



CITY OF  
**ABILENE**  
TEXAS



# 2020 BENEFITS ENROLLMENT GUIDE

YOUR BENEFITS. YOUR CHOICE.

To: All Full-time (Benefits-eligible) Employees:

The City of Abilene continues its commitment to provide comprehensive and competitive benefits for you and your dependents. The 2020 Annual Benefits Enrollment process is coming up soon and key dates are listed below. The city has new partnerships with BlueCross/BlueShield, Delta Dental, VSP Vision, and Ochs this year. For your convenience, there will be six (6) identical Education Meeting sessions - choose one (1) to attend. Please take time to familiarize yourself with this 2020 Benefits Enrollment Guide in advance and bring it with you, along with any questions you may have, to one of the mandatory Education Meetings being offered. The City's Benefits Fair will feature benefit vendors and booths. The important key dates are:

| DATE   | ACTIVITY                      | LOCATION   | TIME                                    |
|--|-------------------------------|--|---|
| <b>Tuesday, October 15, 2019</b>   | Education Meeting - Session 1 | Convention Center, Downstairs Conference Room                      | 9:00 am - 10:00 am                      |
|  | Education Meeting - Session 2 | Convention Center, Downstairs Conference Room                      | 3:00 pm - 4:00 pm                       |
|  | Benefits Fair                 | Convention Center, Downstairs Conference Room                      | 8:30 am - 10:30 am<br>2:30 pm - 4:30 pm |
| <b>Wednesday, October 16, 2019</b>   | Education Meeting - Session 3 | Convention Center, Downstairs Conference Room                      | 9:00 am - 10:00 am                      |
|  | Education Meeting - Session 4 | Convention Center, Downstairs Conference Room                      | 3:00 pm - 4:00 pm                       |
|  | Benefits Fair                 | Convention Center, Downstairs Conference Room                      | 8:30 am - 10:30 am<br>2:30 pm - 4:30 pm |
| <b>Thursday, October 17, 2019</b>  | Education Meeting - Session 5 | Convention Center, Downstairs Conference Room                      | 9:00 am - 10:00 am                      |
|  | Education Meeting - Session 6 | Convention Center, Downstairs Conference Room                      | 3:00 pm - 4:00 pm                       |
|  | Benefits Fair                 | Convention Center, Downstairs Conference Room                      | 8:30 am - 10:30 am<br>2:30 pm - 4:30 pm |
| <b>Friday, October 18, 2019<br/>through<br/>Thursday, October 31, 2019</b> | Enrollment Period             | Online Enrollment  | Available 24/7                          |
|  |                               | Telephone Appointments   | 7:00 am - 5:00 pm                       |
|  |                               | City Hall Basement EOC<br>(starting October 21 through October 25) | 7:00 am - 12:00 pm<br>1:00 pm - 5:00 pm |

As a reminder, **all full-time employees are required to complete the enrollment process via one of the two methods in order to have coverage in 2020** – either online or by telephone appointment – **and print a confirmation statement upon completion.** The enrollment process ensures your benefit selections, dependents and/or waivers are accurate. If assistance is needed for online enrollment, counselors will be available to help in the City Hall Basement (EOC) during the Enrollment Period. This year, all counselors will be bilingual.

Thank you for your dedication and service to the citizens of Abilene.

City of Abilene Human Resources

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**ENROLLMENT DATES: OCTOBER 18 - OCTOBER 31, 2019**

## BENEFITS FOR YOU AND YOUR FAMILY

The City of Abilene is pleased to announce your 2020 benefits program, which is designed to help you stay healthy and maintain a work/life balance. Offering a comprehensive benefits package is just one way we strive to provide you with a rewarding workplace. Please read the information provided in this guide carefully. For full details about your plans, please refer to the summary plan documents on the City of Abilene Intranet/Employee Benefits page.

### WHEN AND HOW DO I ENROLL?

**All full-time employees must complete the enrollment process no later than 5 PM on Thursday, October 31, in order to have benefits in 2020. You will not have benefits for the 2020 year if you do not enroll. There are 2 ways to enroll this year:**

- Starting Monday, October 7th, you can schedule a telephone appointment with a Benefits Educator online at [www.CityofAbileneBenefits.com](http://www.CityofAbileneBenefits.com) or by calling 1-855-680-8806. Appointments fill up fast, so don't wait!
- Enroll online 24/7 at [www.CityofAbilene.bswift.com](http://www.CityofAbilene.bswift.com) beginning Friday, October 18th. Online enrollment ends at 5 PM on Thursday, October 31st, so don't delay!

***Want to complete an online enrollment on your own, but need some help?*** Schedule an appointment or stop by the City Hall Basement - Emergency Operations Center (EOC), October 21 - 25, 7 AM - 12PM and 1 PM - 5 PM for assistance.

### CONFIRMATION STATEMENT

**Remember to keep your benefit confirmation statement as your receipt that you enrolled in benefits for 2020.** Also, be sure to review the benefit confirmation statement carefully; any pending verification documents must be turned in by Friday, November 15th, 2019. Be sure to compare your 2020 Open Enrollment elections with your January 10, 2020 paycheck.

### Who Is Eligible?

Regular full-time employees, spouses, and children up to age 26\* who meet certain criteria are eligible for all benefits through the City of Abilene.

\*A dependent child may be the natural child, legally adopted child, child placed for adoption, stepchild, foster child, or a child of your child who is your dependent for federal income tax purposes at the time of application.

### What's Available For 2020?

Listed below are the 2020 benefits available during open enrollment:

- Medical **(Changes for 2020)**
- Dental and Vision **(Changes for 2020)**
- Group Voluntary Term Life **(Changes for 2020)**
- Group AD&D **(Changes for 2020)**
- FSA
- Critical Illness Insurance
- Whole life Insurance
- Accident Insurance
- Employee Assistance Program

### When Is My Coverage Effective?

The effective date for your benefits is January 1, 2020. All employees should ensure the deductions on the first paycheck of the new year (January 10, 2020) match their 2020 open enrollment benefit elections. **Print and keep your benefit confirmation statement for reference purposes.**

### Changing Coverage During the Year

Your medical, dental, and vision payroll deductions are taken out of your paycheck on a pre-tax basis. Since premiums are deducted on a pre-tax basis, you cannot make a change or terminate the coverage elected during the plan year unless you experience a qualifying event. After the open enrollment period, you cannot make changes to your elected coverage unless you experience a change in family status, such as:

- Loss or gain of coverage through your spouse
- Loss of eligibility of a covered dependent
- Death of your covered spouse or child
- Birth or adoption of a child
- Marriage, divorce, or legal separation
- Loss of eligibility under the plan

If you experience a qualifying event, you have **31 days** from the date of the event to make changes to your current coverage election. To change your current coverage, you must notify the City of Abilene benefits staff, complete the necessary change form, and provide verification (marriage license/birth certificate/court documents) to support the change.

## MEDICAL INSURANCE CHANGES FOR 2020

The City of Abilene offers medical coverage through BlueCross/BlueShield. This plan covers a wide variety of medical services, including preventive care, office visits, prescription drugs, and inpatient care. **Please note that the medical plan offered is an EPO plan; no out-of-network coverage is offered.**

|                         | MONTHLY  |
|-------------------------|----------|
| Employee Only           | \$125.00 |
| Employee and Spouse     | \$475.00 |
| Employee and Child(ren) | \$275.00 |
| Employee and Family     | \$550.00 |

| MEDICAL BENEFITS   | BCBS MEDICAL PLAN<br>NO OUT-OF-NETWORK COVERAGE |
|--|---|
| Annual Deductible  |   |
| Individual/Family  | \$3,000 /\$6,000                                |
| Out-of-Pocket Maximum  |   |
| Individual   | \$7,500   |
| Family   | \$15,000  |
| Coinsurance  | 70%   |
| Annual Maximum   | Unlimited                                       |
| Preventive Care Benefits   |   |
| Routine Physical, Well Baby Care   | 100%  |
| Immunizations  | 100%  |
| One Mammogram, PSA Exams, PAP Tests, Colon Cancer Screening                          | 100%  |
| Physician's Services – Office Visit (including lab-only visits)                      | \$50 copay                                      |
| Specialist Services - Office Visit (including lab-only visits)                       | \$75 copay                                      |
| Lab and X-Ray<br>Lab (Physician office or outpatient facilities due to office visit) | 100%  |
| X-Ray/Certain Diagnostic Procedures*   | 100%  |
| Hospital Services  |   |
| Inpatient  | 70% after deductible                            |
| Outpatient   | 70% after deductible                            |
| Emergency Room** (copay waived if admitted)  |   |
| True Emergency   | 70% after deductible<br>+ \$250 copay           |
| Non-Emergency  | 70% after deductible<br>+ \$250 copay           |
| All Other Services   | 70% after deductible                            |

\*Office visit copay may apply.

\*\*Separate physician charge may apply in addition to ER facility charge; some in-network ER facilities contract with out-of-network physicians.

## VIRTUAL VISITS:

*SPEAK WITH A DOCTOR — ANYTIME, ANYWHERE  
POWERED BY MDLIVE (\$10 COPAY)*

Getting sick after hours or on weekends used to mean a lengthy, costly trip to the emergency room or urgent care center. But with your virtual visits benefit, provided by BlueCross/BlueShield of Texas (BCBSTX) and powered by MDLIVE, the doctor is in 24/7/365. And you don't have to leave the comfort of your own home.

Virtual visits allow you to consult a doctor for non-emergency situations by phone, mobile app, or online video anytime, anywhere. Speak to a doctor or schedule an appointment at a time that works best for you.

### *With virtual visits, you get:*

- 24/7 access to an independently contracted, board-certified doctor
- Access via online video, mobile app, or telephone
- If necessary, e-prescription will be sent to your local pharmacy

### *Virtual visits doctors can treat a variety of health conditions, including:*

- Allergies
- Asthma
- Cold/flu
- Ear problems (age 12+)
- Fever (age 3+)
- Nausea
- Pink eye
- Rash
- Sinus infections

### *Talk Therapy*

Speak with a licensed counselor, therapist, or psychiatrist for support with virtual visits, available by appointment. You can choose who you want to work with for issues such as anxiety, depression, trauma, loss, or relationship problems.

