

# Pathways To Excellence

**TIME SENSITIVE**

**Open Enrollment: May 1 -16, 2023**

## **2023/2024 EMPLOYEE BENEFITS ENROLLMENT**

**Medical/FSAs Plan Year  
July 1, 2023 - June 30, 2024**

**Voluntary Benefits Plan Year  
Oct. 1, 2023 - Sep. 30, 2024**



**LEARN ♦ ENROLL**

[pierceins.com/ecpsva](http://pierceins.com/ecpsva)



Arranged by: **PIERCE  
INSURANCE**



Essex County Public Schools  
P.O. Box 756  
109 N. Cross St.  
Tappahannock, VA 22560

Dear Valued Employees:

You have all been hard at work providing an exceptional learning environment for our students. To show our appreciation, your Human Resources team has been hard at work for you!

We are excited to announce our partnership with Pierce Insurance for your 2023/2024 Voluntary Benefits program. We are both committed to providing Essex County Public Schools' employees with better benefits at affordable rates.

The benefits in this booklet include:



### TLC Medical, Dental, and Vision



**Flexible Spending Accounts**



**Group Critical Illness Insurance**



**Group Accident Insurance**



**Short-Term Disability**



**Cancer Insurance**



**Life (with Long Term Care)**



**Group Hospital Indemnity Insurance**



**Vision Insurance**

**Open Enrollment will be held May 1-16, 2023**, and newly-hired employees may enroll during onboarding. Benefit counselors will be onsite conducting presentations and enrolling. Visit [pierceins.com/ecpsva](http://pierceins.com/ecpsva) to reserve a time slot.

We will continue to review and assess the benefits options available and are committed to the goal of providing you with the best and most affordable selection.

Thank you for your service and dedication!

Stay well and safe,

Angela Garland Gross  
Director of Human Resources



# EMPLOYEE BENEFITS BOOKLET

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Medical/FSAs, effective 7/1/2023

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### IMPORTANT Note & Disclaimer

This is neither an insurance contract nor a summary plan description. Only your actual policy provisions will prevail. All information in this booklet, including premiums quoted is subject to change and is for information purposes only.



# Important Points

- ✓ Your Medical/Flexible Spending Account Plan Year is July 1, 2023 – June 30, 2024. Your Voluntary Benefits Plan Year is October 1, 2023 – September 30, 2024, unless otherwise noted.
- ✓ High **Deductible** Health Plan – **Deductible** is \$3,000/\$6,000 to comply with IRS regulations.
- ✓ **Diabetes** prevention program added – Personalized digital health coaching solution.
- ✓ LiveHealth Online will include dermatology visits.
- ✓ In-Home Addiction Treatment added – In-home treatment via in-person and telehealth visits.
- ✓ **Expanded** virtual care options – In-app medical text chat for on-demand 24/7 urgent care as well as scheduled follow-up visits for wellness, prevention, and chronic condition care. This is done in the Sydney app.
- ✓ Once the enrollment period is over, you will not be able to make changes unless you experience a qualifying life event as outlined by the IRS.
- ✓ The **HDHP** plan subject to deductible and coinsurance.
- ✓ **REMINDER!** Employees must re-enroll in their Flexible Spending Account and Dependent Care Account each year! It will not automatically renew.
- ✓ This benefits guide is equipped with mobile-friendly barcodes commonly referred to as QR Codes. Use your smartphone to scan the QR codes to view your benefit summaries.



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# The Local Choice Comparison of Statewide Plans



	Key Advantage 250	Key Advantage 1000	High Deductible Health Plan
<b>Plan Year Deductible</b> (Key Advantage: Applies to certain medical services as indicated on chart) (HDHP: Applies to medical, behavioral health, and prescription drug services)	<b>In-Network:</b> Individual \$250 Family \$500  <b>Out-of-Network:</b> Individual \$500 Family \$1,000	<b>In-Network:</b> Individual \$1,000 Family \$2,000  <b>Out-of-Network:</b> Individual \$2,000 Family \$4,000	<b>In-Network:</b> Individual \$3,000 Family \$6,000  Deductible is combined for in-network & out-of-network services
<b>Plan Year Out-of-pocket Expense Limit</b>	<b>In-Network:</b> Individual \$3,000 Family \$6,000  <b>Out-of-Network:</b> Individual \$5,000 Family \$10,000	<b>In-Network:</b> Individual \$5,000 Family \$10,000  <b>Out-of-Network:</b> Individual \$9,000 Family \$18,000	<b>In-Network:</b> Individual \$5,000 Family \$10,000  <b>Out-of-Network:</b> Individual \$10,000 Family \$20,000
<b>Out-of-Network Benefits</b>	Yes. Once you meet the out-of-network deductible, you pay 30% coinsurance for medical and behavioral services. Copayments do not apply to medical health services. Copayments and coinsurance for routine vision, outpatient prescription drugs and dental services will still apply.		Yes. Once you meet the combined deductible you pay 40% coinsurance for medical, behavioral health and prescription drug services from out-of-network providers.
<b>Medical Care When Traveling (BlueCard)</b>	Included	Included	Included
<b>Lifetime Maximum</b>	Unlimited	Unlimited	Unlimited

Covered Services (In-Network)	Key Advantage 250	Key Advantage 1000	High Deductible Health Plan
<b>Ambulance Travel</b>	20% Coinsurance	20% Coinsurance	20% Coinsurance
<b>Autism Spectrum Disorder</b>	Copay/Coinsurance determined by service	Copay/Coinsurance determined by service	20% Coinsurance
<b>Behavioral Health &amp; EAP</b> <i>Inpatient treatment</i> • Facility Services • Professional Provider Services <i>Outpatient Professional Provider Visits</i>	\$400 Copay per stay \$0 \$20 Copayment	20% Coinsurance \$0 \$25 Copayment	20% Coinsurance 20% Coinsurance 20% Coinsurance
<b>Employee Assistance Program (EAP)</b> 4 visits per issue (per plan year)	\$0	\$0	\$0
<b>Dental Care</b> <i>Preventative Dental Option</i> (diagnostic and preventive services only for lower premium)	\$0	\$0	\$0
<i>Comprehensive Dental Option</i> (for higher premium) Dental Plan Year Deductible	One person \$25 Two people \$50 Family \$75	One person \$25 Two people \$50 Family \$75	One person \$25 Two people \$50 Family \$75
<i>Plan Year Maximum (Except Ortho)</i>	\$1,500	\$1,500	\$1,500
<i>Preventive Dental Care</i>	\$0	\$0	\$0
<i>Primary Dental Care</i>	20% coinsurance after dental deductible	20% coinsurance after dental deductible	20% coinsurance after dental deductible
<i>Major Dental Care</i>	50% coinsurance after dental deductible	50% coinsurance after dental deductible	50% coinsurance after dental deductible
<i>Ortho Services (Includes Adult Ortho)</i>	50% coinsurance, no dental deductible, w/ \$1,500 lifetime max	50% coinsurance, no dental deductible, w/ \$1,500 lifetime max	50% coinsurance, no dental deductible, w/ \$1,500 lifetime max
<b>Diagnostic Tests &amp; X-rays</b> (for specific conditions or diseases at a doctor's office, emergency room or outpatient hospital department)	20% Coinsurance	20% Coinsurance	20% Coinsurance
<b>Doctor Visits – Outpatient Basis</b> <i>Primary Care Physicians</i> <i>Specialty Care Providers</i>	\$20 Copayment \$35 Copayment	\$25 Copayment \$40 Copayment	20% Coinsurance 20% Coinsurance

