



# Washington County School District

Open Enrollment

Benefits Guide

2025

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October 21, 2024

To: Washington County School District/PAEC Benefit Eligible Employees

Re: Annual Open Enrollment

US Employee Benefit Services Group will be conducting your open enrollment starting Wednesday, November 1st, 2024 through Thursday November 30<sup>th</sup> 2024.

**Your enrollment changes must be completed by November 30<sup>th</sup> 2024.**

**\*\*\*IMPORTANT\*\*\***

**FLEXIBLE SPENDING ACCOUNT ELECTION**

**THIS MUST BE CHOSEN ONLINE OR WITH THE ENROLLER ANNUALLY. FSA ELECTIONS DO NOT AUTOMATICALLY ROLL OVER TO THE NEW PLAN YEAR!!**

**There will be no changes to current benefits for the February 1<sup>st</sup> 2025 effective date.**

**The only change for the new plan year is that TASC will be replaced with Flores as the Flexible Spending administrator.**

All employees can review current benefits online prior to the enrollment as well as other benefits offered by going to: [Washington County Schools Benefits Information – Benefits Information from MyBenefitsInfo](#)

You will have an opportunity to enroll 3 different ways:

1. See an enroller on site on your school's scheduled enrollment day.
2. Request a virtual appointment by sending an email to [flenrollment@usebsg.com](mailto:flenrollment@usebsg.com) and request a day and time. Virtual meetings can be scheduled from 7:00 AM – 8:00 PM weekdays and 3:00 PM – 8:00 on Sundays.
3. Self-service on-line enrollment. You will have 24-hour access during open enrollment to enroll in your benefits at your leisure.

You will access the enrollment through the School District's benefit portal or by going directly to [www.employeenavigator.com](http://www.employeenavigator.com).

If you did not create an account last year you will create a new account with your own username and password. You will create this by clicking “register as a new user”

Username

Password

[Reset a forgotten password](#)

[Register as a new user](#)

The next item that you will need is your new “Company Identifier”  
Please enter **59-6000898** on the registration page.

Company Identifier

*(provided by HR)*

If you enrolled last year but do not remember your information, simply click “reset forgotten password” and you will receive a reset email.

Employees will also have the opportunity to schedule appointments with other School District vendors. Please visit the School District’s benefit portal for contact information.

#### Open Enrollment Schedule 2024

4 <sup>th</sup>	November	PAEC	9:00 - 3:30
5 <sup>th</sup>	November	WAVE	8:00 - 3:30
6 <sup>th</sup>	November	Technical Collage	8:00 - 3:30
7 <sup>th</sup>	November	CHS & Roulhac	8:00 - 3:30
11 <sup>th</sup>	November	VHS	8:00 - 3:30
12 <sup>th</sup>	November	VES	8:00 - 3:30
13 <sup>th</sup>	November	KSES	8:00 - 3:30
14 <sup>th</sup>	November	District Office, PAEC Quincy	8:00 - 3:30
108 <sup>th</sup>	November	VMS	8:00 - 3:30
19 <sup>th</sup>	November	WVPK	8:00 - 3:30

Individual virtual or phone appointments can be scheduled from 7:00 AM to 9:00 PM starting November 1<sup>st</sup> through November 30<sup>th</sup>. For appointments, please email your schedule request to [flenrollment@usebsg.com](mailto:flenrollment@usebsg.com).

**Low Plan 1: Dental Plan Summary**

**2019 Plan Year**

	<b>In Network</b>	<b>Out of Network</b>
<b>Coinsurance</b>		
Type 1	100%	100%
Type 2	80%	50%
Type 3	N/A	N/A
<b>Deductible</b>	\$50/Calendar Year Type 2 & 3 Waived Type 1 3 Family Maximum	\$50/Calendar Year Type 2 & 3 Waived Type 1 3 Family Maximum
<b>Maximum (per person)</b>	\$1,000 per calendar year	\$1,000 per calendar year
<b>Allowance</b>	PPO Max	90th U&C
<b>Waiting Period</b>	None	None
<b>Annual Open Enrollment</b>	Included	Included

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

<b>Type 1</b>	<b>In Network Type 2</b>	<b>Type 3</b>
<ul style="list-style-type: none"> <li>Routine Exam (1 in 6 months)</li> <li>Bitewing X-rays (1 in 12 months)</li> <li>Full Mouth/Panoramic X-rays (1 in 5 years)</li> <li>Periapical X-rays</li> <li>Cleaning (1 in 6 months)</li> <li>Fluoride for Children 18 and under (1 in 12 months)</li> <li>Sealants (age 15 and under)</li> <li>Space Maintainers</li> </ul>	<ul style="list-style-type: none"> <li>Restorative Amalgams</li> <li>Restorative Composites</li> <li>Crown Repair</li> <li>Endodontics (nonsurgical)</li> <li>Endodontics (surgical)</li> <li>Periodontics (nonsurgical)</li> <li>Denture Repair</li> <li>Simple Extractions</li> <li>Anesthesia</li> </ul>	<ul style="list-style-type: none"> <li>Onlays</li> <li>Crowns (1 in 10 years per tooth)</li> <li>Periodontics (surgical)</li> <li>Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 10 years)</li> <li>Complex Extractions</li> </ul>
<b>Type 1</b>	<b>Out of Network Type 2</b>	<b>Type 3</b>
<ul style="list-style-type: none"> <li>Routine Exam (1 in 6 months)</li> <li>Bitewing X-rays (1 in 12 months)</li> <li>Full Mouth/Panoramic X-rays (1 in 5 years)</li> <li>Periapical X-rays</li> <li>Cleaning (1 in 6 months)</li> <li>Fluoride for Children 18 and under (1 in 12 months)</li> <li>Sealants (age 15 and under)</li> <li>Space Maintainers</li> </ul>	<ul style="list-style-type: none"> <li>Restorative Amalgams</li> <li>Restorative Composites</li> <li>Crown Repair</li> <li>Endodontics (nonsurgical)</li> <li>Endodontics (surgical)</li> <li>Periodontics (nonsurgical)</li> <li>Denture Repair</li> <li>Simple Extractions</li> <li>Anesthesia</li> </ul>	<ul style="list-style-type: none"> <li>Onlays</li> <li>Crowns (1 in 10 years per tooth)</li> <li>Periodontics (surgical)</li> <li>Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 10 years)</li> <li>Complex Extractions</li> </ul>

**Rates based on 24 pay periods**

<b>Employee Only (EE)</b>	\$11.68
<b>EE + Spouse</b>	\$24.48
<b>EE + Children</b>	\$31.72
<b>EE + Spouse &amp; Children</b>	\$43.40

## About The Standard

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As a leading provider of employee benefits products and services, Standard Insurance Company is dedicated to meeting the unique insurance needs of each customer. More than 27,100 groups trust The Standard for group insurance products and services, and the company covers nearly 7 million employees.

Founded in Portland, Oregon, in 1906, The Standard has built a national reputation for delivering quality insurance products, personalized service and strong financial performance. The Standard wrote its first group insurance policy in 1951, and it remains in force today as a testament to the company's commitment to building successful long-term relationships.

## Customer Service

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Your local Standard Insurance Company Employee Benefits Sales and Service Office will provide most of the ongoing service for your plan and can be reached at 800.633.8575 during normal business hours. We will assign your company a service representative who will provide regular contact and address questions and concerns related to the plan or the services we provide.

We also make it easy for covered employees and dentists to contact us to confirm eligibility or request claims information by calling **1-800-547-9515**. Our customer service representatives are available Monday through Thursday from 5:00 a.m. until 10:00 p.m. Pacific Time and until 4:30 p.m. Pacific Time on Friday. For plan information any time, access our automated voice response system or go online to [standard.com](http://standard.com).

## PPO Information

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Employees and dependents have access to an extensive nationwide network of member dentists. The cost-saving benefits of visiting a PPO member dentist are automatically available to all employees and dependents who are covered by any of The Standard's dental plans and who live in areas where the nationwide PPO is available. To find member dentists in your area, visit: [http://www.standard.com/services/ppo\\_providers.html](http://www.standard.com/services/ppo_providers.html). California Residents: When prompted to select your network, choose PPO Dental Network.

## Pretreatment

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

## Open Enrollment

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If a member does not elect to participate when initially eligible, the member may elect to participate at the policyholder's next enrollment period. This enrollment period will be held each year and those who elect to participate in this policy at that time will have their insurance become effective on July 1.

## Late Entrant Provision

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

## Section 125

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

**This form is a benefit highlight, not a certificate of insurance.**

**High Plan 1: Dental Plan Summary**

**2019 Plan Year**

	<b>In Network</b>	<b>Out of Network</b>
<b>Coinsurance</b>		
Type 1	100%	100%
Type 2	90%	80%
Type 3	60%	50%
<b>Deductible</b>	\$50/Calendar Year Type 2 & 3 Waived Type 1 3 Family Maximum	\$50/Calendar Year Type 2 & 3 Waived Type 1 3 Family Maximum
<b>Maximum (per person)</b>	\$1,500 per calendar year	\$1,000 per calendar year
<b>Allowance</b>	PPO Max	90th U&C
<b>Waiting Period</b>	None	None
<b>Annual Open Enrollment</b>	Included	Included

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

<b>Type 1</b>	<b>In Network Type 2</b>	<b>Type 3</b>
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**Rates based on 24 pay periods**

<b>Employee Only (EE)</b>	\$18.58
<b>EE + Spouse</b>	\$42.62
<b>EE + Children</b>	\$48.08
<b>EE + Spouse &amp; Children</b>	\$62.28



## About The Standard

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## Customer Service

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Your local Standard Insurance Company Employee Benefits Sales and Service Office will provide most of the ongoing service for your plan and can be reached at 800.633.8575 during normal business hours. We will assign your company a service representative who will provide regular contact and address questions and concerns related to the plan or the services we provide.