### ACTIVATE YOUR ACCOUNT OR SCHEDULE A VIRTUAL VISIT

- Go to [MDLIVE.com/bcbstx](https://MDLIVE.com/bcbstx).
- Download the MDLIVE app from Apple's App Store or Google Play.
- Call MDLIVE at (888) 680-8646.
- Text BCBSTX to 635-483. (MDLIVE's online assistant Sophie will help you activate your account.)

ENROLLMENT DATES: **OCTOBER 18 - OCTOBER 31, 2019**

# PRESCRIPTION DRUG PLAN CHANGES FOR 2020

Please note that the medical plan offered is an EPO plan; no out-of-network coverage is offered.

| BLUE CROSS BLUE SHIELD RX PLAN  | SPECIALTY                      | NON-PREFERRED BRAND | PREFERRED BRAND | GENERIC    |
|---|--------------------------------|---------------------|-----------------|------------|
| <i>In-Network - You Pay</i>   |                                |                     |                 |            |
| Rx Deductible ( <i>applies to retail and mail order</i> )   | \$25 deductible per individual |                     |                 |            |
| Retail (30-day supply)  | \$150 for 30-day supply        | \$60 copay          | \$40 copay      | \$15 copay |
| Mail Order (90-day supply)  | \$150 for 30-day supply        | \$120 copay         | \$80 copay      | \$30 copay |
| <p><b>Rx Enhanced</b> – Members electing to purchase preferred/non-preferred brand name drugs when “Brand Medically Necessary” is not indicated and a generic equivalent is available will be required to pay the difference between the cost of the generic and preferred/non-preferred brand name drug, plus the generic copay.</p> |                                |                     |                 |            |

**Remember, a Health Care Flexible Spending Account (FSA) can help cover out-of-pocket expenses such as prescriptions. See page 6 for more information.**

**DON'T FORGET THE COACH CLINIC**

The City of Abilene Clinic for Health (COACH) is available for free to you and your dependents enrolled in the City of Abilene Medical Plan. If you need non-emergency medical treatment, you can schedule an appointment during the week by calling 325-437-4611. Please bring your insurance card as proof of coverage and eligibility for clinic services. Eligible employees not covered under the City's Medical Plan may also visit COACH for a small office fee.

COACH  
Abilene/Taylor County Health Department Building  
850 North 6th Street

## TERMS TO KNOW

- **Calendar Year Deductible** – The amount of covered expenses that must be paid by a covered person each calendar year before the plan begins paying certain benefits. The deductible does not apply to services covered by a copay.
- **Coinsurance** – The portion of covered expenses you and the plan share after you meet the deductible. Coinsurance is listed as a percentage.
- **Copayment (Copay)** – A specific, fixed dollar amount you must pay for certain supplies or services.
- **Out-of-Pocket Maximum** – This helps protect you from catastrophic costs during the year. When the coinsurance you pay for covered expenses reaches the annual maximum in a calendar year, the plan pays 100% of most remaining covered expenses for that person for the rest of the year. The annual deductible and your copays count towards your out-of-pocket maximum.
- **Family Maximums** – If you cover family members, the plan limits both your annual deductible and annual out-of-pocket maximum. When a combination of all your family's deductible expenses reaches the family deductible amount, your family no longer pays any further deductibles. When the family maximum is met for the calendar year, no other family members will be required to meet further annual deductibles or out-of-pocket maximums for the rest of that year.
- **Annual Maximum** – The maximum amount the insurer will pay the insured for benefits in one plan year (January 1st – December 31st). Each participant has his/her own individual maximum.
- **Pharmacy Deductible** – Separate \$25 deductible per participant per calendar year applies to pharmacy benefit.

## FLEXIBLE SPENDING ACCOUNTS (FSA)

An FSA allows you to set aside pre-tax dollars to cover qualified expenses that you would normally pay out of your pocket with post-tax dollars. The FSA is comprised of a health care spending account and a dependent care account. You pay no federal or state income taxes on the money you place in an FSA. Please make sure that you plan your FSA contributions carefully, as any funds not used by March 15, 2021, will be forfeited. The FSA program will not roll over into the next year, so re-enrollment is required each year.

### How an FSA Works:

- Choose a specific amount of money to contribute for the plan year of January 1, 2020, to December 31, 2020.
- You have until March 15, 2021, to use your FSA savings (which includes the grace period of two months and 15 days).

Access to your individual MyTASC, FSA Account is available at: [www.tasconline.com/UBAonline](http://www.tasconline.com/UBAonline).

City of Abilene offers the Flexible Spending Account (FSA) benefit to employees for both Health Care and Dependent Care Expenses through **Total Administrative Services Corporation (TASC)**. This benefit provides a debit card for health care expenses.

### Flexible Spending Accounts include the following two accounts

#### Health Care Spending Account

The health care FSA lets employees use pre-tax dollars to pay any medical, dental, or vision care expenses not reimbursed by any other benefit plans. These expenses may include the deductible, coinsurance, or other eligible costs not covered by the medical plan. The maximum yearly contribution is \$2,700.

#### Dependent Care Account

The dependent care FSA lets employees use pre-tax dollars to pay for eligible childcare and/or eldercare expenses they incur while they work. If married, both spouses must be employed in order to save in the Dependent Care Account. If married and filing a joint tax return or single and head of household, the maximum yearly contribution is \$5,000. If married and filing separate tax returns, the maximum yearly contribution is \$2,500.

|                                       |  |
|---------------------------------------|--|
| Health Care Account Annual Maximum    | \$2,700  |
| Dependent Care Account Annual Maximum | \$5,000 married filing jointly or single and head of household |
|                                       | \$2,500 married taxpayers filing separate returns              |

## DENTAL INSURANCE

The City of Abilene offers two dental plans to choose from. Both plans are administered by Delta Dental Network. In these plans, you may choose to use any dentists you wish; you will receive a higher level of benefit coverage if you choose a dentist in the Delta Dental Network.

|                         | LOW PLAN | HIGH PLAN |
|-------------------------|----------|-----------|
|                         | monthly  | monthly   |
| Employee Only           | \$15.64  | \$27.87   |
| Employee and Spouse     | \$32.77  | \$56.72   |
| Employee and Child(ren) | \$35.87  | \$60.00   |
| Employee and Family     | \$53.00  | \$84.85   |

*If your dental treatment is expected to cost \$300 or more, ask your dentist to submit a pre-treatment estimate request to Delta Dental. A detailed list of the benefits paid under the plan can be found at [deltadental.com](http://deltadental.com).*

| FEATURE   | LOW PLAN   | HIGH PLAN  |
|---|--|--|
| Calendar Year Deductible – For basic and major benefits combined  | \$50/Employee; \$150/Family<br>3 Family Member Maximum | \$50/Employee; \$150/Family<br>3 Family Member Maximum |
| Maximum Benefit Per Calendar Year   | \$1,000  | \$2,000  |
| <b>Preventive Services – Deductible waived</b>  |  |  |
| Oral Examinations <sup>(a)</sup> ; Cleanings <sup>(a)</sup> (Adult/Child); Fluoride <sup>(a)</sup> ; Sealants (permanent molars only); Bitewing Images <sup>(a)</sup> ; Full Mouth Series Images <sup>(a)</sup> ; Space Maintainers <sup>(a)</sup>  | 100%   | 100%   |
| <b>Basic Services</b>   |  |  |
| Amalgam (silver) fillings; Composite fillings (anterior teeth only); Stainless steel crowns; Incision and drainage of abscess*; Uncomplicated extractions; Surgical removal of erupted tooth*; Surgical removal of impacted tooth (soft tissue)*; Surgical removal of impacted tooth (partial bony/ full bony)*; General anesthesia/intravenous sedation* | 70%  | 80%  |
| <b>Major Services</b>   |  |  |
| Inlays and onlays; Crown repairs; Root Canal therapy, molar teeth; Scaling and root planing <sup>(a)</sup> ; Osseous surgery <sup>(a)*</sup> ; Crown Lengthening; Gingivectomy*; Full & partial dentures; Pontics; Denture repairs; Crown Build-Ups   | 50%  | 50%  |
| Waiting Period  | None   | None   |
| <b>Orthodontic Services</b>   |  |  |
| Coinsurance   | 50%  | 50%  |
| Coverage for Adults   | No   | Yes  |
| Waiting Period (The orthodontic waiting period is waived for all enrollees who enroll effective January 1, 2020. For anyone enrolling after January 1, 2020, the waiting period will apply.)  | 12 months  | 12 months  |
| Orthodontic Lifetime Maximum Benefit  | \$500  | \$1,500  |

\*Certain services may be covered under the Medical Plan. Contact Member Services for more details.

<sup>(a)</sup>Frequency and/or age limitations may apply to these services. These limits are described in the booklet/certificate.

## VISION INSURANCE

The City of Abilene offers vision coverage for you and your eligible dependents through VSP Choice Plan. The vision plan is a network provider plan; however, it does offer benefits for out-of-network services. When you use a participating doctor or provider, you pay only a copay for most covered services.