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Covered Services (In-Network)	Key Advantage 250	Key Advantage 1000	High Deductible Health Plan
<b>Emergency Room Visits</b> <i>Facility Services</i> <i>Professional Provider Services</i> <ul style="list-style-type: none"> <li>Primary Care Physicians</li> <li>Specialty Care Providers</li> </ul> <i>Diagnostic Tests and X-rays</i>	\$350 Copay per visit (waived if admitted) \$20 Copayment \$35 Copayment 20% Coinsurance	20% Coinsurance \$25 Copayment \$40 Copayment 20% Coinsurance	20% Coinsurance 20% Coinsurance 20% Coinsurance
<b>Home Health Services</b> (90 visit plan year limit per member)	\$0	\$0	\$0
<b>Hospital Services</b> <i>Inpatient Treatment</i> <ul style="list-style-type: none"> <li>Facility Services</li> <li>Professional Provider Services               <ul style="list-style-type: none"> <li>Primary Care Physicians</li> <li>Specialty Care Providers</li> </ul> </li> </ul> <i>Outpatient Treatment</i> <ul style="list-style-type: none"> <li>Facility Services</li> <li>Professional Provider Services               <ul style="list-style-type: none"> <li>Primary Care Physicians</li> <li>Specialty Care Providers</li> </ul> </li> </ul> <i>Diagnostic Test and X-rays</i>	\$400 Copay per stay \$0 \$0 \$150 Copay \$20 Copay \$35 Copay 20% Coinsurance	20% Coinsurance \$0 \$0 20% Coinsurance \$25 Copay \$40 Copay 20% Coinsurance	20% Coinsurance 20% Coinsurance 20% Coinsurance 20% Coinsurance 20% Coinsurance
<b>LiveHealth Online</b> (Online doctor's visits)	\$0	\$0	Determined by service
<b>Outpatient Prescription Drugs – Mandatory Generic</b> <i>Retail up to 34-day supply*</i> *You may purchase up to a 90-day supply at a retail pharmacy by paying multiple copayments, or the coinsurance after the deductible. <i>Home Delivery Services (Mail Order) Covered Drugs for up to a 90-Day Supply.</i>	Tier 1 - \$10 Copay Tier 2 - \$30 Copay Tier 3 - \$45 Copay Tier 4 - \$55 Copay Tier 1 - \$20 Copay Tier 2 - \$60 Copay Tier 3 - \$95 Copay Tier 4 - \$110 Copay	Tier 1 - \$10 Copay Tier 2 - \$30 Copay Tier 3 - \$45 Copay Tier 4 - \$55 Copay Tier 1 - \$20 Copay Tier 2 - \$60 Copay Tier 3 - \$95 Copay Tier 4 - \$110 Copay	20% Coinsurance 20% Coinsurance
<b>Routine Vision – Blue View Vision</b> (Once every plan year) <i>Routine Eye Exam</i> <i>Eyeglass Lenses</i> <i>Eyeglass Frames</i> <i>Contact Lenses (in lieu of eyeglass lenses)</i> <ul style="list-style-type: none"> <li>Elective</li> <li>Non-elective</li> </ul> <i>Upgrade Eyeglass Lenses (available for additional cost)</i> <ul style="list-style-type: none"> <li>UV Coating, Tints, Standard Scratch-Resistant</li> <li>Standard Polycarbonate</li> <li>Standard Progressive</li> <li>Standard Anti-Reflective</li> <li>Other Add-Ons</li> </ul>	\$35 Copay \$20 Copay Up to \$100 retail** Up to \$100 retail Up to \$250 retail \$15 \$40 \$65 \$45 20% off retail	\$40 Copay \$20 Copay Up to \$100 retail** Up to \$100 retail Up to \$250 retail \$15 \$40 \$65 \$45 20% off retail	\$15 Copay \$20 Copay Up to \$100 retail** Up to \$100 retail Up to \$250 retail \$15 \$40 \$65 \$45 20% off retail
<b>Wellness Services</b> <i>Well Child (Office Visits at Specified Intervals Through Age 6)</i> <ul style="list-style-type: none"> <li>Primary Care Physicians;</li> <li>Specialty Care Providers;</li> <li>Immunizations and Screening Tests</li> </ul> <i>Routine Wellness – Age 7 &amp; Older</i> <ul style="list-style-type: none"> <li>Annual Check-Up Visit (One Per Plan Year)               <ul style="list-style-type: none"> <li>Primary Care Physicians</li> <li>Specialty Care Providers</li> <li>Immunizations, Lab and X-Ray Services</li> </ul> </li> <li>Routine Screenings, Immunizations, Lab and X-Ray Services (Outside of Annual Check-Up Visit)</li> </ul> <i>Preventive Care (One of Each Per Plan Year)</i> <ul style="list-style-type: none"> <li>Gynecological Exam</li> <li>Pap Test</li> <li>Mammography Screening</li> <li>Prostate Exam (Digital Rectal Exam)</li> <li>Prostate Specific Antigen Test</li> <li>Colorectal Cancer Screenings</li> </ul>	No Copay No Coinsurance No Deductible	No Copay No Coinsurance No Deductible	No Copay No Coinsurance No Deductible

\*This plan will waive the hospital copayment if the member enrolls in the maternity management pre-natal program within the first 16 weeks of pregnancy, has a dental cleaning during pregnancy and satisfactorily completes the program.

\*\* You may select a frame greater than the covered allowance and receive a 20% discount for any additional cost over the allowance.

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## Health & Wellness Programs

Be your healthy best! The TLC plans include access to a host of health and wellness programs to help you manage your health issues.

**Sydney:** The Sydney Health mobile app acts like a personal health assistant, answering your questions and connecting you to the right resources at the right time. And you can use the chatbot to get answers quickly. Download from the App Store (iOS) or Google Play (Android).

- Find care and check costs
- View and use digital ID cards
- Check all benefits and view claims

**ConditionCare:** Take advantage of free and confidential support to manage these conditions:

- Asthma
- Coronary artery disease (CAD)
- Heart failure
- Chronic obstructive
- Diabetes pulmonary disease (COPD)
- Hypertension

You may receive a call from ConditionCare if your claims indicate you or an enrolled family member may be dealing with one or more of these conditions. While you're encouraged to enroll and take advantage of help from registered nurses and other healthcare professionals, you may also opt out of the program when they call.

**Future Moms:** Enroll and receive pre- and post-natal support. Access a nurse coach and other maternity support specially designed to help women have healthy pregnancies and healthy babies.

**MyHealth Advantage:** Receive personalized health-related suggestions, tips, and reminders via mail or email to alert you of potential health risks, care gaps or cost-saving opportunities.

**24/7 NurseLine & Audio Health Library:** Sometimes you need health questions answered right away – even in the middle of the night. Call 24/7 NurseLine (800-337-4770) to speak with a nurse. Or use the Audio Health Library if you want to learn about a health topic on your own. Your call is always free and completely confidential.

CommonHealth is the employee wellness program for The Local Choice. The main objective of CommonHealth is to promote wellness in the workplace. Yearly programs cover a variety of health and wellness subjects and are presented in a variety of formats - including onsite programs and video presentations that make it easy to participate. Not only are the programs educational and fun, they help you stay fit and healthy. For more information, visit [www.commonhealth.virginia.gov/tlc](http://www.commonhealth.virginia.gov/tlc).

See more information on Health & Wellness programs at [www.anthem.com/tlc](http://www.anthem.com/tlc).

## Quick Access to Your Plan

**Anthem.com/tlc.** Your dedicated website for health benefits documents, no log in needed.

- ✓ Download your health benefits summary and member handbook
- ✓ Find a doctor and urgent care
- ✓ Register for LiveHealth Online video doctor visits
- ✓ Learn about your Employee Assistance Program (EAP)

**Anthem.com.** Log in to your confidential and secure account.

- ✓ View your claims
- ✓ Download your ID card
- ✓ Find a doctor and urgent care
- ✓ Refill prescriptions online
- ✓ Compare costs for hundreds of medical procedures



## LiveHealthOnline.com

LiveHealth Online lets you have a face-to-face doctor visit from your mobile device or computer with a webcam at no cost. Go to [livehealthonline.com](http://livehealthonline.com) or download the app so you'll be ready whenever you need these LiveHealth Online services.

- LiveHealth Online Medical – Use your smartphone, tablet or computer to see a board-certified doctor in minutes, any time, day or night. It's a fast, easy way to get care for common medical conditions like the flu, colds, allergies, pink eye, sinus infections, and more.
- LiveHealth Online Psychology – Use your device to make an appointment to see a therapist or psychologist online.
- LiveHealth Online Psychiatry – Unlike therapists who provide counseling support, psychiatrists can also provide medication management. Use your device to set up a visit online.
- LiveHealth Online EAP – You can access your free EAP counseling sessions from your device. Contact your EAP to learn more.
- LiveHealth Online Healthy Sleep – Access board certified Sleep Specialists who can diagnose and manage a wide range of sleep disorders.

## Employee Assistance Program (EAP)

Your EAP gives you, your covered dependents and members of your household up to four free confidential counseling sessions per issue each plan year. Turn to your EAP for information and resources about:

- Emotional well-being
- Addiction and recovery
- Work and career
- Childcare and parenting
- Helping aging parents
- Financial issues (including free credit monitoring and identity theft recovery)
- Legal concerns
- Smoking cessation



## Sydney Health Mobile App

Log in using your <http://anthem.com/> username and password to:

- ✓ View your ID card
- ✓ See all your medical and pharmacy benefits in one place
- ✓ Use the chatbot to get answers and resources quickly
- ✓ Connect easily to care
- ✓ Track your health goals and fitness

**Note:** This is not a complete list of covered In-Network services. For a complete list of covered services, visit <https://www.thelocalchoice.virginia.gov/>. This is only a summary of your medical, vision, behavioral health and employee assistance program (EAP), prescription drug, and dental benefits. It is not a certificate of insurance and does not include exclusions and limitations. For a complete list of covered procedures, please see your benefits administrator.