We also make it easy for covered employees and dentists to contact us to confirm eligibility or request claims information by calling **1-800-547-9515**. Our customer service representatives are available Monday through Thursday from 5:00 a.m. until 10:00 p.m. Pacific Time and until 4:30 p.m. Pacific Time on Friday. For plan information any time, access our automated voice response system or go online to [standard.com](http://standard.com).

## Max Builder

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

Benefit Threshold	\$500	Dental benefits received for the year cannot exceed this amount
Annual Carryover Amount	\$250	Max Builder amount is added to the following year's maximum
Annual PPO Bonus	\$150	Additional bonus is earned if the participant sees a PPO provider
Maximum Carryover	\$1,000	Maximum possible accumulation for Max Builder and PPO Bonus combined

Groups with a program similar to Max Builder on their previous plan are eligible for Max Builder Credits. To qualify for Max Builder Credits, the employer must request a list of carryover amounts from the previous carrier, to be sent to The Standard.

The Standard will credit each account based on amounts identified by the previous carrier. The credit is available only to initial insureds. The credit, and any amounts earned under our plan, will not exceed the maximum carryover proposed for the plan selected.

Enrollment data must include information for all dependents enrolling in the plan.

## PPO Information

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Employees and dependents have access to an extensive nationwide network of member dentists. The cost-saving benefits of visiting a PPO member dentist are automatically available to all employees and dependents who are covered by any of The Standard's dental plans and who live in areas where the nationwide PPO is available. To find member dentists in your area, visit: [http://www.standard.com/services/ppo\\_providers.html](http://www.standard.com/services/ppo_providers.html). California Residents: When prompted to select your network, choose PPO Dental Network.

## Pretreatment

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

## Open Enrollment

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If a member does not elect to participate when initially eligible, the member may elect to participate at the policyholder's next enrollment period. This enrollment period will be held each year and those who elect to participate in this policy at that time will have their insurance become effective on July 1.



**Group Long-Term Disability Insurance  
Voluntary**

**SUMMARY OF BENEFITS**

**Sponsored by: Washington County School District**

Long-term disability is intended to protect your income for a long duration after you have depleted short-term disability or any sick leave your company may offer.

LTD Benefit				
	Monthly Benefit	Maximum Benefit Duration	Own Occupation Period	Elimination Period
<b>Employee Paid Plan</b>	60% of monthly salary up to \$5,000 per month	Later of Age 65 or Social Security Normal Retirement Age	24 Months	180 Days
<b>Pre-Existing Condition</b>	You may not be eligible for benefits if you have received treatment for a condition within 3 months prior to your effective date under this policy until you have been covered under the policy for 12 months.			
<b>Waiver of Premium</b>	You will not be required to pay premium during any time of approved total or partial disability.			
<b>Benefit Limitations</b>	Mental Illness: 24 Months Substance Abuse: 24 Months Specified Illness: 24 Months			

**Enrolling for Coverage**

**Eligibility:** All employees in an eligible class.  
You are able to take advantage of this coverage now without a health examination. You may not be offered this opportunity again until your annual open enrollment.

Semi-Monthly Premium Calculation**			Attained Age	Premium Factor
			0 - 29	0.00035
			30 - 34	0.00065
			35 - 39	0.00105
			40 - 44	0.00155
			45 - 49	0.00220
			50 - 54	0.00285
			55 - 59	0.00365
			60 - 64	0.00305
			65 - 69	0.00240
			70 - 74	0.00205
			75 - 99	0.00205

		EXAMPLE		
List your monthly earnings (*Maximum covered payroll is \$8,333 Monthly)	\$ _____	Age 35 \$2,643		
Multiply by your premium factor	_____	0.00105		
Your Estimated Semi-Monthly Premium**	\$ _____	\$2.78		

\*\*This is an estimate of premium cost.  
Actual deductions may vary slightly due to rounding and payroll frequency.

## Understanding Your Benefits

<b>Elimination Period</b>	The number of days you must be disabled prior to collecting disability benefits.
<b>Own Occupation</b>	The occupation, trade, or profession you were employed in prior to your disability as defined by the US DOL Dictionary of Occupational Titles.
<b>Total Disability</b>	Due to an injury or illness, you are unable to perform each of the main duties of your own occupation on a full-time basis. Your "own" occupation is covered for a specific period of time. Following this, the definition of total disability becomes the inability to perform any occupation for which you are reasonably suited based on your experience, education, or training.
<b>Partial Disability</b>	Due to an injury or illness, you are unable to perform one or more of the main duties of your regular occupation on a full-time basis. Partial Disability benefits may be payable if you are earning at least 20% of the income you earned prior to becoming disabled, but not more than 99%. Partial disability benefits allow you to work and earn income from your employer and continue to receive benefits, which may enable you to receive 100% of your income during your time of disability.
<b>Continuation of Disability</b>	If you return to work full-time but become disabled from the same disability within 6 months of returning to work, you will begin receiving benefits again immediately with no new Elimination Period.
<b>Benefit Duration Reduction</b>	Your benefit duration may be reduced if you become disabled after age 65.
<b>Pre-Existing Condition</b>	Any sickness or injury for which you received medical treatment, consultation, care, or services (including diagnostic measures or the taking of prescribed medications) during the specified months prior to your coverage effective date. A disability arising from any such sickness or injury will be covered only if it begins after you have performed your regular occupation on a full-time basis for the specified months following the coverage effective date.
<b>Benefit Exclusions</b>	You will not receive benefits in the following circumstances: <ul style="list-style-type: none"><li>• Your disability is the result of a self-inflicted injury.</li><li>• You are not under the regular care of a doctor when requesting disability benefits.</li><li>• You were involved in a felony commission, act of war, or participation in a riot.</li><li>• You were residing outside of the United States or Canada for more than 12 consecutive months for purposes other than employment with your Employer.</li></ul>
<b>Benefit Reductions</b>	Your benefits may be reduced if you are receiving benefits from any of the following sources: <ul style="list-style-type: none"><li>• Any compulsory benefit act or law (such as state disability plans);</li><li>• Any governmental retirement system earned as a result of working for the current policyholder;</li><li>• Any disability or retirement benefit received under a retirement plan;</li><li>• Any Social Security, or similar plan or act, benefits;</li><li>• Earnings from any form of employment;</li><li>• Workers compensation;</li><li>• Salary continuance or employer contributions to an employer sponsored retirement plan.</li></ul>
<b>Coverage Termination</b>	Coverage will terminate when you terminate employment with this policyholder, or at your retirement.

## Additional Benefits

Progressive Income Benefit, Family Care Expense Benefit, EmployeeConnect - Employee Assistance Program, Waiver of Premium and Portability

**See your Schedule of Benefits on your Certificate for more information**

**For assistance or additional information Contact Lincoln Financial Group at**

**(800) 423-2765; reference ID: WASHSCHOL**

**[www.LincolnFinancial.com](http://www.LincolnFinancial.com)**

NOTE: This is not intended as a complete description of the insurance coverage offered. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater detail. Should there be a difference between this summary and the policy, the policy will govern.

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Group Insurance products are issued by The Lincoln National Life Insurance Company (Ft. Wayne, IN), **which is not licensed and does not solicit business in New York.** In New York, group insurance products are issued by Lincoln Life & Annuity Company of New York (Syracuse, NY). Both are Lincoln Financial Group companies. Product availability and/or features may vary by state. Lincoln Financial Group is the marketing name for Lincoln National Corporation and its affiliates. **Each affiliate is solely responsible for its own financial and contractual obligations.**



**Group Short-Term Disability Insurance  
Voluntary**

**SUMMARY OF BENEFITS**

**Sponsored by: Washington County School District**

**Short-term disability is intended to protect your income for a short duration in case you become ill or injured.**

**STD Benefit**

Weekly Benefit	Elimination Period	Maximum Duration
60% of weekly salary up to \$1,200 per week	Benefits begin on: Accident: 15th day Illness: 15th day	24 weeks

**Pre-Existing Condition** You may not be eligible for benefits if you have received treatment for a condition within 3 months prior to your effective date under this policy until you have been covered under the policy for 6 months.

**Integration of Benefits** Your benefits may be reduced by benefits received from state disability or worker's compensation programs. The total of all benefits received from this policy, state disability plans, worker's compensation programs and your employer's sick pay plan may not exceed 100% of your income prior to disability.

**Waiver of Premium** You will not be required to pay premium during any time of approved total or partial disability.

**Additional Benefits**

- Portability
- Rehab Assistance - 5%
- Survivor Income - 3 Weeks
- C-Section Benefit - 8 weeks
- See your Schedule of Benefits on your Certificate for more information**

**Enrolling for Coverage**

**Eligibility:** All employees in an eligible class.  
You are able to take advantage of this coverage now without a health examination. You may not be offered this opportunity again until your annual open enrollment.

Semi-Monthly Premium Calculation**			Attained Age	Premium Factor
		EXAMPLE		
		Age 35	0 - 24	0.01260
List your weekly earnings (Maximum covered payroll is \$2,000 weekly )	\$ _____	\$610	25 - 29	0.01260
			30 - 34	0.01140
			35 - 39	0.01050
			40 - 44	0.01020
Multiply by the premium factor	_____	0.01050	45 - 49	0.01110
			50 - 54	0.01200
Your Estimated Semi-Monthly Premium	\$ _____	\$6.41	55 - 59	0.01410
			60 - 64	0.01650
			65 - 69	0.01890
			70 - 74	0.02250
			75 - 99	0.02250

\*\*This is an estimate of premium cost.  
Actual deductions may vary slightly due to rounding and payroll frequency.