To see the In-Network providers, visit [www.vsp.com](http://www.vsp.com).

|                            | monthly |
|----------------------------|---------|
| <b>Employee Only</b>       | \$5.00  |
| <b>Employee + 1</b>        | \$9.66  |
| <b>Employee and Family</b> | \$14.30 |

| SERVICE   | IN-NETWORK BENEFITS   | OUT-OF-NETWORK REIMBURSEMENT |
|---|---|------------------------------|
| <b>Exams</b> - Use your Exam coverage once every rolling 12 months  |   |                              |
| Routine/Comprehensive Eye Exam  | Comprehensive WellVision Exam; \$10 copay                     | \$45 Reimbursement           |
| Standard Contact Lens Fit/Follow-Up   | Member pays discounted fee of \$60                            | Not Covered                  |
| Premium Contact Lens Fit/Follow-Up  | Member pays 85% of retail                                     | Not Covered                  |
| <b>Eyeglass Lenses / Lens options</b> - Use your Lens coverage once every rolling 12 months to purchase either 1 pair of eyeglass lenses OR 1 order of contact lenses |   |                              |
| Standard Plastic Single Vision Lenses   | \$25 Copay  | \$30 Reimbursement           |
| Standard Plastic Bifocal Vision Lenses  | \$25 Copay  | \$50 Reimbursement           |
| Standard Plastic Trifocal Vision Lenses   | \$25 Copay  | \$65 Reimbursement           |
| Standard Plastic Lenticular Vision Lenses   | \$25 Copay  | \$55 Reimbursement           |
| Standard Progressive Vision Lenses  | \$25 Copay  | \$40 Reimbursement           |
| Standard Plastic Scratch Coating  | \$17 Copay  | Not Covered                  |
| Standard Polycarbonate Lenses - Adult   | Single Vision - \$31<br>Multifocal - \$35                     | Not Covered                  |
| Standard Polycarbonate Lenses - Children To Age 19  | Covered under \$25 copay                                      | Not Covered                  |
| Standard Anti-Reflective Coating  | Member pays discounted fee of \$41                            | Not Covered                  |
| Photochromic/Transitions Plastic  | Single Vision - \$70<br>Multifocal - \$82                     | Not Covered                  |
| <b>Contact Lenses</b> - Use your Lens coverage once every rolling 12 months to purchase either 1 pair of eyeglass lenses OR 1 order of contact lenses                 |   |                              |
| Conventional Contact Lenses   | \$130 Allowance*  | \$105 Reimbursement          |
| Disposable Contact Lenses   | \$100 Allowance   | \$80 Reimbursement           |
| Medically Necessary Contact Lenses  | \$0 Copay   | \$200 Reimbursement          |
| <b>Frames</b> - Use your frame coverage once every rolling 24 months  |   |                              |
| Any Frame available, including frames for prescription sunglasses   | \$130 Allowance*<br>Additional 20% off balance over allowance | \$70 Reimbursement           |

\*See Summary of Benefits for further details.

ENROLLMENT DATES: **OCTOBER 18 - OCTOBER 31, 2019**



## GROUP BASIC LIFE AND AD&D INSURANCE

All active full-time employees enrolled in the employer-sponsored medical plan are eligible for \$25,000 of Group Basic Term Life and Accidental Death and Dismemberment (AD&D) through Securian Financial Ochs. The City pays the cost of this benefit.

## GROUP VOLUNTARY TERM LIFE INSURANCE

Your group life insurance carrier is changing to Securian Financial, administered by Ochs. The new plan offers enhancements including removing supplemental life age reductions and a one-time guaranteed issue enrollment opportunity. Be sure to take advantage of your special offer! You can find details and rates as noted below.

### ONE-TIME GUARANTEED ISSUE OFFER

During this enrollment period, employees can elect supplemental life insurance - **no health questions or evidence of insurability required!**

Group Voluntary Term Life Coverage for spouse and children cannot exceed that of the employee. Your individual cost varies depending on coverage amount selected; your Benefits Educator will provide you with the costs per pay period. IRS regulations require the value of basic and supplemental life insurance benefits over \$50,000 (if any) be reported as "imputed income" - non-cash income that you receive from an employer-provided benefit.

### Guaranteed Issue Details

- **EMPLOYEE LIFE: elect or increase up to the new guaranteed issue limit of \$250,000** (maximum includes coverage amount currently in force)
- **CHILD LIFE: elect \$10,000, \$15,000 or \$20,000**
- **EMPLOYEE or FAMILY VOLUNTARY AD&D: elect up to \$500,000 employee** (\$250,000 spouse / \$50,000 child max.)

Child life and AD&D is offered guaranteed issue each annual enrollment period.

**Evidence of Insurability** is required for employee life elections exceeding the guaranteed issue limits, for spouse life elections and for employee and spouse life elections in the future.

**Beneficiary designations** should be reviewed and updated periodically. You are encouraged to complete a new form at this time.

**Questions** can be directed to your employer or contact Ochs:

651-665-3789 • 1-800-392-7295 • ochs@ochsinc.com

## GROUP VOLUNTARY ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE

All full-time active employees are eligible to elect Voluntary AD&D insurance. This coverage provides an additional benefit in the event of accidental death and dismemberment. Benefits are available in \$10,000 increments to a maximum of \$500,000. Amounts in excess of \$150,000 are limited to 10 times annual salary. Available options include Employee Only or Employee and Family coverage.

### MONTHLY COST

| CHILD TERM LIFE*           | VOLUNTARY AD&D          |
|----------------------------|-------------------------|
| <b>\$10,000</b> for \$1.30 | Rate per \$1,000        |
| <b>\$15,000</b> for \$1.95 | <b>Employee:</b> \$0.35 |
| <b>\$20,000</b> for \$2.60 | <b>Family:</b> \$0.60*  |

\*Premium insures all eligible children

| EMPLOYEE AND SPOUSE SUPPLEMENTAL TERM LIFE MONTHLY RATES (Based on Age) |        |        |        |        |        |        |        |        |        |        |          |
|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|----------|
| Age   | < 25   | 25-29  | 30-34  | 35-39  | 40-44  | 45-49  | 50-54  | 55-59  | 60-64  | 65-69  | 70-74*   |
| Rates per \$1,000   | \$0.04 | \$0.04 | \$0.04 | \$0.08 | \$0.10 | \$0.15 | \$0.23 | \$0.43 | \$0.66 | \$1.27 | \$2.06   |
| Coverage Amount   |        |        |        |        |        |        |        |        |        |        |          |
| \$5,000   | 0.20   | 0.20   | 0.20   | 0.40   | 0.50   | 0.75   | 1.15   | 2.15   | 3.30   | 6.35   | 10.30    |
| \$10,000  | 0.40   | 0.40   | 0.40   | 0.80   | 1.00   | 1.50   | 2.30   | 4.30   | 6.60   | 12.70  | 20.60    |
| \$20,000  | 0.80   | 0.80   | 0.80   | 1.60   | 2.00   | 3.00   | 4.60   | 8.60   | 13.20  | 25.40  | 41.20    |
| \$30,000  | 1.20   | 1.20   | 1.20   | 2.40   | 3.00   | 4.50   | 6.90   | 12.90  | 19.80  | 38.10  | 61.80    |
| \$40,000  | 1.60   | 1.60   | 1.60   | 3.20   | 4.00   | 6.00   | 9.20   | 17.20  | 26.40  | 50.80  | 82.40    |
| \$50,000  | 2.00   | 2.00   | 2.00   | 4.00   | 5.00   | 7.50   | 11.50  | 21.50  | 33.00  | 63.50  | 103.00   |
| \$60,000  | 2.40   | 2.40   | 2.40   | 4.80   | 6.00   | 9.00   | 13.80  | 25.80  | 39.60  | 76.20  | 123.60   |
| \$70,000  | 2.80   | 2.80   | 2.80   | 5.60   | 7.00   | 10.50  | 16.10  | 30.10  | 46.20  | 88.90  | 144.20   |
| \$80,000  | 3.20   | 3.20   | 3.20   | 6.40   | 8.00   | 12.00  | 18.40  | 34.40  | 52.80  | 101.60 | 164.80   |
| \$90,000  | 3.60   | 3.60   | 3.60   | 7.20   | 9.00   | 13.50  | 20.70  | 38.70  | 59.40  | 114.30 | 185.40   |
| \$100,000   | 4.00   | 4.00   | 4.00   | 8.00   | 10.00  | 15.00  | 23.00  | 43.00  | 66.00  | 127.00 | 206.00   |
| \$110,000   | 4.40   | 4.40   | 4.40   | 8.80   | 11.00  | 16.50  | 25.30  | 47.30  | 72.60  | 139.70 | 226.60   |
| \$120,000   | 4.80   | 4.80   | 4.80   | 9.60   | 12.00  | 18.00  | 27.60  | 51.60  | 79.20  | 152.40 | 247.20   |
| \$130,000   | 5.20   | 5.20   | 5.20   | 10.40  | 13.00  | 19.50  | 29.90  | 55.90  | 85.80  | 165.10 | 267.80   |
| \$140,000   | 5.60   | 5.60   | 5.60   | 11.20  | 14.00  | 21.00  | 32.20  | 60.20  | 92.40  | 117.80 | 288.40   |
| \$150,000   | 6.00   | 6.00   | 6.00   | 12.00  | 15.00  | 22.50  | 34.50  | 64.50  | 99.00  | 190.50 | 309.00   |
| \$160,000   | 6.40   | 6.40   | 6.40   | 12.80  | 16.00  | 24.00  | 36.80  | 68.80  | 105.60 | 203.20 | 329.60   |
| \$170,000   | 6.80   | 6.80   | 6.80   | 13.60  | 17.00  | 25.50  | 39.10  | 73.10  | 112.20 | 215.90 | 350.20   |
| \$180,000   | 7.20   | 7.20   | 7.20   | 14.40  | 18.00  | 27.00  | 41.40  | 77.40  | 118.80 | 228.60 | 370.80   |
| \$190,000   | 7.60   | 7.60   | 7.60   | 15.20  | 19.00  | 28.50  | 43.70  | 81.70  | 125.40 | 241.30 | 391.40   |
| \$200,000   | 8.00   | 8.00   | 8.00   | 16.00  | 20.00  | 30.00  | 46.00  | 86.00  | 132.00 | 254.00 | 412.00   |
| \$210,000   | 8.40   | 8.40   | 8.40   | 16.80  | 21.00  | 31.50  | 48.30  | 90.30  | 138.60 | 266.70 | 432.60   |
| \$220,000   | 8.80   | 8.80   | 8.80   | 17.60  | 22.00  | 33.00  | 50.60  | 94.60  | 145.20 | 279.40 | 453.20   |
| \$230,000   | 9.20   | 9.20   | 9.20   | 18.40  | 23.00  | 34.50  | 52.90  | 98.90  | 151.80 | 292.10 | 473.80   |
| \$240,000   | 9.60   | 9.60   | 9.60   | 19.20  | 24.00  | 36.00  | 55.20  | 103.20 | 158.40 | 304.80 | 494.40   |
| \$250,000   | 10.00  | 10.00  | 10.00  | 20.00  | 25.00  | 37.50  | 57.50  | 107.50 | 165.00 | 317.50 | 515.00   |
| \$260,000   | 10.40  | 10.40  | 10.40  | 20.80  | 26.00  | 39.00  | 59.80  | 111.80 | 171.60 | 330.20 | 535.60   |
| \$270,000   | 10.80  | 10.80  | 10.80  | 21.60  | 27.00  | 40.50  | 62.10  | 116.10 | 178.20 | 342.90 | 556.20   |
| \$280,000   | 11.20  | 11.20  | 11.20  | 22.40  | 28.00  | 42.00  | 64.40  | 120.40 | 184.80 | 355.60 | 576.80   |
| \$290,000   | 11.60  | 11.60  | 11.60  | 23.20  | 29.00  | 43.50  | 66.70  | 124.70 | 191.40 | 368.30 | 597.40   |
| \$300,000   | 12.00  | 12.00  | 12.00  | 24.00  | 30.00  | 45.00  | 69.00  | 129.00 | 198.00 | 381.00 | 618.00   |
| \$350,000   | 14.00  | 14.00  | 14.00  | 28.00  | 35.00  | 52.50  | 80.50  | 150.50 | 231.00 | 444.50 | 721.00   |
| \$400,000   | 16.00  | 16.00  | 16.00  | 32.00  | 40.00  | 60.00  | 92.00  | 172.00 | 264.00 | 508.00 | 824.00   |
| \$450,000   | 18.00  | 18.00  | 18.00  | 36.00  | 45.00  | 67.50  | 103.50 | 193.50 | 297.00 | 571.50 | 927.00   |
| \$500,000   | 20.00  | 20.00  | 20.00  | 40.00  | 50.00  | 75.00  | 115.00 | 215.00 | 330.00 | 635.00 | 1,030.00 |

