



**Your benefit options  
at a glance**



HR | Payroll | Benefits | Insurance

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Paychex makes it simple.

## Open Enrollment FAQ for Employees

### Q – What is Open Enrollment?

**A –** Open Enrollment is the time of year when you can make changes to your current benefits elections or newly enroll in your employer's benefits plans.

### Q – When is the Open Enrollment period?

**A –** Please complete your enrollment as soon as possible once you receive notification that Open Enrollment has begun. No enrollments will be accepted after September 15, 2023.

### Q – What is the effective date of my Open Enrollment elections/changes?

**A –** Elections and/or changes to your medical, dental, vision, and voluntary plans are effective October 1, 2023. Elections to your Flexible Spending Account (FSA) are effective January 1, 2024.

### Q – One of the plans currently being offered is going away. What do I need to do?

**A –** If you are currently enrolled in a plan that is no longer offered, you must take action and enroll in a new plan. We cannot automatically enroll you in another group health plan. Please note that if you're enrolled in a terminating plan and fail to select another plan in its place, this will result in your coverage ending effective September 30, 2023.

### Q – When is the latest that I can enroll or make changes to my current elections?

**A –** The enrollment deadline is Friday, September 15, 2023. If no elections/changes are made, you will not be eligible for enrollment or changes until the 2024 Open Enrollment period unless you have a Change in Status Event or a HIPAA Special Enrollment Event.

### Q – When will my changes take effect?

**A –** For your group health elections (medical, dental, vision, etc.), changes will take effect on October 1, 2023. Health and Dependent Care Flexible Spending Account (FSA) and Health Savings Account (HSA) elections are collected during the annual enrollment election period and will take effect on January 1, 2024.

### Q – What is a Change in Status Event or HIPAA Special Enrollment Event?

**A –** A Change in Status Event or HIPAA Special Enrollment Event allows you to make certain changes to your benefits outside of the Open Enrollment period. Examples of Change in Status Events or HIPAA Special Enrollment Events are:

- Marriage
- Divorce or legal separation
- Death of a spouse or dependent coverage
- Birth or adoption of a child
- Loss or gain of other group coverage
- A significant change in health coverage of the covered employee or spouse's group
- Status change from full-time to part-time or vice versa Insurance (SCHIP) programs
- Losing or gaining eligibility under the Medicaid or State Children's Health Entitlement to Medicare

Employees have 30 days from the date of the event to contact the Benefits Enrollment Center to make changes to their elections, except for losing or gaining eligibility to Medicaid or a SCHIP program, for which employees have 60 days. Note: if you do make changes to your benefits due to a life event, the change must be consistent with the life event. That is, if you get married, you may add your spouse to your plan or perhaps drop your insurance through your employer to be added to your spouse's plan. Again, you must notify us within 30 days of the life event to make the change in benefits enrollment.

## Q – How do I make changes or enroll in the plans?

### A – Employee enrollment options include:

#### Online

Please visit My Benefits Connect to enroll online.

- Log into Paychex Oasis at <https://portal.oasisassistant.com/> to make elections using My Benefits Connect.
- Select **Benefits**
- Select **My Benefits Connect** to begin your benefits selection

#### Make a Virtual Appointment

The Benefits Team is committed to providing superior service to employees. Make an appointment that is convenient for you – Monday through Friday, from 8:00 a.m. to 8:00 p.m. E.T., with Saturday appointments also available from 8:00 a.m. to 5:00 p.m. No waiting!

Once you make an appointment, you will receive a confirmation email, as well as a reminder email the day prior to your appointment. A Benefits Specialist will call you at the confirmed time. To make an appointment, please visit <https://paychex.myannualenrollment.com>.

If you have any questions or need assistance during the enrollment process, please contact our dedicated team of benefits professionals at 866-826-3488.

## Other Important Information

- **Step Therapy:** Under the Aetna Health Maintenance Organization (HMO) and Health Network Only (HNO) plans, prescription drug coverage requires Step Therapy. The Aetna HMO Rx Step Therapy requirement affects certain classes of drugs in which the member must try one or two alternatives in the same class. The physician must submit documentation to Aetna to have the denied drug approved.
- **Precertification:** There are certain drugs that must go through a review process and meet certain guidelines before they're covered. This is for drugs that:
  - Are often taken incorrectly
  - Should only be used for certain conditions
  - Often cost more than other drugs proven just as effective
- **Explanation of Benefits (EOB):** These are statements sent by health carriers to subscribers who have experienced a claim under the health plan. The explanation of benefits (EOB) details the charges for the services received, the amount the health insurance company will pay for those services, and the amount the insured person will be responsible for paying and has paid into the plan.

(Effective 10/1/23 - 9/30/24)



	23 AETNA NATIONAL OA MC POS 1500-70	23 AETNA NATIONAL OA MC POS HDHP 3500-80	23 AETNA NATIONAL OA MC POS 4000-80	23 AETNA TX DALLAS JV OA MC 6500-100	23 AETNA TX DALLAS JV OA MC 2500-80
BENEFIT PLAN CODE	23AENT032	23AENT041	23AENT070	23AETX022	23AETX024
Plan Management Network	Open Access MCPOS	Open Access MCPOS	Open Access MCPOS	Open Access JV	Open Access JV
<b>IN-NETWORK BENEFITS</b>					
<b>Deductible</b>					
Individual Deductible	\$1,500	\$3,500	\$4,000	\$6,500	\$2,500
Family Deductible	\$3,000	\$7,000	\$8,000	\$13,000	\$5,000
<b>Out of Pocket Max incl CYD and Copays</b>					
Individual OOP Max	\$4,500	\$6,500	\$6,850	\$7,500	\$7,500
Family OOP Max	\$9,000	\$13,000	\$13,700	\$15,000	\$15,000
<b>Coinsurance</b>					
In-Network	30%	20%	20%	0%	20%
<b>Primary Care/Specialist</b>					
\$copay/%coinsurance	\$35/\$70	20% after CYD	\$30/\$60	\$25/\$65	\$30/\$60
<b>Inpatient</b>					
\$copay/%coinsurance	30% after CYD	20% after CYD	20% after CYD	0% after CYD	20% after CYD
<b>Outpatient</b>					
\$copay/%coinsurance	30% after CYD	20% after CYD	20% after CYD	0% after CYD	20% after CYD
<b>Diagnostic Laboratory, X-ray &amp; Imaging</b>					
\$copay/%coinsurance	30% after CYD	20% after CYD	20% after CYD	0% after CYD	20% after CYD
<b>Urgent Care</b>					
\$copay/%coinsurance	\$85	20% after CYD	\$85	0% after CYD	\$85
<b>Emergency Room</b>					
\$copay/%coinsurance	\$350	20% after CYD	\$350	0% after CYD	\$400
<b>OUT-OF-NETWORK BENEFITS</b>					
<b>Deductible</b>					
Individual Deductible	\$3,000	\$7,000	\$8,000	\$15,000	\$6,000
Family Deductible	\$9,000	\$14,000	\$24,000	\$30,000	\$12,000
<b>Out of Pocket Max incl CYD</b>					
Individual OOP Max	\$9,000	\$13,000	\$14,000	\$25,000	\$15,000
Family OOP Max	\$27,000	\$26,000	\$42,000	\$50,000	\$30,000
<b>Coinsurance</b>					
OON-Network	50%	50%	50%	50% after CYD	50% after CYD
<b>Inpatient</b>					
\$copay/%coinsurance	50% after CYD	50% after CYD	50% after CYD	50% after CYD	50% after CYD
<b>Outpatient</b>					
\$copay/%coinsurance	50% after CYD	50% after CYD	50% after CYD	50% after CYD	50% after CYD
<b>PRESCRIPTION RETAIL</b>					
<b>Generic/Brand/Non-Formulary/Self Injectibles</b>					
In-Network \$copay/%coinsurance	\$10/\$45/\$70/30% (max \$300 per script)	\$10/\$45/\$70/30% (max \$300 per script) after CYD	\$10/\$45/\$70/30% (max \$300 per script)	\$10/\$45/\$80/30% (max \$300 per script)	\$10/\$45/\$80/30% (max \$300 per script)
<b>PRESCRIPTION MAIL ORDER</b>					
Multiple of Retail for 90 day supply	2 X	2 X after CYD	2 X	2 X	2 X
<b>LIFETIME MAXIMUM</b>					
In-Network	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Out-of-Network	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited



## How to Locate an Aetna Medical Network Provider:

1. Log in to Aetna's website: [www.aetna.com](http://www.aetna.com)
2. Click **Individuals**
3. Click **Find a Doctor**
4. Guests: Click **Plan from an employer**
5. To continue as a guest, enter the **ZIP Code** where you want to locate a provider, then click **Search**
6. Under **Select a Plan**, either search for or scroll down to Aetna Open Access Plans and choose one of the following networks:
  - **Elect Choice EPO (Open Access)**
  - **Managed Choice POS (Open Access)**
  - **Aetna Health Network Only HNO (Open Access)**
7. Click **Continue**
8. Under **What do you want to search for?** type the doctor's last name or scroll down to **Find what you need by category** and make your selection

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Teladoc is a convenient and affordable option allowing access to a variety of medical services, including General Medical, Dermatology, and Behavioral Health. Access quality healthcare from the comfort of your home, while on a lunch break, or while traveling away from home.

**Get started:** [Teladoc.com/aetna](http://Teladoc.com/aetna)

- **CoPays - General Medical** \$40 or less/visit
- **Dermatology** \$75 or less/visit
- **Call:** 1-855-Teladoc (835-2362)



## Aetna Deductible Credit Instructions:

### Web Form (Preferred)

1. Obtain electronic copies of Explanation of Benefits (EOB) from the previous plan (any carrier) showing the deductible paid on the prior plan from January 1 through current
2. Register with **Aetna Navigator**
3. Click **Contact Us**
4. Complete **Send Message Form** indicating a deductible credit request, and attach EOB file(s).

### Fax

1. Obtain a copy of the EOB from the previous plan (any carrier) showing deductible paid on the prior plan from January 1st till current
2. Print a copy of the new Aetna ID card when it arrives, or print one online via [www.aetna.com](http://www.aetna.com)
3. On the fax cover sheet, request that Aetna credit past deductibles paid be transferred onto the new Aetna plan
4. Fax a copy of the EOB and a copy of the new Aetna ID card to Aetna, attention: Aetna Deductible Credit at 859-455-8650 or (toll-free) 866-474-4040







**Enhanced Summary of Benefits**

Benefits payable under this policy are limited to any out-of-pocket deductible amount incurred under your Other Medical Plan and any out-of-pocket co-payment or coinsurance amounts the Covered Person actually incurs under your Other Medical Plan.

Base Policy	Option 1	Option 2	Option 3	Option 4	Option 5
Maximum In-Hospital Benefits	\$500 per Covered Person per Confinement.	\$1,000 per Covered Person per Confinement.	\$1,500 per Covered Person per Confinement.	\$2,000 per Covered Person per Confinement.	\$2,500 per Covered Person per Confinement
In-Hospital Ambulance Benefit	Up to \$350 per trip for ground transportation or up to \$1,000 per trip for air transportation where a Covered Person is Confined as an Inpatient. Limited to one trip per day.				
Pre-Existing Period	The Pre-Existing Period is 12 months prior to the effective date of coverage. This product has a Pre-Existing Condition Limitation. The Pre-Existing Condition Limitation will apply only if the Covered Person is subject to a Pre-Existing Condition Limitation under the Other Medical Plan. Therefore, any Pre-Existing Condition Limitation applied to the Major Medical plan would, in effect, limit coverage under this plan. <b>Waived for employees of Oasis Outsourcing unless Other Medical Plan imposes.</b>				

**Outpatient Benefit Rider**

Maximum Outpatient Benefits	Option 1	Option 2	Option 3	Option 4	Option 5
Maximum Outpatient Benefits	\$250 per Covered Person per Occurrence for Covered Outpatient Services	\$500 per Covered Person per Occurrence for Covered Outpatient Services	\$500 per Covered Person per Occurrence for Covered Outpatient Services	\$500 per Covered Person per Occurrence for Covered Outpatient Services	\$500 per Covered Person per Occurrence for Covered Outpatient Services
Outpatient Ambulance Benefit	Up to \$350 per trip for ground transportation or up to \$1,000 per trip for air transportation where a Covered Person resides less than 18 hours. Limited to one trip per day.				

**Covered Outpatient Services**

Hospital Emergency Room	Payable up to the Maximum Outpatient Benefit, subject to the Outpatient Benefit Deductible.
Urgent Care Facility	Maximum of three Urgent Care visits per Covered Person per Calendar Year. Maximum of six Urgent Care visits per Calendar Year for all Covered Persons combined. Payable up to the Maximum Outpatient Benefit, subject to the Outpatient Benefit Deductible.
Outpatient Surgery	Outpatient Surgery in Hospital Outpatient Facility or Freestanding Outpatient Surgery Center. Payable up to the Maximum Outpatient Benefit, subject to the Outpatient Benefit Deductible.
Diagnostic Testing	Diagnostic Testing in a Hospital Outpatient Facility or MRI Facility. Payable up to the Maximum Outpatient Benefit, subject to the Outpatient Benefit Deductible. <b>Independent labs (such as Quest and LabCorp) are not covered.</b>
Outpatient Treatment for a Mental or Emotional Disorder in a Hospital Outpatient Facility	Maximum of 30 days of treatment per Covered Person per Calendar Year. Payable up to the Maximum Outpatient Benefit, subject to the Outpatient Benefit Deductible.

**24-Payroll Deductions\***

Ages 18 +	Option 1	Option 2	Option 3	Option 4	Option 5
Employee	\$7.31	\$9.24	\$11.56	\$13.83	\$16.14
Employee & Spouse	\$13.72	\$16.92	\$21.38	\$25.34	\$29.80
Employee & Child	\$11.56	\$13.49	\$16.39	\$19.90	\$23.31
Employee & Family	\$17.97	\$21.18	\$26.24	\$31.37	\$36.89

\*The payroll deduction and amount of benefit vary dependent upon option selected.

**Important Policy Provisions**

**Eligibility**

You are eligible to be covered under this Policy/Certificate if you are Actively At Work, qualify for coverage as defined in the Master Application, covered under your Other Medical Plan and are not covered under similar limited benefit group hospital, medical or surgical supplements with APL. Actively at Work means performing in the usual manner all of the regular duties of your employment as a full-time Employee on a scheduled work day and these duties are being done at one of the places of business where you normally do such duties or at some location to which your employer sends you. Actively At Work will include a day which is not a scheduled work day only if you would be able to perform in the usual manner all of the regular duties of your employment as if it were a scheduled work day. Your Eligible Dependents are eligible for coverage if they are covered under the Insured's Other Medical Plan. You must apply for insurance during the Initial Enrollment period or on the date the person first becomes eligible for coverage. If you do not apply during the Initial Enrollment period or on the date you become eligible for coverage, you may be subject to additional underwriting by APL. Evidence of coverage under your Other Medical Plan is required. An eligible dependent means your lawful spouse who is under the age of 70 who is covered under your Other Medical Plan and/or your natural child, adopted child or stepchild who is under the age of 26 and who is covered under your Other Medical Plan and/or any minor under your charge, care and control who has been placed in your home for adoption who is under the age of 26.

A hospital is a place that is not an institution, or part thereof, used as a place for rehabilitation, a place for rest or for the aged, a nursing or convalescent home, a long-term nursing unit or geriatrics ward, or an extended care facility for the care of convalescent, rehabilitative or ambulatory patients.

### When Coverage Begins

Coverage will begin on the requested Certificate Effective Date or the Certificate Effective Date assigned by us, upon approval of your application, if our underwriting rules are met, the premium has been paid and all persons to be insured are covered under your Other Medical Plan and you are Actively At Work on the Certificate Effective Date. If you are not Actively At Work on the Certificate Effective Date due to disability, Injury, Sickness, temporary layoff, leave of absence or Family and Medical Leave of Absence, coverage begins on the date you return to Actively At Work.

### Limitations & Exclusions

**No benefits will be payable for expenses incurred during any period the Covered Person does not have coverage under your Other Medical Plan, except as provided in the Absence of the Insured's Other Medical Plan provision, described in the Policy.**

### Exclusions

No benefits are payable for any loss resulting from or caused, whether directly or indirectly, by: war or any act of war, whether declared or undeclared, or active service in the armed forces; (This exclusion includes Accident sustained or Sickness contracted while in the service of any military, naval or air force of any country engaged in war. If coverage is suspended for any Covered Person during a period of military service, APL will refund the pro-rata portion of any premium paid for any such Covered Person upon receipt of your written request); an intentionally self-inflicted Injury or Sickness; suicide or attempted suicide, while sane or insane; rest care or rehabilitative care and treatment (this does not include rehabilitation for treatment of physical disability); outpatient routine newborn care; voluntary abortion except, with respect to you or your covered Eligible Dependent spouse: where you or your dependent spouse's life would be endangered if the fetus were carried to term; or where medical complications have arisen from abortion; pregnancy of an Eligible Dependent child; participating in a riot, insurrection, rebellion, civil commotion, civil disobedience or unlawful assembly; (This does not include a loss which occurs while acting in a lawful manner within the scope of authority.) committing, or attempting to commit, an illegal act that is defined as a felony; (Felony is as defined by the law of the jurisdiction in which the act takes place.); participation in a contest of speed in power driven vehicles, parachuting or hang gliding; air travel, except: as a fare-paying passenger on a commercial airline on a regularly scheduled route; or as a passenger for transportation only and not as a pilot or crew member; being intoxicated or under the influence of any narcotic unless administered by a Physician or taken according to the Physician's instructions; (Intoxication means that which is determined and defined by the laws and jurisdiction of the geographical area in which the event that caused the loss occurred.); alcoholism or drug addiction; sex changes; experimental treatment, drugs or surgery (bone marrow transplants are not considered experimental); Accident or Sickness arising out of, and in the course of, any occupation for compensation, wage or profit for which benefits are paid by Workers' Compensation; (This does not apply to those sole proprietors or partners not covered by Workers' Compensation.); dental or vision services, including treatment, surgery, extractions or x-rays, unless: resulting from an Accident occurring while the Covered Person's coverage is in force and if performed within 12 months of the date of such Accident; or due to congenital disease or anomaly of a covered newborn child; routine examinations, such as health exams, periodic check-ups or routine physicals, except when part of Inpatient routine newborn care; elective cosmetic surgery; drugs (prescription and non-prescription for use outside of a covered facility as defined in this Policy/Certificate or any attached rider); sterilization and reversal of sterilization; an expense that does not meet the definition of Covered Charges; an expense or service that exceeds any of the Maximum Benefits, as shown in the Schedule of Benefits; or any expense for which benefits are not payable under your Other Medical Plan.

