNOSTICS	
Ambulance – Ground (1 trip per covered accident)	\$400 pp/pa
Ambulance – Air (1 trip per covered accident)	\$2,500 pp/pa
Emergency Room (1 trip per covered accident)	\$200 pp/pa
Major Diagnostic Testing – MRI, CT Scan, EEG (1 exam per covered accident)	\$350 pp/pa
X-Ray (1 test per covered accident)	\$100 pp/pa
Pain Management / Epidural (1 visit per covered accident)	\$150 pp/pa
Initial Doctor's Visit	\$200 pp/pa
ACCIDENT HOSPITALIZATION & SURGICAL BENEFITS	
Hospital Admission	\$1,500 pp/pa
ICU Admission	\$3,000 pp/pa
Hospital Confinement (up to 365 days per accident)	\$350 per day
ICU Confinement (up to 30 days per accident)	\$1,000 per day
Rehabilitation / Skilled Nursing Facility (up to 90 days per accident)	\$200 per day
Blood / Plasma / Platelets	\$500 pp/pa
Surgery – Open Abdominal, Thoracic	\$2,000 per surgery
Surgery – Cranial	\$2,000 per surgery
Surgery – Hernia	\$1,000 per surgery
Surgery – Exploratory or Without Repair	\$300 per surgery

Outpatient / Miscellaneous Surgery	\$300 per surgery
Transportation (up to 3 trips per accident; travel must be 50+ miles from residence)	\$400 per trip
Family Lodging (up to 30 nights)	\$300 per night
Coma (after 7-day duration)	\$20,000 pp/pa
FOLLOW UP CARE	
Follow Up Doctor's Visit (6 visits per covered accident)	\$100 pp/pa
Physical Therapy (up to 10 visits per accident)	\$50 per visit
Chiropractic Visit (up to 10 visits per accident)	\$50 per visit
Medical Equipment (1 appliance per covered accident)	\$300 pp/pa
Prosthetic Device (1 device per covered accident)	\$2,000 pp/pa
COMMON INJURIES — BURNS	
Burns – Second Degree: 20–100 square centimeters	\$150 pp/pa
Burns – Second Degree: 101–225 square centimeters	\$400 pp/pa
Burns – Second Degree: More than 225 square centimeters	\$1,500 pp/pa
Burns – Third Degree: 20–100 square centimeters	\$1,500 pp/pa
Burns – Third Degree: 101–225 square centimeters	\$4,000 pp/pa
Burns – Third Degree: More than 225 square centimeters	\$16,000 pp/pa
Burns – Skin Grafts	50% of burn benefit
COMMON INJURIES — PARALYSIS	
Paralysis – Quadriplegia	\$20,000 pp/pa
Paralysis – Paraplegia	\$10,000 pp/pa
Paralysis – Hemiplegia	\$10,000 pp/pa
Paralysis – Uniplegia	\$5,000 pp/pa
COMMON INJURIES — LACERATIONS	
Lacerations – Not requiring sutures	\$75 pp/pa
Lacerations – Under 3 inches, required sutures	\$150 pp/pa
Lacerations – 3 to 6 inches, requires sutures	\$400 pp/pa
Lacerations – Over 6 inches, requires sutures	\$800 pp/pa
COMMON INJURIES — EMERGENCY DENTAL, EYE & SPECIFIC	
Emergency Dental Work – Crown Repair	\$300 pp/pa
Emergency Dental Work – Extraction	\$150 pp/pa
Eye Injuries – Removal of Foreign Object	\$200 pp/pa
Eye Injuries – Surgical Repair	\$400 pp/pa
Specific Injuries – Ruptured Disc	\$800 pp/pa