\*Additional rates available upon request  
Rates change according to age brackets.  
Rate grid E. doc

## WHOLE LIFE INSURANCE

Unum's Whole Life Insurance is designed to pay a death benefit to your beneficiaries, but it can also gain cash value you can use while you are living. This benefit offers an affordable, guaranteed level of premium that won't increase due to age. Unlike term life insurance offered through the workplace, this coverage can continue into retirement.

### Advantages of the Plan

- Coverage is available to eligible employees age 15 to 80 who are actively at work.\*
- You can buy coverage for your spouse and dependent children.
- The policy accumulates cash value at a guaranteed rate of 4.5%.\*\* Once your cash value builds to a certain level, you can borrow from the cash value or use it to buy a smaller "paid-up" policy with no more premiums due.
- You get affordable rates when you buy this policy through your employer, and it is paid for through convenient payroll deduction.
- You own the policy so you can keep this coverage if you leave the company or retire. Unum will bill you directly.
- Coverage becomes effective on the first day of the month in which payroll deductions begin.
- During enrollment, you may be able to get this insurance up to a specified amount without taking a medical exam. You may be asked a few health questions.

### Who Can Get Coverage?

**There are two life coverage options available for your spouse. You may purchase an individual policy or a Spouse Term Life benefit.**

- Individual spouse coverage — Can be purchased without purchasing employee coverage. The minimum policy amount is \$2,000. The actual benefit amount is based on the coverage amount chosen and age at issue. If you leave your employer, you can keep your spouse's policy and be billed directly at home.
- Spouse Term Life benefit — Employees must purchase coverage to add this Spouse Term Life benefit. Coverage is available from \$5,000 to \$25,000 and lasts for 20 years. This coverage amount cannot exceed the employee base coverage amount. This benefit is not available if you purchase individual coverage for your spouse and will be cancelled if employee coverage is cancelled.

**There are two life coverage options available for your children. You may purchase an individual policy, a Child Term Life benefit or both.**

- Individual child coverage — Can be purchased without purchasing employee or spouse coverage. Each policy covers one child or grandchild; you can purchase coverage for each of your children/grandchildren. Coverage is available up to \$50,000 — benefit amounts are based on issue age and premium selected. Your children can keep it, even if you leave your employer.
- Child Term Life benefit — Employees must purchase coverage to add the Child Term Life benefit. Each policy covers all eligible children. Coverage is available from \$1,000 to \$10,000 and ends when your policy ends or when the last child turns 25. At that time, children are guaranteed the right to buy an individual whole life policy at five times the amount of their rider. Coverage will be cancelled if employee coverage is cancelled.

### Additional coverage options

- An additional 50% Term Life coverage option may be available for purchase. This is an affordable way to increase your coverage by 50% of your base policy amount. The option lasts for 20 years. For example, if you purchase a \$25,000 whole life policy, you can get an additional \$12,500 (or 50%) of Term Life coverage for 20 years.
- Available for employees age 15 to 65.
- Adding this benefit will increase the cost of coverage.
- An Accidental Death Benefit can be added to this coverage. This feature can double the Life benefit amount if you die due to a covered accident before age 70.
- Available for employee and spouse age 15 to 65.
- Maximum additional benefit amount is \$150,000.
- Adding this benefit will increase the cost of coverage.
- Living Benefit Option Rider — Automatically included at no extra charge on this policy is a Living Benefit Option Rider. You can request up to 100% of the death benefit amount (to a maximum of \$150,000) if you are diagnosed with a medical condition that limits life expectancy to 12 months or less. Any payout you receive while you are living would reduce the amount of the benefit that would be paid to your beneficiaries when you die.

### Monthly Premiums

Some rates and costs listed below may be applicable only to certain quotes and/or classes. Please see the "Plan Description" section of your Benefits Summary for specific plan details. Premium illustrates base product premium only; optional rider premium is in addition to base premium.

The guaranteed interest rate is 4.5%. Surrender value will be reduced by any outstanding loans.

| EMPLOYEE & SPOUSE VOLUME PURCHASE<br>PAID UP AGE 120 / CASH VALUE AT 65 |          |            |          |            |  |          |            |          |            |
|---|----------|------------|----------|------------|--|----------|------------|----------|------------|
| MONTHLY PREMIUMS BASED ON A VOLUME PURCHASE OF \$10,000                 |          |            |          |            | MONTHLY PREMIUMS BASED ON A VOLUME PURCHASE OF \$40,000  |          |            |          |            |
| Non-Tobacco   |          | Tobacco    |          |            | Non-Tobacco  |          | Tobacco    |          |            |
| Issue Age   | Premium  | Cash Value | Premium  | Cash Value | Issue Age  | Premium  | Cash Value | Premium  | Cash Value |
| 15  | N/A      | N/A        | N/A      | N/A        | 15   | \$22.41  | \$16,691   | \$36.71  | \$19,033   |
| 20  | N/A      | N/A        | N/A      | N/A        | 20   | \$24.79  | \$16,273   | \$43.12  | \$18,525   |
| 25  | N/A      | N/A        | N/A      | N/A        | 25   | \$29.04  | \$15,743   | \$50.62  | \$17,897   |
| 30  | N/A      | N/A        | \$14.74  | \$4,274    | 30   | \$35.67  | \$15,060   | \$58.94  | \$17,096   |
| 35  | N/A      | N/A        | \$18.42  | \$4,009    | 35   | \$44.64  | \$14,161   | \$73.54  | \$16,036   |
| 40  | \$14.35  | \$3,245    | \$23.92  | \$3,660    | 40   | \$57.33  | \$12,982   | \$95.68  | \$14,638   |
| 45  | \$18.72  | \$2,856    | \$31.72  | \$3,197    | 45   | \$74.84  | \$11,424   | \$126.84 | \$12,788   |
| 50  | \$25.27  | \$2,340    | \$41.82  | \$2,587    | 50   | \$100.93 | \$9,360    | \$167.14 | \$10,347   |
| 55  | \$35.75  | \$1,645    | \$59.59  | \$1,776    | 55   | \$142.87 | \$6,582    | \$238.34 | \$7,104    |
| 60  | \$49.84  | \$1,963    | \$81.12  | \$2,024    | 60   | \$199.34 | \$7,851    | \$324.35 | \$8,096    |
| MONTHLY PREMIUMS BASED ON A VOLUME PURCHASE OF \$20,000                 |          |            |          |            | MONTHLY PREMIUMS BASED ON A VOLUME PURCHASE OF \$50,000  |          |            |          |            |
| Non-Tobacco   |          | Tobacco    |          |            | Non-Tobacco  |          | Tobacco    |          |            |
| Issue Age   | Premium  | Cash Value | Premium  | Cash Value | Issue Age  | Premium  | Cash Value | Premium  | Cash Value |
| 15  | N/A      | N/A        | \$18.38  | \$9,516    | 15   | \$28.04  | \$20,864   | \$45.89  | \$23,791   |
| 20  | N/A      | N/A        | \$21.58  | \$9,262    | 20   | \$30.99  | \$20,341   | \$53.91  | \$23,156   |
| 25  | \$14.52  | \$7,872    | \$25.31  | \$8,949    | 25   | \$36.32  | \$19,679   | \$63.27  | \$22,372   |
| 30  | \$17.86  | \$7,530    | \$29.47  | \$8,548    | 30   | \$44.55  | \$18,824   | \$73.67  | \$21,370   |
| 35  | \$22.32  | \$7,080    | \$36.79  | \$8,018    | 35   | \$55.82  | \$17,701   | \$91.96  | \$20,046   |
| 40  | \$28.69  | \$6,491    | \$47.84  | \$7,319    | 40   | \$71.63  | \$16,227   | \$119.60 | \$18,298   |
| 45  | \$37.44  | \$5,712    | \$63.40  | \$6,394    | 45   | \$93.56  | \$14,280   | \$158.52 | \$15,986   |
| 50  | \$50.49  | \$4,680    | \$83.59  | \$5,174    | 50   | \$126.15 | \$11,700   | \$208.96 | \$12,934   |
| 55  | \$71.46  | \$3,291    | \$119.17 | \$3,552    | 55   | \$178.62 | \$8,227    | \$297.92 | \$8,881    |
| 60  | \$99.67  | \$3,925    | \$162.20 | \$4,048    | 60   | \$249.17 | \$9,814    | \$405.43 | \$10,121   |
| MONTHLY PREMIUMS BASED ON A VOLUME PURCHASE OF \$30,000                 |          |            |          |            | MONTHLY PREMIUMS BASED ON A VOLUME PURCHASE OF \$100,000 |          |            |          |            |
| Non-Tobacco   |          | Tobacco    |          |            | Non-Tobacco  |          | Tobacco    |          |            |
| Issue Age   | Premium  | Cash Value | Premium  | Cash Value | Issue Age  | Premium  | Cash Value | Premium  | Cash Value |
| 15  | \$16.82  | \$12,518   | \$27.56  | \$14,275   | 15   | \$56.03  | \$41,727   | \$91.78  | \$47,582   |
| 20  | \$18.59  | \$12,205   | \$32.33  | \$13,894   | 20   | \$61.93  | \$40,682   | \$107.77 | \$46,312   |
| 25  | \$21.80  | \$11,807   | \$37.96  | \$13,423   | 25   | \$72.59  | \$39,358   | \$126.54 | \$44,743   |
| 30  | \$26.74  | \$11,295   | \$44.20  | \$12,822   | 30   | \$89.10  | \$37,649   | \$147.34 | \$42,739   |
| 35  | \$33.50  | \$10,621   | \$55.17  | \$12,027   | 35   | \$111.59 | \$35,402   | \$183.87 | \$40,091   |
| 40  | \$42.99  | \$9,736    | \$71.76  | \$10,979   | 40   | \$143.26 | \$32,454   | \$239.20 | \$36,595   |
| 45  | \$56.16  | \$8,568    | \$95.12  | \$9,591    | 45   | \$187.12 | \$28,561   | \$317.03 | \$31,971   |
| 50  | \$75.71  | \$7,020    | \$125.37 | \$7,760    | 50   | \$252.29 | \$23,399   | \$417.87 | \$25,868   |
| 55  | \$107.17 | \$4,936    | \$178.75 | \$5,328    | 55   | \$357.20 | \$16,454   | \$595.84 | \$17,761   |
| 60  | \$149.50 | \$5,888    | \$243.28 | \$6,072    | 60   | \$498.34 | \$19,627   | \$810.86 | \$20,241   |