### Pre-Existing Condition Limitation

No benefits are payable during the Pre-Existing Condition Exclusion Period following the Covered Person's Effective Date for any loss resulting from a Pre-Existing Condition. A pre-existing condition means an Injury, Sickness or physical condition for which medical advice, consultation or treatment, including prescribed medications, was recommended by or received from a member of the medical profession within the Pre-Existing Period immediately preceding the Covered Person's Effective Date. The Pre-Existing Period is shown on the Policy/Certificate Schedule. The term "Pre-Existing Condition" will also include conditions which are related to such Injury, Sickness or physical condition. Routine follow-up care to determine whether a breast cancer has recurred in a person who has been previously determined to be free of breast cancer does not constitute medical advice, diagnosis, care or treatment for purposes of determining pre-existing conditions unless evidence of breast cancer is found during or as a result of the follow-up care. **Waived for employees of Oasis Outsourcing unless Other Medical Plan imposes.**

### Premium Changes

The premium rates may be changed by APL at the first anniversary date of this Policy or any premium due date thereafter. No such increase in rates will be made unless 60 days prior notice is given to the Policyholder. Premiums will not increase during the initial 12 months of coverage. If APL fails to provide the 60-day notice, the coverage will remain in force with the existing rates until after the 60-day notice is given.

### Optionally Renewable

This Policy is renewable at the option of the Policyholder or APL. The Policyholder or APL may terminate this Policy at any time following the Policy Effective Date, subject to 60 days written notice.

### Termination of Certificate

Your insurance coverage under this Certificate and any attached riders will end on the earliest of these dates: the date the Policy terminates; the end of the grace period if the premium remains unpaid; the date you no longer qualify as an Insured; the date your coverage under your Other Medical Plan ends; or the date of your death.

### Termination of Coverage

Your insurance coverage under this Certificate and any attached riders for a Covered Person will end as follows: the date the Policy terminates; the date the Certificate terminates; the end of the Certificate Month in which APL receives a written request from you to terminate the Covered Person's coverage; the date a Covered Person no longer qualifies as an Insured or Eligible Dependent; or the date of the Covered Person's death. APL may end the coverage of any Covered Person who submits a fraudulent claim.

### Cobra Continuation of Coverage

This plan may be continued in accordance with the Consolidated Omnibus Reconciliation Act of 1986.



2305 Lakeland Drive | Flowood, MS 39232  
ampublic.com | 800.256.8606

Underwritten by American Public Life Insurance Company. This is a brief description of the coverage. For complete benefits and other provisions, please refer to your certificate. This coverage does not replace Workers' Compensation Insurance. **This product is inappropriate for people who are eligible for Medicaid coverage.** | This policy is considered an employee welfare benefit plan established and/or maintained by an association or employer intended to be covered by ERISA, and will be administered and enforced under ERISA. Group policies issued to governmental entities and municipalities may be exempt from ERISA guidelines. | This product contains Limitations and Exclusions. | Policy Form GMLIV1APL (MEDlink® IV) Series | FL | Supplemental Limited Benefit Group Medical Expense Insurance MEDlink® IV Policy | (03/20) | Oasis Outsourcing | 24-Payroll Deduction



# Gap Insurance

Supplemental Limited Benefit Group Medical Expense Insurance MEDlink® Select



APSB-22477(FL)-0519 (24-Pay)  
Oasis

**OASIS**®  
A PAYCHEX® COMPANY

**APL**®  
AMERICAN PUBLIC LIFE  
Expanding the Benefits Horizon®

# Gap Insurance | MEDlink® Select Summary of Benefits

Separate In-Hospital Benefit and Separate Outpatient Benefit			
IN-HOSPITAL POLICY BENEFIT	1500/1000 Plan	2000/1500 Plan	2500/2000 Plan
In-Hospital Benefit Maximum	\$1,500 per covered person per calendar year.  Maximum of \$4,500 per calendar year for all covered persons combined.	\$2,000 per covered person per calendar year.  Maximum of \$6,000 per calendar year for all covered persons combined.	\$2,500 per covered person per calendar year.  Maximum of \$7,500 per calendar year for all covered persons combined.
In-Hospital Benefit	Benefits include in-hospital confinement, ambulance and in-hospital treatment for mental or emotional disorder (subject to a maximum of 30 days of mental or emotional disorder treatment per covered person per calendar year). All benefits are subject to the in-hospital benefit maximum.		
OUTPATIENT POLICY BENEFIT			
Outpatient Benefit Maximum	Maximum of \$1,000 per covered person per calendar year for covered outpatient services. Maximum of \$3,000 per calendar year for all covered persons combined.	Maximum of \$1,500 per covered person per calendar year for covered outpatient services. Maximum of \$4,500 per calendar year for all covered persons combined.	Maximum of \$2,000 per covered person per calendar year for covered outpatient services. Maximum of \$6,000 per calendar year for all covered persons combined.
Outpatient Benefits	Covered outpatient services include: <ul style="list-style-type: none"> <li>• Hospital emergency room</li> <li>• Urgent care facility</li> <li>• Surgery in a hospital outpatient facility or freestanding outpatient surgery center</li> <li>• Diagnostic testing in a hospital outpatient facility or MRI facility</li> <li>• Physical therapy facility</li> <li>• Ambulance</li> <li>• Outpatient treatment for mental or emotional disorder (subject to a maximum of 30 days of mental or emotional disorder treatment per covered person per calendar year.)</li> </ul> <p style="text-align: center;">All benefits are subject to the outpatient benefit maximum.</p>		
ADDITIONAL OUTPATIENT RIDERS			
Cancer Outpatient Treatment Rider	All benefits are subject to the outpatient benefit maximum		
Independent Lab Facility Rider	All benefits are subject to the outpatient benefit maximum		
TOTAL 24-PAY PREMIUMS*	1500/1000 Plan	2000/1500 Plan	2500/2000 Plan
Employee Only	\$14.81	\$19.91	\$24.39
Employee & Spouse	\$26.69	\$35.84	\$43.89
Employee & Child(ren)	\$27.35	\$36.75	\$45.00
Employee & Family	\$39.22	\$52.68	\$64.50

\*The premium and amount of benefits vary dependent upon Plan selected at time of application. Total premium includes the Plan selected and any applicable rider premium.

## IN-HOSPITAL BENEFIT

The covered person must be covered by the other medical plan at the time any In-Hospital covered charges are incurred. A covered person is a person who is eligible for coverage under the certificate and for whom the coverage is in force. Eligible dependents include a lawful spouse who is covered as a dependent under the Other Medical Plan and/or a child (natural, adopted or step) who is covered as a dependent under the Other Medical Plan and who is under 26 years of age.

The In-Hospital Benefit pays the out-of-pocket amount for inpatient covered charges incurred by a covered person for treatment while confined in a hospital as an inpatient. A hospital is not an institution, or part thereof, used as: a place for rehabilitation, a place for rest or for the aged, a nursing or convalescent home, a long-term nursing unit or geriatrics ward, or an extended care facility for the care of convalescent, rehabilitative or ambulatory patients.

The Ambulance Benefit pays the out-of-pocket amount for air or ground transportation of a covered person by ambulance to a hospital or from one medical facility to another where a covered person is confined as an inpatient. A licensed ambulance company must provide the ambulance service.

## OUTPATIENT BENEFIT

Pays the out-of-pocket amount for outpatient covered charges incurred by a covered person. The covered person must be covered by the other medical plan at the time any outpatient covered charges are incurred. The Ambulance Benefit pays the out-of-pocket amount for air or ground transportation of a covered person by ambulance to a hospital or from one medical facility to another where a covered person resides less than 18 hours. A licensed ambulance company must provide the ambulance service.

## Exclusions

No benefits will be payable for expenses incurred during any period the covered person does not have coverage under the other medical plan. If a claim is received after coverage under the other medical plan has terminated, APL's liability will be limited to a refund of any premium paid since coverage terminated.

# Gap Insurance | MEDlink® Select Summary of Benefits

Separate In-Hospital Benefit and Separate Outpatient Benefit			
IN-HOSPITAL POLICY BENEFIT	3000/1500 Plan	3000/2250 Plan	3000/3000 Plan
In-Hospital Benefit Maximum	\$3,000 per covered person per calendar year.  Maximum of \$9,000 per calendar year for all covered persons combined.	\$3,000 per covered person per calendar year.  Maximum of \$9,000 per calendar year for all covered persons combined.	\$3,000 per covered person per calendar year.  Maximum of \$9,000 per calendar year for all covered persons combined.
In-Hospital Benefit	Benefits include in-hospital confinement, ambulance and in-hospital treatment for mental or emotional disorder (subject to a maximum of 30 days of mental or emotional disorder treatment per covered person per calendar year). All benefits are subject to the in-hospital benefit maximum.		
OUTPATIENT POLICY BENEFIT			
Outpatient Benefit Maximum	Maximum of \$1,500 per covered person per calendar year for covered outpatient services. Maximum of \$4,500 per calendar year for all covered persons combined.	Maximum of \$2,250 per covered person per calendar year for covered outpatient services. Maximum of \$6,750 per calendar year for all covered persons combined.	Maximum of \$3,000 per covered person per calendar year for covered outpatient services. Maximum of \$9,000 per calendar year for all covered persons combined.
Outpatient Benefits	Covered outpatient services include: <ul style="list-style-type: none"> <li>• Hospital emergency room</li> <li>• Urgent care facility</li> <li>• Surgery in a hospital outpatient facility or freestanding outpatient surgery center</li> <li>• Diagnostic testing in a hospital outpatient facility or MRI facility</li> <li>• Physical therapy facility</li> <li>• Ambulance</li> <li>• Outpatient treatment for mental or emotional disorder (subject to a maximum of 30 days of mental or emotional disorder treatment per covered person per calendar year.)</li> </ul> <p style="text-align: center;">All benefits are subject to the outpatient benefit maximum.</p>		
ADDITIONAL OUTPATIENT RIDERS			
Cancer Outpatient Treatment Rider	All benefits are subject to the outpatient benefit maximum		
Independent Lab Facility Rider	All benefits are subject to the outpatient benefit maximum		

TOTAL 24-PAY PREMIUMS*	3000/1500 Plan	3000/2250 Plan	3000/3000 Plan
Employee Only	\$22.08	\$26.03	\$31.62
Employee & Spouse	\$39.75	\$46.86	\$56.91
Employee & Child(ren)	\$40.75	\$48.04	\$58.35
Employee & Family	\$58.42	\$68.88	\$83.65

\*The premium and amount of benefits vary dependent upon Plan selected at time of application. Total premium includes the Plan selected and any applicable rider premium.

## Exclusions (continued)

No benefits are payable for expenses incurred resulting from or caused by, whether directly or indirectly, by: war or any act of war, whether declared or undeclared, or any act related to war while serving in the military forces or any auxiliary unit thereto. (APL will refund the pro-rata portion of any premium paid for any such covered person upon receipt of the insured's written request.); outpatient routine newborn care (except for newborn circumcision); rest care or rehabilitative care and treatment (this does not include rehabilitation for treatment of physical disability); voluntary abortion except, with respect to the insured or covered eligible dependent: where the insured or dependent's life would be endangered if the fetus were carried to term or where medical complications have arisen from abortion; participating in a riot, insurrection, rebellion, civil commotion, civil disobedience or unlawful assembly (This does not include a loss which occurs while acting in a lawful manner within the scope of authority.); committing, or attempting to commit, an illegal act that is defined as a felony (Felony is as defined by the law of the jurisdiction in which the act takes place.); participation in a contest of speed in power driven vehicles, parachuting or hang gliding; air travel, except: as a fare-paying passenger on a commercial airline on a regularly scheduled route or as a passenger for transportation only and not as a pilot or crew member; being intoxicated or under the influence of any narcotic unless administered on the advice of a physician (Intoxication means that which is determined and defined by the laws and jurisdiction of the geographical area in which the event that caused the loss occurred.); alcoholism or drug addiction; sex changes; experimental treatment, drugs or surgery (bone marrow transplants are not considered experimental); accident or sickness arising out of, and in the course of, any occupation for compensation, wage or profit for which benefits are paid by workers' compensation (This does not apply to those sole proprietors or partners not covered by workers' compensation.); dental or vision services, including treatment, surgery, extractions or x-rays, unless resulting from an accident occurring while the covered person's coverage is in force and if performed within 12 months of the date of such accident or due to congenital disease or anomaly of a covered newborn child; elective cosmetic surgery (except newborn circumcision); drugs (prescription and non-prescription for use outside of a covered facility as defined in this policy/certificate or any attached rider); sterilization and reversal of sterilization; an expense that does not meet the definition of inpatient covered charge or outpatient covered charges; an expense or service that exceeds any of the maximum benefits, as shown in the schedule of benefits in the policy/certificate; any expense for which benefits are not payable under the other medical plan.



# Gap Insurance | MEDlink® Select Supplemental Limited Benefit Group Medical Expense Insurance

## Non-Duplication of Benefits

Duplication of benefits is not allowed under the policy and/or any attached riders. If a covered charge is payable under more than one benefit, only one benefit, the largest, will be payable.

## Premium Changes

The premium rates may be changed by APL at the first anniversary date of the policy or any premium due date thereafter.

## Optionally Renewable

The policy is renewable at the option of APL. The policyholder or APL may terminate this policy on any premium due date after the first anniversary following the policy effective date, subject to 60 days notice.

## Termination of Certificate

Insurance coverage under the certificate, including any attached riders, will end on the earliest of these dates: the date the policy terminates; the end of the grace period if the premium remains unpaid; the date you no longer qualify as an insured; the date your coverage under the other medical plan ends; or the date of your death.

## Termination of Coverage

Insurance coverage under the certificate and/or any attached riders for a covered person will end as follows: the date the policy terminates; the date the certificate terminates; the end of the grace period if the premium remains unpaid; the date in which we receive a written request from you to terminate the covered person's coverage; the date a covered person no longer qualifies as an insured or eligible dependent; or the date of the covered person's death. APL may end the coverage of any covered person who submits a fraudulent claim.

## COBRA Continuation of Coverage

This plan may be continued in accordance with the Consolidated Omnibus Reconciliation Act of 1986.

## OUTPATIENT RIDERS

All riders are part of the policy/certificate to which it is attached and are subject to all the provisions of the policy/certificate that are not in conflict with the provisions of the rider. For all Outpatient Riders, the covered person must be covered by the other medical plan at the time any covered charges are incurred.

### Cancer Outpatient Treatment Rider

Pays the out-of-pocket amount for cancer treatment performed in a cancer treatment facility.

### Independent Lab Facility Rider

Pays the out-of-pocket amount for diagnostic testing in an independent lab facility.



2305 Lakeland Drive | Flowood, MS 39232  
ampublic.com | 800.256.8606

(EFFECTIVE 10/1/23 - 9/30/24)



HR | Payroll | Benefits | Insurance

	METLIFE DENTAL PAR PLAN B (EXCL LA MS MT TX)	METLIFE DENTAL PAR PLAN D (EXCL LA MS MT TX)	METLIFE DENTAL PAR PLAN BE (LA MS MT TX ONLY)	METLIFE DENTAL PAR PLAN DE (LA MS MT TX ONLY)
Benefit Plan Code	METPARB	METPARD	METPARBE	METPARDE
Network	PPO	PPO	PPO	PPO
IN-NETWORK BENEFITS				
<b>Deductible</b>				
Individual Deductible	\$50	\$100	\$50	\$100
Family Deductible	\$150	\$300	\$150	\$300
<b>Coverage Level</b>				
Preventative	100%	100%	100%	100%
Basic	80%	70%	80%	70%
Major	50%	50%	50%	50%
<b>Physician Office Visit</b>				
\$copay/%coinsurance	\$0	\$0	\$0	\$0
OUT-OF-NETWORK BENEFITS				
<b>Deductible</b>				
Individual Deductible	\$100	\$100	\$50	\$100
Family Deductible	\$300	\$300	\$150	\$300
<b>Coverage Level</b>				
Preventative	100%	80%	100%	100%
Basic	80%	50%	80%	70%
Major	50%	40%	50%	50%
<b>Primary Office Visit</b>				
\$copay/%coinsurance	\$0	\$0	\$0	\$0
MAXIMUMS/LIMITS				
Annual Benefit	\$1,500	\$1,000	\$1,500	\$1,000
Orthodontia Lifetime	\$1,500	not covered	\$1,500	not covered
Orthodontia Age Limit	Children to age 26	N/A	Children to age 26	N/A



## HOW TO LOCATE A MetLife Dental Network Provider

STEP 1: Go to [www.metlife.com](http://www.metlife.com)

STEP 2: Click on “Find a Dentist”

STEP 3: Under Plan Type click on “PDP Plus or Dental HMO / Managed Care”

STEP 4: Enter Zip code

STEP 5: Click on “Go”

For detailed information about the METLIFE plans and a list of network providers, you may contact MetLife at (866) 832-5756 or visit [www.metlife.com](http://www.metlife.com).