## Understanding Your Benefits

<b>Total Disability</b>	Due to an injury or illness, you are unable to perform each of the main duties of your regular occupation.
<b>Partial Disability</b>	Due to an injury or illness, you are unable to perform one or more of the main duties of your regular occupation on a full-time basis. Partial Disability benefits may be payable if you are earning at least 20% of the income you earned prior to becoming disabled, but not more than 99%. Partial disability benefits allow you to work and earn income from your employer as well as continue to receive benefits, which may enable you to receive 100% of your income during your time of disability.
<b>Continuation of Disability</b>	If you return to work full-time but become disabled from the same disability within 2 weeks of returning to work, you will begin receiving benefits again immediately.
<b>Pre-Existing Condition</b>	Any sickness or injury for which you have received medical treatment, consultation, care, or services (including diagnostic measures or the taking of prescribed medications) during the specified months prior to your coverage effective date. A disability arising from any such sickness or injury will be covered only if it begins after you have performed your regular occupation on a full-time basis for the specified months following the coverage effective date.
<b>Benefit Exclusions</b>	You will not receive benefits in the following circumstances: <ul style="list-style-type: none"><li>• Your disability is the result of a self-inflicted injury.</li><li>• You are not under the regular care of a doctor when requesting disability benefits.</li><li>• Your disability is covered under a worker's compensation plan and/or is due to a job-related sickness or injury.</li></ul>
<b>Benefit Reductions</b>	Your benefits may be reduced if you are receiving benefits from any of the following sources: <ul style="list-style-type: none"><li>• Any governmental retirement system earned as a result of working for the current policyholder;</li><li>• Any disability or retirement benefit received under a retirement plan;</li><li>• Any Social Security, or similar plan or act, benefits;</li><li>• Earnings the insured earns or receives from any form of employment;</li><li>• You are receiving sick leave pay from your employer.</li><li>• Disability income benefits received under state disability benefit laws.</li></ul>
<b>Rehabilitation Assistance Benefit</b>	Employees who participate in an approved rehabilitation program are eligible to receive an additional percent of benefit. Additionally, approved program costs may be reimbursed.
<b>Survivor Income</b>	A benefit may be paid to your survivor for additional months if you should die while you were eligible to receive benefits under this policy.
<b>Coverage Termination</b>	This coverage will terminate when you terminate employment with this policyholder, or at your retirement.

**For assistance or additional information Contact Lincoln Financial Group at**

(800) 423-2765; reference ID: **WASHSCHOL**

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## Group Voluntary 24-Hour Accident (Florida)

### BASE ACCIDENT BENEFITS

		Option 1	Option 2
Accidental Death	Insured Employee	\$100,000	\$150,000
	Spouse, if covered	\$50,000	\$75,000
	Child(ren), if covered	\$25,000	\$37,500
Common Carrier Accidental Death	Insured Employee	\$500,000	\$750,000
	Spouse, if covered	\$250,000	\$375,000
	Child(ren), if covered	\$125,000	\$187,500
Dismemberment	Insured Employee	Up to \$200,000	Up to \$300,000
	Spouse, if covered	Up to \$100,000	Up to \$150,000
	Child(ren), if covered	Up to \$50,000	Up to \$75,000
Dislocation or Fracture	Insured Employee	Up to \$8,000	Up to \$12,000
	Spouse, if covered	Up to \$4,000	Up to \$6,000
	Child(ren), if covered	Up to \$2,000	Up to \$3,000
Initial Hospitalization Confinement		\$2,000	\$3,000
Hospital Confinement (per day)		\$800	\$1,200
Intensive Care (per day)		\$1,600	\$2,400
Ambulance	Regular	\$800	\$1,200
	Air	\$2,400	\$3,600
Medical Expenses		Up to \$600	Up to \$900
Outpatient Physicians Treatment		\$50.00	\$75.00

### ADDITIONAL BENEFITS

Hospital Admission Benefit		\$2,000	\$3,000
Lacerations Benefit		\$200	\$300
Burns Benefit	less than 15% of body	\$400	\$600
	15% or more of body	\$2,000	\$3,000
Skin Graft Benefit (% of Burns)		50%	50%
Brain Injury Diagnosis Benefit		\$600	\$900
Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI) Benefit		\$100	\$150
Paralysis Benefit	Paraplegia	\$15,000	\$22,500
	Quadriplegia	\$30,000	\$45,000
Coma with Respiratory Assistance Benefit		\$20,000	\$30,000
Open Abdominal or Thoracic Surgery Benefit		\$5,000	\$7,500
Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery Benefit	Surgery	\$2,500	\$3,750
	Exploratory	\$750	\$1,125
Ruptured Disc Surgery Benefit		\$2,500	\$3,750
Eye Surgery Benefit		\$400	\$600
General Anesthesia Benefit		\$400	\$600
Blood and Plasma Benefit		\$1,200	\$1,800
Appliance Benefit		\$500	\$750
Medical Supplies Benefit		\$20	\$30
Medicine Benefit		\$20	\$30
Prosthesis Benefit	1 device	\$1,000	\$1,500
	2 or more devices	\$2,000	\$3,000
Physical Therapy Benefit (per day)		\$120	\$180
Rehabilitation Unit Benefit (per day)		\$400	\$600
Non-local Transportation Benefit (per trip)		\$800	\$1,200
Family Member Lodging Benefit (per day)		\$200	\$300
Post-Accident Transportation Benefit		\$400	\$600
Accident Follow-Up Treatment Benefit (per day)		\$200	\$300



Group Voluntary 24-Hour Accident (Florida)

premiums

PLAN DESIGN	EE	EE + SP	EE + CH	F
<b>Option 1 – Monthly Premiums</b>	<b>\$14.52</b>	<b>\$26.88</b>	<b>\$24.60</b>	<b>\$36.96</b>
<b>Option 2 – Monthly Premiums</b>	<b>\$20.70</b>	<b>\$39.24</b>	<b>\$35.82</b>	<b>\$54.36</b>

For Internal Home Office use only

Opt 1 - 2.00U Base; 2.00U Ber

Opt 2 - 3.00U Base; 3.00U Ber

SQ V.08.28.2015

This Quote Expires on 9/28/2016

EE=Employee; EE + SP = Employee + Spouse; EE + CH = Employee + Child(ren); and F = Family





## Group Voluntary 24-Hour Accident (Florida)

Plan design and rates indicate which of the following items are applicable to the proposed plan. Below information includes all options available in the proposed situs state.

Group Voluntary 24-Hour Accident pays the following benefits for covered on and off the job accidental injuries that result within 90 days (180 days for Accidental Death or Dismemberment) from the date of the accident. A physician must diagnose covered losses. Any loss not stated is not covered. Treatment must be received in the United States or its territories.

### BASE ACCIDENT BENEFITS DESCRIPTIONS

Accidental Death – Pays a benefit for accidental death.

Common Carrier Accidental Death - Pays a benefit for death while riding as a fare-paying passenger on a scheduled common carrier.

Dismemberment - Amount paid depends on dismemberment, as shown in policy schedule.

Dislocation or Fracture - Amount paid depends on dislocation or fracture, as shown in policy schedule. Only dislocations and fractures listed in policy schedule are covered.

Initial Hospitalization Confinement - For each covered person, the policy will pay the one-time benefit shown on page 2 when the covered person is admitted in the hospital as a result of an injury.

Hospital Confinement – Benefit paid per day, maximum of 90 days per injury.

Intensive Care - When a covered person is hospitalized and admitted into the intensive care unit as a result of an injury, the policy will pay the benefit shown on page 2 per day of confinement. The maximum number of days that this benefit is payable for each continuous hospital intensive care confinement is 90 days.

Ambulance - Needed as a result of an accidental injury.

Medical Expenses - Medical fees up to benefit shown on page 2 for each covered person. Expenses incurred for this benefit are limited to: physician fees, X-rays, emergency room services, and repair to natural teeth if diagnosed by a dentist to have resulted from an injury.

Outpatient Physicians Treatment - Pays benefit shown on page 2 for each visit by a covered person to a doctor, outside of a hospital, for any reason. This benefit is payable a maximum of two times in a calendar year per covered person, not to exceed 4 times per year for Employee and Spouse Coverage, Employee and Child(ren) Coverage or Family Coverage.

### ADDITIONAL BENEFIT DESCRIPTIONS

Hospital Admission Benefit - This benefit is payable only for accidents occurring 12 months after the covered person has been continuously covered by the policy. We pay the amount shown on page 2 for the first hospital confinement during a calendar year, provided a benefit is paid under the Hospital Confinement Benefit. The covered person must be confined to a hospital within 3 days after the accident. This benefit is payable only once per covered person per hospital confinement per calendar year.

Lacerations Benefit - We pay the amount shown on page 2 if a covered person receives treatment for one or more lacerations (cuts) within 3 days after the accident. This benefit is payable only once per covered person per calendar year.

Burns Benefit - We pay the amount shown on page 2 if a covered person receives treatment for one or more burns, other than sun burns, within 3 days after the accident. We pay the applicable amount only once per covered person per accident.

Skin Graft Benefit - We pay the amount shown on page 2 if a covered person receives a skin graft for a burn for which a benefit is paid under the Burns Benefit. The skin graft must be performed within 90 days after the accident. This benefit is payable only once per covered person per accident.

Brain Injury Diagnosis Benefit - We pay the amount shown on page 2 upon the first diagnosis of one of the following traumatic brain injuries by a covered person: concussion, cerebral laceration, cerebral contusion, or intracranial hemorrhage. The covered person must be first treated by a physician within 3 days after the accident. Diagnosis of the covered traumatic brain injury by computed tomography (CT) scan, magnetic resonance imaging (MRI), electroencephalogram (EEG), positron emission tomography (PET) scan, or X-ray must occur within 30 days after the accident. This benefit is payable only once per covered person.



## Group Voluntary 24-Hour Accident (Florida)

**Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI) Benefit** - We pay the amount shown on page 2 if a covered person receives a CT scan or MRI within 180 days after the accident. The covered person must first be treated by a physician within 30 days after the accident. This benefit is payable only once per covered person per accident per calendar year.