Specific Injuries – Tendons/Ligaments (1 tear with surgical repair)	\$800 pp/pa
Specific Injuries – Tendons/Ligaments (2 or more tears with surgical repair)	\$1,600 pp/pa
Specific Injuries – Tendons/Ligaments (arthroscopic surgery with no repair)	\$300 pp/pa
Specific Injuries – Torn Knee Cartilage (exploratory surgery with no repair)	\$300 pp/pa
Specific Injuries – Torn Knee Cartilage (surgical repair)	\$800 pp/pa
Specific Injuries – Concussion	\$300 pp/pa
DISLOCATIONS (CLOSED REDUCTION) — 3 BENEFITS PER PERSON, PER ACCIDENT MAX	
Dislocation – Hip	\$5,000
Dislocation – Knee (except patella)	\$2,500
Dislocation – Shoulder	\$1,600
Dislocation – Foot/Ankle	\$1,600
Dislocation – Wrist	\$1,600
Dislocation – Lower Jaw	\$1,600
Dislocation – Elbow	\$1,600
Dislocation – Bones of the Hand (except fingers)	\$1,000
Dislocation – Collarbone	\$1,000
Dislocation – 1 finger or toe	\$500
Dislocation – 2 or more fingers (regardless of total # dislocated)	\$750
Dislocation – 2 or more toes (regardless of total # dislocated)	\$750
Dislocation – Open Reduction	200% of dislocation benefit
Dislocation – Partial Dislocation	25% of dislocation benefit
FRACTURES (CLOSED REDUCTION) — 3 BENEFITS PER PERSON, PER ACCIDENT MAX	
Fracture – Skull	\$5,000
Fracture – Hip/Thigh	\$5,000
Fracture – Vertebral Body (excluding vertebral processes)	\$3,000
Fracture – Pelvis	\$3,000
Fracture – Leg	\$2,500
Fracture – Arm (upper)	\$1,600
Fracture – Shoulder Blade	\$1,600
Fracture – Upper Jaw	\$1,600
Fracture – Vertebral Processes	\$1,600
Fracture – Knee Cap	\$1,600
Fracture – Collarbone	\$1,600
Fracture – Forearm	\$1,600

Fracture – Foot/Ankle	\$1,600
Fracture – Hand/Wrist	\$1,250
Fracture – Lower Jaw	\$1,250
Fracture – Facial Bones or Nose	\$750
Fracture – Ribs (2 or more, regardless of total # fractured)	\$750
Fracture – Coccyx	\$700
Fracture – 1 rib, finger, or toe	\$300
Fracture – Open Reduction	200% of fracture benefit
Fracture – Bone Chip	25% of fracture benefit
CATASTROPHIC ACCIDENT BENEFITS	
Accidental Death	\$100,000
Common Carrier Accidental Death	\$200,000
AD&D; – Loss of both hands, both feet, or sight in both eyes	\$50,000
AD&D; – Loss of 1 hand and 1 foot	\$50,000
AD&D; – Loss of Speech or Hearing in both ears	\$25,000
AD&D; – Loss of 1 eye	\$25,000
AD&D; – Loss of 1 hand or 1 foot	\$25,000
AD&D; – Loss of 2 or more fingers or toes	\$10,000
AD&D; – Loss of 1 finger or toe	\$2,500
ENHANCED SBA BENEFITS RIDER — EMERGENCY CARE & DIAGNOSTICS	
Hospital Observation (24 hours between accident and use)	\$150 pp/pa
Second Opinion Benefit (180 days between accident and use)	\$300 per confinement
ENHANCED SBA BENEFITS RIDER — HOSPITALIZATION & SURGICAL	
Initial Accident Benefit	\$70 pp/pa
Anesthesiology Services (180 days between accident and use)	\$200 per calendar day
Joint Replacement Surgery (365 days between accident and use)	\$1,000 pp/pa
ENHANCED SBA BENEFITS RIDER — FOLLOW-UP CARE	
Follow-Up Telemedicine Visit (180 days between accident and use)	\$40 pp/per injury
Home Health Care Services (180 days between accident and use)	\$150 per calendar day
Enhanced Outpatient Therapies – Voc., Speech, OT, Respiratory (90 days between accident and use)	\$50 per calendar day
Acupuncture Therapy (90 days between accident and use)	\$50 per calendar day
ENHANCED SBA BENEFITS RIDER — LACERATIONS, SPECIFIC INJURIES & BRAIN	
Puncture Wound (24 hours between accident and use)	\$30 pp/pa