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# The Local Choice Premiums



The Local Choice Packages includes health, dental, and vision coverage.

## HDHP – High Deductible Health Plan

	Employee Only	Employee + One	Employee + Two
<b>Total Monthly Premium</b>	\$691.00	\$1,279.00	\$1,867.00
<b>ECPS Monthly Contribution</b>	\$691.00	\$840.00	\$920.00
<b>Employee Premium per 12 Deductions</b>	\$0.00	\$439.00	\$947.00

Essex County School will provide a **\$500 HSA contribution** to each employee to enroll in the High Deductible Health Plan. This will be contributed in two separate amounts throughout the year.

## Key Advantage 1000

	Employee Only	Employee + One	Employee + Two
<b>Total Monthly Premium</b>	\$814.00	\$1,507.00	\$2,198.00
<b>ECPS Monthly Contribution</b>	\$776.00	\$871.00	\$965.00
<b>Employee Premium per 12 Deductions</b>	\$38.00	\$636.00	\$1,233.00

## Key Advantage 250

	Employee Only	Employee + One	Employee + Two
<b>Total Monthly Premium</b>	\$947.00	\$1,752.00	\$2,557.00
<b>ECPS Monthly Contribution</b>	\$794.00	\$904.00	\$1,013.00
<b>Employee Premium per 12 Deductions</b>	\$153.00	\$848.00	\$1,544.00

### Anthem Health Guide

- Medical Customer Service
  - Health and Wellness Programs
- 1-800-552-2682 | [anthem.com/tlc](http://anthem.com/tlc)

### Anthem Behavioral Health and Employee Assistance Program (EAP)

1-855-223-9277 | [anthemEAP.com](http://anthemEAP.com)  
(Company Name: Commonwealth of Virginia)

### Anthem ID Card Order Line

1-866-587-6713

### BlueCard PPO (coverage outside Virginia)

1-800-810-2583 | [bcbs.com](http://bcbs.com)

### Blue Cross Blue Shield Global Core

(coverage outside of the U.S.)  
1-800-810-2583 | [bcbsglobalcore.com](http://bcbsglobalcore.com)

### Delta Dental

1-888-335-8296 | [deltadentalva.com](http://deltadentalva.com)

### Anthem Pharmacy

1-833-267-3108 | [anthem.com/tlc](http://anthem.com/tlc)

### LiveHealth Online

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

### The Local Choice

Commonwealth of Virginia  
Department of Human Resource Management  
101 N. 14th Street - 13th Floor  
Richmond, VA 23219  
[tlc@dhrm.virginia.gov](mailto:tlc@dhrm.virginia.gov)

### Eligibility questions?

If you have questions about eligibility for the TLC health benefits program, please contact your Benefits Administrator for further information.

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# VOLUNTARY BENEFITS OVERVIEW

## Essex County Public Schools, Virginia

**Plan Year: October 1, 2023 – September 30, 2024**

**Medical/Flexible Spending Accounts, eff 7/1/2023**

**Annual Enrollment Period: May 1 - May 16, 2023.**

**New hires must enroll within the first 30 days of your hire date.**

### PRE-TAX BENEFITS

A pre-tax deduction is money that is taken out of employee's gross pay before any taxes are withheld from their paycheck. Pre-tax deductions reduce employee's taxable income, which means you may likely owe less income tax and/or FICA tax (which includes Social Security and Medicare).



**Flexible Spending Account\*\***



**Vision Insurance**



**Group Accident Insurance**



**Cancer**



**Group Hospital Indemnity Insurance**

\*\*You will need to re-enroll for the spending accounts if you want them to continue next plan year. **If you do not re-enroll your contribution will stop effective 7/1/2023.**

### POST-TAX BENEFITS

A post-tax deduction is money that is taken out of employee's paycheck after all applicable taxes have been withheld.



**Group Critical Illness Insurance**



**Life Insurance with Long-Term Care**



**Short-Term Disability**

**ACCESS YOUR BENEFITS**  
**ANYTIME ♦ ANYWHERE**

[pierceins.com/ecpsva](https://pierceins.com/ecpsva)

# IMPORTANT DETAILS

## VOLUNTARY BENEFITS: HOW TO ASK QUESTIONS & ENROLL

**OPEN ENROLLMENT: MAY 1 - 16, 2023**

Benefit counselors will be onsite during Open Enrollment.

**SCHEDULE YOUR ONSITE BENEFITS REVIEW** > [perceins.com/ecpsva](https://perceins.com/ecpsva)

Why schedule your benefits review appointment?

- Our goal is to ensure you understand your Voluntary Benefits
- To learn about this special GUARANTEE ISSUE opportunity and help raise money for Children's Hospital of Richmond at VCU via Benefits That Benefit **CHILDREN**
- For assistance with enrolling

Open Enrollment eligibility: Full-time staff.

**NEWLY-HIRED EMPLOYEES (year-round)**

Benefit eligible new hires must apply for benefits during the first 30 days of employment. Benefits are effective the 1st of the following month.

**CALL 800-421-3142** > to speak with a benefits counselor

**ENROLL ONLINE** > [perceins.com/ecpsva](https://perceins.com/ecpsva)

## IMPORTANT DETAILS

Elections made during the enrollment period cannot be changed outside of open enrollment unless there is a family status change as defined by the Internal Revenue Code. Examples: marriage, divorce, death of a spouse, birth or adoption of a child, termination or commencement of a spouse's employment or the transition of a spouse's employment from full time to part time. Once a family status change has occurred you have 30 days from the event to make changes. Call Pierce Insurance service center: [800-421-3142](tel:800-421-3142).

An employee taking a leave of absence, other than under the Family & Medical Leave Act, may not be eligible to re-enter the program until the next Plan Year.

Flexible Spending Account expenses must be incurred during the plan year to be eligible for reimbursement.

- An employee can roll over up to \$610. If employment terminates during the Plan Year the employer's plan year ends the day employment ends. The employee has 90 days after termination to submit claims.
- With Dependent Care Flexible Spending accounts, the maximum reimbursement you can request is equal to the current account balance in your Dependent Care account.

Some policies may contain pre-existing clause. Read your policy for full details.







There are certain insurance benefits that may be subject to federal and state tax when premium is paid by pre-tax deduction.

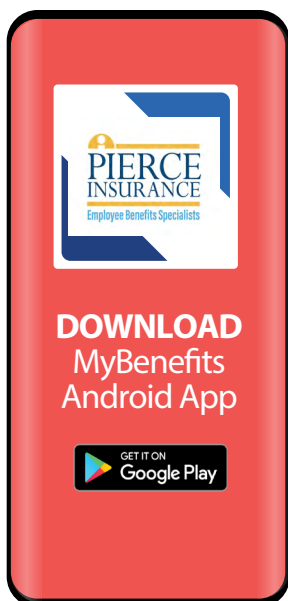
Coverage in most instances is portable when you leave employment.

*Disclaimer: This is neither an insurance contract nor a summary plan description. Only your actual policy provisions will prevail. All information in this booklet, including premiums quoted, is subject to change and is for information purposes only.*

# MyBenefits Website: pierceins.com/ecpsva



-  Benefit Plans
-  Enroll
-  Video Library
-  Benefit Resources
-  Questions
-  Contact Information



## DOWNLOAD your MyBenefits Android App

The Pierce Insurance app makes it easier for employees to access their benefits in one easy step.



[Pierceins.com/apps](https://pierceins.com/apps)



Coming soon for Apple

[Pierceins.com](https://Pierceins.com) | 800-421-3142



[www.benefitsthatbenefitchildren.com](http://www.benefitsthatbenefitchildren.com)

Meet with a Benefits Counselor to learn about valuable voluntary benefits including Chubb's LifeTime Benefit Term and **\$10** per person seen will be donated to Children's Hospital of Richmond.

**No Purchase is Necessary for a Donation.**



**Helping Children's Hospitals Help More Children**



## FILE YOUR WELLNESS, HEALTH SCREENING or BENEFIT CLAIM


• Filing a claim with Aflac (annual wellness/health screening for accident, critical illness, and hospital indemnity).

Access directly: [www.aflacgroupinsurance.com/customer-service/file-a-claim.aspx](http://www.aflacgroupinsurance.com/customer-service/file-a-claim.aspx)

• Filing a claim with Allstate Benefits cancer, log into your portal: <https://www.allstate.com/allstate-benefits/resources-and-forms.aspx>.