**Paralysis Benefit** - We pay the amount shown on page 2 if a covered person receives a spinal cord injury resulting in the complete and permanent loss of use of 2 or more limbs as a result of an injury. Paralysis must be confirmed by the attending physician within 3 days after the accident and have a duration of at least 90 consecutive days. This benefit is payable only once per covered person.

**Coma with Respiratory Assistance Benefit** - We pay the amount shown on page 2 if a covered person is in a coma as defined in the policy. This benefit is payable only once per covered person.

**Open Abdominal or Thoracic Surgery Benefit** - We pay the amount shown on page 2 if a covered person undergoes open abdominal or thoracic surgery for internal injuries within 3 days after the accident. We pay this benefit even if no surgical repair is required. If 2 or more surgical procedures are performed through the same incision or entry point, they are considered one operation.

**Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery Benefit** - We pay the first amount shown on page 2 if a covered person undergoes a surgical procedure to repair an injury to a tendon, ligament, rotator cuff or knee cartilage. The injured site must be torn, ruptured, or severed and the surgical procedure must be performed by a physician within 180 days after the accident. If exploratory surgery using arthroscopy is performed and no surgical repair is required then we will pay the second amount shown on page 2. If 2 or more surgical procedures are performed through the same incision or entry point, they are considered one operation and we will pay the amount for the procedure with the largest dollar amount benefit.

**Ruptured Disc Surgery Benefit** - We pay the amount shown on page 2 if a covered person undergoes a surgical procedure to repair a ruptured disc of the spine. The ruptured disc must be diagnosed and the surgical procedure must be performed by a physician within 180 days after the accident. If 2 or more surgical procedures are performed through the same incision or entry point, they are considered one operation.

**Eye Surgery Benefit** - We pay the amount shown on page 2 for surgery or removal of a foreign object from the eye of a covered person. The procedure must be performed by a physician within 90 days after the accident. An examination with or without anesthesia is not considered surgery. This benefit is payable only once per covered person per accident.

**General Anesthesia Benefit** - We pay the amount shown on page 2 if a covered person received general anesthesia administered by a nurse anesthetist or physician for surgery required to treat an injury provided a benefit is paid for the surgery under a Surgery Benefit of the policy. The surgery must be performed by a physician within 180 days after the accident.

**Blood and Plasma Benefit** - We pay the amount shown on page 2 if a covered person receives a blood or plasma transfusion within 3 days after the accident. This benefit is payable only once per covered person per accident.

**Appliance Benefit** - We pay the amount shown on page 2 if a covered person receives one of the following medical appliances prescribed by a physician as an aid in personal locomotion or mobility: wheelchair, crutches, or walker. The use of a medical appliance must begin within 90 days after the accident. This benefit is payable only once per covered person per accident.

**Medical Supplies Benefit** - We pay the amount shown on page 2 for over-the-counter medical supplies purchased for a covered person provided a benefit is paid for the accident under the Medical Expenses Benefit. The supplies must be purchased within 90 days after the accident. We pay this benefit once per covered person per accident.

**Medicine Benefit** - We pay the amount shown on page 2 per accident for prescription or over-the-counter medicine purchased for a covered person provided a benefit is paid for the accident under the Medical Expenses Benefit. The medicine must be purchased within 90 days after the accident. We pay this benefit once per covered person per accident.

**Prosthesis Benefit** - We pay the amount shown on page 2 for a prosthetic arm, leg, hand, foot or eye prescribed by a physician to replace an arm, leg, hand, foot or eye that a covered person loses as a direct result of an accident. This benefit is paid only if a benefit is paid for the loss of an arm, leg, hand, foot or eye under the Dismemberment Benefit. The prosthetic device must be received within 180 days after the accident. This benefit is payable only once per covered person per accident.



## Group Voluntary 24-Hour Accident (Florida)

**Physical Therapy Benefit** - We pay the amount shown on page 2 per day for physical therapy treatment received by a covered person when prescribed by a physician for an injury, provided a benefit is paid under the Medical Expenses Benefit. We pay for one physical therapy treatment per day for up to a maximum of 6 treatments per accident per covered person. Chiropractic services are excluded. Physical Therapy must begin within 90 days after the accident and take place no longer than 6 months after the accident. This benefit is not payable for the same visit for which the Accident Follow-Up Treatment Benefit is paid.

**Rehabilitation Unit Benefit** - We pay the amount shown on page 2 per day if a covered person is confined to a rehabilitation unit as a result of an injury, provided that the covered person has been hospital confined immediately prior to being transferred to the rehabilitation unit. This benefit is paid for each day a room charge is incurred, up to 30 days for each covered person per continuous period of rehabilitation unit confinement, for a maximum of 60 days per calendar year. This benefit is not payable for days on which the Hospital Confinement Benefit is paid.

**Non-local Transportation Benefit** - We pay the amount shown on page 2 per trip, up to 3 trips per accident, for non-local treatment of a covered person at a hospital or other specialized freestanding treatment center prescribed by a physician when the same or similar treatment cannot be obtained locally. "Non-local" means a one-way trip of 100 miles or more from the covered person's home to the nearest treatment facility. We do not pay for visits to a physician's office or clinic or for services other than actual treatment. Transportation by ground or air ambulance is not covered under this benefit.

**Family Member Lodging Benefit** - We pay the amount shown on page 2 per day, up to 30 days for each accident, for the lodging of one adult family member of the covered person's family to be with the covered person when a covered person is confined in a non-local hospital or other specialized freestanding treatment center for treatment. This benefit is only payable if the Non-local Transportation Benefit is paid. This benefit will not be paid if the family member lives within 100 miles one-way of the treatment facility.

**Post-Accident Transportation Benefit** - We pay the amount shown on page 2 if a covered person is hospital confined for at least 3 consecutive days due to an injury resulting from an accident which occurs more than 250 miles from his or her place of residence and the covered person is brought home by a common carrier. A common carrier means a method of transport with defined published routes, time schedules and rates approved by regulators including public airlines, railroads, and bus lines. Travel to the place of residence must take place within 48 hours following discharge from the hospital. This benefit is payable for the injured covered person only, and only if the Hospital Confinement Benefit is paid. This benefit is payable only once per covered person per calendar year.

**Accident Follow-Up Treatment Benefit** - We pay the amount shown on page 2 per day for follow-up treatment received by a covered person provided a benefit is paid under the Medical Expenses Benefit. We pay for one follow-up treatment per day for up to a maximum of 2 treatments per covered accident per covered person. Treatments must be administered by a physician in a physician's office or in a hospital on an outpatient basis. Treatment must begin within 90 days after the accident and take place no longer than 6 months after the accident. This benefit is not payable for the same visit for which the Physical Therapy Benefit is paid.

### Specifications

You decide who is eligible for your group (such as length of service and hours worked each week). Issue ages are 18 and over. Family members eligible for coverage are the employee's spouse or domestic partner and eligible children. Coverage for children ends when the child reaches age 26, unless he or she continues to meet the requirements of an eligible dependent. Spouse coverage ends upon valid decree of divorce or the employee's death. Domestic partner coverage ends upon termination of the domestic partnership or the employee's death. Coverage under the policy ends when: the policy is canceled; the employee stops paying their premium; last day of active employment, except as provided under the Temporarily Not Working provision; or they are no longer eligible.

### Limitations and Exclusions

We do not pay for: injury incurred prior to the effective date of coverage subject to the Incontestability Provision; or any act of war whether or not declared, participation in a riot, insurrection, or rebellion; or suicide or any attempt at suicide,



## Group Voluntary 24-Hour Accident (Florida)

whether sane or insane; any injury sustained while under the influence of alcohol or any narcotic unless administered upon the advice of a physician; or any bacterial infection (except pyogenic infections which shall occur with and through an accidental cut or wound); or participation in any form of aeronautics except as a fare-paying passenger in a licensed aircraft provided by a common carrier and operating between definitely established airports; or committing or attempting to commit an assault or felony; or driving in any organized or scheduled race or speed test or while testing an automobile or any vehicle on any race track or speedway; or hernia, including complications due to hernia. Any injury incurred while a covered person is an active member of the Military; Naval; or Air Forces of any country or combination of countries is not covered. Upon notice and proof of service in such forces, we will return the pro-rata portion of the premium paid for any period of such service.

### Portability Privilege

If a covered person's coverage terminates for reasons other than non-payment of premium, such covered person will be eligible for portability coverage. This means the covered person may continue the same benefits as under the group policy, subject to the conditions defined in the policy, as long as premiums are paid directly to American Heritage Life Insurance Company.

This material is valid as long as information remains current. Group Voluntary Accident benefits provided by policy form GVAP1, or state variations thereof.

Coverage is provided by Limited Benefit Supplemental Accident Insurance. The policy is not a Medicare Supplement Policy. If eligible for Medicare, review Medicare Supplement Buyer's Guide available from Allstate Benefits.

This proposal highlights some features of the policy but is not the insurance contract. For complete details, contact your Allstate Benefits Agent. This is a brief overview of the benefits available under the Group Voluntary Policy underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville, FL). Details of the insurance, including exclusions, restrictions and other provisions are included in the policy and/or certificates issued.

The coverage does not constitute comprehensive health insurance coverage (often referred to as "major medical coverage") and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

For use with producers and brokers or for presentation to employers. Not for use with consumer sales. Not to be disseminated to the public.