Sprain – ankle, knee, wrist, thumb, or shoulder (30 days between accident and use)	\$200 pp/pa
PTSD Due to Covered Accident (90 days between accident and use)	\$750 pp/pa
Electric Shock / Electrocutation	\$500 pp/pa
Brain Injuries – Moderate TBI	\$750 pp/pa
Brain Injuries – Severe TBI	\$1,000 pp/pa
Brain Injuries – Intracranial Hemorrhage	\$1,500 pp/pa
ENHANCED SBA BENEFITS RIDER — POISONING, CRIME & BITE	
Accidental Poisoning – Carbon Monoxide	\$750 pp/pa
Accidental Poisoning – Lead / Hazardous Chemical (3 days between accident and use)	\$750 pp/pa
Crime Victim – Carjacking	\$300 pp/pa
Crime Victim – Robbery / Aggravated Assault (24 hours between accident and use)	\$400 pp/pa
Crime Victim – Gunshot Wound	\$1,500 pp/pa
Bite Wound – Animal Bite Wound	\$200 pp/pa
Bite Wound – Animal Bite Treatment – Tetanus, Rabies, Anti-Venom (up to 3 treatments)	\$200 pp/pa
Assistive Modifications – Home/Vehicle Modifications (up to 1 modification, 365 days between accident and use)	\$2,000 pp/pa
ENHANCED CATASTROPHIC BENEFITS RIDER	
Terminal Injury Advanced Payment Benefit	10% of Accidental Death Benefit
Workplace Death	10% of Accidental Death Benefit
Natural Disaster Death	10% of Accidental Death Benefit
Mass Shooting Death	10% of Accidental Death Benefit
Survivor Income	5% of Accidental Death Benefit
FAMILY CARE BENEFITS RIDER	
Child Care (up to 4 times per accident per insured)	\$1,600 per service
Pet Care (up to 4 times per accident per insured)	\$800 per service
ADDITIONAL INCLUDED FEATURES	
Enhanced Wellness Screening Benefit (1 screening per insured per calendar year)	\$75 pp/pcy
Coverage Type	24 Hour
Portability	Included
Insured Organized Sports Rider – Additional 25% of accident benefits (\$5,000 per person/accident max)	Included
Parental Caregiver Benefits Rider	Included

IS THIS RIGHT FOR YOU?

- ✓ Employees enrolled in a High-Deductible Health Plan (HDHP) seeking supplemental coverage
- ✓ Employees with families including children participating in organized sports
- ✓ Individuals seeking financial protection against unexpected accident-related out-of-pocket expenses
- ✓ Employees wanting portable coverage that continues after leaving employment

WHO CAN ENROLL

Dependents covered up to age 26
Guaranteed Issue — no medical exam required

Cancer Insurance

American Public Life Insurance Company

A limited benefit group specified disease cancer insurance policy that pays indemnity benefits for covered cancer treatments including radiation, chemotherapy, surgery, and related services. Benefits are payable per covered person upon diagnosis of cancer for covered losses incurred during treatment.

Starting from **\$18.16** /mo

	PLAN 1 from \$18.16 /mo	PLAN 2 from \$32.50 /mo
MONTHLY PREMIUM		
■ Employee Only	\$18.16/mo	\$32.50/mo
■ Employee + Spouse	\$39.40/mo	\$70.16/mo
■ Employee + Children	\$21.22/mo	\$38.10/mo
■ Employee + Family	\$42.42/mo	\$75.76/mo
COVERAGE LEVEL		
■ Cancer Benefits	Level 1	Level 4
■ Surgical Rider	Level 1	Level 3
■ First Occurrence Rider	Level 2	Level 4
PLAN BENEFITS		
Radiation Therapy, Chemotherapy, Immunotherapy (maximum per 12-month period)	\$10,000	\$20,000
Hormone Therapy (maximum of 12 treatments per calendar year)	\$50 per treatment	\$50 per treatment
Experimental Treatment	Paid in same manner and under the same maximums as any other benefit	Paid in same manner and under the same maximums as any other benefit
Mastectomy – Confinement	\$50 per day of hospital confinement	\$50 per day of hospital confinement
Mastectomy – Surgery	\$25 per surgery	\$25 per surgery
Mastectomy – Prosthesis (surgical or non-surgical; 1 device per site, per lifetime)	\$25	\$25