Filing your annual wellness and health screening claim is important to your health. Each claim pays independent of the other, is available for family members and payment is tax free.

Plan Name	Wellness Benefit	Am I Enrolled?	Date Claim Filed
 Group Accident Insurance	\$60	Y <input type="checkbox"/> N <input type="checkbox"/>	/ /
 Group Critical Illness Insurance	\$100	Y <input type="checkbox"/> N <input type="checkbox"/>	/ /
 Group Cancer Insurance	\$100	Y <input type="checkbox"/> N <input type="checkbox"/>	/ /
 Group Hospital Indemnity	\$50	Y <input type="checkbox"/> N <input type="checkbox"/>	/ /

### VOLUNTARY INSURANCE IS IMPORTANT TO YOUR FINANCIAL WELL-BEING.

**If you get sick, hurt, or die unexpectedly, would you need financial help with any of the following?**

- Lost income
- Childcare expenses
- Mortgage payment
- Care giving expenses
- Education expenses
- Medical expenses
- Long-term care expenses
- Retirement funding

### Voluntary Insurance Helps Provide Peace of Mind



HealthEquity® | FSA

# 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**



**See how much you can save**

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

## Common eligible medical expenses:

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

<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.

HealthEquity® | DCFSA

# 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)

<sup>1</sup>DCFSA funds 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.

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## Common eligible dependent care expenses:

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

# 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 paycheck, 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.





# Benefit Better.

## FSA Store is the worry-free zone for spending your pre-tax dollars.

Did you know that your FSA covers more than bandages and over the counter medicines?



Funds stretch far to cover 2,500+ items including physician visits, hi-tech kits, and plenty of items you'd never expect.

Try out FSA Store with an exclusive savings of \$5 at:  
[fsastore.com/healthequity](https://fsastore.com/healthequity).

*Use code HealthEquity5 (1 per customer, expires June 2023)*

In addition to our products, tools, and services, FSA experts are available 24/7 via phone and chat.



They are able to answer general questions about year-end deadlines, maximum contributions, order statuses, returns, exchanges, products, and pricing.



Last but not least, FSA Store makes payment processing seamless with no purchase verification when using your FSA card.

HealthEquity

 FSA store®



## Vision Benefits Summary

## Essex County Public Schools



### A Vision Plan for Everyone

All members enrolled in the CEC vision plan can take advantage of our simple and flexible benefits. Each plan year, you'll receive an eye exam, a flexible eyewear allowance, and a contact lens fitting.

### Plan Features



#### Flexible Eyewear Allowance

Purchase exactly what you want—frames, lenses, contact lenses, sunglasses, special lens options, and any combination of these items. If the eyewear you want is sold in an optical shop, it's covered!



#### Don't Need Prescription Glasses?

Non-prescription eyewear, including blue-light blocking glasses, sunglasses, safety glasses, and readers, is covered by your CEC vision plan. Don't need prescription lenses? This is a great way to use your annual eyewear allowance!



#### Expansive Provider Network

CEC's network includes optometrists, ophthalmologists, and national retail optical chains, ensuring you can easily find a provider that meets your needs. Visit [cecvision.com/search](https://cecvision.com/search) to find an in-network provider near you.



#### Vision Care is Important

Even if you have perfect vision, your annual eye exam is critical to your overall health and wellness. Common diseases, including glaucoma, diabetes, cardiovascular disease, and cancer, can be identified during an eye exam. Your exam is covered-in-full. You just cover the copay.



#### Member Portal

Our Member Portal gives you 24/7 access to find a provider, view your benefit information, check your current eligibility, print a temporary ID card, and more! Log in at:

[cecvision.com/members/login](https://cecvision.com/members/login).

**eyeconic**

#### Prefer to Shop Online?

**Eyeconic** offers CEC members special discounts when using the promo code

**CECMEMBERS** at  
[eyeconic.com](https://eyeconic.com).

# Your CEC Vision Benefits Summary

**Company:** Essex County Public Schools

**CEC Coverage Effective Date:** 10/01/2023



## 150 PLAN

**Frequency:** All benefits renew every 12 months

BENEFIT	DESCRIPTION	COPAY	OUT-OF-NETWORK REIMBURSEMENT
<b>Exam</b>	An annual routine eye exam.	\$10	Up to \$50 minus the copay
<b>Retinal Screening</b>	An enhancement to the annual eye exam where high-resolution images are taken of the inside of the eye to detect and monitor conditions like diabetes.	\$39	None
<b>Eyewear</b>	An annual <b>\$150</b> flexible allowance for prescription and non-prescription eyewear. 20% discount on glasses/10% discount on contacts for any overages.	\$10	Up to 85% of \$150 minus the copay
<b>Contact Lens Fitting</b>	An annual fitting or evaluation.	\$10	Up to \$48 minus the copay

MONTHLY RATES	
Employee Only	<b>\$8.82</b>
Employee + Spouse	<b>\$16.75</b>
Employee + Child(ren)	<b>\$17.64</b>
Employee + Family	<b>\$26.00</b>

ADDITIONAL SAVINGS	
<b>Additional Pairs of Glasses or Contacts</b>	Members receive a 20% savings on additional pairs of prescription and non-prescription glasses, and 10% savings on contact lenses, from any CEC in-network provider within 12 months of their last eye exam.
<b>LASIK Discounts</b>	Members can save up to 50% from participating QualSight LASIK providers, including TLC Laser Eye Center.
<b>Special Offers</b>	A variety of special offers are available to CEC members. Visit <a href="https://cecvision.com/members/special-offers">cecvision.com/members/special-offers</a> for additional information!

Benefits may vary by location.  
 CEC Community Eye Care is a registered trademark of Vision Service Plan.  
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 Rev. 03/2022

Questions about your benefits?  
 Visit us online at [cecvision.com](https://cecvision.com) or call **888-254-4290**.



# Group Accident Plan



## Plan Features

- Benefits are payable regardless of any other insurance programs.
- Coverage is guaranteed-issue, provided the applicant is eligible for coverage.
- The plan features benefits for both inpatient and outpatient treatment of covered accidents.
- Benefits are available for spouse and/or dependent children.
- There's no limit on the number of claims an insured can file.
- Premiums are paid by convenient payroll deduction.
- Immediate effective date – Coverage will be effective the date the employee signs the application.
- 24-Hour Coverage.

## Eligibility (Issue Ages)

- Employee at least age 18
- Spouse at least age 18
- Children under age 26

The employee may purchase Accident Plus coverage for his spouse and/or dependent children. The spouse and dependent children cannot participate if the employee is not eligible for coverage or elects not to participate.

## Guaranteed-Issue

Coverage is guaranteed-issue, provided the applicants are eligible for coverage. Enrollments take place once each 12-month period. Late enrollees cannot enroll outside of an annual enrollment period.

## Portability

Coverage may be continued with certain stipulations. See certificate for details.

## Accident Benefits – High Option

	Complete Fractures	Closed Reduction Benefits
	Employee	Spouse/Child(ren)
Hip/Thigh	\$4,500	\$4,000
Vertebrae	\$4,050	\$3,600
Pelvis	\$3,600	\$3,200
Skull (depressed)	\$3,375	\$3,000
Leg	\$2,700	\$2,400
Forearm/Hand/Wrist	\$2,250	\$2,000
Foot/Ankle/Knee Cap	\$2,250	\$2,000
Shoulder Blade/Collar Bone	\$1,800	\$1,600
Lower Jaw (mandible)	\$1,800	\$1,600
Skull (simple)	\$1,575	\$1,400
Upper Arm/Upper Jaw	\$1,575	\$1,400
Facial Bones (except teeth)	\$1,350	\$1,200
Vertebral Processes	\$900	\$800
Coccyx/Rib/Finger/Toe	\$360	\$320

If the fracture requires open reduction, we will pay 150% of the amount shown. A **fracture** is a break in a bone that can be seen by X-ray. If a bone is fractured in a covered accident, and it is diagnosed and treated by a doctor within 90 days after the accident, we will pay the appropriate amount shown. **Multiple fractures** refer to more than one fracture requiring either open or closed reduction. If multiple fractures occur in any one covered accident, we will pay the appropriate amounts shown for each fracture. However, we will pay no more than 150% of the benefit amount for the fractured bone which has the highest dollar amount. **Chip fracture** refers to a piece of bone that is completely broken off near a joint. If a doctor diagnoses the fracture as a chip fracture, we will pay 10% of the amount shown for the affected bone. The maximum amount payable for the Fracture Benefit per covered accident is 150% the benefit amount for the fractured bone that has the higher dollar amount.