ENROLLMENT DATES: OCTOBER 18 - OCTOBER 31, 2019

**EMPLOYEE & SPOUSE VOLUME PURCHASE  
PAID UP AGE 70 / CASH VALUE AT 65**

| MONTHLY PREMIUMS BASED ON A VOLUME PURCHASE OF \$10,000 |             |            |         |            |
|---|-------------|------------|---------|------------|
| Issue Age   | Non-Tobacco |            | Tobacco |            |
|   | Premium     | Cash Value | Premium | Cash Value |
| 15  | N/A         | N/A        | N/A     | N/A        |
| 20  | N/A         | N/A        | N/A     | N/A        |
| 25  | N/A         | N/A        | \$14.30 | \$4,972    |
| 30  | N/A         | N/A        | \$16.77 | \$4,881    |
| 35  | \$13.48     | \$4,227    | \$21.19 | \$4,757    |
| 40  | \$17.77     | \$4,088    | \$28.21 | \$4,583    |
| 45  | \$24.14     | \$3,886    | \$38.48 | \$4,334    |
| 50  | \$34.32     | \$3,578    | \$52.74 | \$3,962    |
| 55  | N/A         | N/A        | N/A     | N/A        |
| 60  | N/A         | N/A        | N/A     | N/A        |

| MONTHLY PREMIUMS BASED ON A VOLUME PURCHASE OF \$20,000 |             |            |          |            |
|---|-------------|------------|----------|------------|
| Issue Age   | Non-Tobacco |            | Tobacco  |            |
|   | Premium     | Cash Value | Premium  | Cash Value |
| 15  | \$13.00     | \$8,988    | \$20.59  | \$10,193   |
| 20  | \$14.39     | \$8,905    | \$24.14  | \$10,083   |
| 25  | \$17.03     | \$8,797    | \$28.56  | \$9,945    |
| 30  | \$21.11     | \$8,652    | \$33.54  | \$9,763    |
| 35  | \$26.91     | \$8,453    | \$42.38  | \$9,513    |
| 40  | \$35.54     | \$8,175    | \$56.42  | \$9,166    |
| 45  | \$48.28     | \$7,773    | \$77.01  | \$8,669    |
| 50  | \$68.64     | \$7,157    | \$105.48 | \$7,923    |
| 55  | N/A         | N/A        | N/A      | N/A        |
| 60  | N/A         | N/A        | N/A      | N/A        |

| MONTHLY PREMIUMS BASED ON A VOLUME PURCHASE OF \$30,000 |             |            |          |            |
|---|-------------|------------|----------|------------|
| Issue Age   | Non-Tobacco |            | Tobacco  |            |
|   | Premium     | Cash Value | Premium  | Cash Value |
| 15  | \$19.50     | \$13,482   | \$30.86  | \$15,290   |
| 20  | \$21.54     | \$13,358   | \$36.23  | \$15,125   |
| 25  | \$25.57     | \$13,195   | \$42.86  | \$14,917   |
| 30  | \$31.68     | \$12,978   | \$50.31  | \$14,644   |
| 35  | \$40.39     | \$12,680   | \$63.62  | \$14,270   |
| 40  | \$53.30     | \$12,263   | \$84.63  | \$13,749   |
| 45  | \$72.41     | \$11,659   | \$115.49 | \$13,003   |
| 50  | \$102.96    | \$10,735   | \$158.21 | \$11,885   |
| 55  | N/A         | N/A        | N/A      | N/A        |
| 60  | N/A         | N/A        | N/A      | N/A        |

| MONTHLY PREMIUMS BASED ON A VOLUME PURCHASE OF \$40,000 |             |            |          |            |
|---|-------------|------------|----------|------------|
| Issue Age   | Non-Tobacco |            | Tobacco  |            |
|   | Premium     | Cash Value | Premium  | Cash Value |
| 15  | \$26.00     | \$17,976   | \$41.13  | \$20,386   |
| 20  | \$28.73     | \$17,810   | \$48.28  | \$20,167   |
| 25  | \$34.11     | \$17,594   | \$57.12  | \$19,889   |
| 30  | \$42.21     | \$17,304   | \$67.08  | \$19,525   |
| 35  | \$53.82     | \$16,907   | \$84.81  | \$19,026   |
| 40  | \$71.07     | \$16,351   | \$112.80 | \$18,332   |
| 45  | \$96.55     | \$15,545   | \$153.97 | \$17,337   |
| 50  | \$137.24    | \$14,314   | \$210.91 | \$15,846   |
| 55  | N/A         | N/A        | N/A      | N/A        |
| 60  | N/A         | N/A        | N/A      | N/A        |

| MONTHLY PREMIUMS BASED ON A VOLUME PURCHASE OF \$50,000 |             |            |          |            |
|---|-------------|------------|----------|------------|
| Issue Age   | Non-Tobacco |            | Tobacco  |            |
|   | Premium     | Cash Value | Premium  | Cash Value |
| 15  | \$32.50     | \$22,470   | \$51.40  | \$25,483   |
| 20  | \$35.88     | \$22,262   | \$60.37  | \$25,209   |
| 25  | \$42.60     | \$21,992   | \$71.42  | \$24,862   |
| 30  | \$52.78     | \$21,630   | \$83.85  | \$24,407   |
| 35  | \$67.26     | \$21,134   | \$106.00 | \$23,783   |
| 40  | \$88.84     | \$20,438   | \$141.01 | \$22,915   |
| 45  | \$120.69    | \$19,432   | \$192.45 | \$21,672   |
| 50  | \$171.56    | \$17,892   | \$263.64 | \$19,808   |
| 55  | N/A         | N/A        | N/A      | N/A        |
| 60  | N/A         | N/A        | N/A      | N/A        |

| MONTHLY PREMIUMS BASED ON A VOLUME PURCHASE OF \$100,000 |             |            |          |            |
|--|-------------|------------|----------|------------|
| Issue Age  | Non-Tobacco |            | Tobacco  |            |
|  | Premium     | Cash Value | Premium  | Cash Value |
| 15   | \$65.00     | \$44,941   | \$102.79 | \$50,966   |
| 20   | \$71.76     | \$44,525   | \$120.69 | \$50,417   |
| 25   | \$85.20     | \$43,984   | \$142.79 | \$49,723   |
| 30   | \$105.52    | \$43,261   | \$167.70 | \$48,813   |
| 35   | \$134.51    | \$42,267   | \$211.95 | \$47,566   |
| 40   | \$177.67    | \$40,877   | \$282.02 | \$45,830   |
| 45   | \$241.37    | \$38,863   | \$384.85 | \$43,343   |
| 50   | \$343.12    | \$35,784   | \$527.28 | \$39,616   |
| 55   | N/A         | N/A        | N/A      | N/A        |
| 60   | N/A         | N/A        | N/A      | N/A        |

**CHILD VOLUME PURCHASE  
PAID UP AGE 70 / CASH VALUE AT 65**

| CHILD MONTHLY PREMIUMS BASED ON A VOLUME PURCHASE OF \$5,000 |             |            |
|--|-------------|------------|
|  | Uni-Tobacco |            |
| Issue Age  | Premium     | Cash Value |
| 0  | N/A         | N/A        |
| 1  | N/A         | N/A        |
| 2  | N/A         | N/A        |
| 3  | N/A         | N/A        |
| 4  | N/A         | N/A        |
| 5  | N/A         | N/A        |
| 10   | N/A         | N/A        |
| 15   | N/A         | N/A        |
| 26   | \$5.59      | \$2,220    |

| CHILD MONTHLY PREMIUMS BASED ON A VOLUME PURCHASE OF \$10,000 |             |            |
|---|-------------|------------|
|   | Uni-Tobacco |            |
| Issue Age   | Premium     | Cash Value |
| 0   | \$5.81      | \$4,637    |
| 1   | \$5.85      | \$4,634    |
| 2   | \$5.85      | \$4,630    |
| 3   | \$5.94      | \$4,626    |
| 4   | \$6.03      | \$4,621    |
| 5   | \$6.16      | \$4,616    |
| 10  | \$7.02      | \$4,588    |
| 15  | \$8.24      | \$4,552    |
| 26  | \$11.14     | \$4,439    |