Ovarian/Cervical Cancer Screening (1 test per calendar year)	\$10	\$10
Prosthesis and Orthotic Device (surgical or non-surgical)	\$25	\$25
Surgical Operation	\$30 unit dollar amount; Max \$3,000 per operation	\$45 unit dollar amount; Max \$4,500 per operation
Anesthesia	25% of amount paid for covered surgery	25% of amount paid for covered surgery
Bone Marrow Transplant (maximum per lifetime)	\$6,000	\$9,000
Stem Cell Transplant (maximum per lifetime)	\$600	\$900
Prosthesis Surgical Implantation (1 device per site, per lifetime)	\$1,000 per device	\$2,000 per device
Prosthesis Non-surgical, not hair piece (1 device per site, per lifetime)	\$100 per device	\$200 per device
Cancer Treatment Center Evaluation or Consultation (1 per lifetime)	Not included	\$750
Evaluation or Consultation Travel and Lodging (1 per lifetime)	Not included	\$350
Second/Third Surgical Opinion (per diagnosis of cancer)	\$300 / \$300	\$300 / \$300
Drugs and Medicine	\$150 per inpatient confinement; \$50 per outpatient prescription, maximum \$150 per month	\$150 per inpatient confinement; \$50 per outpatient prescription, maximum \$150 per month
Hair Piece/Wig (1 per lifetime)	\$150	\$150
Transportation (maximum 12 trips per calendar year)	Actual coach fare or \$0.40 per mile for travel by bus, plane or train; \$0.40 per mile for travel by car	Actual coach fare or \$0.75 per mile for travel by bus, plane or train; \$0.75 per mile for travel by car
Lodging (maximum 100 days per calendar year)	\$50 per day	\$100 per day
Family Member Transportation (maximum 12 trips per calendar year)	Actual coach fare or \$0.40 per mile for travel by bus, plane or train; \$0.40 per mile for travel by car	Actual coach fare or \$0.75 per mile for travel by bus, plane or train; \$0.75 per mile for travel by car
Family Member Lodging (maximum 100 days per calendar year)	\$50 per day	\$100 per day
Blood, Plasma and Platelets	\$300 per day	\$300 per day
Ambulance Ground (maximum 2 trips per hospital confinement)	\$200 per trip	\$200 per trip
Ambulance Air (maximum 2 trips per hospital confinement)	\$2,000 per trip	\$2,000 per trip
Inpatient Special Nursing Services	\$150 per day of hospital confinement	\$150 per day of hospital confinement
Outpatient Special Nursing Services	\$150 per day	\$150 per day

Medical Equipment (maximum 1 benefit per calendar year)	<i>Not included</i>	\$150
Physical, Occupational, Speech, Audio Therapy and Psychotherapy	\$25 per visit; maximum of \$1,000 per calendar year	\$25 per visit; maximum of \$1,000 per calendar year
Internal Cancer First Occurrence Benefit Rider – Lump Sum (maximum 1 per lifetime) – Insured or Spouse	\$5,000	\$10,000
Internal Cancer First Occurrence Benefit Rider – Lump Sum (maximum 1 per lifetime) – Eligible Dependent Child(ren)	\$7,500	\$15,000
Heart Attack/Stroke First Occurrence Benefit Rider – Lump Sum (maximum 1 per lifetime) – Insured or Spouse	\$5,000	\$10,000
Heart Attack/Stroke First Occurrence Benefit Rider – Lump Sum (maximum 1 per lifetime) – Eligible Dependent Child(ren)	\$7,500	\$15,000
Waiver of Premium	Included	Included
Portability Amendment Rider	Included	Included

♦ All plans include Waiver of Premium and Portability riders. Benefits reduce 50% at age 70 for first occurrence lump sums.

IS THIS RIGHT FOR YOU?

- ✓ Employees seeking supplemental financial protection against cancer-related expenses
- ✓ Individuals with family history of cancer wanting additional coverage
- ✓ Employees looking for portable coverage that continues after leaving employer
- ✓ Those wanting lump sum protection for first occurrence of cancer, heart attack, or stroke

WHO CAN ENROLL

Dependents covered up to age 26
12/12 pre-existing condition exclusion

Critical Illness Insurance

Symetra Life Insurance Company

Voluntary critical illness insurance that pays a lump-sum benefit directly to the insured upon diagnosis of a covered critical illness or condition. Benefit amounts of \$10,000, \$20,000, \$30,000, or \$40,000 are available with no lifetime maximum.