## Vision plan benefits for Paychex

[superiorvision.com](http://superiorvision.com)

(800) 507-3800

### Copays

Exam	\$0
Materials <sup>1</sup>	\$15
Contact lens fitting (standard & specialty)	\$15

### Services/frequency

Exam	12 months
Frame	12 months
Contact lens fitting	12 months
Lenses	12 months
Contact lenses	12 months

(based on date of service)

### Benefits through Superior National network

	In-network	Out-of-network
Exam (ophthalmologist)	Covered in full	Up to \$33 retail
Exam (optometrist)	Covered in full	Up to \$28 retail
Frames	\$150 retail allowance	Up to \$78 retail
Contact lens fitting (standard <sup>2</sup> )	Covered in full	Not covered
Contact lens fitting (specialty <sup>2</sup> )	\$50 retail allowance	Not covered
Lenses (standard) per pair		
Single vision	Covered in full	Up to \$29 retail
Bifocal	Covered in full	Up to \$43 retail
Trifocal	Covered in full	Up to \$53 retail
Progressives <sup>3</sup>	Covered in full	Up to \$43 retail
Polycarbonate for dependent children	Covered in full	Not covered
Contact lenses <sup>4</sup>	\$120 retail allowance	Up to \$100 retail

Co-pays apply to in-network benefits; co-pays for out-of-network visits are deducted from reimbursements

<sup>1</sup> Materials co-pay applies to lenses and frames only, not contact lenses

<sup>2</sup> Standard contact lens fitting applies to a current contact lens user who wears disposable, daily wear, or extended wear lenses only. Specialty contact lens fitting applies to new contact wearers and/or a member who wear toric, gas permeable, or multi-focal lenses.

<sup>3</sup> If premium progressive lenses are selected, members receive an allowance based on the provider's charges for standard progressive lenses

<sup>4</sup> Contact lenses are in lieu of eyeglass lenses and frames benefit

### Discount features

#### Discounts on covered materials<sup>5</sup>

These discounts apply to the glasses and contacts that are covered under the vision benefits.

Frames:	20% off amount over allowance
Conventional contacts	20% off amount over allowance
Disposable contact	10% off amount over allowance

#### Discounts on non-covered exam, services and materials<sup>5</sup>

Exams, frames, and prescription lenses:	30% off retail
Contacts, miscellaneous options:	20% off retail
Disposable contact lenses:	10% off retail
Retinal imaging:	\$39 maximum out-of-pocket

#### Lens type\* Member out-of-pocket<sup>5</sup>

Scratch coat	\$15
Ultraviolet coat	\$12
Tints, solid	\$15
Tints, gradient	\$18
Polycarbonate for adults	\$40
Blue light filtering	\$15
Digital single vision	\$30
<b>Progressive lenses</b>	
Premium/Ultra/Ultimate	\$110 / \$150 / \$225
<b>Anti-reflective coating</b>	
Standard/Premium/Ultra/Ultimate	\$50 / \$70 / \$85 / \$120
Polarized lenses	\$75
Plastic photochromic lenses	\$80
High Index (1.67 / 1.74)	\$80 / \$120

\* The above table highlights some of the most popular lens type and is not a complete listing. This table outlines member out-of-pocket costs<sup>5</sup> and are not available for premium/upgraded options unless otherwise noted.

#### Laser vision correction (LASIK)<sup>5</sup>

Laser vision correction (LASIK) is a procedure that can reduce or eliminate your dependency on glasses or contact lenses. This corrective service is available to you and your eligible dependents at a special discount (20-50%) with your Superior Vision plan. Contact QualSight LASIK at (877) 201-3602 for more information.

#### Hearing discounts<sup>5</sup>

A National Hearing Network of hearing care professionals, featuring Your Hearing Network, offers Superior Vision members discounts on services, hearing aids and accessories. These discounts should be verified prior to service.

*All allowances are retail; the member is responsible for paying the provider directly for all non-covered items and/or any amount over the allowances, minus available discounts. These are not covered by the plan.*

<sup>5</sup>Not all providers participate in Superior Vision Discounts, including the member out-of-pocket features. Call your provider prior to scheduling an appointment to confirm if he/she offers the discount and member out-of-pocket features. The discount and member out-of-pocket features are not insurance. Discounts and member out-of-pocket are subject to change without notice and do not apply if prohibited by the manufacturer. Lens options may not be available from all Superior Vision providers/all locations.

Disclaimer: All final determinations of benefits, administrative duties, and definitions are governed by the Certificate of Insurance for your vision plan. Please check with your Human Resources department if you have any questions.



Superior Vision Services, Inc. P.O. Box 967 Rancho Cordova, CA 95741 (800) 507-3800 superiorvision.com  
 The Superior Vision Plan is underwritten by National Guardian Life Insurance Company. National Guardian Life Insurance Company is not affiliated with The Guardian Life Insurance Company of America, AKA The Guardian or Guardian Life

NVIGRP 5-07

0621-BSv2/FL



## Vision plan benefits for Paychex

### Super2 plan

superiorvision.com

(800) 507-3800

Copays		Services/frequency	
Exam	\$0	Exam	12 months
Materials <sup>1</sup>	\$15	Frame	12 months
Contact lens fitting (standard & specialty)	\$15	Contact lens fitting	12 months
		Lenses	12 months
		Contact lenses	12 months

(based on date of service)

### Benefits through Superior National network

	In-network	Out-of-network
Exam (ophthalmologist)	Covered in full	Up to \$33 retail
Exam (optometrist)	Covered in full	Up to \$28 retail
Frames	\$175 retail allowance	Up to \$81 retail
Contact lens fitting (standard <sup>2</sup> )	Covered in full	Not covered
Contact lens fitting (specialty <sup>2</sup> )	\$50 retail allowance	Not covered
Lenses (standard) per pair		
Single vision	Covered in full	Up to \$29 retail
Bifocal	Covered in full	Up to \$43 retail
Trifocal	Covered in full	Up to \$53 retail
Progressives <sup>3</sup>	Covered in full	Up to \$43 retail
Polycarbonate for dependent children	Covered in full	Not covered
Factory scratch coat	Covered in full	Not covered
UV coating	Covered in full	Not covered
Contact lenses <sup>4</sup>	\$150 retail allowance	Up to \$100 retail

Co-pays apply to in-network benefits; co-pays for out-of-network visits are deducted from reimbursements

<sup>1</sup> Materials co-pay applies to lenses and frames only, not contact lenses

<sup>2</sup> Standard contact lens fitting applies to a current contact lens user who wears disposable, daily wear, or extended wear lenses only. Specialty contact lens fitting applies to new contact wearers and/or a member who wear toric, gas permeable, or multi-focal lenses.

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Standard/Premium/Ultra/Ultimate	\$50 / \$70 / \$85 / \$120
Polarized lenses	\$75
Plastic photochromic lenses	\$80
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Disclaimer: All final determinations of benefits, administrative duties, and definitions are governed by the Certificate of Insurance for your vision plan. Please check with your Human Resources department if you have any questions.





## Continue to be there for your loved ones with Life Insurance.

Life Insurance helps provide a more financially secure future.

- Life moments
- Tuition
- Mortgage or rent

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

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

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

With group life insurance, you can receive:

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

### In general, industry experts recommend having enough life insurance to replace 10-15 years of income.<sup>1</sup>

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

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

#### Enroll today.

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

#### Why should I enroll now?

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

## Life and AD&D Insurance

Life insurance is a cost-effective way to help protect your family and your finances. It helps ensure your short- and long-term financial obligations could be met if something unforeseen happens to you.

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

### Your plan also gives you access to MetLife Advantages<sup>SM</sup> — services at no additional cost to you, including:

- **Will Preparation**<sup>2</sup> offers you and your spouse/domestic partner face-to-face meetings or phone calls with a MetLife Legal plan attorney to prepare or update a will, living will or power of attorney.
- **Estate Resolution Services**<sup>2</sup> provides you and the beneficiaries of your estate with face-to-face meetings or phone consultations with a participating MetLife Legal plan attorney to help settle your or your spouse's/domestic partners' estate.
- **Portability**<sup>3</sup> gives you the flexibility to take your MetLife coverage with you if you change jobs.
- **Grief Counseling**<sup>4</sup> provides you and your family up to five private counseling sessions with a licensed grief counselor to help cope with a loss or major event. Only available for groups NOT situated in NY.

### Get extra protection by adding accidental death and dismemberment (AD&D) insurance<sup>5</sup>.

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

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

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

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

**(Please see your Plan Summary for details.)**

1. "How Much Life Insurance Do I Need?" Life Happens. <https://lifehappens.org/life-insurance-101/how-much-life-insurance-do-i-need/>. Accessed 02/19/2021

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

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

4. Grief Counseling and Funeral Assistance services are provided through an agreement with LifeWorks, US Inc. LifeWorks is not an affiliate of MetLife, and the services LifeWorks provides are separate and apart from the insurance provided by MetLife. LifeWorks has a nationwide network of over 30,000 counselors. Counselors have master's or doctoral degrees and are licensed professionals. The Grief Counseling program does not provide support for issues such as: domestic issues, parenting issues, or marital/relationship issues (other than a finalized divorce). For such issues, members should inquire with their human resources department about available company resources. This program is available to insureds, their dependents, and beneficiaries who have received a serious medical diagnosis or suffered a loss. Events that may result in a loss are not covered under this program unless and until such loss has occurred. Services are not available in all jurisdictions and are subject to regulatory approval. Not available on all policy forms.

5. AD&D insurance does not include payment for certain losses as described in more detail in your certificate. Specific information pertaining to your insurance can be obtained by contacting MetLife.

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





# Professional support and guidance for everyday life

Life doesn't always go as planned. And while you can't always avoid the twists and turns, you can get help to keep moving forward.

We can help you and your family, those living at home, get professional support and guidance to make life a little easier. Our Employee Assistance Program (EAP) is available to you in addition to the benefits provided with your MetLife insurance coverage. This program provides you with easy-to-use services to help with the everyday challenges of life — at no additional cost to you.



## Help is always at your fingertips.

Our mobile app makes it easy for you to access and personalize educational content important to you.

Search “LifeWorks” on iTunes App Store or Google Play. Log in with the user name: **metlifeeap** and password: **eap**

## Expert advice for work, life, and your well-being

The program's experienced counselors provided through LifeWorks — one of the nation's premier providers of Employee Assistance Program services — can talk to you about anything going on in your life, including:

- **Family:** Going through a divorce, caring for an elderly family member, returning to work after having a baby
- **Work:** Job relocation, building relationships with co-workers and managers, navigating through reorganization
- **Money:** Budgeting, financial guidance, retirement planning, buying or selling a home, tax issues
- **Legal Services:** Issues relating to civil, personal and family law, financial matters, real estate and estate planning
- **Identity Theft Recovery:** ID theft prevention tips and help from a financial counselor if you are victimized
- **Health:** Coping with anxiety or depression, getting the proper amount of sleep, how to kick a bad habit like smoking
- **Everyday Life:** Moving and adjusting to a new community, grieving over the loss of a loved one, military family matters, training a new pet

## Convenient and confidential help when you want it, how you want it

Your program includes up to 5 phone or video consultations with licensed counselors for you and your eligible household members, per issue, per calendar year. You can call **1-888-319-7819** to speak with a counselor or schedule an appointment, 24/7/365.

When you call, just select “Employee Assistance Program” when prompted. You'll immediately be connected to a counselor.

If you're simply looking for information, the program offers easy to use educational tools and resources, online and through a mobile app. There is a chat feature so you can talk with a consultant to guide you to the information you are looking for or help you schedule an appointment with a counselor.

Log on to [metlifeeap.lifeworks.com](https://metlifeeap.lifeworks.com), user name: **metlifeeap** and password: **eap**

## Answers to important questions

### Are Employee Assistance Program services confidential?

Yes. Any personal information provided to LifeWorks stays completely confidential.\*

### How do I get help?

Getting professional help is just a phone call away. Simply call 1-888-319-7819 to speak with a counselor or to schedule a phone or video conference appointment. These services are available 24 hours a day, 7 days a week.

### When is the right time to call?

That's up to you. Counselors are here whenever you need them —whether you simply need to talk or want guidance on something you are going through.

### Is my Employee Assistance Program included with my MetLife coverage?

Yes. There is no cost to you because your employer pays for the services provided within our program. While we offer a broad range of services, there may be some assistance that's not included. You can still work with counselors for these services by arranging to pay for them directly.

### Does the program have any limitations?

While we offer a broad range of services, we may not cover all services you may need. Your Employee Assistance Program does not provide:

- Inpatient or outpatient treatment for any medically treated illness
- Prescription drugs
- Treatment or services for intellectual disability or autism
- Counseling services beyond the number of sessions covered or requiring longer term intervention
- Services by counselors who are not LifeWorks providers
- Counseling required by law or a court, or paid for by Workers' Compensation

### Does the program offer Cognitive Behavioral Therapy (CBT)?

Many LifeWorks EAP providers are trained in this type of counseling and the foundation of LifeWorks' CareNow digital programs, available through the programs website and mobile app, are built upon Cognitive Behavioral Therapy (CBT) techniques. CareNow provides instant access to a range of self-service programs developed by world leading experts, focused on behavior change in the areas of anxiety, stress, depression, and more.

When you need some support,  
we're here to help.



Phone

1-888-319-7819



Web

[metlifeeap.lifeworks.com](https://metlifeeap.lifeworks.com)

user name: **metlifeeap**  
and password: **eap**



Mobile App

user name: **metlifeeap**  
and password: **eap**

\*MetLife and LifeWorks abide by federal and state regulations regarding duty to warn of harm to self or others. In these instances, the consultant may have a duty to intervene and report a situation to the appropriate authority.

Some restrictions may apply to all of these services. Hotline services provided by LifeWorks US Inc. (LifeWorks by Morneau Shepell). LifeWorks is not a subsidiary or affiliate of MetLife. Information disclosed directly to LifeWorks is not disclosed to MetLife, and therefore is not subject to MetLife's privacy policy.



Metropolitan Life Insurance Company | 200 Park Avenue | New York, NY 10166

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# Online access to your MetLife Disability claim



**The MetLife US App is also available to track the status of your disability claim. Download it on the iTunes App Store and Google Play.**

The MyBenefits website, [metlife.com/mybenefits](https://metlife.com/mybenefits), is a quick and easy way for you to get the information you need about an existing disability claim — all in one place.

## Simple registration process

Start enjoying the convenience of using MyBenefits by registering today.

Log on to [metlife.com/mybenefits](https://metlife.com/mybenefits), enter Oasis Outsourcing and click 'Next.'

On the Home Page, click on 'Register Now' and perform the one-time registration process.

1. Enter your first and last name, identifying data and email address.
2. Create a unique user name and password for future access to MyBenefits.
3. For security purposes, choose and answer three identity verification questions that you'd be asked to answer in the event you forget your password.
4. Read and agree to the website's Terms of Use.
5. A confirmation of your registration will be sent to the email address you provided.

## Easily navigate through your claim

Once you have filed a claim through your company's claim submission process and registered on MyBenefits, you can begin to use the site to check claim status as well as:

**Update your claim and leave information:** Add and edit key points related to your claim, such as your contact information, any changes in your condition and your expected return to work date.

**Send messages and attachments to MetLife:** Communicate with your MetLife Case Manager by sending messages or questions and uploading required documents to help expedite your claim.


**Receive alerts about your claim status:** You can sign up to be notified via email for a change in your claim status, like approval of your claim.


**Sign up for direct deposit:** Once your claim is approved, link your bank account for direct deposits of your benefit payments.


[metlife.com/mybenefits](https://metlife.com/mybenefits)




## Oasis, a Paychex Company Employee Assistance Program (EAP)

 **Legal** assistance for issues such as divorce, family law, wills, adoption, and more. Identity Theft Recovery and mediation services are also available. Get a free 30-minute consultation and 25% discount off the mediator or attorney fees for services rendered beyond the EAP.

 **Financial** consultation regarding debt matters, investment options, money management, taxes, and retirement planning. Financial personnel services are discounted at 25% as are CPA tax preparation fees.

 **Work-Life** specialists provide consultation, information, resources, and verified referrals for most all personal and family needs such as:

- Childcare and Eldercare
- Adoption
- Academic
- Health and Wellness
- Pet Care
- Relocation
- Concierge

 **Counseling Support** for stress, marital and family problems, job related concerns, life transitions, work-life challenges, emotional issues, and other concerns.

- TalkNow® provides immediate access to counselors for in-the-moment support, and guidance.
- Up to 6 EAP sessions for assessment, short-term counseling, and referral.
- Telephonic, video, and in-person options available.

Oasis, a Paychex Company has partnered with Espyr® to provide employees and eligible family members with a comprehensive EAP to help with a variety of personal and work life matters. The EAP is a free and confidential resource available 24/7.

**Call:** (800) 869-0276

**Online:** [care.espyr.com](https://care.espyr.com)

**App:** Download Espyr Connect from Apple Store or Google Play.



**Password/Company ID:** OasisEAP

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# LEAD MANAGEMENT COACHING PROGRAM

678-324-4173 • 800-869-0276 • Fax 770-953-3174

info@espyr.com • www.espyr.com

Leadership Excellence and Development (LEAD) Management Coaching, provided by Espyr, is designed to proactively help managers and future leaders reach their professional potential and achieve success in today's multi-faceted workplace. Our professional management coaches, who are Masters and Doctorate-level experts in the human behavior field, work with managers to identify personal and professional goals. Unlike management consultation, coaching builds on existing strengths and skills rather than addressing specific difficulties in the workplace. Management Coaching is not counseling or a corrective action. LEAD helps managers in many ways, including coping with stress, balancing work, and family, improving communications, navigating change, increasing understanding of their employees, and improving workplace culture. The end result of coaching is a more engaged manager with greater well-being and enhanced leadership skills.

The LEAD Management Coaching program is grounded in the principals of Positive Psychology, which is backed by over 200 studies showing that "happiness" correlates with success in most every aspect of someone's personal and professional life. Further, this research shows that when employees are happy, they are more productive, have higher performance ratings, achieve better results in leadership positions and have higher pay. This translates to higher levels of engagement, fewer sick days, increased retention, and decreased burnout. In turn, these "happy" leaders are better equipped to engage their own teams and foster high-performing work environments.