Complete Dislocations		
	Employee Closed Reduction	Spouse/Child(ren) Closed Reduction
Hip	\$4,000	\$3,000
Knee (not kneecap)	\$2,600	\$1,950
Shoulder	\$2,000	\$1,500
Foot/Ankle	\$1,600	\$1,200
Hand	\$1,400	\$1,050
Lower Jaw	\$1,200	\$900
Wrist	\$1,000	\$750
Elbow	\$800	\$600
Finger/Toe	\$320	\$240

If the dislocation requires open reduction, we will pay 150% of the amount shown. **Dislocation** refers to a completely separated joint. If a joint is dislocated in a covered accident, and it is diagnosed and treated by a doctor within 90 days after the accident, we will pay the amount shown. We will pay benefits only for the first dislocation of a joint. We will not pay for recurring dislocations of the same joint. If the insured dislocated a joint before the effective date of the certificate and then dislocates the same joint again, it will not be covered by this plan. **Multiple dislocations** refer to more than one dislocation requiring either open or closed reduction in any one covered accident. For each covered dislocation, we will pay the amounts shown. However, we will pay no more than 150% of the benefit amount for the dislocated joint that has the higher dollar amount. **Partial dislocation** is one in which the joint is not completely separated. If a doctor diagnoses and treats the accidental injury as a partial dislocation, we will pay 25% of the amount shown in the benefit schedule for the affected joint. The maximum amount payable for the Dislocation Benefit per covered accident is 150% of the benefit amount for the dislocated joint that has the higher dollar amount. If you have **both** fracture and dislocation in the same covered accident, we will pay for both. However, we will pay no more than 150% the benefit amount for the fractured bone or dislocated joint that has the higher dollar amount.

Paralysis	
Quadriplegia	\$10,000
Paraplegia	\$5,000

**Paralysis** means the permanent loss of movement of two or more limbs. We will pay the appropriate amount shown if, because of a covered accident:

- The insured is injured,
- The injury causes paralysis which lasts more than 90 days, **and**
- The paralysis is diagnosed by a doctor within 90 days after the accident.

The amount paid will be based on the number of limbs paralyzed. If this benefit is paid and the insured later dies as a result of the same covered accident, we will pay the appropriate Death Benefit, less any amounts paid under the Paralysis Benefit.

Lacerations	
Up to 2" long	\$50
2"-6" long	\$200
More than 6" long	\$400
Lacerations not requiring stitches	\$25

The laceration must be repaired with stitches by a doctor within 14 days after the accident. The amount paid will be based on the length of the laceration. If an insured suffers multiple lacerations in a covered accident, and the lacerations are repaired with stitches by a doctor within 14 days after the accident, we will pay this benefit based on the largest single laceration which requires stitches.

Injuries Requiring Surgery	
Eye Injuries (treatment & surgery within 90 days)	\$250
Removal of foreign body from eye (requiring no surgery)	\$50
Tendons/Ligaments* (treatment within 60 days, surgical repair within 90 days)	
• Single	\$400
• Multiple	\$600
If the insured fractures a bone or dislocates a joint, and tears, severs, or ruptures a tendon or ligament in the same accident, we will pay one benefit. We will pay the largest of the scheduled benefit amounts for fractures, dislocations, or tendons and ligaments.	
Ruptured Disc (treatment within 60 days, surgical repair within one year)	
• Injury occurs during first certificate year	\$100
• Injury occurs after first certificate year	\$400
Torn Knee Cartilage (treatment within 60 days, surgical repair within one year)	
• Injury occurs during first certificate year	\$100
• Injury occurs after first certificate year	\$400

**Burns (treatment within 14 days, first degree burns not covered)**

<b>Second Degree</b>	
• Less than 10% of body surface covered	\$100
• At least 10%, but not more than 25% of body surface covered	\$200
• At least 25%, but not more than 35% of body surface covered	\$500
• More than 35% of body surface covered	\$1,000
<b>Third Degree</b>	
• Less than 10% of body surface covered	\$1,000
• At least 10%, but not more than 25% of body surface covered	\$5,000
• At least 25%, but not more than 35% of body surface covered	\$10,000
• More than 35% of body surface covered	\$20,000
Concussion (A concussion or Mild Traumatic Brain Injury (MTBI) is defined as a disruption of brain function resulting from a traumatic blow to the head. (Note: Concussion and MTBI are used interchangeably. The concussion must be diagnosed by a doctor.)	\$200
Coma (state of profound unconsciousness lasting 30 days or more)	\$10,000
Internal Injuries (resulting in open abdominal or thoracic surgery)	\$1,000
Exploratory Surgery (without repair. i.e. arthroscopy)	\$250
Emergency Dental Work (injury to sound, natural teeth)	
• Repaired with crown	\$150
• Resulting in extractions	\$50

**Medical Fees (for each accident)**

Employee or Spouse	\$125
Child(ren)	\$75

We will pay the amount shown for X-rays or doctor services. For benefits to be payable, because of a covered accident, the insured must be injured and receive initial treatment from a doctor within 14 days after the accident. We will pay the Medical Fees Benefit:

- For treatment received due to injuries from a covered accident **and**
- For each covered accident up to one year after the accident date.

**Emergency Room Treatment**

Employee or Spouse	\$125
Child(ren)	\$75

We will pay the amount shown for injuries received in a covered accident if the insured:

- Receives treatment in a hospital emergency room **and**
- Receives initial treatment within 14 days after the covered accident.

This benefit is payable only once per 24-hour period and only once per covered accident.

We will not pay the Accident Emergency Room Treatment Benefit and the Medical Fees Benefit for the same covered accident. We will pay the highest eligible benefit amount.

**Emergency Room Observation Benefit**

Employee or Spouse	\$75
Child(ren)	\$45

We will pay the amount shown for injuries received in a covered accident if the insured:

- Receives treatment in a hospital emergency room, **and**
- Is held in a hospital for observation for at least 24 hours, **and**
- Receives initial treatment within 14 days after the accident.

This benefit is payable only once per 24-hour period and only once per covered accident. This benefit would be paid in addition to Accident Emergency Room Treatment Benefit.

**Accident Follow-Up Treatment** \$25

We will pay the amount shown for up to six treatments per covered accident, per covered person. The insured must have received initial treatment within 14 days of the accident, and the follow-up treatment must begin within 30 days of the covered accident or discharge from the hospital.

**Physical Therapy** \$25

We will pay the amount shown for up to six treatments (one per day) per covered accident, per covered person for treatment from a physical therapist. A physician must prescribe the physical therapy. The insured must have received initial treatment within 14 days of the accident, and physical therapy must begin within 30 days of the covered accident or discharge from the hospital. Treatment must take place within six months after the accident. This benefit is not payable for the same visit that the Accident Follow-up Treatment benefit is paid.

Air Ambulance	\$500
Ambulance	\$100

If an insured requires transportation to a hospital by a professional ambulance service within 90 days after a covered accident, we will pay the amount shown.

#### Transportation (within 90 days)

Train or Plane	\$300
Bus	\$150

If hospital treatment or diagnostic study is recommended by your physician and is not available in the insured's city of residence, we will pay the amount shown. The distance to the location of the hospital must be more than 50 miles from the insured's residence.

Blood/Plasma	\$100
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If the insured receives blood and plasma within 90 days following a covered accident, we will pay the amount shown.

Prosthesis	\$500
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If a covered accident requires the use of a prosthetic device, we will pay the amount shown. Hearing aids, wigs, or dental aids—including false teeth—are not covered.

Appliance	\$100
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We will pay the amount shown for use of a medical appliance due to injuries received in a covered accident. Benefits are payable for crutches, wheelchairs, leg braces, back braces, and walkers.

Family Lodging Benefit (per night)	\$100
------------------------------------	-------

If an insured is required to travel more than 100 miles for inpatient treatment of injuries received in a covered accident, we will pay the amount shown for an immediate family member's lodging. Benefits are payable up to 30 days per accident and only while the insured is confined to the hospital.

Wellness	\$60
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This benefit is payable while coverage is in force. This benefit is only payable for Wellness Tests performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations. We will pay the amount shown once each 12-month period for each covered person for the following:

- Annual physical exams
- Blood screenings
- Eye examinations
- Immunizations
- Flexible sigmoidoscopies
- Ultrasounds
- Mammograms
- Pap smears
- PSA tests

Hospital Admission	\$1,000
--------------------	---------

We will pay the amount shown, when because of a covered accident, the insured:

- Is injured,
- Requires hospital confinement, **and**
- Is confined to a hospital for at least 24 hours within 6 months after the accident date.