**EMPLOYEE TERM RIDER  
PAID UP AGE 120 FOR BASE - 20 YEAR TERM FOR RIDER**

| EMPLOYEE TERM RIDER MONTHLY PREMIUMS<br>BASED ON A VOLUME PURCHASE OF \$5,000 |              |              |
|---|--------------|--------------|
|   | Non-Tobacco  | Tobacco      |
| Issue Age   | Term Premium | Term Premium |
| 15  | N/A          | N/A          |
| 20  | N/A          | N/A          |
| 25  | N/A          | N/A          |
| 30  | N/A          | \$2.10       |
| 35  | N/A          | \$2.68       |
| 40  | \$2.42       | \$3.48       |
| 45  | \$3.25       | \$4.61       |
| 50  | \$4.31       | \$6.08       |
| 55  | \$6.18       | \$8.67       |
| 60  | \$8.63       | \$11.79      |

| EMPLOYEE TERM RIDER MONTHLY PREMIUMS<br>BASED ON A VOLUME PURCHASE OF \$15,000 |             |         |
|--|-------------|---------|
|  | Non-Tobacco | Tobacco |
| Issue Age  | Premium     | Premium |
| 15   | \$2.58      | \$3.83  |
| 20   | \$2.73      | \$4.14  |
| 25   | \$3.36      | \$5.11  |
| 30   | \$4.23      | \$6.29  |
| 35   | \$5.50      | \$8.03  |
| 40   | \$7.25      | \$10.44 |
| 45   | \$9.74      | \$13.83 |
| 50   | \$12.93     | \$18.23 |
| 55   | \$18.55     | \$26.00 |
| 60   | \$25.89     | \$35.38 |

| EMPLOYEE TERM RIDER MONTHLY PREMIUMS<br>BASED ON A VOLUME PURCHASE OF \$10,000 |              |              |
|--|--------------|--------------|
|  | Non-Tobacco  | Tobacco      |
| Issue Age  | Term Premium | Term Premium |
| 15   | N/A          | \$2.55       |
| 20   | N/A          | \$2.76       |
| 25   | \$2.24       | \$3.41       |
| 30   | \$2.82       | \$4.19       |
| 35   | \$3.67       | \$5.35       |
| 40   | \$4.83       | \$6.96       |
| 45   | \$6.49       | \$9.22       |
| 50   | \$8.62       | \$12.15      |
| 55   | \$12.37      | \$17.33      |
| 60   | \$17.26      | \$23.58      |

| EMPLOYEE TERM RIDER MONTHLY PREMIUMS<br>BASED ON A VOLUME PURCHASE OF \$20,000 |             |         |
|--|-------------|---------|
|  | Non-Tobacco | Tobacco |
| Issue Age  | Premium     | Premium |
| 15   | \$3.43      | \$5.10  |
| 20   | \$3.63      | \$5.52  |
| 25   | \$4.48      | \$6.82  |
| 30   | \$5.63      | \$8.38  |
| 35   | \$7.33      | \$10.70 |
| 40   | \$9.67      | \$13.92 |
| 45   | \$12.98     | \$18.43 |
| 50   | \$17.23     | \$24.30 |
| 55   | \$24.73     | \$34.67 |
| 60   | \$34.52     | \$47.17 |

**ENROLLMENT DATES: OCTOBER 18 - OCTOBER 31, 2019**

| EMPLOYEE TERM RIDER MONTHLY PREMIUMS<br>BASED ON A VOLUME PURCHASE OF \$25,000 |             |         |
|--|-------------|---------|
|  | Non-Tobacco | Tobacco |
| Issue Age  | Premium     | Premium |
| 15   | \$4.29      | \$6.38  |
| 20   | \$4.54      | \$6.90  |
| 25   | \$5.60      | \$8.52  |
| 30   | \$7.04      | \$10.48 |
| 35   | \$9.17      | \$13.38 |
| 40   | \$12.08     | \$17.40 |
| 45   | \$16.23     | \$23.04 |
| 50   | \$21.54     | \$30.38 |
| 55   | \$30.92     | \$43.33 |
| 60   | \$43.15     | \$58.96 |

| EMPLOYEE TERM RIDER MONTHLY PREMIUMS<br>BASED ON A VOLUME PURCHASE OF \$50,000 |             |          |
|--|-------------|----------|
|  | Non-Tobacco | Tobacco  |
| Issue Age  | Premium     | Premium  |
| 15   | \$8.58      | \$12.75  |
| 20   | \$9.08      | \$13.79  |
| 25   | \$11.21     | \$17.04  |
| 30   | \$14.08     | \$20.96  |
| 35   | \$18.33     | \$26.75  |
| 40   | \$24.17     | \$34.79  |
| 45   | \$32.46     | \$46.08  |
| 50   | \$43.08     | \$60.75  |
| 55   | \$61.83     | \$86.67  |
| 60   | \$86.29     | \$117.92 |

**EMPLOYEE TERM RIDER  
PAID UP AGE 70 FOR BASE - 20 YEAR TERM FOR RIDER**

| EMPLOYEE TERM RIDER MONTHLY PREMIUMS<br>BASED ON A VOLUME PURCHASE OF \$5,000 |              |              |
|---|--------------|--------------|
|   | Non-Tobacco  | Tobacco      |
| Issue Age   | Term Premium | Term Premium |
| 15  | N/A          | N/A          |
| 20  | N/A          | N/A          |
| 25  | N/A          | \$1.70       |
| 30  | N/A          | \$2.10       |
| 35  | \$1.83       | \$2.68       |
| 40  | \$2.42       | \$3.48       |
| 45  | \$3.25       | \$4.61       |
| 50  | \$4.31       | \$6.08       |
| 55  | N/A          | N/A          |
| 60  | N/A          | N/A          |

| EMPLOYEE TERM RIDER MONTHLY PREMIUMS<br>BASED ON A VOLUME PURCHASE OF \$15,000 |             |         |
|--|-------------|---------|
|  | Non-Tobacco | Tobacco |
| Issue Age  | Premium     | Premium |
| 15   | \$2.58      | \$3.83  |
| 20   | \$2.73      | \$4.14  |
| 25   | \$3.36      | \$5.11  |
| 30   | \$4.23      | \$6.29  |
| 35   | \$5.50      | \$8.03  |
| 40   | \$7.25      | \$10.44 |
| 45   | \$9.74      | \$13.83 |
| 50   | \$12.93     | \$18.23 |
| 55   | N/A         | N/A     |
| 60   | N/A         | N/A     |

| EMPLOYEE TERM RIDER MONTHLY PREMIUMS<br>BASED ON A VOLUME PURCHASE OF \$10,000 |              |              |
|--|--------------|--------------|
|  | Non-Tobacco  | Tobacco      |
| Issue Age  | Term Premium | Term Premium |
| 15   | \$1.72       | \$2.55       |
| 20   | \$1.82       | \$2.76       |
| 25   | \$2.24       | \$3.41       |
| 30   | \$2.82       | \$4.19       |
| 35   | \$3.67       | \$5.35       |
| 40   | \$4.83       | \$6.96       |
| 45   | \$6.49       | \$9.22       |
| 50   | \$8.62       | \$12.15      |
| 55   | N/A          | N/A          |
| 60   | N/A          | N/A          |

| EMPLOYEE TERM RIDER MONTHLY PREMIUMS<br>BASED ON A VOLUME PURCHASE OF \$20,000 |             |         |
|--|-------------|---------|
|  | Non-Tobacco | Tobacco |
| Issue Age  | Premium     | Premium |
| 15   | \$3.43      | \$5.10  |
| 20   | \$3.63      | \$5.52  |
| 25   | \$4.48      | \$6.82  |
| 30   | \$5.63      | \$8.38  |
| 35   | \$7.33      | \$10.70 |
| 40   | \$9.67      | \$13.92 |
| 45   | \$12.98     | \$18.43 |
| 50   | \$17.23     | \$24.30 |
| 55   | N/A         | N/A     |
| 60   | N/A         | N/A     |

| EMPLOYEE TERM RIDER MONTHLY PREMIUMS<br>BASED ON A VOLUME PURCHASE OF \$25,000 |             |         |
|--|-------------|---------|
|  | Non-Tobacco | Tobacco |
| Issue Age  | Premium     | Premium |
| 15   | \$4.29      | \$6.38  |
| 20   | \$4.54      | \$6.90  |
| 25   | \$5.60      | \$8.52  |
| 30   | \$7.04      | \$10.48 |
| 35   | \$9.17      | \$13.38 |
| 40   | \$12.08     | \$17.40 |
| 45   | \$16.23     | \$23.04 |
| 50   | \$21.54     | \$30.38 |
| 55   | N/A         | N/A     |
| 60   | N/A         | N/A     |

| EMPLOYEE TERM RIDER MONTHLY PREMIUMS<br>BASED ON A VOLUME PURCHASE OF \$50,000 |             |         |
|--|-------------|---------|
|  | Non-Tobacco | Tobacco |
| Issue Age  | Premium     | Premium |
| 15   | \$8.58      | \$12.75 |
| 20   | \$9.08      | \$13.79 |
| 25   | \$11.21     | \$17.04 |
| 30   | \$14.08     | \$20.96 |
| 35   | \$18.33     | \$26.75 |
| 40   | \$24.17     | \$34.79 |
| 45   | \$32.46     | \$46.08 |
| 50   | \$43.08     | \$60.75 |
| 55   | N/A         | N/A     |
| 60   | N/A         | N/A     |