Happiness precedes success. "If I'm successful, *then* I will be happy," is a common way of thinking amongst employees. However, numerous studies have contradicted this idea, showing that happiness *is actually the cause* of success and achievement, not the other way around.\* As a leader, having a positive mindset allows for increased creativity, flexibility, strategic thinking, increased resilience, enhanced conflict management, more initiative in developing others, stronger teams, increased customer service, faster decision making processes, higher initiative, and faster and more accurate problem solving skills.

The LEAD coaching process begins with a clinically validated character strengths assessment. The coach then draws upon the participant's strengths to identify areas of opportunity for growth, develop and refine skills and increase "happiness."

*Established in 1989, Espyr® is the leading behavioral health company developing innovative solutions for maximizing human and organizational potential. Our solutions cover a continuum of care from chronic and acute health conditions to helping people excel, from restoring well-being to accelerating human performance.*

For more information, contact us at (800) 869-0276

The logo for Espyr, featuring the word "espyr" in a lowercase, sans-serif font. The letter "y" has a distinctive orange swoosh above it. A registered trademark symbol (®) is located to the upper right of the "r".  
imagine. achieve. conquer.



Specific topics that maybe addressed include:

- ✓ Maximizing Emotional Intelligence
- ✓ Managing Employees with Different or Challenging Personalities
- ✓ Building Resilience
- ✓ Improving Your Team's Performance
- ✓ Building Leadership Skills
- ✓ Thriving at Work and Home
- ✓ Enhancing Communication Skills
- ✓ Managing Conflicts
- ✓ Transitioning from Co-Worker to Manager
- ✓ Achieving Through Organizational Change
- ✓ Improving Decision-Making
- ✓ Increasing Initiative
- ✓ Unlocking Creativity
- ✓ Attaining a Flexible Mindset
- ✓ Developing Your Team

Each LEAD participant chooses the topics to address. The coach facilitates setting specific goals, identified by the participant, to be met over the course of the program. Each topic is designed to be accomplished in 6 sessions and over three months. The coach works with the participant to build on current skills and talents to maximize during the allotted number of sessions. To track progress, the participant completes a self-assessment rating at the beginning, midpoint, and conclusion of the program. Homework such as readings and self-guided exercises are provided throughout the coaching process to accelerate growth and skill development. If appropriate, and with the participant's agreement, the coach may receive feedback from the participant's coworkers and/or supervisors. Each participant is presented with a certificate of completion upon conclusion of the LEAD program.

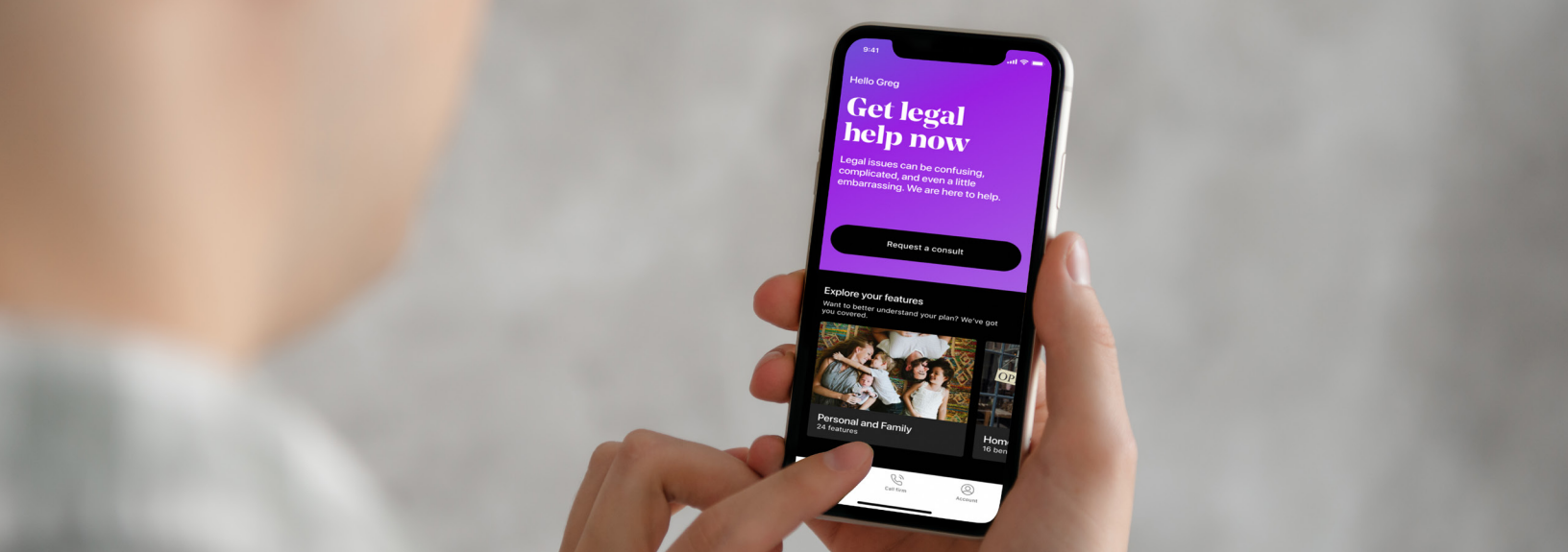
LEAD Management Coaching is provided in 3-month, 6 month or 12-month blocks depending on the participant's specific needs and topics to be addressed. In addition, after the initial three months of sessions, single sessions may be purchased on a fee-for-services basis.

The cost of LEAD Coaching is \$1500/person for 3 months (6 sessions) of coaching.

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For more information, contact us at (800) 869-0276

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# LegalShield™

## Legal Protection

LegalShield provides the legal protection you and your family need and deserve.

“  
Great customer service.  
I'm very pleased  
with LegalShield.  
I recommend them  
to anyone and everyone  
any chance I get.  
M.C. - LegalShield Member

”



### Direct Access to a Dedicated Provider Law Firm

You will receive unlimited legal consultation and advice on personal legal matters. 100% of matters are covered in-network and your provider firm is even available for emergency situations.



### Fast Response

An attorney will respond to your legal matter within four business hours or less.



### Document Review and Preparation

An attorney can help you review and prepare common legal documents for Wills, Trusts, and more.



### Court Representation

You will receive representation for legal matters such as traffic tickets and even house closings.



### Letters and Phone Calls

Letters and phone calls can be made on your behalf to resolve legal matters such as warranty disputes or a dispute with a creditor.



### Speeding Ticket Assistance

Your provider law firm will review your speeding ticket and even attend court on your behalf if required. You can easily upload your ticket using the LegalShield mobile app.



### Mobile App

The LegalShield mobile app allows you to call your provider law firm directly and makes it easy to upload and prepare documents for fast legal review.

AFFORDABLE LEGAL PROTECTION

\$16.95  
PER MONTH

FOR MORE INFORMATION, VISIT

[benefits.legalshield.com/oasis](https://benefits.legalshield.com/oasis)

# LegalShield provides coverage for common personal legal needs at every stage of life. The LegalShield plan provides coverage for:



## FAMILY

- Adoption
- Paternity
- Conservatorship
- Domestic Violence Protection
- Guardianship
- Name Change
- Juvenile Court Proceedings
- Elder Care Assistance
- Immigration Assistance
- Administrative Hearing
- Incompetency Defense
- Juvenile Defense
- Prenuptial Agreements
- Reproductive Assistance
- Divorce



## HOME

- Contractor Disputes
- Deeds
- Eviction and Tenant Issues
- Foreclosure
- Neighbor Disputes/Easements
- Refinancing
- Purchase/Sale of House
- Real Estate Contracts/Financial Disputes
- Boundary Title Disputes
- Home Equity Loans
- Property Tax Assessments



## FINANCIAL

- Affidavits
- Bankruptcy
- Consumer Protection
- Contracts/Financial Disputes
- Debt Collection
- IRS Audit Protection
- Rental Agreements
- Medicaid/Medicare Disputes
- Habeas Corpus
- Civil Litigation
- Identity Theft
- Promissory Notes
- Small Claims Assistance
- Personal Property Disputes
- Tax Audit Protection
- Veterans Benefit Disputes



## ESTATE PLANNING

- Living Wills/Wills
- Probate
- Living Trusts/Trusts
- Power of Attorney
- Codicils
- Physician's Directive



## AUTO

- Driver's License Restoration
- Motor Vehicle Property Damage
- Moving Traffic Violations/Traffic Tickets
- Property Damage Claims



## GENERAL

- Office Consultation
- Telephone Advice
- Document Review
- Mobile App
- 24/7 Emergency Legal Access
- Demand Letters/Phone Calls
- 25% Preferred Member Discount
- Legal Forms

The following items are not included with the LegalShield legal plan service, including advice and consultation: business or commercial matters; fines, court costs, filing fees, ad litem fees, penalties, expert witness fees, bonds, bail bonds and any out-of-pocket expense; matters or disputes between the participant and/or the employer, and/or provider attorney and/or LegalShield; any matter covered by any insurance policy; Native American legal issues; requested service that lacks merit, is frivolous or would violate any ethical rule or law; items related to patent, trademark, or copyright matters. Services outside the United States. For all other personal legal matters, advice and consultation is provided.

# Flexible Spending Account

A healthcare FSA lets you use tax-free money to pay for eligible medical expenses.<sup>1</sup> FSAs help members realize significant savings on healthcare costs. Don't think of it as money deducted from your paycheck – think of it as money added to your wallet.

- Access annual contribution amount on day one
- Fast, hassle-free payments and reimbursement
- Pay for your spouse and dependents too



## Annual tax saving potential<sup>2</sup>

**\$610**

---

IRS Contribution Limit<sup>3</sup>

---

**\$3,050**

---

## Common eligible medical expenses:

- Pain relievers
- Doctor visits
- Dental cleaning
- Sleep aids
- Eyeglasses/contacts
- Cold/cough medicine
- Chiropractic care
- Insulin testing supplies



**See how much you can save**

[HealthEquity.com/Learn/FSA](https://HealthEquity.com/Learn/FSA)

<sup>1</sup>FSAs are never taxed at a federal income tax level when used appropriately for qualified medical expenses. Also, most states recognize FSA funds as tax deductible with very few exceptions. Please consult a tax advisor regarding your state's specific rules. | <sup>2</sup>The example is for illustrative purposes only. Estimated savings are based on a maximum annual contribution and an assumed combined federal and state income tax bracket of 20%. Actual savings will depend on your contribution amount and taxable income and tax status. | <sup>3</sup>Contribution limit is accurate as of 10/20/2022. Each fall the IRS updates the FSA contribution limits. For the latest information, please visit: [HealthEquity.com/Learn](https://HealthEquity.com/Learn) | HealthEquity does not provide legal, tax or financial advice. Always consult a professional when making life-changing decisions.

# Dependent Care Flexible Spending Account

A DCFSA lets you use tax-free money to pay for eligible dependent care expenses.<sup>1</sup> A qualifying 'dependent' may be a child under age 13, a disabled spouse, or an older parent in eldercare.

- ✓ Pre-tax payroll contributions
- ✓ Fast, hassle-free payments and reimbursement
- ✓ Enjoy a full year to spend your account funds

## Annual tax saving potential<sup>2</sup>

# \$1,000

IRS Contribution Limit<sup>3</sup>

**\$5,000**



**See how much you can save**

[HealthEquity.com/  
Learn/DCFSA](https://HealthEquity.com/Learn/DCFSA)

## Common eligible dependent care expenses:

- Daycare
- Nursery school
- Babysitter
- Preschool
- Summer day camp
- Before/after school programs
- Elder daycare

<sup>1</sup>DCFSA's are never taxed at a federal income tax level when used appropriately for eligible dependent care expenses. Also, most states recognize DCFSA funds as tax deductible with very few exceptions. Please consult a tax advisor regarding your state's specific rules. | <sup>2</sup>The example is for illustrative purposes only. Estimated savings are based on a maximum annual contribution and an assumed combined federal and state income tax bracket of 20%. Actual savings will depend on your contribution amount and taxable income and tax status. | <sup>3</sup>Contribution limit is accurate as of 08/01/2022. Each fall the IRS updates the DCFSA contribution limits. For the latest information, please visit: [HealthEquity.com/Learn](https://HealthEquity.com/Learn) | HealthEquity does not provide legal, tax or financial advice. Always consult a professional when making life-changing decisions.





# Health Savings Account

An HSA lets you put money away for future healthcare costs while saving on taxes. How? HSAs are never taxed at a federal income tax level when used for qualified medical expenses. Contributions can come straight out of your pay-check, and your HSA can grow tax-free too.

- No 'use-it-or-lose-it,' keep your HSA forever
- Create a healthcare emergency safety net
- Invest<sup>1</sup> your HSA tax-free, like a 401(k)



## Annual tax saving potential<sup>2</sup>

<b>\$1,550</b>		<b>\$770</b>
Family plan		Individual plan

2023 IRS Contribution Limits

<b>\$7,750</b>	<b>\$3,850</b>
Family plan	Individual plan

Members 55+ can contribute an extra \$1,000

## Common qualified medical expenses:

- Pain relievers
- Doctor visits
- Dental cleaning
- Sleep aids
- Eyeglasses/contacts
- Cold/cough medicine
- Chiropractic care
- Insulin testing supplies



**See how much you can save**

[HealthEquity.com/Learn/HSA](https://HealthEquity.com/Learn/HSA)

<sup>1</sup>Investments made available to HSA members are subject to risk, including the possible loss of the principal invested, and are not FDIC or NCUA insured, or guaranteed by HealthEquity, Inc. | <sup>2</sup>Estimated savings are based on an assumed combined federal and state income tax rate of 20%. Actual savings will depend on your taxable income and tax status. | HealthEquity does not provide legal, tax or financial advice. Always consult a professional when making life-changing decisions.



# Paychex Supplemental Insurance Plans

Bi-Weekly (24) Payroll Deductions

Featuring products offered through

**CHUBB**

# Paychex Supplemental Insurance Plans

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(only required if coverage exceeds the guarantee issue limits for Level Term Life Insurance.)	

# Level Term Life Insurance

## Benefits that protect you and your family



### Life insurance calculation:

#### Example

- \$80,000 in 20 year term coverage for a 45 year old would cost \$22.40 bi-weekly:  $80,000/10,000 \times \$2.80$ .

### Employee or spouse life benefit calculation:

#### Step 1

How much coverage would you like? (increments of \$10,000) \$ \_\_\_\_\_

#### Step 2

Insert the rate per \$10,000 in coverage for your age and desired term \$ \_\_\_\_\_

#### Step 3

Multiply Step 1 by Step 2 \$ \_\_\_\_\_

#### Step 4

Divide by 10,000 \$ \_\_\_\_\_

The answer to step 4 will be your bi-weekly premium for your desired amount of life insurance coverage.

Life insurance is a great way to protect your most important assets and help provide the peace of mind your family deserves. This plan pays cash directly to you or your beneficiary to use however you choose. It is also portable, so you can keep the coverage if you change employers.

Level term life insurance also includes a Terminal Illness Benefit which provides as much as 50% of the death benefit while you are living with a terminal illness. This benefit is automatically included in the employee's policy.

### Benefit Options

Employee, spouse and child coverage is available.

#### Employee Coverage:

- You can select either a 10 year or a 20 year coverage term
- Choose life insurance benefit amounts from \$10,000 - \$300,000, in \$10,000 increments
- You can elect up to \$100,000 in coverage on a guarantee issue basis. Benefit amounts above \$100,000 require the completion of the health questions on the Evidence of Insurability (EOI) form (pg 24).
- Portability allows you to keep this coverage if you change employers or if Paychex benefits are no longer available to you.

#### Child(ren) Coverage

- You can elect to cover your child(ren) if you have employee coverage
- Choose life insurance benefit amounts of \$5,000 to \$25,000, in \$5,000 increments. Coverage on your child(ren) cannot exceed your coverage amount.
- You can elect up to \$10,000 in child(ren) coverage on a guarantee issue basis. Benefit amounts above \$10,000 require the completion of the health questions on the EOI form.
- One rate covers all eligible children

### Eligibility

- Employees age 18-60 can choose 20 year term coverage
- Employees age 18-70 can choose 10 year term coverage
- Spouses age 18-60 can have either 10 year or 20 year term coverage
- New coverage can be elected for children age 11 days to 24 years. Child coverage terminates at age 26.

#### Spouse Coverage:

- You can elect to cover your spouse if you have employee coverage
- Your spouse can be covered for either a 10 year or a 20 year coverage term (must equal the employee term period)
- Choose life insurance benefit amounts from \$10,000 - \$50,000, in \$10,000 increments. Spouse coverage cannot exceed your (the employee) coverage amount.
- You can elect up to \$10,000 in spouse coverage on a guarantee issue basis. Benefit amounts above \$10,000 require the completion of the spouse health questions on the EOI form (pg 20).
- Spouse rates are based on the age of your spouse.

### Life Insurance Exclusions and Limitations

- If you die by suicide, while sane or insane, within two years of your coverage effective date, then no death benefit will be paid. We will return any premiums that were paid during those first two years.

#### Terminal Illness Benefit Limitation

- Only one benefit amount shall be paid per lifetime up to 50% of the death benefit amount. This benefit is available through employee age 55 in most states.

*This document is a brief description of Certificate Form No. 34570-FL. Refer to your certificate of insurance for specific details about benefits, exclusions and limitations. Underwritten by Combined Insurance Company of America, a Chubb company.*



## 20 Year Level Term Life Insurance Rates

Life insurance premium varies based on your age and the coverage amount elected.

Spouse rates are based on the age of your spouse. Spouse coverage cannot exceed the employee coverage amount.