We will pay this benefit once per calendar year. We will not pay this benefit for confinement to an observation unit. We will not pay this benefit for emergency room treatment or outpatient surgery or treatment.

Hospital Confinement (per day)	\$200
--------------------------------	-------

We will pay the amount shown when, because of a covered accident, the insured:

- Is injured, **and**
- Those injuries cause confinement to a hospital for at least 24 hours within 90 days after the accident date.

The maximum period for which you can collect the Hospital Confinement Benefit for the same injury is 365 days. This benefit is payable once per hospital confinement even if the confinement is caused by more than one accidental injury.

We will not pay this benefit for confinement to an observation unit. We will not pay this benefit for emergency room treatment or outpatient surgery or treatment.

Hospital Intensive Care (per day)	\$400
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We will pay the amount shown when, because of a covered accident, the insured:

- Is injured, **and**
- Those injuries cause confinement to a hospital intensive care unit.

The maximum period for which an insured can collect the Hospital Intensive Care Benefit for the same injury is 30 days. This benefit is payable in addition to the Hospital Confinement Benefit.

## Accidental Death & Dismemberment (within 90 days)

	Employee	Spouse	Children
Accidental Death	\$50,000	\$10,000	\$5,000
Accidental Common Carrier Death	\$100,000	\$50,000	\$15,000
Single Dismemberment	\$12,500	\$5,000	\$2,500
Double Dismemberment	\$25,000	\$10,000	\$5,000
Loss of One or More Fingers or Toes	\$1,250	\$500	\$250
Partial Amputation of Finger(s) of Toe(s) (including at least one joint)	\$100	\$100	\$100

Dismemberment means:

- Loss of a hand – The hand is cut off at or above the wrist joint; **or**
- Loss of a foot – The foot is cut off at or above the ankle; **or**
- Loss of sight – At least 80% of the vision in one eye is lost. Such loss of sight must be permanent and irrecoverable; **or**
- Loss of a finger/toe – The finger or toe is cut off at or above the joint where it is attached to the hand or foot.

If the employee does not qualify for the Dismemberment Benefit but loses at least one joint of a finger or toe, we will pay the Partial Dismemberment Benefit shown. If this benefit is paid and the employee later dies as a result of the same covered accident, we will pay the appropriate death benefit, less any amounts paid under this benefit.

**Accidental Death** – If the employee is injured in a covered accident and the injury causes him/her to die within 90 days after the accident, we will pay the Accidental Death Benefit shown.

**Accidental Common Carrier Death** – If the employee is injured in a covered accident and the injury causes him/her to die within 90 days after the accident, we will pay the Accidental Common Carrier Death Benefit in the amount shown if the injury is the result of traveling as a fare-paying passenger on a common carrier, as defined below. This benefit is paid in addition to the Accidental Death Benefit.

**Common carrier means:**

- An airline carrier which is licensed by the United States Federal Aviation Administration and operated by a licensed pilot on a regular schedule between established airports; **or**
- A railroad train which is licensed and operated for passenger service only; **or**
- A boat or ship that is licensed for passenger service and operated on a regular schedule between established ports.

## Limitations & Exclusions

**WE WILL NOT PAY BENEFITS FOR INJURY, TOTAL DISABILITY, OR DEATH CONTRIBUTED TO, CAUSED BY, OR RESULTING FROM:**

- **War** – participating in war or any act of war, declared or not; participating in the armed forces of, or contracting with, any country or international authority. We will return the prorated premium for any period not covered by this certificate when you are in such service.
- **Suicide** – committing or attempting to commit suicide, while sane or insane.
- **Sickness** – having any disease or bodily/mental illness or degenerative process. We also will not pay benefits for any related medical/surgical treatment or diagnostic procedures for such illness.
- **Self-Inflicted Injuries** – injuring or attempting to injure yourself intentionally.
- **Racing** – riding in or driving any motor-driven vehicle in a race, stunt show, or speed test.
- **Intoxication** – being legally intoxicated, or being under the influence of any narcotic, unless taken under the direction of a doctor. Legally intoxicated means that condition as defined by the law of the jurisdiction in which the accident occurred.
- **Illegal Acts** – participating or attempting to participate in an illegal activity, or working at an illegal job.
- **Sports** – participating in any organized sport—professional or semiprofessional.
- **Cosmetic Surgery** – having cosmetic surgery or other elective procedures that are not medically necessary or having dental treatment except as a result of a covered accident.

## Aflac Group Accident Rates

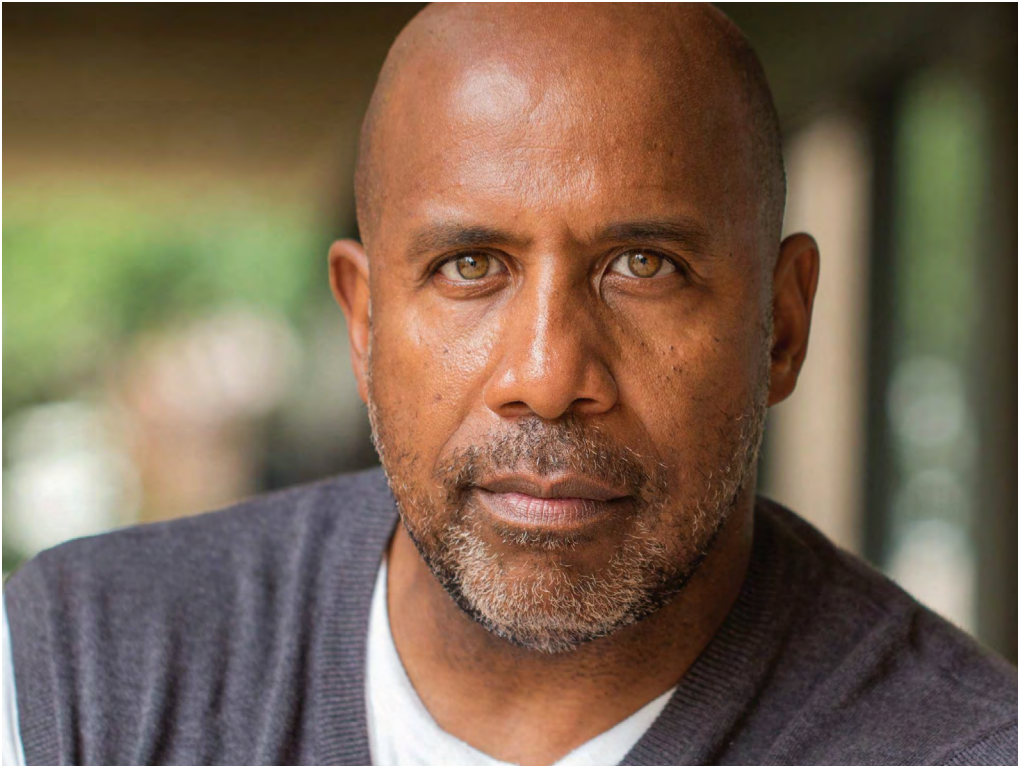
24 Hour Plan	Monthly Rates
Employee	\$16.20
Employee & Spouse	\$23.16
Employee & Dependent Children	\$30.90
Family	\$37.86

Wellness Benefit included in rates.



Policy form number CAI7800VA.





**Allstate**  
BENEFITS

Protection for the  
treatment of cancer and  
29 specified diseases

## Cancer Insurance

Receiving a cancer diagnosis can be one of life's most frightening events. Unfortunately, statistics show you probably know someone who has been in this situation.

With Cancer insurance from Allstate Benefits, you can rest a little easier. Our coverage pays you a cash benefit to help with the costs associated with treatments, to pay for daily living expenses, and more importantly, to empower you to seek the care you need.

### Here's How It Works

You choose the coverage that's right for you and your family. Our Cancer insurance pays cash benefits for cancer and 29 specified diseases to help with the cost of treatments and expenses as they happen. Benefits are paid directly to you unless otherwise assigned. With the cash benefits you can receive from this coverage, you may not need to use the funds from your Health Savings Account (HSA) for cancer or specified disease treatments and expenses.