AVAILABLE COVERAGE AMOUNTS

\$10,000

\$20,000

\$30,000

\$40,000

■ Pricing not available

[Reference enrollment website or a licensed benefit counselor for personalized rates](#)

IS THIS RIGHT FOR YOU?

- ✓ Employees who want broad critical illness coverage with no medical underwriting
- ✓ Families with dependent children seeking childhood condition coverage
- ✓ Employees seeking coverage for neurological conditions such as Alzheimer's and Parkinson's
- ✓ Workers wanting financial protection against out-of-pocket costs not covered by major medical

WHO CAN ENROLL

Dependents covered up to age 26

Guaranteed Issue — no medical exam required

\$75 health screening benefit once per calendar year per covered individual per covered member

KEY NUMBERS

- **\$10,000 – \$40,000** Coverage amounts
- **28 conditions** Covered diagnoses
- **No exam required** Guaranteed Issue

WHAT'S COVERED ALL PLANS

Core Benefits	Neurological Conditions
Childhood Conditions	Other Benefits
Additional Occurrences	Health Screening Benefit
Recurrence Benefit	

COVERED CONDITIONS ALL OPTIONS

SERVICE	COVERAGE
CORE BENEFITS	
Invasive Cancer	✓ Full benefit
Minor Cancer (in situ)	Partial — 25% of benefit
Skin Cancer	\$500 flat

Heart Attack	✓ Full benefit
Stroke	✓ Full benefit
Coronary Artery Disease Needing Surgery or Angioplasty	✓ Partial — 50% of benefit
Sudden Cardiac Arrest	✓ Full benefit
Major Organ Failure	✓ Full benefit
Occupational HIV	✓ Full benefit
End-Stage Renal Failure	✓ Full benefit
Loss of Sight	✓ Full benefit
Loss of Speech	✓ Full benefit
Loss of Hearing	✓ Full benefit
Paralysis (Covers Sickness and Accident)	✓ Full benefit
Severe Burns	✓ Full benefit
Stem Cell Transplant	✓ Full benefit
NEUROLOGICAL CONDITIONS	
ALS / Other Motor Neuron Disease	✓ Full benefit
Advanced Alzheimer's Disease	✓ Full benefit
Parkinson's Disease	✓ Full benefit
Advanced Multiple Sclerosis	✓ Full benefit
Coma (Covers Accident and Sickness)	✓ Full benefit
Dementia	✓ Full benefit
Benign Brain Tumor	✓ Full benefit
CHILDHOOD CONDITIONS	
Major Congenital Structural Anomaly ♦	✓ Full benefit
Congenital Metabolic Disorder ♦	✓ Full benefit
Congenital Chromosomal Abnormality ♦	✓ Full benefit
Chronic Medical Condition Commonly Diagnosed in Childhood ♦	✓ Full benefit
OTHER BENEFITS	
Infectious Disease (Minimum Hospital Stay: 7 Days)	Partial — 25% of benefit

Percentages apply to your selected coverage amount (\$10,000 Benefit, \$20,000 Benefit, \$30,000 Benefit, \$40,000 Benefit)

Hospital Indemnity Insurance

Symetra Life Insurance Company

Fixed-payment indemnity plan that pays a set dollar amount per day for covered hospital stays, ICU stays, and eligible facility confinements. Benefits are paid regardless of other insurance coverage and can be used for any expense including medical bills, child care, or transportation.

Starting from **\$0.00** /mo

Plan 1

Hospital indemnity plan with \$1,000 initial-day confinement (admission) benefit and \$150/\$300 per-day benefits for hospital and ICU stays respectively.

Employee Only	\$0.00/mo
Employee + Spouse	\$9.74/mo
Employee + Children	\$4.81/mo
Employee + Family	\$14.54/mo

✓ Initial-Day Confinement (Admission) Benefit – Hospital

Pays \$1,000 for the first day of a covered hospital confinement lasting 24 hours or more.

✓ Per-Day Hospital Stay Benefit

Pays \$150 per day for each day of a covered hospital stay beginning on day two, up to the calendar-year maximum stated in the policy.

✓ Per-Day ICU Stay Benefit

Pays \$300 per day for each day of a covered ICU stay beginning on day two, up to the calendar-year maximum stated in the policy.

✓ Substance Abuse Facility Benefit

Pays a fixed daily benefit for covered stays in a substance abuse facility, up to the calendar-year maximum.