**ACCIDENTAL DEATH BENEFIT (ADB) RIDER  
PAID UP AGE 120**

| MONTHLY PREMIUMS BASED ON A VOLUME PURCHASE OF \$10,000 |             |         |
|---|-------------|---------|
|   | Non-Tobacco | Tobacco |
| Issue Age   | ADB         | ADB     |
| 15  | N/A         | N/A     |
| 20  | N/A         | N/A     |
| 25  | N/A         | N/A     |
| 30  | N/A         | \$0.80  |
| 35  | N/A         | \$0.80  |
| 40  | \$0.80      | \$0.80  |
| 45  | \$0.80      | \$0.80  |
| 50  | \$0.80      | \$0.80  |
| 55  | \$0.80      | \$0.80  |
| 60  | \$0.80      | \$0.80  |

| MONTHLY PREMIUMS BASED ON A VOLUME PURCHASE OF \$30,000 |             |         |
|---|-------------|---------|
|   | Non-Tobacco | Tobacco |
| Issue Age   | Premium     | Premium |
| 15  | \$2.40      | \$2.40  |
| 20  | \$2.40      | \$2.40  |
| 25  | \$2.40      | \$2.40  |
| 30  | \$2.40      | \$2.40  |
| 35  | \$2.40      | \$2.40  |
| 40  | \$2.40      | \$2.40  |
| 45  | \$2.40      | \$2.40  |
| 50  | \$2.40      | \$2.40  |
| 55  | \$2.40      | \$2.40  |
| 60  | \$2.40      | \$2.40  |

| MONTHLY PREMIUMS BASED ON A VOLUME PURCHASE OF \$20,000 |              |              |
|---|--------------|--------------|
|   | Non-Tobacco  | Tobacco      |
| Issue Age   | Term Premium | Term Premium |
| 15  | N/A          | \$1.60       |
| 20  | N/A          | \$1.60       |
| 25  | \$1.60       | \$1.60       |
| 30  | \$1.60       | \$1.60       |
| 35  | \$1.60       | \$1.60       |
| 40  | \$1.60       | \$1.60       |
| 45  | \$1.60       | \$1.60       |
| 50  | \$1.60       | \$1.60       |
| 55  | \$1.60       | \$1.60       |
| 60  | \$1.60       | \$1.60       |

| MONTHLY PREMIUMS BASED ON A VOLUME PURCHASE OF \$40,000 |             |         |
|---|-------------|---------|
|   | Non-Tobacco | Tobacco |
| Issue Age   | Premium     | Premium |
| 15  | \$3.20      | \$3.20  |
| 20  | \$3.20      | \$3.20  |
| 25  | \$3.20      | \$3.20  |
| 30  | \$3.20      | \$3.20  |
| 35  | \$3.20      | \$3.20  |
| 40  | \$3.20      | \$3.20  |
| 45  | \$3.20      | \$3.20  |
| 50  | \$3.20      | \$3.20  |
| 55  | \$3.20      | \$3.20  |
| 60  | \$3.20      | \$3.20  |

**ENROLLMENT DATES: OCTOBER 18 - OCTOBER 31, 2019**



| MONTHLY PREMIUMS BASED ON A VOLUME PURCHASE OF \$50,000 |             |         |
|---|-------------|---------|
|   | Non-Tobacco | Tobacco |
| Issue Age   | Premium     | Premium |
| 15  | \$4.00      | \$4.00  |
| 20  | \$4.00      | \$4.00  |
| 25  | \$4.00      | \$4.00  |
| 30  | \$4.00      | \$4.00  |
| 35  | \$4.00      | \$4.00  |
| 40  | \$4.00      | \$4.00  |
| 45  | \$4.00      | \$4.00  |
| 50  | \$4.00      | \$4.00  |
| 55  | \$4.00      | \$4.00  |
| 60  | \$4.00      | \$4.00  |

| MONTHLY PREMIUMS BASED ON A VOLUME PURCHASE OF \$100,000 |             |         |
|--|-------------|---------|
|  | Non-Tobacco | Tobacco |
| Issue Age  | Premium     | Premium |
| 15   | \$8.00      | \$8.00  |
| 20   | \$8.00      | \$8.00  |
| 25   | \$8.00      | \$8.00  |
| 30   | \$8.00      | \$8.00  |
| 35   | \$8.00      | \$8.00  |
| 40   | \$8.00      | \$8.00  |
| 45   | \$8.00      | \$8.00  |
| 50   | \$8.00      | \$8.00  |
| 55   | \$8.00      | \$8.00  |
| 60   | \$8.00      | \$8.00  |

**ACCIDENTAL DEATH BENEFIT (ADB) RIDER  
PAID UP AGE 70**

| MONTHLY PREMIUMS BASED ON A VOLUME PURCHASE OF \$10,000 |             |         |
|---|-------------|---------|
|   | Non-Tobacco | Tobacco |
| Issue Age   | ADB         | ADB     |
| 15  | N/A         | N/A     |
| 20  | N/A         | N/A     |
| 25  | N/A         | \$0.80  |
| 30  | N/A         | \$0.80  |
| 35  | \$0.80      | \$0.80  |
| 40  | \$0.80      | \$0.80  |
| 45  | \$0.80      | \$0.80  |
| 50  | \$0.80      | \$0.80  |
| 55  | N/A         | N/A     |
| 60  | N/A         | N/A     |

| MONTHLY PREMIUMS BASED ON A VOLUME PURCHASE OF \$30,000 |             |         |
|---|-------------|---------|
|   | Non-Tobacco | Tobacco |
| Issue Age   | Premium     | Premium |
| 15  | \$2.40      | \$2.40  |
| 20  | \$2.40      | \$2.40  |
| 25  | \$2.40      | \$2.40  |
| 30  | \$2.40      | \$2.40  |
| 35  | \$2.40      | \$2.40  |
| 40  | \$2.40      | \$2.40  |
| 45  | \$2.40      | \$2.40  |
| 50  | \$2.40      | \$2.40  |
| 55  | N/A         | N/A     |
| 60  | N/A         | N/A     |

| MONTHLY PREMIUMS BASED ON A VOLUME PURCHASE OF \$20,000 |              |              |
|---|--------------|--------------|
|   | Non-Tobacco  | Tobacco      |
| Issue Age   | Term Premium | Term Premium |
| 15  | \$1.60       | \$1.60       |
| 20  | \$1.60       | \$1.60       |
| 25  | \$1.60       | \$1.60       |
| 30  | \$1.60       | \$1.60       |
| 35  | \$1.60       | \$1.60       |
| 40  | \$1.60       | \$1.60       |
| 45  | \$1.60       | \$1.60       |
| 50  | \$1.60       | \$1.60       |
| 55  | N/A          | N/A          |
| 60  | N/A          | N/A          |

| MONTHLY PREMIUMS BASED ON A VOLUME PURCHASE OF \$40,000 |             |         |
|---|-------------|---------|
|   | Non-Tobacco | Tobacco |
| Issue Age   | Premium     | Premium |
| 15  | \$3.20      | \$3.20  |
| 20  | \$3.20      | \$3.20  |
| 25  | \$3.20      | \$3.20  |
| 30  | \$3.20      | \$3.20  |
| 35  | \$3.20      | \$3.20  |
| 40  | \$3.20      | \$3.20  |
| 45  | \$3.20      | \$3.20  |
| 50  | \$3.20      | \$3.20  |
| 55  | N/A         | N/A     |
| 60  | N/A         | N/A     |

| MONTHLY PREMIUMS BASED ON A VOLUME PURCHASE OF \$50,000 |             |         |
|---|-------------|---------|
|   | Non-Tobacco | Tobacco |
| Issue Age   | Premium     | Premium |
| 15  | \$4.00      | \$4.00  |
| 20  | \$4.00      | \$4.00  |
| 25  | \$4.00      | \$4.00  |
| 30  | \$4.00      | \$4.00  |
| 35  | \$4.00      | \$4.00  |
| 40  | \$4.00      | \$4.00  |
| 45  | \$4.00      | \$4.00  |
| 50  | \$4.00      | \$4.00  |
| 55  | N/A         | N/A     |
| 60  | N/A         | N/A     |

| MONTHLY PREMIUMS BASED ON A VOLUME PURCHASE OF \$100,000 |             |         |
|--|-------------|---------|
|  | Non-Tobacco | Tobacco |
| Issue Age  | Premium     | Premium |
| 15   | \$8.00      | \$8.00  |
| 20   | \$8.00      | \$8.00  |
| 25   | \$8.00      | \$8.00  |
| 30   | \$8.00      | \$8.00  |
| 35   | \$8.00      | \$8.00  |
| 40   | \$8.00      | \$8.00  |
| 45   | \$8.00      | \$8.00  |
| 50   | \$8.00      | \$8.00  |
| 55   | N/A         | N/A     |
| 60   | N/A         | N/A     |

\*Eligible employees must be actively at work to apply for coverage. Being actively at work means on the day the employee applies for coverage, the individual must be working at one of his/her company's business locations, or the individual must be working at a location where he/she is required to represent the company. If applying for coverage on a day that is not a scheduled workday, the employee will be considered actively at work as of his/her last scheduled workday. Employees are not considered actively at work if they are on a leave of absence.

\*\*The policy accumulates cash value based on a non-forfeiture interest rate of 4.5% and the 2001 CSO mortality table. The cash value is guaranteed and will be equal to the values shown in the policy. Cash value will be reduced by any outstanding loans against the policy.

Employees must be U.S. citizens or legally authorized to work in the U.S. to receive coverage. Spouses and dependents must live in the U.S. to receive coverage.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to policy form L-21848 or contact your Unum representative.

Unum complies with state civil union and domestic partner laws when applicable.

Underwritten by: Provident Life and Accident Insurance Company, Chattanooga, Tennessee

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EN-1741 (03-14)

## GROUP CRITICAL ILLNESS INSURANCE

Unum's group critical illness insurance can help protect your finances from the expense of a serious health problem, such as a stroke or heart attack. Cancer coverage is also available. This plan pays a lump sum benefit directly to you – not to a doctor or health care provider – at the first diagnosis of a covered condition.