## Group Voluntary 24-Hour Accident (Florida)

### BASE ACCIDENT BENEFITS

		Option 1	Option 2
Accidental Death	Insured Employee	\$100,000	\$150,000
	Spouse, if covered	\$50,000	\$75,000
	Child(ren), if covered	\$25,000	\$37,500
Common Carrier Accidental Death	Insured Employee	\$500,000	\$750,000
	Spouse, if covered	\$250,000	\$375,000
	Child(ren), if covered	\$125,000	\$187,500
Dismemberment	Insured Employee	Up to \$200,000	Up to \$300,000
	Spouse, if covered	Up to \$100,000	Up to \$150,000
	Child(ren), if covered	Up to \$50,000	Up to \$75,000
Dislocation or Fracture	Insured Employee	Up to \$8,000	Up to \$12,000
	Spouse, if covered	Up to \$4,000	Up to \$6,000
	Child(ren), if covered	Up to \$2,000	Up to \$3,000
Initial Hospitalization Confinement		\$2,000	\$3,000
Hospital Confinement (per day)		\$800	\$1,200
Intensive Care (per day)		\$1,600	\$2,400
Ambulance	Regular	\$800	\$1,200
	Air	\$2,400	\$3,600
Medical Expenses		Up to \$600	Up to \$900
Outpatient Physicians Treatment		\$50.00	\$75.00

### ADDITIONAL BENEFITS

Hospital Admission Benefit		\$2,000	\$3,000
Lacerations Benefit		\$200	\$300
Burns Benefit	less than 15% of body	\$400	\$600
	15% or more of body	\$2,000	\$3,000
Skin Graft Benefit (% of Burns)		50%	50%
Brain Injury Diagnosis Benefit		\$600	\$900
Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI) Benefit		\$100	\$150
Paralysis Benefit	Paraplegia	\$15,000	\$22,500
	Quadriplegia	\$30,000	\$45,000
Coma with Respiratory Assistance Benefit		\$20,000	\$30,000
Open Abdominal or Thoracic Surgery Benefit		\$5,000	\$7,500
Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery Benefit	Surgery	\$2,500	\$3,750
	Exploratory	\$750	\$1,125
Ruptured Disc Surgery Benefit		\$2,500	\$3,750
Eye Surgery Benefit		\$400	\$600
General Anesthesia Benefit		\$400	\$600
Blood and Plasma Benefit		\$1,200	\$1,800
Appliance Benefit		\$500	\$750
Medical Supplies Benefit		\$20	\$30
Medicine Benefit		\$20	\$30
Prosthesis Benefit	1 device	\$1,000	\$1,500
	2 or more devices	\$2,000	\$3,000
Physical Therapy Benefit (per day)		\$120	\$180
Rehabilitation Unit Benefit (per day)		\$400	\$600
Non-local Transportation Benefit (per trip)		\$800	\$1,200
Family Member Lodging Benefit (per day)		\$200	\$300
Post-Accident Transportation Benefit		\$400	\$600
Accident Follow-Up Treatment Benefit (per day)		\$200	\$300



Group Voluntary 24-Hour Accident (Florida)

premiums

PLAN DESIGN	EE	EE + SP	EE + CH	F
<b>Option 1 – Monthly Premiums</b>	<b>\$14.52</b>	<b>\$26.88</b>	<b>\$24.60</b>	<b>\$36.96</b>
<b>Option 2 – Monthly Premiums</b>	<b>\$20.70</b>	<b>\$39.24</b>	<b>\$35.82</b>	<b>\$54.36</b>

For Internal Home Office use only

Opt 1 - 2.00U Base; 2.00U Ber

Opt 2 - 3.00U Base; 3.00U Ber

SQ V.08.28.2015

This Quote Expires on 9/28/2016

EE=Employee; EE + SP = Employee + Spouse; EE + CH = Employee + Child(ren); and F = Family



## Group Voluntary 24-Hour Accident (Florida)

Plan design and rates indicate which of the following items are applicable to the proposed plan. Below information includes all options available in the proposed situs state.

Group Voluntary 24-Hour Accident pays the following benefits for covered on and off the job accidental injuries that result within 90 days (180 days for Accidental Death or Dismemberment) from the date of the accident. A physician must diagnose covered losses. Any loss not stated is not covered. Treatment must be received in the United States or its territories.

### BASE ACCIDENT BENEFITS DESCRIPTIONS

Accidental Death – Pays a benefit for accidental death.

Common Carrier Accidental Death - Pays a benefit for death while riding as a fare-paying passenger on a scheduled common carrier.

Dismemberment - Amount paid depends on dismemberment, as shown in policy schedule.

Dislocation or Fracture - Amount paid depends on dislocation or fracture, as shown in policy schedule. Only dislocations and fractures listed in policy schedule are covered.

Initial Hospitalization Confinement - For each covered person, the policy will pay the one-time benefit shown on page 2 when the covered person is admitted in the hospital as a result of an injury.

Hospital Confinement – Benefit paid per day, maximum of 90 days per injury.

Intensive Care - When a covered person is hospitalized and admitted into the intensive care unit as a result of an injury, the policy will pay the benefit shown on page 2 per day of confinement. The maximum number of days that this benefit is payable for each continuous hospital intensive care confinement is 90 days.

Ambulance - Needed as a result of an accidental injury.

Medical Expenses - Medical fees up to benefit shown on page 2 for each covered person. Expenses incurred for this benefit are limited to: physician fees, X-rays, emergency room services, and repair to natural teeth if diagnosed by a dentist to have resulted from an injury.

Outpatient Physicians Treatment - Pays benefit shown on page 2 for each visit by a covered person to a doctor, outside of a hospital, for any reason. This benefit is payable a maximum of two times in a calendar year per covered person, not to exceed 4 times per year for Employee and Spouse Coverage, Employee and Child(ren) Coverage or Family Coverage.

### ADDITIONAL BENEFIT DESCRIPTIONS

Hospital Admission Benefit - This benefit is payable only for accidents occurring 12 months after the covered person has been continuously covered by the policy. We pay the amount shown on page 2 for the first hospital confinement during a calendar year, provided a benefit is paid under the Hospital Confinement Benefit. The covered person must be confined to a hospital within 3 days after the accident. This benefit is payable only once per covered person per hospital confinement per calendar year.

Lacerations Benefit - We pay the amount shown on page 2 if a covered person receives treatment for one or more lacerations (cuts) within 3 days after the accident. This benefit is payable only once per covered person per calendar year.

Burns Benefit - We pay the amount shown on page 2 if a covered person receives treatment for one or more burns, other than sun burns, within 3 days after the accident. We pay the applicable amount only once per covered person per accident.

Skin Graft Benefit - We pay the amount shown on page 2 if a covered person receives a skin graft for a burn for which a benefit is paid under the Burns Benefit. The skin graft must be performed within 90 days after the accident. This benefit is payable only once per covered person per accident.

Brain Injury Diagnosis Benefit - We pay the amount shown on page 2 upon the first diagnosis of one of the following traumatic brain injuries by a covered person: concussion, cerebral laceration, cerebral contusion, or intracranial hemorrhage. The covered person must be first treated by a physician within 3 days after the accident. Diagnosis of the covered traumatic brain injury by computed tomography (CT) scan, magnetic resonance imaging (MRI), electroencephalogram (EEG), positron emission tomography (PET) scan, or X-ray must occur within 30 days after the accident. This benefit is payable only once per covered person.



## Group Voluntary 24-Hour Accident (Florida)

**Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI) Benefit** - We pay the amount shown on page 2 if a covered person receives a CT scan or MRI within 180 days after the accident. The covered person must first be treated by a physician within 30 days after the accident. This benefit is payable only once per covered person per accident per calendar year.

**Paralysis Benefit** - We pay the amount shown on page 2 if a covered person receives a spinal cord injury resulting in the complete and permanent loss of use of 2 or more limbs as a result of an injury. Paralysis must be confirmed by the attending physician within 3 days after the accident and have a duration of at least 90 consecutive days. This benefit is payable only once per covered person.

**Coma with Respiratory Assistance Benefit** - We pay the amount shown on page 2 if a covered person is in a coma as defined in the policy. This benefit is payable only once per covered person.

**Open Abdominal or Thoracic Surgery Benefit** - We pay the amount shown on page 2 if a covered person undergoes open abdominal or thoracic surgery for internal injuries within 3 days after the accident. We pay this benefit even if no surgical repair is required. If 2 or more surgical procedures are performed through the same incision or entry point, they are considered one operation.

**Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery Benefit** - We pay the first amount shown on page 2 if a covered person undergoes a surgical procedure to repair an injury to a tendon, ligament, rotator cuff or knee cartilage. The injured site must be torn, ruptured, or severed and the surgical procedure must be performed by a physician within 180 days after the accident. If exploratory surgery using arthroscopy is performed and no surgical repair is required then we will pay the second amount shown on page 2. If 2 or more surgical procedures are performed through the same incision or entry point, they are considered one operation and we will pay the amount for the procedure with the largest dollar amount benefit.

**Ruptured Disc Surgery Benefit** - We pay the amount shown on page 2 if a covered person undergoes a surgical procedure to repair a ruptured disc of the spine. The ruptured disc must be diagnosed and the surgical procedure must be performed by a physician within 180 days after the accident. If 2 or more surgical procedures are performed through the same incision or entry point, they are considered one operation.

**Eye Surgery Benefit** - We pay the amount shown on page 2 for surgery or removal of a foreign object from the eye of a covered person. The procedure must be performed by a physician within 90 days after the accident. An examination with or without anesthesia is not considered surgery. This benefit is payable only once per covered person per accident.

**General Anesthesia Benefit** - We pay the amount shown on page 2 if a covered person received general anesthesia administered by a nurse anesthetist or physician for surgery required to treat an injury provided a benefit is paid for the surgery under a Surgery Benefit of the policy. The surgery must be performed by a physician within 180 days after the accident.

**Blood and Plasma Benefit** - We pay the amount shown on page 2 if a covered person receives a blood or plasma transfusion within 3 days after the accident. This benefit is payable only once per covered person per accident.

**Appliance Benefit** - We pay the amount shown on page 2 if a covered person receives one of the following medical appliances prescribed by a physician as an aid in personal locomotion or mobility: wheelchair, crutches, or walker. The use of a medical appliance must begin within 90 days after the accident. This benefit is payable only once per covered person per accident.