### Meeting Your Needs

- Includes coverage for cancer and 29 specified diseases
- Benefits are paid directly to you unless otherwise assigned
- Coverage available for dependents
- Waiver of premium after 90 days of disability due to cancer for as long as your disability lasts (employee only)
- Coverage may be continued; refer to your certificate for details
- Additional benefits have been added to enhance your coverage

With Allstate Benefits, you can protect your finances if faced with an unexpected cancer or specified disease diagnosis. **Practical benefits for everyday living.**<sup>®</sup>

<sup>1</sup>Life After Cancer: Survivorship by the Numbers, American Cancer Society, 2017.  
<sup>2</sup>Cancer Treatment & Survivorship Facts & Figures, 2019-2021

POD133081

## DID YOU KNOW ?



*Early detection, improved treatments and access to care are factors that influence cancer survival<sup>1</sup>*

## 22.1 million

*The number of cancer survivors in the U.S. is increasing, and is expected to jump to nearly 22.1 million by 2030<sup>2</sup>*

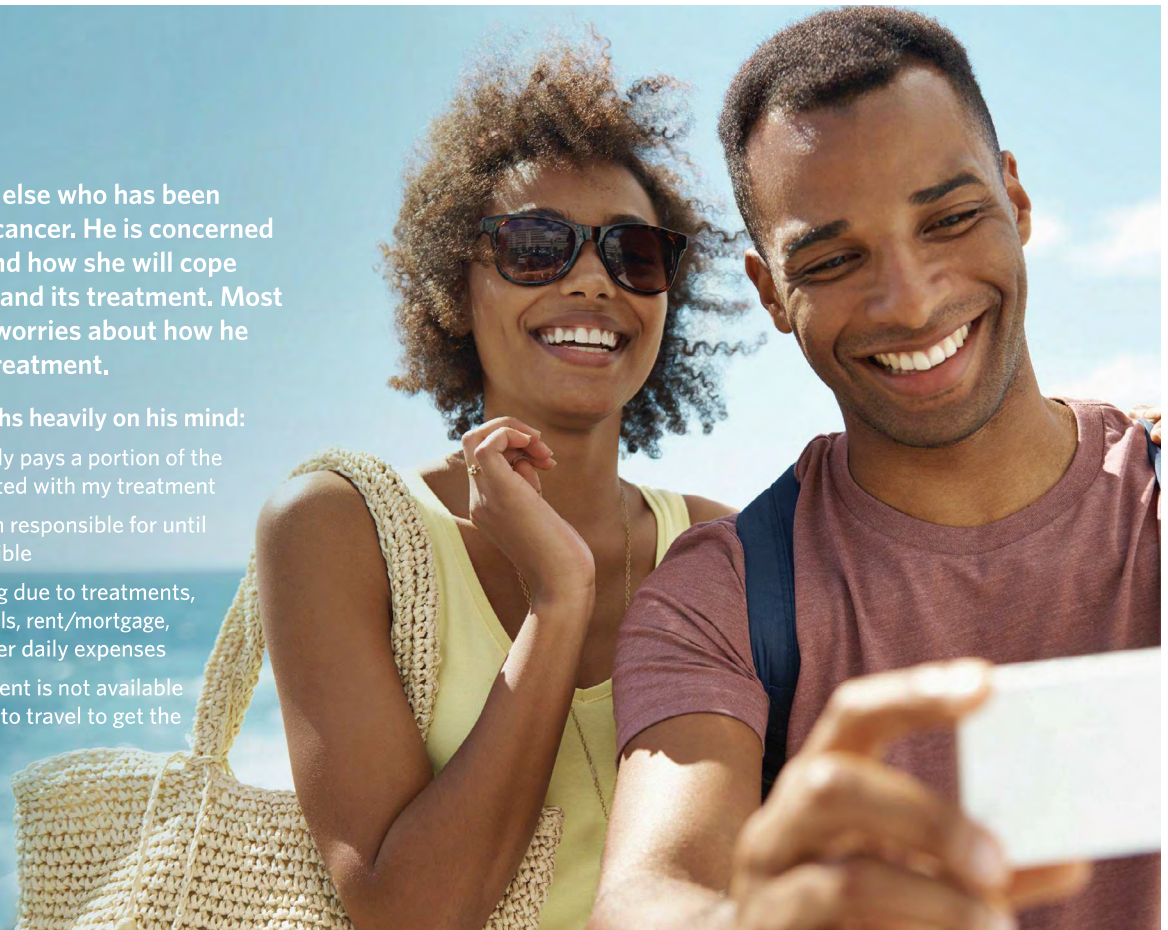
**Offered to the employees of:**  
**Essex County Public Schools**

# Meet TJ

TJ is like anyone else who has been diagnosed with cancer. He is concerned about his wife and how she will cope with his disease and its treatment. Most importantly, he worries about how he will pay for his treatment.

Here is what weighs heavily on his mind:

- Major medical only pays a portion of the expenses associated with my treatment
- I have copays I am responsible for until I meet my deductible
- If I am not working due to treatments, I must cover my bills, rent/mortgage, groceries and other daily expenses
- If the right treatment is not available locally, I will have to travel to get the treatment I need



Here's how TJ's story of diagnosis and treatment turned into a happy ending, because he had supplemental Cancer Insurance to help with expenses.



## CHOOSE

TJ chooses benefits to help protect himself and his wife if diagnosed with cancer or a specified disease



## USE

TJ undergoes his annual wellness test and is diagnosed for the first time with prostate cancer. His doctor reviews the results with him and recommends pre-op testing and surgery.

Here's TJ's treatment path:

- TJ travels to a specialized hospital 400 miles from where he lives and undergoes pre-op testing
- He is admitted to the hospital for laparoscopic prostate cancer surgery
- TJ undergoes surgery and spends several hours in the recovery waiting room
- He is transferred to his room where he is visited by his doctor during a 2-day hospital stay
- TJ is released under doctor required treatment and care during a 2-month recovery period

TJ continues to fight his cancer and follow his doctor recommended treatments.



## CLAIM

TJ's Cancer claim paid him cash benefits for the following:

- Wellness
- Cancer Initial Diagnosis
- Continuous Hospital Confinement
- Non-Local Transportation
- Surgery
- Anesthesia
- Medical Imaging
- Inpatient Drugs and Medicine
- Physician's Attendance
- Anti-Nausea

For a listing of benefits and benefit amounts, see your company's rate insert.

## Using your cash benefits

Cash benefits provide you with options, because you decide how to use them.



### Finances

Can help protect HSAs, savings, retirement plans and 401(k)s from being depleted.



### Travel

Can help pay for expenses while receiving treatment in another city.



### Home

Can help pay the mortgage, continue rental payments, or perform needed home repairs for after care.



### Expenses

Can help pay your family's living expenses such as bills, electricity, and gas.



## MyBenefits: 24/7 Access [allstatebenefits.com/mybenefits](http://allstatebenefits.com/mybenefits)

An easy-to-use website that offers 24/7 access to important information about your benefits. Plus, you can submit and check your claims (including claim history), request your cash benefit to be direct deposited, make changes to personal information, and more.

## Wellness Benefit

Biopsy for skin cancer; Blood tests for triglycerides, CA15-3 (breast cancer), CA125 (ovarian cancer), CEA (colon cancer); Bone Marrow Testing; Chest X-ray; Colonoscopy; Doppler screening for carotids or peripheral vascular disease; Echocardiogram; EKG; Flexible sigmoidoscopy; Hemoccult stool analysis; HPV (Human Papillomavirus) Vaccination; Lipid panel (total cholesterol count); Mammography, including Breast Ultrasound; Pap Smear, including ThinPrep Pap Test; Serum Protein Electrophoresis (test for myeloma); Stress test on bike or treadmill; Thermography; and Ultrasound screening for abdominal aortic aneurysms.