Employee and spouse rates - 24 pay cycles									
Age	\$10,000	\$30,000	\$50,000	\$70,000	\$100,000*	\$150,000	\$200,000	\$250,000	\$300,000
18	\$0.80	\$2.40	\$4.00	\$5.60	\$8.00	\$12.00	\$16.00	\$20.00	\$24.00
19	\$0.84	\$2.52	\$4.20	\$5.88	\$8.40	\$12.60	\$16.80	\$21.00	\$25.20
20	\$0.84	\$2.52	\$4.20	\$5.88	\$8.40	\$12.60	\$16.80	\$21.00	\$25.20
21	\$0.90	\$2.70	\$4.50	\$6.30	\$9.00	\$13.50	\$18.00	\$22.50	\$27.00
22	\$0.90	\$2.70	\$4.50	\$6.30	\$9.00	\$13.50	\$18.00	\$22.50	\$27.00
23	\$1.00	\$3.00	\$5.00	\$7.00	\$10.00	\$15.00	\$20.00	\$25.00	\$30.00
24	\$1.06	\$3.18	\$5.30	\$7.42	\$10.60	\$15.90	\$21.20	\$26.50	\$31.80
25	\$1.12	\$3.36	\$5.60	\$7.84	\$11.20	\$16.80	\$22.40	\$28.00	\$33.60
26	\$1.12	\$3.36	\$5.60	\$7.84	\$11.20	\$16.80	\$22.40	\$28.00	\$33.60
27	\$1.16	\$3.48	\$5.80	\$8.12	\$11.60	\$17.40	\$23.20	\$29.00	\$34.80
28	\$1.22	\$3.66	\$6.10	\$8.54	\$12.20	\$18.30	\$24.40	\$30.50	\$36.60
29	\$1.26	\$3.78	\$6.30	\$8.82	\$12.60	\$18.90	\$25.20	\$31.50	\$37.80
30	\$1.26	\$3.78	\$6.30	\$8.82	\$12.60	\$18.90	\$25.20	\$31.50	\$37.80
31	\$1.26	\$3.78	\$6.30	\$8.82	\$12.60	\$18.90	\$25.20	\$31.50	\$37.80
32	\$1.32	\$3.96	\$6.60	\$9.24	\$13.20	\$19.80	\$26.40	\$33.00	\$39.60
33	\$1.32	\$3.96	\$6.60	\$9.24	\$13.20	\$19.80	\$26.40	\$33.00	\$39.60
34	\$1.36	\$4.08	\$6.80	\$9.52	\$13.60	\$20.40	\$27.20	\$34.00	\$40.80
35	\$1.42	\$4.26	\$7.10	\$9.94	\$14.20	\$21.30	\$28.40	\$35.50	\$42.60
36	\$1.54	\$4.62	\$7.70	\$10.78	\$15.40	\$23.10	\$30.80	\$38.50	\$46.20
37	\$1.68	\$5.04	\$8.40	\$11.76	\$16.80	\$25.20	\$33.60	\$42.00	\$50.40
38	\$1.84	\$5.52	\$9.20	\$12.88	\$18.40	\$27.60	\$36.80	\$46.00	\$55.20
39	\$2.00	\$6.00	\$10.00	\$14.00	\$20.00	\$30.00	\$40.00	\$50.00	\$60.00
40	\$2.10	\$6.30	\$10.50	\$14.70	\$21.00	\$31.50	\$42.00	\$52.50	\$63.00
41	\$2.20	\$6.60	\$11.00	\$15.40	\$22.00	\$33.00	\$44.00	\$55.00	\$66.00
42	\$2.38	\$7.14	\$11.90	\$16.66	\$23.80	\$35.70	\$47.60	\$59.50	\$71.40
43	\$2.52	\$7.56	\$12.60	\$17.64	\$25.20	\$37.80	\$50.40	\$63.00	\$75.60
44	\$2.68	\$8.04	\$13.40	\$18.76	\$26.80	\$40.20	\$53.60	\$67.00	\$80.40
45	\$2.80	\$8.40	\$14.00	\$19.60	\$28.00	\$42.00	\$56.00	\$70.00	\$84.00
46	\$3.10	\$9.30	\$15.50	\$21.70	\$31.00	\$46.50	\$62.00	\$77.50	\$93.00
47	\$3.52	\$10.56	\$17.60	\$24.64	\$35.20	\$52.80	\$70.40	\$88.00	\$105.60
48	\$3.84	\$11.52	\$19.20	\$26.88	\$38.40	\$57.60	\$76.80	\$96.00	\$115.20
49	\$4.20	\$12.60	\$21.00	\$29.40	\$42.00	\$63.00	\$84.00	\$105.00	\$126.00
50	\$4.62	\$13.86	\$23.10	\$32.34	\$46.20	\$69.30	\$92.40	\$115.50	\$138.60
51	\$5.00	\$15.00	\$25.00	\$35.00	\$50.00	\$75.00	\$100.00	\$125.00	\$150.00
52	\$5.42	\$16.26	\$27.10	\$37.94	\$54.20	\$81.30	\$108.40	\$135.50	\$162.60
53	\$5.74	\$17.22	\$28.70	\$40.18	\$57.40	\$86.10	\$114.80	\$143.50	\$172.20
54	\$6.16	\$18.48	\$30.80	\$43.12	\$61.60	\$92.40	\$123.20	\$154.00	\$184.80
55	\$6.46	\$19.38	\$32.30	\$45.22	\$64.60	\$96.90	\$129.20	\$161.50	\$193.80
56	\$7.36	\$22.08	\$36.80	\$51.52	\$73.60	\$110.40	\$147.20	\$184.00	\$220.80
57	\$8.36	\$25.08	\$41.80	\$58.52	\$83.60	\$125.40	\$167.20	\$209.00	\$250.80
58	\$9.24	\$27.72	\$46.20	\$64.68	\$92.40	\$138.60	\$184.80	\$231.00	\$277.20
59	\$10.18	\$30.54	\$50.90	\$71.26	\$101.80	\$152.70	\$203.60	\$254.50	\$305.40
60	\$10.98	\$32.94	\$54.90	\$76.86	\$109.80	\$164.70	\$219.60	\$274.50	\$329.40

\* Employee life insurance benefit amounts in excess of \$100,000 along with spouse and child amounts in excess of \$10,000 require the completion of the Group Term Life Evidence of Insurability form.

Child(ren) rates - 24 pay cycles					
Coverage Amount	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000
Bi-weekly Rate	\$0.63	\$1.25	\$1.88	\$2.50	\$3.13

Child coverage cannot exceed the employee coverage amount.



## 10 Year Level Term Life Insurance Rates

Life insurance premium varies based on your age and the coverage amount elected. *Spouse rates are based on the age of your spouse.*

Employee and spouse rates - 24 pay cycles									
Age	\$10,000	\$30,000	\$50,000	\$70,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000
18	\$0.64	\$1.92	\$3.20	\$4.48	\$6.40	\$9.60	\$12.80	\$16.00	\$19.20
19	\$0.64	\$1.92	\$3.20	\$4.48	\$6.40	\$9.60	\$12.80	\$16.00	\$19.20
20	\$0.64	\$1.92	\$3.20	\$4.48	\$6.40	\$9.60	\$12.80	\$16.00	\$19.20
21	\$0.70	\$2.10	\$3.50	\$4.90	\$7.00	\$10.50	\$14.00	\$17.50	\$21.00
22	\$0.74	\$2.22	\$3.70	\$5.18	\$7.40	\$11.10	\$14.80	\$18.50	\$22.20
23	\$0.74	\$2.22	\$3.70	\$5.18	\$7.40	\$11.10	\$14.80	\$18.50	\$22.20
24	\$0.74	\$2.22	\$3.70	\$5.18	\$7.40	\$11.10	\$14.80	\$18.50	\$22.20
25	\$0.80	\$2.40	\$4.00	\$5.60	\$8.00	\$12.00	\$16.00	\$20.00	\$24.00
26	\$0.80	\$2.40	\$4.00	\$5.60	\$8.00	\$12.00	\$16.00	\$20.00	\$24.00
27	\$0.80	\$2.40	\$4.00	\$5.60	\$8.00	\$12.00	\$16.00	\$20.00	\$24.00
28	\$0.84	\$2.52	\$4.20	\$5.88	\$8.40	\$12.60	\$16.80	\$21.00	\$25.20
29	\$0.90	\$2.70	\$4.50	\$6.30	\$9.00	\$13.50	\$18.00	\$22.50	\$27.00
30	\$0.94	\$2.82	\$4.70	\$6.58	\$9.40	\$14.10	\$18.80	\$23.50	\$28.20
31	\$0.94	\$2.82	\$4.70	\$6.58	\$9.40	\$14.10	\$18.80	\$23.50	\$28.20
32	\$1.06	\$3.18	\$5.30	\$7.42	\$10.60	\$15.90	\$21.20	\$26.50	\$31.80
33	\$1.06	\$3.18	\$5.30	\$7.42	\$10.60	\$15.90	\$21.20	\$26.50	\$31.80
34	\$1.12	\$3.36	\$5.60	\$7.84	\$11.20	\$16.80	\$22.40	\$28.00	\$33.60
35	\$1.16	\$3.48	\$5.80	\$8.12	\$11.60	\$17.40	\$23.20	\$29.00	\$34.80
36	\$1.26	\$3.78	\$6.30	\$8.82	\$12.60	\$18.90	\$25.20	\$31.50	\$37.80
37	\$1.36	\$4.08	\$6.80	\$9.52	\$13.60	\$20.40	\$27.20	\$34.00	\$40.80
38	\$1.48	\$4.44	\$7.40	\$10.36	\$14.80	\$22.20	\$29.60	\$37.00	\$44.40
39	\$1.64	\$4.92	\$8.20	\$11.48	\$16.40	\$24.60	\$32.80	\$41.00	\$49.20
40	\$1.78	\$5.34	\$8.90	\$12.46	\$17.80	\$26.70	\$35.60	\$44.50	\$53.40
41	\$1.88	\$5.64	\$9.40	\$13.16	\$18.80	\$28.20	\$37.60	\$47.00	\$56.40
42	\$2.06	\$6.18	\$10.30	\$14.42	\$20.60	\$30.90	\$41.20	\$51.50	\$61.80
43	\$2.16	\$6.48	\$10.80	\$15.12	\$21.60	\$32.40	\$43.20	\$54.00	\$64.80
44	\$2.26	\$6.78	\$11.30	\$15.82	\$22.60	\$33.90	\$45.20	\$56.50	\$67.80
45	\$2.42	\$7.26	\$12.10	\$16.94	\$24.20	\$36.30	\$48.40	\$60.50	\$72.60
46	\$2.74	\$8.22	\$13.70	\$19.18	\$27.40	\$41.10	\$54.80	\$68.50	\$82.20
47	\$3.00	\$9.00	\$15.00	\$21.00	\$30.00	\$45.00	\$60.00	\$75.00	\$90.00
48	\$3.36	\$10.08	\$16.80	\$23.52	\$33.60	\$50.40	\$67.20	\$84.00	\$100.80
49	\$3.68	\$11.04	\$18.40	\$25.76	\$36.80	\$55.20	\$73.60	\$92.00	\$110.40
50	\$4.00	\$12.00	\$20.00	\$28.00	\$40.00	\$60.00	\$80.00	\$100.00	\$120.00
51	\$4.30	\$12.90	\$21.50	\$30.10	\$43.00	\$64.50	\$86.00	\$107.50	\$129.00
52	\$4.62	\$13.86	\$23.10	\$32.34	\$46.20	\$69.30	\$92.40	\$115.50	\$138.60
53	\$5.00	\$15.00	\$25.00	\$35.00	\$50.00	\$75.00	\$100.00	\$125.00	\$150.00
54	\$5.26	\$15.78	\$26.30	\$36.82	\$52.60	\$78.90	\$105.20	\$131.50	\$157.80
55	\$5.56	\$16.68	\$27.80	\$38.92	\$55.60	\$83.40	\$111.20	\$139.00	\$166.80
56	\$6.26	\$18.78	\$31.30	\$43.82	\$62.60	\$93.90	\$125.20	\$156.50	\$187.80
57	\$6.88	\$20.64	\$34.40	\$48.16	\$68.80	\$103.20	\$137.60	\$172.00	\$206.40
58	\$7.52	\$22.56	\$37.60	\$52.64	\$75.20	\$112.80	\$150.40	\$188.00	\$225.60
59	\$8.14	\$24.42	\$40.70	\$56.98	\$81.40	\$122.10	\$162.80	\$203.50	\$244.20
60	\$8.78	\$26.34	\$43.90	\$61.46	\$87.80	\$131.70	\$175.60	\$219.50	\$263.40
61	\$9.40	\$28.20	\$47.00	\$65.80	\$94.00	\$141.00	\$188.00	\$235.00	\$282.00
62	\$10.08	\$30.24	\$50.40	\$70.56	\$100.80	\$151.20	\$201.60	\$252.00	\$302.40
63	\$10.72	\$32.16	\$53.60	\$75.04	\$107.20	\$160.80	\$214.40	\$268.00	\$321.60
64	\$11.40	\$34.20	\$57.00	\$79.80	\$114.00	\$171.00	\$228.00	\$285.00	\$342.00
65	\$12.04	\$36.12	\$60.20	\$84.28	\$120.40	\$180.60	\$240.80	\$301.00	\$361.20
66	\$13.02	\$39.06	\$65.10	\$91.14	\$130.20	\$195.30	\$260.40	\$325.50	\$390.60
67	\$14.14	\$42.42	\$70.70	\$98.98	\$141.40	\$212.10	\$282.80	\$353.50	\$424.20
68	\$15.44	\$46.32	\$77.20	\$108.08	\$154.40	\$231.60	\$308.80	\$386.00	\$463.20
69	\$16.76	\$50.28	\$83.80	\$117.32	\$167.60	\$251.40	\$335.20	\$419.00	\$502.80
70	\$18.22	\$54.66	\$91.10	\$127.54	\$182.20	\$273.30	\$364.40	\$455.50	\$546.60

\* Employee life insurance benefit amounts in excess of \$100,000 along with spouse and child amounts in excess of \$10,000 require the completion of the Group Term Life Evidence of Insurability form.

# LifeTime Benefit Term Insurance

## With Long Term Care benefits



You work hard to provide a good life for your family. However, what if something happened to you? Would your family be able to continue covering expenses you may have today like mortgage payments, childcare, credit card payments, college tuition and other household expenses? What about burial expenses or expenses for long term care like nursing home or assisted living care? LifeTime Benefit Term can help.

### You Decide How You Want to Use LifeTime Benefit Term Benefits

When you make the promise to protect your family with LifeTime Benefit Term, there are several ways it can work.

#### As Life Insurance

LifeTime Benefit Term protects your family with money that can be used any way they choose. It is most often used to pay for mortgage or rent, education for children and grandchildren, retirement, family debt, and final expenses.

#### For Qualified Long Term Care<sup>1</sup> (LTC)

- If you become chronically ill<sup>2</sup>, LifeTime Benefit Term will pay you 4% of your death benefit each month you receive Long Term Care. You can use this money any way you choose, and your life insurance premiums will be waived.
- Your death benefit will reduce proportionately each month as you receive benefit payments for Long Term Care. After 25 months of receiving Long Term Care Benefits, your death benefit will reduce to zero.

#### Restoration of Your Death Benefit

- Ordinarily, accelerating your life coverage for Long Term Care benefits can reduce your death benefit to \$0. While in force, this rider restores your life coverage to not less than 50% of the death benefit on which your LTC benefits were based, not to exceed \$50,000. This rider assures there will be a death benefit available for your beneficiary until you reach age 121.

How LifeTime Benefit Term Can Be Used				
Three Options	Life Situation	Death Benefit	Long Term Care	Total Benefits
<b>1. Life Insurance</b>	You lead a full life and do not need Long Term Care (LTC)	\$100,000	---	\$100,000
<b>2. Long Term Care (LTC) insurance</b>	You lead a full life and need assisted living or nursing home care	---	\$100,000	
<b>3. Split your Death Benefit for LTC &amp; life insurance</b>	You lead a full life but also need some LTC funds (Example: 4% of \$100,000 for 12 months)	\$52,000	\$48,000	
Additional Coverage for Long Term Care and Death Benefits				
<b>Restore your Death Benefit</b>	If you deplete your entire Death Benefit due to LTC, we restore your Death Benefit to 50% of your original death benefit	\$50,000	---	\$50,000
Option 1, 2 or 3 + Restoration of Death Benefit = <b>TOTAL COVERAGE</b>				<b>\$150,000</b>

This product is underwritten by Combined Insurance Company of America, a Chubb company.

# LifeTime Benefit Term



## **Guaranteed Premiums<sup>1</sup>**

Life insurance premiums will never increase and are guaranteed to age 100. Thereafter no additional premium is due while the coverage can continue to age 121.

## **Guaranteed Benefits During Working Years**

Death Benefit is guaranteed 100% when it is needed most—during your working years when your family is relying on your income. While the policy is in force, the death benefit is 100% guaranteed for the longer of 25 years or age 70.

## **Guaranteed Benefits After Age 70**

Even after age 70, the full death benefit is designed to last through age 99 for non-tobacco users and age 95 for tobacco users, based on the current interest rate and mortality assumptions. Regardless of interest rates, the death benefit after age 70 is guaranteed to always be at least 50% of the initial benefit and will likely be more given the current interest rate.

## **Paid-up Benefits**

After 10 years, paid-up benefits begin to accrue. At any point thereafter, if you stop paying the premium, a reduced paid-up benefit is issued and can never lapse. That means when you retire, you can stop paying the premium and have a death benefit for the rest of your life—guaranteed.

## **Qualified Long Term Care (LTC)<sup>1</sup>**

If you need LTC, you can access your death benefit while you are living for home health care, assisted living, adult day care and nursing home care. You get 4% of your death benefit per month while you are living for up to 25 months to help pay for LTC. Insurance premiums are waived while this benefit is being paid.

## **Contingent Benefit**

Your contract contains a guarantee that in the event any future increase to the LTC rider premium might cause you to lapse your coverage within 120 days of an increase, you'll have the option to retain LTC benefits of a reduced amount without any increase in premium.

## **Terminal Illness<sup>3</sup>**

After your coverage has been in force for two years, you can receive 50% of your death benefit, up to \$100,000, if you are diagnosed as terminally ill.