**Medical Supplies Benefit** - We pay the amount shown on page 2 for over-the-counter medical supplies purchased for a covered person provided a benefit is paid for the accident under the Medical Expenses Benefit. The supplies must be purchased within 90 days after the accident. We pay this benefit once per covered person per accident.

**Medicine Benefit** - We pay the amount shown on page 2 per accident for prescription or over-the-counter medicine purchased for a covered person provided a benefit is paid for the accident under the Medical Expenses Benefit. The medicine must be purchased within 90 days after the accident. We pay this benefit once per covered person per accident.

**Prosthesis Benefit** - We pay the amount shown on page 2 for a prosthetic arm, leg, hand, foot or eye prescribed by a physician to replace an arm, leg, hand, foot or eye that a covered person loses as a direct result of an accident. This benefit is paid only if a benefit is paid for the loss of an arm, leg, hand, foot or eye under the Dismemberment Benefit. The prosthetic device must be received within 180 days after the accident. This benefit is payable only once per covered person per accident.





## Group Voluntary 24-Hour Accident (Florida)

**Physical Therapy Benefit** - We pay the amount shown on page 2 per day for physical therapy treatment received by a covered person when prescribed by a physician for an injury, provided a benefit is paid under the Medical Expenses Benefit. We pay for one physical therapy treatment per day for up to a maximum of 6 treatments per accident per covered person. Chiropractic services are excluded. Physical Therapy must begin within 90 days after the accident and take place no longer than 6 months after the accident. This benefit is not payable for the same visit for which the Accident Follow-Up Treatment Benefit is paid.

**Rehabilitation Unit Benefit** - We pay the amount shown on page 2 per day if a covered person is confined to a rehabilitation unit as a result of an injury, provided that the covered person has been hospital confined immediately prior to being transferred to the rehabilitation unit. This benefit is paid for each day a room charge is incurred, up to 30 days for each covered person per continuous period of rehabilitation unit confinement, for a maximum of 60 days per calendar year. This benefit is not payable for days on which the Hospital Confinement Benefit is paid.

**Non-local Transportation Benefit** - We pay the amount shown on page 2 per trip, up to 3 trips per accident, for non-local treatment of a covered person at a hospital or other specialized freestanding treatment center prescribed by a physician when the same or similar treatment cannot be obtained locally. "Non-local" means a one-way trip of 100 miles or more from the covered person's home to the nearest treatment facility. We do not pay for visits to a physician's office or clinic or for services other than actual treatment. Transportation by ground or air ambulance is not covered under this benefit.

**Family Member Lodging Benefit** - We pay the amount shown on page 2 per day, up to 30 days for each accident, for the lodging of one adult family member of the covered person's family to be with the covered person when a covered person is confined in a non-local hospital or other specialized freestanding treatment center for treatment. This benefit is only payable if the Non-local Transportation Benefit is paid. This benefit will not be paid if the family member lives within 100 miles one-way of the treatment facility.

**Post-Accident Transportation Benefit** - We pay the amount shown on page 2 if a covered person is hospital confined for at least 3 consecutive days due to an injury resulting from an accident which occurs more than 250 miles from his or her place of residence and the covered person is brought home by a common carrier. A common carrier means a method of transport with defined published routes, time schedules and rates approved by regulators including public airlines, railroads, and bus lines. Travel to the place of residence must take place within 48 hours following discharge from the hospital. This benefit is payable for the injured covered person only, and only if the Hospital Confinement Benefit is paid. This benefit is payable only once per covered person per calendar year.

**Accident Follow-Up Treatment Benefit** - We pay the amount shown on page 2 per day for follow-up treatment received by a covered person provided a benefit is paid under the Medical Expenses Benefit. We pay for one follow-up treatment per day for up to a maximum of 2 treatments per covered accident per covered person. Treatments must be administered by a physician in a physician's office or in a hospital on an outpatient basis. Treatment must begin within 90 days after the accident and take place no longer than 6 months after the accident. This benefit is not payable for the same visit for which the Physical Therapy Benefit is paid.

### Specifications

You decide who is eligible for your group (such as length of service and hours worked each week). Issue ages are 18 and over. Family members eligible for coverage are the employee's spouse or domestic partner and eligible children. Coverage for children ends when the child reaches age 26, unless he or she continues to meet the requirements of an eligible dependent. Spouse coverage ends upon valid decree of divorce or the employee's death. Domestic partner coverage ends upon termination of the domestic partnership or the employee's death. Coverage under the policy ends when: the policy is canceled; the employee stops paying their premium; last day of active employment, except as provided under the Temporarily Not Working provision; or they are no longer eligible.

### Limitations and Exclusions

We do not pay for: injury incurred prior to the effective date of coverage subject to the Incontestability Provision; or any act of war whether or not declared, participation in a riot, insurrection, or rebellion; or suicide or any attempt at suicide,



## Group Voluntary 24-Hour Accident (Florida)

whether sane or insane; any injury sustained while under the influence of alcohol or any narcotic unless administered upon the advice of a physician; or any bacterial infection (except pyogenic infections which shall occur with and through an accidental cut or wound); or participation in any form of aeronautics except as a fare-paying passenger in a licensed aircraft provided by a common carrier and operating between definitely established airports; or committing or attempting to commit an assault or felony; or driving in any organized or scheduled race or speed test or while testing an automobile or any vehicle on any race track or speedway; or hernia, including complications due to hernia. Any injury incurred while a covered person is an active member of the Military; Naval; or Air Forces of any country or combination of countries is not covered. Upon notice and proof of service in such forces, we will return the pro-rata portion of the premium paid for any period of such service.

### Portability Privilege

If a covered person's coverage terminates for reasons other than non-payment of premium, such covered person will be eligible for portability coverage. This means the covered person may continue the same benefits as under the group policy, subject to the conditions defined in the policy, as long as premiums are paid directly to American Heritage Life Insurance Company.

This material is valid as long as information remains current. Group Voluntary Accident benefits provided by policy form GVAP1, or state variations thereof.

Coverage is provided by Limited Benefit Supplemental Accident Insurance. The policy is not a Medicare Supplement Policy. If eligible for Medicare, review Medicare Supplement Buyer's Guide available from Allstate Benefits.

This proposal highlights some features of the policy but is not the insurance contract. For complete details, contact your Allstate Benefits Agent. This is a brief overview of the benefits available under the Group Voluntary Policy underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville, FL). Details of the insurance, including exclusions, restrictions and other provisions are included in the policy and/or certificates issued.

The coverage does not constitute comprehensive health insurance coverage (often referred to as "major medical coverage") and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

For use with producers and brokers or for presentation to employers. Not for use with consumer sales. Not to be disseminated to the public.

**Plan 1: Balanced Care Vision I Plan Summary**

**2019 Plan Year**

	<b>VSP Network</b>	<b>Out of Network</b>
<b>Deductibles</b>		
	\$10 Exam	\$10 Exam
	\$25 Eye Glass Lenses or Frames*	\$25 Eye Glass Lenses or Frames
	Covered in full	Up to \$52
<b>Annual Eye Exam</b>		
<b>Lenses (per pair)</b>		
<b>Single Vision</b>	Covered in full	Up to \$55
<b>Bifocal</b>	Covered in full	Up to \$75
<b>Trifocal</b>	Covered in full	Up to \$95
<b>Lenticular</b>	Covered in full	Up to \$125
<b>Progressive</b>	See lens options	NA
<b>Contacts</b>		
<b>Fit &amp; Follow Up Exams</b>	Participant cost up to \$60	No benefit
<b>Elective</b>	Up to \$120	Up to \$105
<b>Medically Necessary</b>	Covered in full	Up to \$210
<b>Frames</b>	\$120	Up to \$45
<b>Frequencies (months)</b>		
<b>Exam/Lens/Frame</b>	12/12/24	12/12/24
	Based on date of service	Based on date of service

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

**Lens Options (participant cost)\***

	<b>VSP Network</b>	<b>Out of Network</b>
<b>Progressive Lenses</b>	Up to provider's contracted fee for Lined Trifocal Lenses. The patient is responsible for the difference between the base lens and the Progressive Lens charge.	Up to Lined Trifocal allowance.
<b>Std. Polycarbonate</b>	Covered in full for dependent children	No benefit
	\$25 adults	
<b>Solid Plastic Dye</b>	\$13	No benefit
	(except Pink I & II)	
<b>Plastic Gradient Dye</b>	\$15	No benefit
<b>Photochromatic Lenses (Glass &amp; Plastic)</b>	\$27-\$76	No benefit
<b>Scratch Resistant Coating</b>	\$15-\$29	No benefit
<b>Anti-Reflective Coating</b>	\$39-\$75	No benefit
<b>Ultraviolet Coating</b>	\$14	No benefit

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

**Rates based on 24 pay periods**

<b>Employee Only (EE)</b>	\$4.74
<b>EE + Spouse</b>	\$8.92
<b>EE + Children</b>	\$8.64
<b>EE + Spouse &amp; Children</b>	\$13.64

### Additional Balanced Care Vision I Features

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

### Eye Care Plan Participant Service

Balanced Care Vision I eye care from The Standard features the money-saving eye care network of VSP. Customer service is available to plan participants through VSP's well-trained and helpful service representatives. Call or go online to locate the nearest VSP network provider, view plan benefit information and more.

#### VSP Call Center: 1-800-877-7195

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

**Locate a VSP provider at:** [standard.com/services](http://standard.com/services)

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

### Section 125

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

**This form is a benefit highlight, not a certificate of insurance.**



**Additional Life and Accidental Death and Dismemberment (AD&D) Insurance**

Life insurance coverage can help your family meet daily expenses, maintain their standard of living, pay off debt, secure your children’s education, and more in the event of your passing. AD&D insurance can provide you and your family with extra protection in the event of death or dismemberment as a result of a covered accident. Standard Insurance Company (The Standard) has developed this document to provide you with information about the elective coverage you may select through the Washington County School District.