✓ Mental Health Facility Benefit

Pays a fixed daily benefit for covered stays in a mental health facility, up to the calendar-year maximum.

Plan 2

Hospital indemnity plan with \$1,500 initial-day confinement (admission) benefit and \$150/\$300 per-day benefits for hospital and ICU stays respectively.

Employee Only	\$5.68/mo
Employee + Spouse	\$19.34/mo
Employee + Children	\$14.42/mo
Employee + Family	\$26.08/mo

✓ Initial-Day Confinement (Admission) Benefit – Hospital

Pays \$1,500 for the first day of a covered hospital confinement lasting 24 hours or more.

✓ Per-Day Hospital Stay Benefit

Pays \$150 per day for each day of a covered hospital stay beginning on day two, up to the calendar-year maximum stated in the policy.

✓ Per-Day ICU Stay Benefit

Pays \$300 per day for each day of a covered ICU stay beginning on day two, up to the calendar-year maximum stated in the policy.

✓ Substance Abuse Facility Benefit

Pays a fixed daily benefit for covered stays in a substance abuse facility, up to the calendar-year maximum.

✓ Mental Health Facility Benefit

Pays a fixed daily benefit for covered stays in a mental health facility, up to the calendar-year maximum.

Plan 1

Hospital indemnity plan with \$1,000 initial-day confinement (admission) benefit and \$150/\$300 per-day benefits for hospital and ICU stays respectively.

Employee Only	\$0.00/mo
Employee + Spouse	\$9.74/mo
Employee + Children	\$4.81/mo
Employee + Family	\$14.54/mo

Plan 2

Hospital indemnity plan with \$1,500 initial-day confinement (admission) benefit and \$150/\$300 per-day benefits for hospital and ICU stays respectively.

Employee Only	\$5.68/mo
Employee + Spouse	\$19.34/mo
Employee + Children	\$14.42/mo
Employee + Family	\$26.08/mo

✓ Nursing Facility Benefit

Pays a fixed daily benefit for covered stays in a nursing facility, but only following a covered hospital stay of at least three consecutive days.

✓ Newborn / Newly Adopted Child Benefit

Automatically covers newborn or newly adopted child for the first 31 days from birth or adoption (60 days in Washington). Pays initial-day confinement benefit of \$1,000 and \$150 per day for days two onward. Child must be enrolled as a dependent within 30 days (60 days in WA) for coverage to continue beyond the automatic period.

IS THIS RIGHT FOR YOU?

- ✓ Employees who want financial protection against high out-of-pocket hospital costs
- ✓ Families expecting or planning for childbirth
- ✓ HSA account holders seeking compatible supplemental coverage
- ✓ Individuals with high-deductible health plans

✓ Nursing Facility Benefit

Pays a fixed daily benefit for covered stays in a nursing facility, but only following a covered hospital stay of at least three consecutive days.

✓ Newborn / Newly Adopted Child Benefit

Automatically covers newborn or newly adopted child for the first 31 days from birth or adoption (60 days in Washington). Pays initial-day confinement benefit of \$1,500 and \$150 per day for days two onward. Child must be enrolled as a dependent within 30 days (60 days in WA) for coverage to continue beyond the automatic period.

WHO CAN ENROLL

Dependents covered up to age 26
Guaranteed Issue — no medical exam required

My Financial Expert

Experian Information Solutions, Inc.

My Financial Expert offers two tiers of financial wellness and identity protection services, including credit monitoring, dark web scanning, identity restoration, and digital privacy tools. The Elite plan adds digital financial management with AI-powered budgeting and 360-degree account insights on top of the Premium plan's identity protection features.

Starting from **\$5.75** /mo

Premium Plan — Identity Protection & Credit Monitoring

Provides identity theft insurance up to \$1 million with \$0 deductible, full-service identity restoration, Experian credit monitoring, Experian CreditLock, and dark web monitoring.

Employee Only	\$5.75/mo,
Employee + Family	\$10.75/mo

Elite Plan — Financial Wellness & Identity Protection

Includes all Premium Plan identity protection features plus Digital Financial Management with AI-powered budgeting and many more

Employee Only	\$7.50/mo
Employee + Family	\$13.25/mo

✓ Identity Theft Insurance

Up to \$1 million in identity theft insurance with \$0 deductible, underwritten by American Bankers Insurance Company of Florida.