## **Fully Portable and Guaranteed Renewable for Life<sup>4</sup>**

Your coverage cannot be cancelled as long as premiums are paid as due.

1. LTC premiums may be adjusted based upon the experience of the group or other group characteristics that may affect results. Premiums will not be increased solely because of an independent claim. New premiums will be based on the insured's age and premium class on the rider's coverage date.
2. Chronically ill means certified by a licensed health care practitioner as: being unable to perform, without substantial assistance from another individual, at least two activities of daily living for a period of at least 90 days due to a loss of functional capacity; or requiring substantial supervision for protection from threats to health and safety due to severe cognitive impairment. Activities of daily living include Bathing, Continence, Dressing, Eating, Toileting and Transferring.
3. Terminally Ill means that the patient has a medical prognosis that his or her life expectancy is 1 year or less if the illness runs its normal course.
4. Except for nonpayment of premiums, coverage cannot be contested after it has been in force for 2 years for the date of issue. No statement made by an insured person shall be used in contesting the validity of coverage after it has been in force for 2 years.

# LifeTime Benefit Term

## **LifeTime Benefit Term Exclusions**

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If the insured commits suicide, while sane or insane, within two years from the Date of Issue, and while this Coverage is in force, We will pay in one sum to the Beneficiary, the amount of premiums paid for this Coverage.

## **Long Term Care Exclusions**

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We will not pay Long Term Care benefits for care that is received or loss incurred as a result of: 1) Any Pre-Existing Conditions; 2) Mental or nervous conditions except Alzheimer's Disease; 3) Alcoholism and drug addiction; 4) Illness, treatment or medical conditions arising out of: War or act of war (whether declared or undeclared); Participation in a felony, riot or insurrection; Service in the armed forces or units auxiliary thereto; Suicide (sane or insane), attempted suicide, or intentionally self-inflicted injury; or Aviation (non-fare-paying passengers); 5) Treatment provided in a government facility (unless otherwise required by law), services for which benefits are available under Medicare or other Governmental program (except Medicaid), any state or federal workers' compensation, employers' liability or occupational disease law, or any motor vehicle no-fault law, services provided by a member of the covered person's immediate family, and services for which no charge is normally made in the absence of insurance. 6) Expenses for services or items available or paid under another long term care insurance or health insurance policy. 7) In the case of a long term care contract, expenses for services or items to the extent that the expenses are reimbursable under Title XVIII of the Social Security Act or would be so reimbursable but for the application of a deductible or coinsurance amount; or 8) Care or services received outside the United States or its territories.

## **Pre-Existing Condition Limitation**

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LTC benefits are not payable for care received in the first 6 months after the coverage issue date if a Pre-Existing Condition causes an insured to be Chronically Ill. Care received 6 months or more after the issue date caused by a Pre-Existing Condition will be covered. Pre-Existing Conditions means a condition for which medical advice or treatment was recommended by or received from a provider of health care services within 6 months preceding the date of issue.

This document is a brief description of Certificate Form No. C34544FL. Refer to your certificate of insurance for specific details. Lifetime Benefit Term is a group life insurance policy that can provide benefits to help pay for qualified long term care expenses through the addition of the Accelerated Death Benefit for Qualified Long-Term Care Insurance Rider Form No. 34553FL and the Extended Accelerated Death Benefit for Qualified Long-Term Care Insurance Rider Form No. 34554FL.

## LifeTime Benefit Term Insurance Rates

Life insurance premium varies based on your age and the coverage amount elected.

Employee rates - 24 pay cycles										
Age	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
19	2.19	4.38	6.58	8.77	10.96	13.15	15.34	17.54	19.73	21.92
20	2.19	4.38	6.58	8.77	10.96	13.15	15.34	17.54	19.73	21.92
21	2.23	4.46	6.69	8.92	11.15	13.38	15.61	17.84	20.06	22.29
22	2.28	4.55	6.83	9.10	11.38	13.65	15.93	18.20	20.48	22.75
23	2.33	4.66	6.99	9.32	11.65	13.98	16.31	18.64	20.96	23.29
24	2.37	4.74	7.11	9.49	11.86	14.23	16.60	18.97	21.34	23.71
25	2.43	4.86	7.29	9.72	12.15	14.58	17.01	19.44	21.86	24.29
26	2.51	5.01	7.52	10.03	12.54	15.04	17.55	20.06	22.56	25.07
27	2.59	5.19	7.78	10.37	12.96	15.56	18.15	20.74	23.33	25.93
28	2.69	5.37	8.06	10.75	13.44	16.12	18.81	21.49	24.18	26.87
29	2.78	5.56	8.34	11.13	13.91	16.69	19.47	22.25	25.03	27.81
30	2.87	5.74	8.61	11.49	14.36	17.23	20.10	22.97	25.84	28.71
31	2.99	5.99	8.98	11.98	14.97	17.96	20.95	23.95	26.94	29.93
32	3.13	6.26	9.39	12.52	15.64	18.77	21.90	25.03	28.16	31.28
33	3.26	6.52	9.78	13.04	16.30	19.56	22.82	26.07	29.33	32.59
34	3.41	6.82	10.23	13.65	17.06	20.47	23.88	27.29	30.70	34.11
35	3.57	7.14	10.71	14.29	17.86	21.43	25.00	28.57	32.14	35.71
36	3.77	7.54	11.31	15.08	18.85	22.62	26.39	30.15	33.92	37.69
37	3.97	7.95	11.92	15.89	19.86	23.83	27.80	31.77	35.75	39.72
38	4.19	8.38	12.57	16.77	20.96	25.15	29.34	33.53	37.72	41.91
39	4.42	8.85	13.27	17.69	22.11	26.54	30.96	35.38	39.80	44.23
40	4.66	9.33	13.99	18.65	23.31	27.98	32.64	37.30	41.96	46.63
41	4.92	9.84	14.75	19.67	24.58	29.50	34.42	39.33	44.25	49.17
42	5.18	10.37	15.55	20.74	25.92	31.10	36.28	41.47	46.65	51.83
43	5.46	10.92	16.38	21.83	27.29	32.75	38.21	43.67	49.13	54.58
44	5.75	11.51	17.26	23.02	28.77	34.53	40.28	46.03	51.79	57.54
45	6.07	12.14	18.21	24.28	30.36	36.43	42.50	48.57	54.64	60.71
46	6.50	12.99	19.49	25.98	32.48	38.98	45.47	51.97	58.46	64.96
47	6.96	13.92	20.88	27.83	34.79	41.75	48.71	55.67	62.62	69.58
48	7.46	14.93	22.39	29.85	37.31	44.78	52.24	59.70	67.16	74.62
49	7.99	15.99	23.98	31.97	39.96	47.95	55.94	63.93	71.92	79.92
50	8.59	17.17	25.75	34.33	42.92	51.50	60.08	68.67	77.25	85.83
51	9.13	18.25	27.37	36.50	45.62	54.75	63.87	72.99	82.12	91.24
52	9.72	19.43	29.15	38.86	48.58	58.29	68.00	77.72	87.43	97.15
53	10.33	20.66	30.98	41.31	51.63	61.96	72.29	82.61	92.94	103.27
54	10.99	21.97	32.95	43.94	54.92	65.90	76.89	87.87	98.86	109.84
55	11.69	23.37	35.05	46.73	58.42	70.10	81.78	93.47	105.15	116.83
56	12.63	25.26	37.89	50.52	63.15	75.78	88.41	101.05	113.68	126.31
57	13.66	27.31	40.96	54.61	68.27	81.92	95.57	109.22	122.88	136.53
58	14.74	29.49	44.23	58.97	73.71	88.45	103.20	117.94	132.68	147.42
59	15.90	31.80	47.70	63.59	79.49	95.39	111.29	127.18	143.08	158.98
60	17.12	34.24	51.36	68.48	85.60	102.72	119.84	136.96	154.08	171.20
61	18.68	37.35	56.03	74.71	93.38	112.06	130.73	149.41	168.09	186.76
62	20.30	40.59	60.89	81.18	101.47	121.77	142.06	162.36	182.65	202.94
63	22.01	44.03	66.04	88.05	110.06	132.08	154.09	176.10	198.11	220.13
64	23.80	47.60	71.39	95.19	118.99	142.79	166.58	190.38	214.18	237.98
65	25.68	51.37	77.05	102.73	128.41	154.10	179.78	205.46	231.14	256.83
66	28.58	57.17	85.75	114.33	142.91	171.49	200.07	228.65	257.23	285.82
67	31.65	63.30	94.94	126.59	158.24	189.88	221.53	253.18	284.83	316.47
68	34.90	69.80	104.70	139.60	174.50	209.40	244.30	279.20	314.10	349.01
69	38.36	76.71	115.06	153.42	191.77	230.12	268.48	306.83	345.18	383.54
70	42.05	84.10	126.15	168.20	210.24	252.29	294.34	336.39	378.44	420.49



# Disability Income

## Benefits that help you

No one plans on becoming disabled, but just in case, we've got you covered. Disability insurance helps replace a portion of your income if you are unable to work due to an accident or sickness.



### Coverage Features

- Guaranteed Issue up to a Maximum of \$5,000 in monthly benefits; subject to income requirements.
- Covers off-the-job injuries after 0 days of total disability
- Covers off-the-job sickness after 14 days of total disability
- Includes coverage for pregnancy same as any other sickness
- Partial disability covered if it follows a total disability; payable at 25% of the monthly benefit
- Premiums are waived after 14 days for disability resulting from accident and after 28 days for disability resulting from sickness
- **Portability allows you to keep this coverage if you change employers or if Paychex benefits are no longer available to you.**

### Eligibility

- Active employees working at least 30 hours per week, ages 18 and older

### Benefit Options

- You can elect a monthly benefit amount up to the lesser of \$5,000 or 70%\* of your income subject to a monthly minimum benefit of \$500. Coverage will be rounded to the next higher \$100 if not already an increment of \$100.

#### \*State Variations

- CA residents can elect up to 25% of income
- NJ, RI, and HI residents can elect up to 40% of income
- You can choose a benefit period of 3, 6 or 12 months

### Exclusions and Limitations

Benefits are not payable for losses contributed to or caused by:

- Your employment;
- Suicide, attempted suicide or intentionally self-inflicted Injury, whether sane or insane;
- Voluntary inhalation of or asphyxiation by gas or fumes;
- Voluntary ingestion or injection of any drug, narcotic, sedative or poison, unless prescribed by and taken in accordance with the directions of the prescribing Physician;
- Mental or Emotional Disease or Disorder;

- Alcoholism or Drug Addiction;
- Being intoxicated or under the influence of alcohol, drugs or any narcotics (including overdose) unless administered on, and taken in accordance with, instructions of a Physician;
- Participating in a riot or civil insurrection;
- War or act of war (whether declared or undeclared) except for acts of terrorism;
- Travel or flight in or descent from any aircraft other than as a fare-paying passenger on a regularly scheduled airline;

- Injury sustained or Sickness contracted as a result of full-time active duty (other than for 30 days or less training) in any branch of the military forces;
- Engaging in an illegal occupation; or
- Committing or attempting to commit a felony or an assault.

No benefits are provided for losses for which occupational benefits are payable or paid under worker's compensation, occupational disease law or similar law.

*This document is a brief description of Certificate Form No. 19495-FL-117. Refer to your certificate of insurance for specific details about benefits, exclusions and limitations. Underwritten by Combined Insurance Company of America, a Chubb company.*

# Disability Income

## Rates

### Disability Rates

- Minimum benefit is \$500 per month.
- Your bi-weekly rates (24 pay cycles) will vary depending on your age and desired coverage amount.
- Amounts up to the lesser of \$5,000 or 70% of income are guarantee issue. (State variations apply in CA, HI, NJ, RI)
- Select benefits and associated costs are outlined in the tables to the right, however any rate can be calculated using the following formula:  

$$\text{Eligible Coverage Amount selected} \times \text{Rate for Your Age} / \$100$$

### Example:

- \$2,200 in coverage with a 3 month benefit period for a 37 year old would cost \$31.24 bi-weekly:  $\$2,200 \times \$1.42 / \$100$

### Calculate your bi-weekly premium:

#### Step 1

How much coverage would you like? \$ \_\_\_\_\_

#### Step 2

Insert the rate per \$100 for your age and desired benefit period: \$ \_\_\_\_\_

#### Step 3

Multiply Step 1 by Step 2: \$ \_\_\_\_\_

#### Step 4

Divide Step 3 by 100: \$ \_\_\_\_\_

The answer to Step 4 will be your bi-weekly premium for the eligible amount of disability insurance coverage selected.

### 3 Month Benefit Period - 24 pay cycles

Coverage Amount	Age				
	18-35	36-45	46-55	56-65	66+
\$100	\$1.32	\$1.42	\$1.54	\$1.66	\$2.16
\$500	\$6.60	\$7.10	\$7.70	\$8.30	\$10.80
\$1,000	\$13.20	\$14.20	\$15.40	\$16.60	\$21.60
\$1,500	\$19.80	\$21.30	\$23.10	\$24.90	\$32.40
\$2,000	\$26.40	\$28.40	\$30.80	\$33.20	\$43.20
\$2,500	\$33.00	\$35.50	\$38.50	\$41.50	\$54.00
\$3,000	\$39.60	\$42.60	\$46.20	\$49.80	\$64.80
\$3,500	\$46.20	\$49.70	\$53.90	\$58.10	\$75.60
\$4,000	\$52.80	\$56.80	\$61.60	\$66.40	\$86.40
\$4,500	\$59.40	\$63.90	\$69.30	\$74.70	\$97.20
\$5,000	\$66.00	\$71.00	\$77.00	\$83.00	\$108.00

### 6 Month Benefit Period - 24 pay cycles

Coverage Amount	Age				
	18-35	36-45	46-55	56-65	66+
\$100	\$1.58	\$1.68	\$1.94	\$2.24	\$2.96
\$500	\$7.90	\$8.40	\$9.70	\$11.20	\$14.80
\$1,000	\$15.80	\$16.80	\$19.40	\$22.40	\$29.60
\$1,500	\$23.70	\$25.20	\$29.10	\$33.60	\$44.40
\$2,000	\$31.60	\$33.60	\$38.80	\$44.80	\$59.20
\$2,500	\$39.50	\$42.00	\$48.50	\$56.00	\$74.00
\$3,000	\$47.40	\$50.40	\$58.20	\$67.20	\$88.80
\$3,500	\$55.30	\$58.80	\$67.90	\$78.40	\$103.60
\$4,000	\$63.20	\$67.20	\$77.60	\$89.60	\$118.40
\$4,500	\$71.10	\$75.60	\$87.30	\$100.80	\$133.20
\$5,000	\$79.00	\$84.00	\$97.00	\$112.00	\$148.00

### 12 Month Benefit Period - 24 pay cycles

Coverage Amount	Age				
	18-35	36-45	46-55	56-65	66+
\$100	\$1.86	\$2.08	\$2.40	\$2.86	\$3.82
\$500	\$9.30	\$10.40	\$12.00	\$14.30	\$19.10
\$1,000	\$18.60	\$20.80	\$24.00	\$28.60	\$38.20
\$1,500	\$27.90	\$31.20	\$36.00	\$42.90	\$57.30
\$2,000	\$37.20	\$41.60	\$48.00	\$57.20	\$76.40
\$2,500	\$46.50	\$52.00	\$60.00	\$71.50	\$95.50
\$3,000	\$55.80	\$62.40	\$72.00	\$85.80	\$114.60
\$3,500	\$65.10	\$72.80	\$84.00	\$100.10	\$133.70
\$4,000	\$74.40	\$83.20	\$96.00	\$114.40	\$152.80
\$4,500	\$83.70	\$93.60	\$108.00	\$128.70	\$171.90
\$5,000	\$93.00	\$104.00	\$120.00	\$143.00	\$191.00

# Accident Insurance

## Benefits that help you and your family

No one plans on getting injured, but just in case, we've got you covered.

You do everything you can to stay active and healthy, but accidents happen every day, including sports-related accidents. An injury that hurts an arm or a leg can hurt your finances too. That's where Accident Insurance can help.

Accident Insurance pays cash benefits directly to you, regardless of other coverage you have.



### Coverage Features

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- Guaranteed Issue with no health questions
- Guaranteed renewable for life
- No exclusions or pre-existing conditions
- Employee, spouse and child coverage available
- **Portability allows you to keep this coverage if you change employers or if Paychex benefits are no longer available to you.**

### First Accident Package

Pays you \$100 quickly when you report your first claim for covered benefits (excluding the Wellness Benefit). If you get injured, we can begin processing your claim right over the phone and get you cash fast.

### Sports Package

Your benefits increase 25%, up to \$1,000 per person, for injuries resulting from participating in organized sports! Playing sports can lead to injuries and unwelcome expenses. We'll increase your benefits to help pay for those expenses.

### Wellness Benefit

To promote good health, this pays a \$100 benefit for each covered person once per year when they have a defined annual health screening or test, following a 30 day waiting period.

### Rehabilitation Package

We pay cash benefits for admission, daily confinement and recovery. Whether you are released to a rehabilitation center following a hospital stay or you recover at home, we pay a daily recovery benefit to help with your transition.

### Non-Occupational Accidental Disability Benefit

This optional benefit pays a monthly benefit of \$1,500 if you become totally disabled, prior to age 72, as a result of a non-occupational injury received in a covered accident. Benefits are payable for up to 12 months. You must elect this benefit if you want to have it as part of your coverage.

### Eligibility

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- Active employees working at least 30 hours per week, ages 18+
- Spouses ages 18+. Includes legally married spouse, domestic partner and civil union partner
- Children ages 0-26, no student status required

*This is a brief description of Certificate Form No. C70717-FL. Refer to your certificate of insurance for specific details about benefits, exclusions and limitations. Underwritten by ACE Property and Casualty Insurance Company, a Chubb company.*



### Here's How Accident Insurance Works

Accident Insurance helps pay for the unexpected costs of an accidental injury by providing benefits for initial care, injuries, treatment, facility care and follow-up.