### What is Covered?

The following specified critical illnesses are covered under the base plan:

- Heart attack
- Blindness
- Major organ failure
- End-stage renal (kidney) failure
- Occupational HIV
- Coronary artery bypass surgery (pays 25% of lump sum benefit)
- Benign brain tumor

- Stroke (evidence of persistent neurological deficits confirmed at least 30 days after the event)
- Coma (resulting from severe injury lasting 14 consecutive days or more)
- Permanent paralysis (complete and permanent loss of the use of two or more limbs for a continuous 90 days as a result of a covered accident)

You may choose to select these benefits for an additional premium:

- Cancer
- Carcinoma in situ<sup>1</sup> (pays 25% of the lump sum benefit)

Please refer to the policy for complete details about these covered conditions.

### Advantages of the Plan

- Coverage is available to eligible employees who are actively at work.\*
- You can buy coverage for your spouse and dependent children.
- All eligible children are automatically covered at 25% of the employee benefit amount at no additional cost. Eligible children are covered for the same conditions as the employee and the following specific childhood conditions: cerebral palsy, cleft lip or palate, cystic fibrosis, Down syndrome and spina bifida. Diagnosis must occur after the child's coverage effective date.
- You can use this coverage more than once. If you receive a full benefit payout for a covered illness, your coverage can be continued for the remaining covered conditions. The diagnosis of a new covered illness must occur at least 90 days after the most recent diagnosis. Each condition is payable once per lifetime.
- You get affordable rates when you buy this policy through your employer, and the premiums are conveniently deducted from your paycheck.
- You own the policy, so you can keep this coverage if you change jobs or retire. Unum will bill you directly for the same premium amount.
- Coverage becomes effective on the first day of the month in which payroll deductions begin.

**ENROLLMENT DATES: OCTOBER 18 - OCTOBER 31, 2019**

## Monthly Premium

| WITHOUT CANCER MONTHLY RATES PER \$1,000 |             |         | WITH CANCER MONTHLY RATES PER \$1,000 |             |         |
|--|-------------|---------|---------------------------------------|-------------|---------|
| ISSUE AGE                                | NON-TOBACCO | TOBACCO | ISSUE AGE                             | NON-TOBACCO | TOBACCO |
| < 25                                     | \$0.38      | \$0.55  | < 25                                  | \$0.62      | \$0.94  |
| 25 - 29                                  | \$0.39      | \$0.64  | 25 - 29                               | \$0.69      | \$1.14  |
| 30 - 34                                  | \$0.53      | \$0.97  | 30 - 34                               | \$0.96      | \$1.71  |
| 35 - 39                                  | \$0.72      | \$1.42  | 35 - 39                               | \$1.33      | \$2.56  |
| 40 - 44                                  | \$1.06      | \$2.17  | 40 - 44                               | \$1.91      | \$3.82  |
| 45 - 49                                  | \$1.44      | \$2.98  | 45 - 49                               | \$2.68      | \$5.37  |
| 50 - 54                                  | \$1.93      | \$3.91  | 50 - 54                               | \$3.59      | \$7.29  |
| 55 - 59                                  | \$2.60      | \$5.01  | 55 - 59                               | \$4.81      | \$9.44  |
| 60 - 64                                  | \$3.45      | \$6.41  | 60 - 64                               | \$6.16      | \$11.31 |
| 65 - 69                                  | \$4.18      | \$6.98  | 65 - 69                               | \$7.16      | \$12.18 |
| 70 +                                     | \$8.06      | \$12.18 | 70 +                                  | \$12.84     | \$19.63 |

| WELLNESS BENEFIT - ADDITIONAL MONTHLY COST PER \$100 |        |
|--|--------|
| Employee & Child                                     | \$3.20 |
| Spouse   | \$3.20 |

\*Carcinoma in situ is defined as cancer that involves only cells in the tissue in which it began and that has not spread to nearby tissues.

In TX, insured individuals must be covered by comprehensive health coverage before applying for group critical illness insurance.

\*Eligible employees must be actively at work to apply for coverage. Being "actively at work" means that on the day you apply for coverage, you are working at one of your company's business locations, or you are working at a location where you are required to represent your company. If you are applying for coverage on a day that is not one of your scheduled workdays, then you will be considered actively at work if you meet this definition as of your last scheduled workday. You are not considered actively at work if your normal duties are limited or altered due to your health or if you are on a leave of absence.

THIS IS A LIMITED POLICY.

Underwritten by: Unum Life Insurance Company of America

Portland, Maine

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## ACCIDENT INSURANCE

Unum's accident insurance can pay benefits based on the injury you receive and the treatment you need, including X-rays, emergency room care and related surgery. The benefit can help offset the out-of-pocket expenses that medical insurance does not pay, including deductibles and copays.

### Advantages of the plan

- Coverage is available to eligible employees age 17-80 who are actively at work.\*
- You can buy coverage for your spouse and dependent children.
- No health questions to answer. If you apply, you automatically receive the base plan.
- Base plan is guaranteed renewable for life and covers a wide variety of injuries and accident-related expenses such as hospitalization, physical therapy, emergency room treatment, doctor's visits, fractures and dislocations, transportation, lodging and more.
- Benefits are paid for accidents that occur on or off the job.
- Plan also offers coverage for accidental death and catastrophic accident.
- You own the policy so you can keep this coverage if you change jobs or retire. Unum will bill you for your premiums.
- This plan includes convenient payroll deduction, so you don't have to remember to write a check for your premiums.
- Coverage becomes effective on the first day of the month in which payroll deductions begin.

## Monthly Premium

| EMPLOYEE | EMPLOYEE & SPOUSE | EMPLOYEE & CHILD | EMPLOYEE, SPOUSE & CHILD |
|----------|-------------------|------------------|--------------------------|
| \$16.29  | \$26.36           | \$30.42          | \$40.47                  |

\*Eligible employees must be actively at work to apply for coverage. Being "actively at work" means that on the day you apply for coverage, you are working at one of your company's business locations, or you are working at a location where you are required to represent your company. If you are applying for coverage on a day that is not one of your scheduled workdays, then you will be considered actively at work if you meet this definition as of your last scheduled workday. You are not considered actively at work if your normal duties are limited or altered due to your health, or if you are on a leave of absence.

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Chattanooga, Tennessee

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## EMPLOYEE ASSISTANCE PROGRAM (EAP)

The City of Abilene offers the services of an EAP to employees and their families **at no cost to the employee**. All City employees are eligible to use this benefit. Calls and counseling sessions through the EAP are confidential. The EAP is maintained by the independent, professional, and confidential counseling service of Alliance Work Partners (AWP). AWP is staffed by highly professional, skilled, and licensed counselors and social workers who are trained to provide help for issues of a personal nature and recommend community resources to assist you and your family members.

You may call the EAP 24 hours a day, seven days a week, to discuss your concerns, to receive crisis counseling, or referrals for face-to-face counseling at 800-343-3822. An EAP teen line is also available at 800-334-TEEN (8336).

## NEXT STEPS

- If you are adding dependents, be prepared with social security numbers and dates of birth. In addition, all newly enrolled dependents require verification of relationship (birth certificate, marriage license, or other legal documents) to be submitted to Human Resources by November 15, 2019.
- All full-time employees must complete the enrollment process no later than 5 PM on Thursday, October 31 in order to have benefits in 2020.

Starting Monday, October 7th, you can schedule a telephone appointment with a Benefits Educator online at [www.CityofAbileneBenefits.com](http://www.CityofAbileneBenefits.com) or by calling 1-855-680-8806. Appointments fill up fast, so don't wait!

Enroll online 24/7 at [www.CityofAbilene.bswift.com](http://www.CityofAbilene.bswift.com) beginning Friday, October 18. Online enrollment ends at 5 PM on Thursday, October 31st, so don't delay!

**Want to complete an online enrollment on your own, but need some help?** Schedule an appointment or stop by the City Hall Basement - Emergency Operations Center (EOC), October 21 - 25, 7 AM - 12 PM and 1 PM - 5 PM for assistance.

**Remember to keep your benefit confirmation statement as your receipt that you enrolled in benefits for 2019. Also, be sure to review the benefit confirmation statement carefully; any pending verification documents must be turned in by Friday, November 15, 2019. Be sure to compare your 2020 Open Enrollment elections with the deductions on your January 10, 2020 paycheck.**

## CONTACT INFORMATION

| BENEFIT   | CONTACT  | PHONE NUMBER                     | WEBSITE  | GROUP/POLICY NUMBER |
|---|--|----------------------------------|--|---------------------|
| Medical Insurance   | BlueCross/BlueShield                             | (800) 521-2227                   | <a href="http://www.bcbstx.com">www.bcbstx.com</a>                             | 270460              |
| Flexible Spending Account                                     | Total Administrative Services Corporation (TASC) | (800) 422-4661                   | <a href="http://www.tasconline.com/UBAaccess">www.tasconline.com/UBAaccess</a> | N/A                 |
| Dental Insurance  | Delta Dental                                     | (800) 521-2651                   | <a href="http://www.deltadentalins.com">www.deltadentalins.com</a>             | 20144               |
| Vision  | VSP Vision                                       | (800) 852-7600                   | <a href="http://www.vsp.com">www.vsp.com</a>                                   | 30092663            |
| Basic Life & AD&D Insurance and Voluntary Term Life Insurance | Securian Financial Ochs                          | (651) 665-3789<br>(800) 392-7295 | <a href="http://www.ochsinc.com">www.ochsinc.com</a>                           | N/A                 |
| Whole Life Insurance  | Unum   | (866) 679-3054                   | <a href="http://www.unum.com">www.unum.com</a>                                 | R0557009            |
| Group Critical Illness Insurance                              | Unum   | (866) 679-3054                   | <a href="http://www.unum.com">www.unum.com</a>                                 | R0557009            |
| Accident Insurance  | Unum   | (866) 679-3054                   | <a href="http://www.unum.com">www.unum.com</a>                                 | R0557009            |

This benefit booklet summarizes the provisions of your Employee Benefits offered by the City of Abilene effective January 1, 2020. Complete details of each plan are included in the official plan documents and contracts. If there is a difference between this book and the documents or contracts, the documents and contracts will govern. Benefits described in this book may be changed at any time and do not represent a contractual obligation on the part of the City of Abilene.

**ENROLLMENT DATES: OCTOBER 18 - OCTOBER 31, 2019**









555 Walnut Street  
Abilene, TX 79601