✓ Full-Service Identity Restoration

Expert restoration agents walk members through the full process of reclaiming their identity after theft.

✓ Experian Credit Monitoring

Industry-leading credit monitoring with goal-setting, progress alerts, and early signs of potential identity theft detection.

✓ Experian Credit Lock

Block fraudsters from using your information to open new credit; unlock instantly when applying for credit.

✓ Dark Web Monitoring

Scans thousands of websites and millions of data points for threats; alerts members so they can respond quickly.

✓ Digital Financial Management — 360° Account View

Link financial accounts to generate unique insights, improve financial health, and build good credit habits with a single unified experience.

✓ AI-Powered Budgeting & Spending Recommendations

Recommended budgets powered by AI and machine learning of past transactional behavior; track daily spending and cash flow.

✓ Exclusive Credit Insights (50+)

Combines financial transaction and credit data to unlock 50+ unique insights and recommendations covering account activity, spending, VantageScore improvements, and more.

✓ Experian Credit Report & VantageScore Monitoring

Consistent monitoring of Experian credit report and VantageScore 3.0 with push notification and email alerts for financial events.

✓ Identity Restoration

Expert restoration agents assist members through the full process of reclaiming their identity after theft.

Elite Plan — Financial Wellness & Identity Protection

Includes all Premium Plan identity protection features plus Digital Financial Management with AI-powered budgeting and many more

Employee Only	\$7.50/mo
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Employee + Family	\$13.25/mo
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✓ Dark Web Monitoring

Scans thousands of websites and millions of data points; alerts members to threats to keep family personal information safe.

✓ Medical Identity Monitoring

Alerts members if their insurance information is used to receive medical care or fill prescriptions, enabling quick action against medical identity theft.

✓ Experian Credit Lock

Block fraudsters from using your information to open new credit; unlock instantly when applying for credit.

✓ Secure VPN

Helps prevent people and companies from seeing and collecting your data while browsing online.

✓ Password Manager

Safely store and protect logins and payment information in one secure place.

✓ Safe Browser

Alerts users of unsafe websites, blocks ads, and helps prevent tracking of personal data.

IS THIS RIGHT FOR YOU?

- ✓ Employees concerned about identity theft and credit fraud
- ✓ Individuals looking to improve financial health and budgeting habits
- ✓ Families wanting comprehensive identity and digital privacy protection
- ✓ Employees who want proactive credit monitoring and alerts

Employee Assistance Program (EAP)

OneAmerica

A 24/7 Employee Assistance Program offering confidential emotional support, legal guidance, financial resources, work-life solutions, and online tools. Includes free online will preparation and access to trained clinicians, attorneys, and financial experts.

Employee Assistance Program

Comprehensive EAP providing 24/7 access to emotional support, legal guidance, financial resources, work-life solutions, online will preparation, and digital self-help tools.

✓ Confidential Emotional Support

24/7 access to highly trained clinicians for anxiety, depression, stress, grief, loss, life adjustments, and relationship/marital conflicts. Toll-free number connects directly to a counselor or resource referral.

✓ Legal Guidance

Talk to attorneys for practical assistance with divorce, adoption, family law, wills, trusts, and more. Includes a free 30-minute consultation and a 25% reduction in attorney fees if representation is needed.

✓ Financial Resources

Access to financial experts for retirement planning, taxes, relocation, mortgages, insurance, budgeting, debt, bankruptcy, and more.

✓ Work-Life Solutions

Qualified referrals and resources for finding child and elder care, hiring movers or home repair contractors, planning events, and locating pet care.

✓ Free Online Will Preparation — Estate Guidance

Quickly and easily create a will online. Specify wishes for property, provide funeral and burial instructions, and choose a guardian for children.

✓ Online Support Portal

24/7 access to vital information, tools, and support including articles, podcasts, videos, slideshows, on-demand trainings, and 'Ask the Expert' personal responses.

IS THIS RIGHT FOR YOU?

- ✓ Employees seeking confidential mental health or emotional support
- ✓ Employees needing legal or financial guidance
- ✓ Employees with family caregiving responsibilities
- ✓ Employees who want to create or update a will at no cost