**Eligibility Requirements**

- Policy**
  - A minimum number of eligible employees must apply and qualify for the proposed plan before Additional Life coverage can become effective
- Employee**
  - You must be insured for Basic Life through The Standard
  - You must be an active employee of the Washington County School District working at least 20 hours each week
  - Temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors are not eligible
  - You cannot be insured as both an employee and a dependent
- Dependent**
  - You must elect Additional Life insurance for yourself in order to elect Dependents Life insurance for your spouse and eligible child(ren)
  - You must elect Additional AD&D insurance for yourself in order to elect AD&D insurance for your dependents
  - Spouse means a person to whom you are legally married
  - Child means your child from live birth through age 20 (through age 24 if a registered student in full-time attendance at an accredited educational institution)
  - Your child cannot be insured by more than one employee
  - Your spouse or children must not be full-time member(s) of the armed forces
- Premium**
  - You pay 100 percent of the premium for this coverage through easy payroll deduction

**Coverage Amount Guidelines**

Within the coverage amount guidelines shown below, you select the amount of Additional Life and Dependents Life insurance for which you are interested in applying.

	Minimum	Incremental Unit	Guarantee Issue Amount	Maximum
<b>Employee</b>	\$25,000	\$25,000	\$150,000	\$150,000
<b>Spouse</b>	\$12,500	\$12,500	\$50,000	\$75,000
<b>Child</b>	\$10,000	\$10,000		\$20,000

Note:

- Amounts of coverage elected above the Guarantee Issue amount are subject to medical underwriting approval. To submit a medical history statement online, visit: [http://www.standard.com/mybenefits/mhs\\_ho.html](http://www.standard.com/mybenefits/mhs_ho.html).
- All late applications (applying 31 days after becoming eligible), requests for coverage increases and reinstatements are subject to medical underwriting approval. Employees eligible but not insured under the prior life insurance plan are also subject to medical underwriting approval.
- The coverage amount for your spouse cannot exceed 100 percent of your Additional Life coverage.
- The coverage amount for your child(ren) cannot exceed 100 percent of your Basic Life coverage.

**Coverage Amount Needed**

Your family has a unique set of circumstances and financial demands. To help you figure out the amount of Additional Life insurance you may need to protect your loved ones, The Standard has created a Life Insurance Needs Calculator found at: <http://www.standard.com/lifeneeds>.

**Employee Coverage Effective Date**

To become insured, you must satisfy the eligibility requirements listed above, serve an eligibility waiting period, receive medical underwriting approval (if applicable), agree to pay premium, and be actively at work (able to perform all normal duties of your job) on the day before the scheduled effective date of insurance.

If you are not actively at work on the day before the scheduled effective date of insurance, including Dependents Life insurance, your insurance will not become effective until the day after you complete one full day of active work as an eligible employee.

Please contact your human resources representative for more information regarding these requirements that must be satisfied for your insurance to become effective.

**Life and AD&D Age Reductions**

Under this plan, your coverage amount reduces by your age as follows: by 50 percent at age 70.

Your spouse's coverage amount reduces by your spouse's age as follows: by 50 percent at age 70.

If you, or your spouse, are age 70 or over, ask your human resources representative for the amount of coverage available.

**Life Insurance Exclusions**

This plan contains an exclusion for death resulting from suicide or other intentionally self-inflicted injury. The amount payable will exclude amounts that have not been continuously in effect for at least two years on the date of death. This is subject to state variations.

**Life Insurance Features and Benefits**

Please see your human resources representative for additional information about the features and benefits below.

- Waiver of Premium**      If you become totally disabled while insured under this plan and under age 60, and complete a waiting period of 180 days, your Basic and Additional Life insurance may continue without premium payment until age 65 provided you give us satisfactory proof that you remain totally disabled. Waiver of Premium does not apply to AD&D insurance
- Accelerated Benefit**      If you become terminally ill, you may be eligible to receive up to 75 percent of your combined Basic and Additional Life benefit to a maximum of \$500,000.
- Portability**                If your insurance ends because your employment terminates, you may be eligible to buy portable group insurance coverage.
- Conversion**                If your insurance ends or reduces, you may be eligible to convert your life insurance to an individual life insurance policy without submitting proof of good health.

**Additional AD&D Insurance Benefit Schedule**

The amount of the Additional AD&D benefit for loss of your, or your dependents, life is equal to the amount payable for your Additional Life or your Dependents Life benefit on the date of the accident. The amount of the Additional AD&D benefit for other covered losses is a percentage of the amount payable for the Additional AD&D benefit on the date of the accident as shown below.

<b>Loss:</b>	<b>Percentage Payable:</b>
Loss of Life	100%
One hand or one foot	50%
Sight in one eye	50%
Two or more of the losses listed above	100%

The loss must be caused solely and directly by an accident and occurs independently of all other causes, within 365 days after the accident. Loss of life must be evidenced by a certified copy of the death certificate. All other losses must be certified by a physician in the appropriate specialty as determined by The Standard. No more than 100 percent of the AD&D benefit will be paid for all losses resulting from one accident.

**Additional AD&D Insurance Exclusions**

Subject to state variations, AD&D benefits are not payable for death or dismemberment caused or contributed to by:

- War or act of war, declared or undeclared, whether civil or international, and any substantial armed conflict between organized forces of a military nature
- Suicide or other intentionally self-inflicted injury
- Committing or attempting to commit an assault or felony, or actively participating in a violent disorder or riot
- Voluntary use or consumption of any poison, chemical compound, alcohol or drug, unless used or consumed according to the directions of a physician
- Sickness or pregnancy existing at the time of the accident
- Heart attack or stroke
- Medical or surgical treatment for any of the above

**When Insurance Ends**

Coverage ends automatically on the earliest of the following:

- The last date the last period ends for which a premium was paid
- The date your employment terminates
- The date you cease to meet the eligibility requirements (coverage may continue for limited periods under certain circumstances)
- The date the group policy, or your employer’s coverage under the group policy, terminates
- For each elective insurance coverage, the date that coverage terminates under the group policy

In addition to the above requirements, your Dependents Life with or without AD&D coverage ends automatically on the date your dependent ceases to meet the eligibility requirements for a dependent.

For more details on when insurance ends, contact your human resources representative.

**Group Insurance Certificate**

If coverage becomes effective, and you become insured, you will receive a group insurance certificate containing a detailed description of the insurance coverage including the definitions, exclusions, limitations, reductions and terminating events. The controlling provisions will be in the group policy. Neither the information presented in this summary nor the certificate modifies the group policy or the insurance coverage in any way.

**Employee Life Semi-Monthly Premiums**

Coverage Amount	Employee’s Age as of February 1										
	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+*
\$25,000	0.75	0.88	1.00	1.25	1.75	2.63	4.13	6.38	8.50	14.88	18.06
\$50,000	1.50	1.75	2.00	2.50	3.50	5.25	8.25	12.75	17.00	29.75	36.13
\$75,000	2.25	2.63	3.00	3.75	5.25	7.88	12.38	19.13	25.50	44.63	54.19
\$100,000	3.00	3.50	4.00	5.00	7.00	10.50	16.50	25.50	34.00	59.50	72.25
\$125,000	3.75	4.38	5.00	6.25	8.75	13.13	20.63	31.88	42.50	74.38	90.31
\$150,000	4.50	5.25	6.00	7.50	10.50	15.75	24.75	38.25	51.00	89.25	108.38

\* Coverage amounts for ages 70 and over reduce due to age reduction (see Life Insurance Age Reductions section).

**Employee Life with AD&D Semi-Monthly Premiums**

Coverage Amount	Employee’s Age as of February 1										
	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+*
\$25,000	1.00	1.13	1.25	1.50	2.00	2.88	4.38	6.63	8.75	15.13	18.19
\$50,000	2.00	2.25	2.50	3.00	4.00	5.75	8.75	13.25	17.50	30.25	36.38
\$75,000	3.00	3.38	3.75	4.50	6.00	8.63	13.13	19.88	26.25	45.38	54.56
\$100,000	4.00	4.50	5.00	6.00	8.00	11.50	17.50	26.50	35.00	60.50	72.75
\$125,000	5.00	5.63	6.25	7.50	10.00	14.38	21.88	33.13	43.75	75.63	90.94
\$150,000	6.00	6.75	7.50	9.00	12.00	17.25	26.25	39.75	52.50	90.75	109.13

\* Coverage amounts for ages 70 and over reduce due to age reduction (see Life Insurance Age Reductions section).

**Spouse Life Semi-Monthly Premiums**

Coverage Amount	Employee's Age as of February 1										
	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+*
\$12,500	0.38	0.44	0.50	0.63	0.88	1.31	2.06	3.19	4.25	7.44	9.03
\$25,000	0.75	0.88	1.00	1.25	1.75	2.63	4.13	6.38	8.50	14.88	18.06
\$37,500	1.13	1.31	1.50	1.88	2.63	3.94	6.19	9.56	12.75	22.31	27.09
\$50,000	1.50	1.75	2.00	2.50	3.50	5.25	8.25	12.75	17.00	29.75	36.13
\$62,500	1.88	2.19	2.50	3.13	4.38	6.56	10.31	15.94	21.25	37.19	45.16
\$75,000	2.25	2.63	3.00	3.75	5.25	7.88	12.38	19.13	25.50	44.63	54.19

\* Coverage amounts for ages 70 and over reduce due to age reduction (see Life Insurance Age Reductions section).

**Spouse Life with AD&D Semi-Monthly Premiums**

Coverage Amount	Employee's Age as of February 1										
	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+*
\$12,500	0.50	0.56	0.63	0.75	1.00	1.44	2.19	3.31	4.38	7.56	9.09
\$25,000	1.00	1.13	1.25	1.50	2.00	2.88	4.38	6.63	8.75	15.13	18.19
\$37,500	1.50	1.69	1.88	2.25	3.00	4.31	6.56	9.94	13.13	22.69	27.28
\$50,000	2.00	2.25	2.50	3.00	4.00	5.75	8.75	13.25	17.50	30.25	36.38
\$62,500	2.50	2.81	3.13	3.75	5.00	7.19	10.94	16.56	21.88	37.81	45.47
\$75,000	3.00	3.38	3.75	4.50	6.00	8.63	13.13	19.88	26.25	45.38	54.56

\* Coverage amounts for ages 70 and over reduce due to age reduction (see Life Insurance Age Reductions section).