For example, if your child gets injured at soccer practice and breaks her leg, here's how benefits may stack up:

Benefits (Based on Platinum Plan)	
First Accident	\$100
Ambulance	\$200
ER Visit	\$250
X-Ray	\$60
Fracture	\$2,500
Crutches	\$200
Physical Therapy	\$750 (\$75 x 10 visits)
Follow-up Visits	\$300 (\$100 x 3 visits)
<b>Subtotal</b>	<b>\$4,360</b>
PLUS Sports Package	\$1,000
<i>Increases the total benefit payment by 25%; max. \$1000</i>	
<b>Total Payment</b>	<b>\$5,360</b>

This claim scenario is hypothetical and is offered solely to illustrate the types of situation that may result in a claim. This scenario is not based on an actual claim and should not be compared to an actual claim. Whether or to what extent a particular loss is covered depends on the facts and circumstances of the loss, the terms and conditions of the policy as issued and applicable law. Refer to the certificate of insurance for details.

### Accident Rates

Your bi-weekly rates (24 pay cycles) will vary depending on the Plan and coverage level you choose.

Bi-Weekly Rates	Gold	Platinum	Diamond
Employee	\$7.36	\$8.54	\$9.64
Employee + Spouse	\$14.70	\$17.08	\$19.26
Employee + Child(ren)	\$17.20	\$20.80	\$23.68
Family	\$24.56	\$29.34	\$33.30

Non-Occupational Accidental Disability Benefit Rates:

Bi-Weekly (24 Pay Cycles) Rates for \$1,500 in Coverage	
Employee only	\$6.40

### Accident Definition, Exclusions and Limitations

A covered accident means an unintended and unforeseen injurious occurrence causing injury that occurs after the Certificate Effective Date while the coverage is in force.

This is accident-only insurance. No benefits will be paid for an injury that is caused by, contributed to, or occurs as a result of a covered person's:

- Being intoxicated, or under the influence of alcohol or any narcotic or other prescription drug unless administered on the advice of a Physician and taken according to the Physician's instructions (the term "intoxicated" means the minimum blood alcohol level required to be considered operating an automobile under the influence of alcohol in the jurisdiction in which the accident occurred);

- Participating in an illegal activity or attempting to commit or actually committing a felony ("felony" is as defined by the law of the jurisdiction in which the activity takes place);
- Committing or attempting to commit suicide or intentionally injuring himself or herself;
- Having dental treatment, except for such care or treatment due to injury to sound natural teeth within twelve (12) months of the Covered Accident;
- Being exposed to war or any act of war, declared or undeclared, or serving in any of the armed forces or units auxiliary thereto; or
- Participation in any contest using any type of motorized vehicle.

## Accident Insurance Schedule of Benefits

This insurance covers non-occupational accidents.  
You can choose from one of three plan options to best suit your needs.

Initial Care Benefits	Gold	Platinum	Diamond
First Accident	\$100	\$100	\$100
Ambulance (Ground/Air)	\$120/\$1,000	\$200/\$2,000	\$250/\$2,500
Emergency Room	\$200	\$250	\$300
Urgent Care	\$150	\$200	\$225
Initial Dr. Visit	\$150	\$200	\$225
Emergency Dental (Extraction)	\$50	\$75	\$100
Emergency Dental (Crown/Dentures/Implants)	\$200	\$300	\$400
Hospital and Rehabilitation			
Hospital Admission	\$1,000	\$1,500	\$2,000
ICU Admission	\$2,000	\$3,000	\$4,000
Rehab Facility Admission	\$1,000	\$1,500	\$2,000
Hospital Confinement (Per day, up to 365 days)	\$200	\$300	\$400
ICU Confinement (Per day, up to 30 days)	\$400	\$600	\$800
Rehab Facility Confinement (Per day, up to 30 days)	\$90	\$135	\$180
Recovery Benefit (Per day, up to 7 days)	\$25	\$25	\$25
Follow-up Care & Treatment			
Abdominal, Cranial or Thoracic Surgery	\$1,000	\$1,500	\$2,000
Hernia	\$100	\$200	\$200
Appliances	\$100	\$200	\$200
Blood, Plasma, Platelets	\$200	\$300	\$300
Traumatic Brain Injury	\$100	\$150	\$200
Follow-up Treatment (Per visit, up to 3 visits)	\$75	\$100	\$100
Lodging (Per night, up to 30 nights)	\$100	\$125	\$150
Major Diagnostic Exam	\$150	\$200	\$250
Organ Loss	\$2,500	\$2,500	\$2,500
Physical, Occupational or Speech Therapy (Per visit, up to 10 visits)	\$50	\$75	\$100
Prosthetics	\$750	\$1,500	\$2,000
Tendon, Ligament, Rotator Cuff Surgery	\$750	\$1,000	\$1,000
Transportation (Per trip, 100 or more miles, up to 3 trips)	\$300	\$500	\$600
X-ray	\$40	\$60	\$75
Injuries			
Burns (Level 1/2/3)	\$1,000/\$2,000/\$10,000	\$1,500/\$3,000/\$15,000	\$2,000/\$4,000/\$20,000
Skin Graft	25%	25%	25%
Coma	\$10,000	\$15,000	\$20,000
Dislocations*, up to...	\$9,600*	\$9,600*	\$9,600*
Eye	\$300	\$400	\$500
Fractures*, up to...	\$12,000*	\$12,000*	\$12,000*
Herniated Disc	\$750	\$1,000	\$1,250
Knee Cartilage - Torn	\$750	\$1,000	\$1,250
Lacerations	\$20 - \$500	\$40 - \$600	\$40 - \$800
Loss of Hands, Feet or Sight	\$12,000	\$20,000	\$25,000
Loss of Fingers or Toes	\$1,200	\$2,000	\$2,500
Paralysis (two limbs/four limbs)	\$22,500/\$30,000	\$30,000/\$40,000	\$37,500/\$50,000
Additional Benefits			
Accidental Death (AD) (Employee & Spouse/Child)	\$30,000/\$15,000	\$40,000/\$20,000	\$50,000/\$20,000
Accidental Death Common Carrier	4x AD amount	4x AD amount	4x AD amount
Sports Package	Benefits are 25% higher when accident is due to organized sports. Up to \$1,000 per person per year.		
Wellness Benefit (Per person, per year)	\$100	\$100	\$100
Optional Benefit			
Non-Occupational Accidental Disability Benefit	\$1,500	\$1,500	\$1,500

\*See page 15 for the benefit schedule of specific fractures or dislocations.



# Accident Insurance

## Fracture and Dislocation Benefits

<b>Fracture (Open or Closed Reduction)</b>	<b>Amount</b>
Ankle	\$ 2,000
Coccyx	\$ 2,000
Face (except mandible or maxilla)	\$ 2,000
Finger or toe	\$ 600
Foot (excluding toes)	\$ 2,000
Forearm (radius and/or ulna)	\$ 2,000
Hand,wrist (except fingers)	\$ 2,000
Hip (Femur)	\$ 12,000
Kneecap (patella)	\$ 2,500
Leg (tibia and/or fibula)	\$ 2,500
Lower Jaw (except Alveolar)	\$ 2,500
Nose	\$ 2,000
Pelvis (excluding coccyx)	\$ 2,500
Rib	\$ 2,000
Shoulder Blade or Collar	\$ 2,000
Skull, except bones of face (depressed skull fracture)	\$ 12,000
Skull, except bones of face (simple non-depressed skull fracture)	\$ 12,000
Thigh (Femur)	\$ 12,000
Upper Arm (Elbow to Shoulder)	\$ 2,000
Upper Jaw (except Alveolar)	\$ 2,500
Vertebrae (body of)	\$ 12,000
Vertebral Process	\$ 2,000

### **Dislocation (with anesthesia)**

Ankle/Foot	\$ 9,600
Hand	\$ 2,000
Collarbone (acromioclavicular and separation)	\$ 2,000
Collarbone (sternoclavicular)	\$ 2,000
Elbow	\$ 2,400
Hip	\$ 9,600
Knee	\$ 9,600
Lower Jaw	\$ 2,400
Finger/Toe	\$ 600
Shoulder	\$ 2,000
Wrist	\$ 2,000

<b>Fracture (Chip)</b>	<b>Amount</b>
Ankle	\$ 500
Coccyx	\$ 500
Face	\$ 500
Finger or toe	\$ 150
Foot (excluding toes)	\$ 500
Forearm (radius and/or ulna)	\$ 500
Hand,wrist (except fingers)	\$ 500
Hip (Femur)	\$ 3,000
Kneecap (patella)	\$ 625
Leg (tibia and/or fibula)	\$ 625
Lower Jaw (except Alveolar)	\$ 625
Nose	\$ 500
Pelvis (excluding coccyx)	\$ 625
Rib	\$ 500
Shoulder Blade or Collar	\$ 500
Skull, except bones of face (depressed skull fracture)	\$ 3,000
Skull, except bones of face (simple non-depressed skull fracture)	\$ 3,000
Thigh (Femur)	\$ 3,000
Upper Arm (Elbow to Shoulder)	\$ 500
Upper Jaw (except Alveolar)	\$ 625
Vertebrae (body of)	\$ 3,000
Vertebral Process	\$ 500

### **Dislocation (without anesthesia or incomplete dislocation)**

Ankle/Foot	\$ 1,200
Hand	\$ 300
Collarbone (acromioclavicular and separation)	\$ 300
Collarbone (sternoclavicular)	\$ 300
Elbow	\$ 300
Hip	\$ 1,200
Knee	\$ 1,200
Lower Jaw	\$ 300
Finger/Toe	\$ 75
Shoulder	\$ 300
Wrist	\$ 300

# Critical Illness Insurance

## Benefits that help you and your family



No one plans on getting sick, but just in case, we've got you covered.

Critical illnesses, such as heart attack, cancer and stroke, happen every day. They can have serious consequences, both physical and financial. That's where Critical Illness Insurance can help. Critical Illness Insurance pays cash benefits directly to you, regardless of other coverage you have.

### Coverage Features

- Guaranteed issue – Select \$10,000, \$20,000 or \$30,000 of coverage with no health questions asked.
- Guaranteed renewable for life
- You can choose a Face Amount of \$10,000, \$20,000 or \$30,000
- Employee, spouse and child coverage available
  - Spouse and child(ren) coverage is 50% of the employee face amount
- **Portability allows you to keep this coverage if you change employers or if Paychex benefits are no longer available to you.**

### Wellness Benefit

Health screening tests can help diagnose a condition early or prevent an illness altogether. This benefit pays you \$50 for each covered person once per year when they have a defined annual health screening or test, following a 30-day waiting period.

### Medical Advocacy\*

Medical Advocacy helps you find the best medical care for ongoing support throughout your recovery. It includes a medical review of your diagnosis and treatment plan, expert advice for your particular medical condition, and connects you with top-rated physicians.

### Covered Conditions

You may receive a benefit if diagnosed with one of the following conditions:

- ALS (50%)
- Alzheimer's Disease (25%)
- Benign Brain Tumor
- Breast cancer carcinoma in situ
- Cancer
- Carcinoma in Situ (25%)
- Coma
- Coronary Artery Obstruction (25%)
- End Stage Renal (Kidney) Failure
- Heart Attack
- Loss of Sight, Speech or Hearing
- Major Organ Failure
- Multiple Sclerosis (50%)
- Paralysis or Dismemberment
- Parkinson's Disease (50%)
- Severe Burns
- Skin Cancer (\$250)
- Stroke
- Sudden Cardiac Arrest (50%)
- Transient Ischemic Attacks (25%)

Benefits are paid at 100% of the Face Amount unless otherwise specified. Covered condition must be diagnosed after the Certificate Effective Date.

### Triple Benefit

If you get sick again, you're still covered. You can receive up to 3 times the Face Amount for each person you choose to cover. For example, if you elect a \$20,000 Face Amount you can receive as much as \$60,000 in benefits. Covered conditions must be diagnosed at least 6 months apart.

### Recurrence Benefit

If we have paid a critical illness benefit for Benign Brain Tumor, Cancer, Coma, Coronary Artery Obstruction, Heart Attack, Major Organ Failure, Severe Burns, Stroke, or Sudden Cardiac Arrest and there is a recurrence, you can receive up to 100% of your Face Amount, as long as you were treatment free for 6 months. For a recurrence of Cancer, including Carcinoma in Situ you must be treatment free for 12 months prior to diagnosis and in complete remission. Complete remission is defined as having no symptoms and no signs to indicate the presence of Cancer. The Recurrence Benefit can be paid up to 2 times.

*\*Not available in California*

*This is a brief description of Certificate Form No. C60617-FL. Refer to your certificate of insurance for specific details about benefits, exclusions and limitations. Underwritten by ACE Property and Casualty Insurance Company, a Chubb company.*

# Critical Illness Insurance

## Eligibility

- Active employees working at least 30 hours per week, ages 18+
- Spouses ages 18+. Includes legally married spouse, domestic partner and civil union partner
- Children ages 0-26, no student status required
- Employee must have underlying medical coverage to be eligible to apply for Critical Illness in the following states: California, Delaware, Georgia, Massachusetts, New Hampshire, Vermont.



## Critical Illness Exclusions

No benefits will be paid for losses resulting from any intentionally self-inflicted injury.

## Critical Illness Rates

Your bi-weekly rates (24 pay cycles) will vary depending on 1) your age at time of application; 2) the plan you choose; and 3) the Face Amount you choose.

If elected, spouse and child(ren) coverage is 50% of the Employee Face Amount.

### \$10,000 Employee Face Amount (\$5,000 Spouse and Child)

Age	Employee	Employee & Spouse	Employee & Child(ren)	Family
18-29	\$2.98	\$4.94	\$4.13	\$6.09
30-39	\$4.94	\$7.82	\$6.09	\$8.97
40-49	\$9.74	\$15.02	\$10.89	\$16.17
50-59	\$16.48	\$25.19	\$17.63	\$26.34
60-64	\$25.88	\$39.29	\$27.03	\$40.44
65-69	\$34.94	\$53.00	\$36.09	\$54.15
70+	\$43.08	\$65.35	\$44.23	\$66.50

### \$20,000 Employee Face Amount (\$10,000 Spouse and Child)

Age	Employee	Employee & Spouse	Employee & Child(ren)	Family
18-29	\$5.22	\$8.17	\$6.37	\$9.32
30-39	\$9.14	\$13.95	\$10.29	\$15.10
40-49	\$18.54	\$28.15	\$19.69	\$29.30
50-59	\$32.22	\$48.57	\$33.37	\$49.72
60-64	\$51.02	\$76.79	\$52.17	\$77.94
65-69	\$68.78	\$103.59	\$69.93	\$104.74
70+	\$85.01	\$128.04	\$86.16	\$129.19

### \$30,000 Employee Face Amount (\$15,000 Spouse and Child)

Age	Employee	Employee & Spouse	Employee & Child(ren)	Family
18-29	\$7.46	\$11.40	\$8.61	\$12.55
30-39	\$13.34	\$20.08	\$14.49	\$21.23
40-49	\$27.34	\$41.28	\$28.49	\$42.43
50-59	\$47.96	\$71.95	\$49.11	\$73.10
60-64	\$76.16	\$114.29	\$77.31	\$115.44
65-69	\$102.62	\$154.18	\$103.77	\$155.33
70+	\$126.94	\$190.72	\$128.09	\$191.87

# Cancer Advocate Plus

## A personalized approach to cancer management



Unfortunately, 1 in 3 women and 1 in 2 men will get cancer.<sup>1</sup> What if you could do more to help prepare yourself for a potential diagnosis? Chubb and healthŌme have partnered to introduce a first-of-its-kind cancer insurance with genetic benefits, designed to provide genetic information to help you proactively manage cancer risk and provide a personal, precise, proactive, and confidential way for you to manage your health.

### **A Benefit Designed to Help Save Lives**

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Cancer Advocate Plus is insurance that lasts a lifetime, offering personal and precise cancer management based on your DNA.

Cancer Advocate Plus features the following:

- Proactive Cancer Screening
- Genetic Counseling & Cancer Advocacy
- Pharmacogenetic Drug Response Testing
- Clinical Trial Identification & Enrollment Assistance
- Genetic Tumor Testing
- Expert Medical Review
- Precision Treatment Recommendation Report
- Dedicated Cancer Nurse Advocates
- Cash Benefits
- Cancer Recovery Support
- Recurrence Monitoring

### **Cash Benefits**

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- Diagnosis Cancer Benefit: \$5,000 Employee (\$2,500 for Spouse)
- Cancer Recovery First Payment: \$5,000 Employee (\$2,500 for Spouse)
- Cancer Recovery Second Payment: \$5,000 Employee (\$2,500 for Spouse)

### **Coverage Features**

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- Guaranteed Issue with no health questions
- Automatically renewed as long as the insured is an eligible employee, premiums are paid and the policy is in force
- Employee and spouse coverage available
- Portability allows you to keep this coverage if you change employers or retire while the Policy is in force

### **Spouse Benefits**

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- Spouses are eligible for all of the Cancer Services and Tests
- Spouses' Cash Benefits are 50% of the employee and equal three payments of \$2,500

<sup>1</sup>[cancercenter.com/men-and-cancer](https://cancercenter.com/men-and-cancer); April 2022

# Cancer Advocate Plus



## Here's How the Cash Benefit Works

Upon diagnosis of cancer, we send a lump sum cash payment directly to you, followed by two more cash payments over the next 12 months to help you with recovery. You can use your cash benefit however you choose—to help with your everyday living expenses, pay your out-of-pocket medical costs or help replace lost income. Your benefit is paid in full regardless of any other insurance you may have.

Once Chubb pays a cancer benefit, if there is a recurrence, including Carcinoma In Situ, you can receive 25% of your maximum benefit amount, as long as you were treatment free for 12 months and in complete remission\*.

### Cancer Advocate Plus Pays Cash Benefits

Payment Upon Diagnosis of Cancer	\$5,000
Recovery Payment (6 Months After Diagnosis)	\$5,000
Recovery Payment (12 Months After Diagnosis)	\$5,000
<b>Total Cash Payment</b>	<b>\$15,000</b>

*Cancer diagnosis must be on or after effective date for the benefits to be payable.  
This example is solely to illustrate a situation that can result in benefits payable for a claim.  
It is not based on an actual claim.*

## Eligibility

- Active employees working at least 30 hours per week, ages 18+
- Spouses ages 18+. Includes legally married spouse, domestic partner and civil union partner

### NOTE:

Applicant must have underlying medical coverage to be eligible to apply for Cancer Advocate Plus for the states below:

- California
- Massachusetts
- New Jersey
- New York
- South Dakota
- Vermont

Applicant is not eligible to apply for Cancer Advocate Plus if they are receiving Medicaid for the following states:

- Connecticut
- Idaho
- New Hampshire
- Utah



# Get to Know Cancer Advocate Plus

Your journey begins with a link to the confidential healthŌme portal, where you can order your Heritable Cancer Screening Test. All cancer services are provided by healthŌme.

powered by  
healthŌme

## Cancer Screening

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### healthŌme One™ Heritable Cancer Screening

A simple do-it-yourself, at-home test identifies any inherited genes that increase your risk of cancer. Results are ready in 14 days and are reviewed every three years against the latest genetic research.

### Genetic Counseling

Genetic Counselors explain any elevated risks found in your screening, empower you to take control of your health, create action plans to reduce your risk of developing cancer, and catch potential cancer early.

### Pharmacogenomic Testing

This indicates how you will respond to medications and identifies optimal drugs and dosages to avoid adverse reactions and medical trial and error.

## Cancer Recovery

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You want reassurance knowing that your cancer hasn't returned – and that means having access to the most advanced and sensitive tests to catch cancer early.

### Genetics-Based Recurrence Monitoring

This is a breakthrough in identifying cancer early, which provides an opportunity to treat the cancer before it progresses and becomes more difficult to treat.

Monitoring is provided for up to three years following completion of active treatment, with frequency tailored to type of cancer.

## Cancer Management

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### Oncology Nurse Advocate

Experienced cancer nurses advocate on your behalf and partner with your doctor to act on your genetic information.

### Genetic Tumor Testing

Personalized medicine based on molecular testing shows the genetic causes of your cancer to determine your optimal treatment options.

### Expert Medical Review

A complete review of your cancer and genetic medical information ensures you are on the right path to recovery.

### Clinical Trial Enrollment

Clinical trials are an effective means to access precision cancer treatments, aligned to the genetics of your cancer. You get a comprehensive clinical trial search and enrollment support where clinically appropriate.

### Precision Treatment Report

Your doctor will have a summary of test results and actionable insights to prescribe the most effective treatments, and access to the experts who developed the report.

## Education & Resources

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Leading experts in genomics and cancer deliver videos and reference materials about genetics and cancer – allowing you to make informed decisions.

# Cancer Advocate Plus

## Cancer Advocate Plus Rates

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Your bi-weekly rates (24 pay cycles) are Attained Age, which means they will change as you move into new age brackets.

If elected, spouse coverage is 50% of the Employee Face Amount

Face Amounts		
<b>Employee</b>	\$5,000	\$5,000
<b>Spouse</b>		\$2,500
Bi-Weekly Rates		
Attained Age	Employee	Employee + Spouse
18-25	11.18	22.23
26-30	11.70	23.14
31-35	13.00	25.61
36-40	14.56	28.73
41-45	17.42	34.06
46-50	20.02	38.87
51-55	24.57	47.32
56-60	29.25	56.29
61-65	36.79	69.29
66-70	42.64	79.30
71-75	47.71	88.01
76-80	60.84	108.42
81+	68.51	120.51

## Exclusions and Limitations

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No benefits will be paid for cancer diagnosed before the effective date.

Benefits will be paid only when the covered person is treatment-free from cancer for at least 12 months before the diagnosis date and in complete remission prior to the date of a subsequent diagnosis.

*This is a brief description of certificate No. C60601. Refer to your Certificate of Insurance for specific details about benefits, exclusions, and limitations. Underwritten by ACE Property and Casualty Insurance Company, a Chubb company.*

# Hospital Cash

## Benefits that help you and your family

Hospital Cash pays money directly to you if you get hospitalized.

It's not easy to pay hospital bills, especially since deductibles continue to rise.

With Hospital Cash, you can focus on your recovery instead of wondering how you are going to afford the bills. And since the cash goes directly to you, there are no restrictions on how you use your money.



### Coverage Features

- Guaranteed issue with no health questions
- No pre-existing condition limitations (Pregnancy and childbirth expenses are not covered during the first 10 months of your coverage).
- Employee, spouse and child coverage available

### Eligibility

- Active employees working at least 30 hours per week
- Dependent children covered to age 26

### Portability

- You can keep this coverage if you leave your current employer or if Paychex benefits are no longer available to you.

### Plan Options

You can choose from one of three Plan options to best suit your needs as well as the needs of your family.

#### Plan 1

Hospital Admission Benefit (Day 1)	\$1,150; one benefit per calendar year
Hospital Confinement Benefit (Days 2-15)	\$150 per day, up to 14 days per calendar year
Hospital Confinement ICU Benefit	\$100 per day, up to 15 days per calendar year
Observation Unit Benefit	\$400, up to 2 times per calendar year

#### Plan 2

Hospital Admission Benefit (Day 1)	\$1,225; one benefit per calendar year
Hospital Confinement Benefit (Days 2-15)	\$225 per day, up to 14 days per calendar year
Hospital Confinement ICU Benefit	\$200 per day, up to 15 days per calendar year
Observation Unit Benefit	\$400, up to 2 times per calendar year

#### Plan 3

Hospital Admission Benefit (Day 1)	\$2,500; one benefit per calendar year
Hospital Confinement Benefit (Days 2-15)	\$500 per day, up to 14 days per calendar year
Hospital Confinement ICU Benefit	\$200 per day, up to 15 days per calendar year
Observation Unit Benefit	\$400, up to 2 times per calendar year

### Rates

- Your bi-weekly rates (24 pay cycles) will vary depending on the plan and coverage level you choose.

	Plan 1	Plan 2	Plan 3
Employee	\$9.12	\$11.62	\$23.82
Employee + Spouse	\$16.82	\$21.76	\$45.70
Employee + Child(ren)	\$13.72	\$17.48	\$36.32
Family	\$20.36	\$26.54	\$56.08

*This is a brief description of certificate No. C82000. Refer to your Certificate of Insurance for specific details about benefits, exclusions, and limitations. Underwritten by ACE Property & Casualty Insurance Company, a Chubb company.*

# Hospital Cash

## Exclusions

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- We will not pay for any Covered Accident or Covered Sickness that is caused by, or occurs as a result of, a Covered Person's:
- Committing or attempting to commit suicide or intentionally injuring himself or herself.
- Being exposed to war or any act of war, declared or undeclared, serving in any of the armed forces or units auxiliary thereto.
- Participating in an illegal occupation or attempting to commit or actually committing a felony ("illegal occupation" and "felony" is as defined by the law of the jurisdiction in which the activity takes place).
- Injury while sky diving, hang gliding, parachuting, bungee jumping, parasailing, or scuba diving.
- Being intoxicated or being under the influence or any narcotic or other prescription drug unless administered on the advice of a Physician and taken according to the Physician's instructions (the term "intoxicated" means the minimum blood alcohol level required to be considered operating an automobile under the influence of alcohol in the jurisdiction where the accident occurred).
- Alcoholism.
- Cosmetic surgery, except for reconstructive surgery needed as the result of an Injury or Sickness or is related to or results from a congenital disease or anomaly of a covered Dependent Child; and congenital defects in newborns.
- Services related to sterilization, reversal of a vasectomy or tubal ligation; in vitro fertilization and diagnostic treatment of infertility or other problems related to the inability to conceive a child, unless such infertility is a result of a covered Injury or Sickness.

A Physician cannot be You or a member of Your Immediate Family, Your business or professional partner, or any person who has a financial affiliation or business interest with You.



THIS IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL OR OTHER MINIMAL ESSENTIAL COVERAGE. Hospital indemnity coverage provides a benefit for covered loss. Neither the product name nor benefits payable are intended to provide reimbursement for medical expenses incurred by a covered person or to result in any payment in excess of loss.

**The laws of several states require the following statements to appear on this form:**

**Alabama:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**Arkansas:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**California:** The falsity of any statement in the application shall not bar the right to recovery under the policy unless such false statement was made with actual intent to deceive or unless it materially affected either the acceptance of the risk or the hazard assumed by the insurer.

**Colorado:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**District of Columbia: WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

**Kentucky:** Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**Louisiana:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit is guilty of a crime and may be subject to fines and confinements in state prison.

**Maine:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**Maryland:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**New Hampshire:** Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in N.H. Rev. Stat. Ann. § 638:20.

**New Mexico:** Any person who knowingly presents a false or fraudulent claim for payment or a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties or denial of insurance benefits.

**Ohio:** Any person who with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Oklahoma: WARNING:** Any person who knowingly, and with the intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Rhode Island and West Virginia:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Tennessee, Virginia and Washington:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.



**Evidence of Insurability**

**This form will only be used for late enrollees and amounts above guarantee issue.**

**I. BASIC INFORMATION**

Group Policyholder:		Group Policy Number:		Date
EMPLOYEE'S (Proposed Insured) NAME (First MI Last)		<input type="checkbox"/> Male <input type="checkbox"/> Female	Birthdate: Mo/Day/Yr	
EMPLOYEE'S HOME ADDRESS (Street, City, State, Zip)		Work Phone No.	Social Security No.	Employee ID#
Home Phone No.	Mobile Phone No.	Email		
EMPLOYER NAME			Hire Date: Mo/Day/Yr	Gross Annual Income
Occupation				

Name(s)	DOB: Mo/Day/Yr	Relationship	Sex
Employee	(as above)	Self	(as above)
		Spouse	M <input type="checkbox"/> F <input type="checkbox"/>
		Child 1	M <input type="checkbox"/> F <input type="checkbox"/>
		Child 2	M <input type="checkbox"/> F <input type="checkbox"/>
		Child 3	M <input type="checkbox"/> F <input type="checkbox"/>
		Child 4	M <input type="checkbox"/> F <input type="checkbox"/>
		Child 5	M <input type="checkbox"/> F <input type="checkbox"/>
		Child 6	M <input type="checkbox"/> F <input type="checkbox"/>
		Child 7	M <input type="checkbox"/> F <input type="checkbox"/>
		Child 8	M <input type="checkbox"/> F <input type="checkbox"/>
		Child 9	M <input type="checkbox"/> F <input type="checkbox"/>
		Child 10	M <input type="checkbox"/> F <input type="checkbox"/>

**IMPORTANT – READ CAREFULLY**

**II. EMPLOYEE SECTION**

(Questions 1 through 4(h) are required for Term Life coverage if applying for an additional benefit amount over \$100,000. Questions 1 through 4(l) are required for Disability Income coverage benefit amount over \$3,000 and/or if Employee applies for Disability Income coverage outside of the enrollment period.)

I represent and affirm the following:

1. In the past 12 months, have you missed 5 or more consecutive days of work due to an injury or illness other than as a result of a cold, the flu, back problems, strained/sprained/fractured/broken limb or as a result of pregnancy?  Yes  No
2. Have you been tested positive for exposure to the Human Immunodeficiency Virus (HIV) infection or been diagnosed as having AIDS-related complex (ARC) or Acquired Immune Deficiency Syndrome (AIDS) caused by the HIV infection or other sickness or condition derived from such infection?  Yes  No
3. Within the past 6 months have you had a blood pressure reading of 140/90 or higher, been told your blood pressure is uncontrolled, or has your physician added an additional blood pressure medication to your treatment regimen?  Yes  No
4. Within the past 5 years, have you been diagnosed with diseases or disorders related to, been counseled, consulted, or treated by a doctor, including surgery, for any of the following:  Yes  No
  - a. Coronary artery disease, chest pain, heart surgery, or any disease of the arteries, or blood disorders; hemophilia; phlebitis?  Yes  No
  - b. Any mental or psychiatric disorder; Multiple Sclerosis; Parkinson's Disease; stomach or intestinal disorder; Crohn's Disease; Ulcerative Colitis?  Yes  No
  - c. Cerebrovascular disease, muscular dystrophy, and any other neurological disorder or disorder of the nervous system?  Yes  No
  - d. Stroke or Transient Ischemic Attack (TIA)?  Yes  No
  - e. Emphysema, other disease of lungs, or respiratory organs?  Yes  No
  - f. End stage renal disease; disease of kidney?  Yes  No
  - g. Cancer, and/or cancerous tumor, including skin cancer?  Yes  No
  - h. Cirrhosis, alcoholism or drug habit?  Yes  No

**(Additional Questions 4(i) through (l) below required for Disability Income coverage)**

- i. Diabetes; liver or thyroid disease; hepatitis; reproductive organ disorder or enlargement of the lymph nodes?  Yes  No
- j. Rheumatoid arthritis; or back disorders; or joint disorders?  Yes  No
- k. Paralysis, or any other physical impairment or deformity?  Yes  No
- l. Chronic Fatigue Syndrome/Fibromyalgia?  Yes  No

**III. SPOUSE AND CHILD SECTION**  
 Question 1 is required for Optional Family Term Benefit Rider.  
 Questions 1 and 2 are required for life insurance benefit amount above \$20,000 on your spouse and/or above 10,000 on your child(ren).

- |   | Spouse   | Child(ren)   |
|---|--|--|
| 1. Is the proposed insured currently disabled or confined to a medical facility due to an injury or illness other than as a result of a cold, the flu, back problems or strained/sprained/fractured/broken limb?  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. In the past 12 months, has the proposed insured been hospitalized on an in-patient or outpatient basis, or treated by a physician due to an injury or illness other than as a result of a cold, the flu, back problems, strained/sprained/fractured/broken limb, routine physical or as a result of pregnancy? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

It is very important that you review your evidence of insurability carefully. Misstatements or omissions could cause an otherwise valid claim to be denied.

**CONFIDENTIALITY OF MEDICAL INFORMATION**

The medical information disclosed on this Evidence of Insurability will not be disclosed to the employer or any other person without the authorization of the proposed insured.

**AUTHORIZATION TO RELEASE MEDICAL INFORMATION**

I authorize Combined Insurance Company of America or its reinsurers to acquire from and authorize any hospital, physician, medical practitioner, clinic, pharmacy, pharmacy benefits manager or other pharmacy-related services organization, medically related facility, insurance company, or consumer reporting agency to release to Combined Insurance Company of America any information regarding me or my past or present health for the purpose of evaluating this Evidence of Insurability for insurance. I also authorize Combined Insurance Company of America or its reinsurers to disclose all such information to any physician, or any other insurance company in order to evaluate a claim or an application for insurance.

This authorization shall remain valid for a period of two years from the issue date of the coverage. I understand that I have the right to revoke this authorization at any time. A photocopy of this authorization will be as valid as the original. A copy of the authorization is available to me or my representative upon request to Combined.

**I understand that any insurance will not take effect unless and until Combined Insurance Company of America approves my enrollment. If coverage cannot be issued as requested under the rules of the company, I authorize Combined Insurance Company of America to issue reduced benefits and adjust premiums to match the coverage issued.** I authorize my employer to deduct the premiums for this insurance from my earnings (unless the coverage for which I am requesting allows for alternate methods to pay insurance premiums). This authorization may be revoked at any time.

In applying for this coverage, I represent and affirm that the information which I have given as recorded on this Evidence of Insurability is true and complete to the best of my knowledge and belief.

This form may be completed by electronic or telephonic means. I acknowledge that Combined Insurance or its agent has verified my identity for this purpose in accordance with any applicable law or regulation. If completed by electronic means, I agree to provide my consent and authorization to complete an electronic transaction to apply for coverage, and that this authorization shall constitute an electronic signature. If completed by telephonic means, I acknowledge that I have not myself physically signed the form, but instead I hereby authorize Combined Insurance or its agent to accept my voice signature response. The responses received on this form will be attached and made part of the Policy.

**Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.**

X \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature of Employee

I, the authorized agent, have on the date of application recorded the information as given to me by the Employee.  
 Signature of Licensed Agent \_\_\_\_\_ Code # \_\_\_\_\_ % Split \_\_\_\_\_

Agent's Name (Please Print) \_\_\_\_\_

Florida License Identification No. \_\_\_\_\_



## Combined Insurance Company of America

111 East Wacker Drive, Suite 700  
Chicago, IL 60601  
1-800-544-9382

### Fraud Warning Endorsement

The word "Contract", as used in this endorsement, means the Contract, Certificate or Policy to which it is attached.

Effective 1/1/2023, to comply with California law, the following replaces the Fraud Warning statement.

#### **Fraud Warning**

For your protection California Law requires the following to appear on the form.

Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Except as amended by this endorsement, the Contract remains unchanged.

A handwritten signature in black ink that reads "Richard L. Williams, Jr." in a cursive style.

Richard L. Williams, Jr., President

A handwritten signature in black ink that reads "Brandon Peene" in a cursive style.

Brandon Peene, Secretary



## Paychex Supplemental Insurance Offerings:

Level Term Life

LifeTime Benefit Term (with Long Term Care)

Disability Income

Accident

Critical Illness

Hospital Cash

Cancer Advocate Plus



**The insurance products presented in this document are available to eligible employees of Oasis Outsourcing, a Paychex company.**

THE DISABILITY INCOME INSURANCE, ACCIDENT INSURANCE, CRITICAL ILLNESS INSURANCE, CANCER ADVOCATE PLUS AND HOSPITAL CASH PRODUCTS ARE EACH A SUPPLEMENT TO HEALTH INSURANCE AND ARE NOT SUBSTITUTES FOR MAJOR MEDICAL OR OTHER MINIMUM ESSENTIAL COVERAGE.



Chubb refers to the insurers of Chubb Limited (NYSE:CB). Products are underwritten by Combined Insurance Company of America (Chicago, IL) or ACE Property & Casualty Company (Philadelphia, PA). Both are Chubb companies.