**Child Life Semi-Monthly Premiums\***

Coverage Amount	Premium
\$10,000	1.00
\$20,000	2.00

\* Regardless of the number of eligible children covered.

**Child Life with AD&D Semi-Monthly Premiums\***

Coverage Amount	Premium
\$10,000	1.20
\$20,000	2.40

\* Regardless of the number of eligible children covered.





### **Standard Insurance Company**

For more than 100 years we have been dedicated to our core purpose: to help people achieve financial well-being and peace of mind. We have earned a national reputation for quality products and superior service by always striving to do what is right for our customers.

Headquartered in Portland, Oregon, The Standard is a nationally recognized provider of group Disability, Life, Dental and Vision insurance and Individual Disability insurance. We provide insurance to more than 24,800 groups, covering over 8 million employees nationwide.\* Our first group policy, written in 1951 and still in force today, stands as a testament to our commitment to building long-term relationships.

To learn more about products from The Standard, Contact your human resources department or visit us at [www.standard.com](http://www.standard.com).

\* As of June 30, 2013, based on internal data developed by Standard Insurance Company.

Standard Insurance Company  
1100 SW Sixth Avenue  
Portland OR 97204

GP190-LIFE/S399, GP399-LIFE/TRUST,  
GP899-LIFE, GP190-LIFE/A997/S399

# BRACE YOURSELF! with a Flexible Spending Account



## What is a Flexible Spending Account (FSA)?

A Health Care FSA is a benefit program that allows you to use pre-tax dollars to pay for eligible health care expenses, such as:

- Prescription co-payments and deductibles
- Out-of-pocket, non-cosmetic dental fees
- Doctor and Emergency Room co-payments
- Laser eye surgery, eyeglasses and contacts
- Medical supplies and OTC medications
- Orthodontics
- Menstrual Care Items

\* If allowed by your benefit plan

The average family of four in the U.S. can easily incur \$3,200 in annual health expenses. Office visits, prescription co-payments, dental work, new glasses, or an unexpected hospital stay can add up quickly!

### Here's an example of how you can save:

Out-of-Pocket Expenses	Annual Average	Taxes Saved (30% Tax Bracket)
Vision	\$750.00	\$225.00
Medical	\$1,080.00	\$324.00
Pharmacy	\$630.00	\$189.00
Dental	\$440.00	\$132.00
Other	\$300.00	\$90.00
<b>Total</b>	<b>\$3,200.00</b>	<b>\$960.00</b>

If that \$3,200 was contributed to a Health Care FSA, a family could save approximately \$960 in taxes!



# FLORES BENEFITS CARD

## 1 ENROLL IN ELIGIBLE BENEFIT PLAN

Your employer offers the Flores Benefits Card to employees who enroll in an eligible benefit plan. The card will allow you to pay for eligible expenses at participating providers at the time services are rendered, thus eliminating or reducing your out-of-pocket cost at the time of the purchase or service.

## 2 RECEIVE YOUR FLORES BENEFITS CARD

Your Flores Benefits Card will be mailed upon your enrollment in an eligible benefit plan. No activation is required, but you should review the Cardholder Agreement included in this mailing, and then sign the back of your card.

## 3 PROPER USE & ACCOUNT MANAGEMENT

You will be able to view and manage your account on the Flores Web Portal, [www.flores247.com](http://www.flores247.com).

You should keep your receipts and invoices for payments made with your Flores Benefits Card, as you may be required to provide documentation to Flores to verify the eligibility of certain transactions. If requested, you may submit your documentation to Flores by uploading it to your online account, uploading using the Flores Mobile App, or sending it by fax or mail.

### Recordkeeping Tip:

Most payments will be automatically substantiated at the point of the transaction. Flores will only ask you to provide a copy of your receipts when substantiation is required per IRS guidelines. Establish a physical location where you will keep all receipts for your Flores Benefits Card purchases. Regardless of your position with your company, every employee will be treated the same in regard to IRS plan administration guidelines. No exceptions will be made.

### If you are asked to provide a receipt, it must include:

- name of provider or merchant
- description of service or item purchased
- date of service
- your out-of-pocket responsibility

Items such as handwritten explanations, Card transaction receipts or previous balance receipts cannot be used to verify an expense. If you do not have the receipt, you can contact the provider who can usually supply the receipt from their files.



## IS SUBSTANTIATION REQUIRED?

### YES

Charges applied against your plan year deductible

Charges applied against your plan year coinsurance

Dental charges

Vision charges

### NO

Prescription charges purchased at a retailer utilizing a FSA inventory control system

Recurring charges that were previously approved and documented (i.e. orthodontia, chiropractic care)

Amounts at medical providers that match common co-pay amounts

# FLORES BENEFITS CARD FAQs

## FREQUENTLY ASKED QUESTIONS

### What expenses are eligible for payment with my Flores Benefits Card?

You can use your Flores Benefits Card to pay for expenses incurred during your active enrollment period in the current plan year. If a provider or merchant does not accept cards, you do have the option to file a manual request for reimbursement of your eligible out-of-pocket cost. Please visit [www.flores247.com](http://www.flores247.com) for a guide to allowable expenses. If you terminate employment during the plan year, the card will be turned off at that time. Only expenses incurred while you are an active participant will be considered reimbursable.

### How can I use my Flores Benefits Card to pay for my eligible out-of-pocket expenses?

Although the Flores Benefits Card is a debit card with a cash balance loaded onto it, you should select "credit" as the transaction type, and sign for purchases at authorized merchants. Please keep in mind that the Flores Benefits Card will decline if you try to swipe it for an amount greater than your available balance.

### How should I send my documentation to Flores?

Many transactions will be auto-approved at the point of sale and will not require further documentation. Flores will notify you by email or a mailed letter if additional information is needed to verify the eligibility of a particular transaction. You may submit your documentation by upload on the participant website, [www.flores247.com](http://www.flores247.com), using the Flores Mobile App, or by fax or mail.

### I used my card for an ineligible expense.

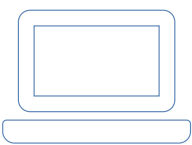
#### What do I need to do to correct this?

You may send a refund check to Flores for the ineligible amount, which will be credited back to your Flores Benefits Card to be used toward other eligible expenses you incur later in the year. You may also submit documentation that verifies you have paid out-of-pocket for an eligible expense, which Flores will use to offset the ineligible amount paid with your Flores Benefits Card.

### Will I receive a new card each plan year?

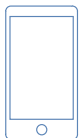
Your card is valid for five years from its issue date. Do not discard your card prior to its expiration date. At the start of each new plan year, your card will be reloaded with your new election amount. A new card will be mailed to you when your expiration date is approaching.

## HOW DO I OBTAIN MY ACCOUNT DETAILS?



### WEBSITE

Visit [www.flores247.com](http://www.flores247.com) and log-in using Participant ID or UserName and password



### MOBILE WEBSITE

Visit our mobile website at [m.flores247.com](http://m.flores247.com)



### PID & PASSWORD ASSISTANCE

Dial 800.840.7684

## HOW DO I SUBMIT DOCUMENTS TO FLORES?

### ONLINE

Visit [www.flores247.com](http://www.flores247.com) and upload scanned documents securely

### MOBILE

Download Flores Mobile smartphone App Available for Apple or Android devices

### MAIL

Flores  
PO Box 31397  
Charlotte, NC 28231

### FAX

800.726.9982 or 704.335.0818

**CUSTOMER SERVICE 1.800.532.3327**

# How to Submit a Claim



**1 FLORES WEB PORTAL:**  
You may scan your claim and upload it to our secure website or complete your claim detail online at [www.flores247.com](http://www.flores247.com).

**2 FLORES MOBILE SMARTPHONE APP:**  
Use your phone's camera to take a picture of your documentation and upload. Download Flores Mobile through Apple Store or Google Play.



**3 MAIL CLAIMS:**  
Claims Processing  
PO Box 31397  
Charlotte, NC 28231  
\*Please keep in mind, certified mail will need to be sent to our physical address at 2013 West Morehead Street, Suite B, Charlotte, NC 28208.

**4 FAX CLAIMS:**  
704.335.0818 or 800.726.9982

## How to upload a claim on [www.flores247.com](http://www.flores247.com)

**Step One:** Log in to [www.flores247.com](http://www.flores247.com) using your Participant ID or Username and password. Tip: Your Participant ID will be on any correspondence you have received from Flores.

**Step Two:** Click "File a new Health Care or Dependent Care Flexible Spending Account Claim". Hit Next.

**Step Three:** If you have completed a hard copy claim form and scanned it into your computer, click "Already Completed" to upload your document. If you have not already completed a claim form, fill in your claim detail and hit "Next".

**Step Four:** Click "Choose File" and choose the file on your computer that contains your scanned documentation that is required to process your claim. Repeat until all documents are attached. Click "Submit" to final-ize your claim.

Tip: Update your email or subscribe to SMS notifications in the Settings tab to receive email or text updates on your claim!

All receipts for reimbursement must include the following:

- ✓ Date of Service
- ✓ Description of Service
- ✓ Out-of-Pocket Cost
- ✓ Provider Name
- ✓ Patient Name

## Reimbursement for Orthodontia Expenses

Only proof of payment will be required for future claim submissions. Orthodontia will be reimbursable as you pay it, meaning that the payment can only be reimbursed from the plan year in which the payment was made. If you have any questions about reimbursement for Orthodontia you can call an account manager at 800.532.3327.