## Benefits (subject to maximums as listed on the attached rate insert)

### HOSPITAL CONFINEMENT AND RELATED BENEFITS

**Continuous Hospital Confinement** - inpatient admission and confinement

**Government or Charity Hospital** - confinements in lieu of all other benefits, except Waiver of Premium

**Private Duty Nursing Services** - full-time nursing services authorized by attending physician

**Extended Care Facility** - within 14 days of a hospital stay; payable up to the number of days of the hospital stay

**At Home Nursing** - private nursing care must begin within 14 days of a covered hospital stay; payable up to the number of days of the previous hospital stay

**Hospice Care Center or Team** - terminal illness care in a facility or at home; one visit per day

### RADIATION/CHEMOTHERAPY AND RELATED BENEFITS

**Radiation/Chemotherapy for Cancer** - covered treatments to destroy or modify cancerous tissue

**Blood, Plasma and Platelets** - transfusions, administration, processing, procurement, cross matching

**Hematological Drugs** - boosts cell lines for white/red cell counts and platelets; payable when Radiation/Chemotherapy for Cancer benefit is paid

**Medical Imaging** - initial diagnosis or follow-up evaluation based on covered imaging exam

### SURGERY AND RELATED BENEFITS

**Surgery\*** - based on Certificate Schedule of Surgical Procedures

**Anesthesia** - 25% of Surgery benefit for anesthesia received by an anesthetist

**Bone Marrow or Stem Cell Transplant** - autologous, non-autologous for treatment of cancer or specified disease other than Leukemia, or non-autologous for treatment of Leukemia

**Ambulatory Surgical Center** - payable only if Surgery benefit is paid

**Second Opinion** - second opinion for surgery or treatment by a doctor not in practice with your doctor

### MISCELLANEOUS BENEFITS

**Inpatient Drugs and Medicine** - not including drugs/medicine covered under the Radiation/Chemotherapy for Cancer or Anti-Nausea benefits

**Physician's Attendance** - one inpatient visit by one physician

**Ambulance** - transfer to or from hospital where confined by a licensed service or hospital-owned ambulance

**Non-Local Transportation** - obtaining treatment not available locally

**Outpatient Lodging** - more than 100 miles from home

**Family Member Lodging and Transportation** - adult family member travels with you during non-local hospital stays for specialized treatment. Transportation not paid if Non-Local Transportation benefit is paid

**Physical or Speech Therapy** - to restore normal body function

**New or Experimental Treatment** - payable if physician judges to be necessary and only for treatment not covered under other policy benefits

**Prosthesis** - surgical implantation of prosthetic device for each amputation

**Hair Prosthesis** - wig or hairpiece every two years due to hair loss

**Nonsurgical External Breast Prosthesis** - initial prosthesis after a covered mastectomy

**Anti-Nausea Benefit** - prescribed anti-nausea medication administered on outpatient basis

**Waiver of Premium\*\*** - must be disabled 90 days in a row due to cancer, as long as disability lasts

### OPTIONAL/ADDITIONAL BENEFITS/RIDER

**Cancer Initial Diagnosis** - for first-time diagnosis of cancer other than skin cancer

#### Intensive Care (ICU)

- ICU Confinement - illness or accident confinements up to 45 days/stay
- Step-Down ICU Confinement - confinements up to 45 days/stay
- Ambulance - licensed air or surface ambulance service to ICU

**Wellness Benefit** - once per year for one of 22 exams. See left for list of wellness tests

**PSA Testing and Digital Rectal Exams** - once/year for covered persons age 50 and over; age 40 and over for covered persons at high risk for prostate cancer

### SPECIFIED DISEASES

**29 Specified Diseases Covered** - Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease), Muscular Dystrophy, Poliomyelitis, Multiple Sclerosis, Encephalitis, Rabies, Tetanus, Tuberculosis, Osteomyelitis, Diphtheria, Scarlet Fever, Cerebrospinal Meningitis, Brucellosis, Sickle Cell Anemia, Thalassemia, Rocky Mountain Spotted Fever, Legionnaires' Disease, Addison's Disease, Hansen's Disease, Tularemia, Hepatitis (Chronic B or C), Typhoid Fever, Myasthenia Gravis, Reye's Syndrome, Primary Sclerosing Cholangitis (Walter Payton's Disease), Lyme Disease, Systemic Lupus Erythematosus, Cystic Fibrosis, and Primary Biliary Cirrhosis

\*Two or more surgeries done at the same time are considered one operation. The operation with the largest benefit will be paid. Outpatient is paid at 150% of the amount listed in the Schedule of Surgical Procedures. Does not pay for other surgeries covered by other benefits \*\*Premiums waived for employee only

# Cancer Insurance (GVCP3)

Includes coverage for 29 Specified Diseases  
from Allstate Benefits

Offered to the employees of:  
Essex County Public Schools

## BENEFIT AMOUNTS

HOSPITAL CONFINEMENT AND RELATED BENEFITS	PLAN 1	PLAN 2
Continuous Hospital Confinement (daily)	\$100	\$100
Government or Charity Hospital (daily)	\$100	\$100
Private Duty Nursing Services (daily)	\$100	\$100
Extended Care Facility (daily)	\$100	\$100
At Home Nursing (daily)	\$100	\$100
Hospice Care Center (daily) or Hospice Care Team (per visit)	\$100	\$100
RADIATION/CHEMOTHERAPY/RELATED BENEFITS	PLAN 1	PLAN 2
Radiation/Chemotherapy for Cancer <sup>1</sup> (every 12 months)	\$7,500	\$12,500
Blood, Plasma, and Platelets <sup>1</sup> (every 12 months)	\$7,500	\$12,500
Hematological Drugs <sup>1</sup> (every 12 months)	\$150	\$250
Medical Imaging <sup>1</sup> (every 12 months)	\$375	\$625
SURGERY AND RELATED BENEFITS	PLAN 1	PLAN 2
Surgery <sup>2</sup>	\$3,000	\$3,000
Anesthesia (% of surgery benefit)	25%	25%
Bone Marrow or Stem Cell Transplant (once/year)		
1. Autologous	\$1,000	\$1,000
2. Non-autologous (cancer or specified disease treatment)	\$2,500	\$2,500
3. Non-autologous (Leukemia)	\$5,000	\$5,000
Ambulatory Surgical Center (daily)	\$500	\$500
Second Opinion	\$400	\$400
MISCELLANEOUS BENEFITS	PLAN 1	PLAN 2
Inpatient Drugs and Medicine (daily)	\$25	\$25
Physician's Attendance (daily)	\$50	\$50
Ambulance (per confinement)	\$100	\$100
Non-Local Transportation <sup>1</sup> (coach fare or amount shown per mile*)	0.40/Mile	0.40/Mile
Outpatient Lodging (daily; limit \$2,000/12 mo. period)	\$50	\$50
Family Member Lodging (daily per trip; max. 60 days and Transportation (coach fare or amount shown per mile**))	0.40/Mile	0.40/Mile
Physical or Speech Therapy (daily)	\$50	\$50
New or Experimental Treatment <sup>3</sup> (every 12 months)	\$5,000	\$5,000
Prosthesis <sup>3</sup> (per amputation)	\$2,000	\$2,000
Hair Prosthesis (every 2 years)	\$25	\$25
Nonsurgical External Breast Prosthesis <sup>1</sup>	\$50	\$50
Anti-Nausea Benefit <sup>4</sup> (once per calendar year)	\$200	\$200
Waiver of Premium (employee only)	Yes	Yes
OPTIONAL/ADDITIONAL BENEFITS	PLAN 1	PLAN 2
Cancer Initial Diagnosis (one-time benefit)	\$3,000	\$5,000
Intensive Care (ICU)		
ICU (daily)	\$300	\$500
Step-Down (daily)	\$150	\$250
Ambulance	Actual	Actual
	Charges	Charges
Wellness Benefit	\$100	\$100
PSA Testing/Digital Rectal Examinations	\$100	\$100

<sup>1</sup>Pays actual cost up to amount listed. <sup>2</sup>Pays actual charges up to amount listed in certificate Schedule of Surgical Procedures. Amount paid depends on surgery. <sup>3</sup>Pays actual charges up to amount listed. \*At least 70 miles away, up to 700 miles. \*\*Transportation up to 700 miles per continuous hospital confinement.

## PLAN 1 PREMIUMS

MODE	EE	EE + SP	EE + CH	F
Monthly	\$21.76	\$34.50	\$30.45	\$43.17

## PLAN 2 PREMIUMS

MODE	EE	EE + SP	EE + CH	F
Monthly	\$30.23	\$47.90	\$42.90	\$60.53

Issue ages: 18 and over if actively at work

EE=Employee; EE + SP = Employee + Spouse;

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

FOR HOME OFFICE USE ONLY - GVCP3

Opt 1-1Hosp; 3Rad; 2Surg; 1Misc; 3Init; 3ICU; 4Well; 0Prog

Opt 2-1Hosp; 5Rad; 2Surg; 1Misc; 5Init; 5ICU; 4Well; 0Prog

V.2023.02.28 FA Rate Insert Creation Date: 3/27/2023



For use in enrollments situated in: VA. This rate insert is part of the approved brochure for Essex County Public Schools and is not to be used on its own.

This material is valid as long as information remains current, but in no event later than March 27, 2026. Allstate Benefits is the marketing name used by American Heritage Life Insurance Company (Home Office, Jacksonville, FL), a subsidiary of The Allstate Corporation. ©2023 Allstate Insurance Company. www.allstate.com or allstatebenefits.com.



## Practical benefits for everyday living.<sup>sm</sup>

When you choose Allstate Benefits, you receive more than just coverage that helps you protect your finances when faced with life's uncertainties; you also get the support of the Good Hands<sup>®</sup> promise.

We've been insuring and protecting families for over 50 years with the name that America knows and trusts. Our affordable and valuable coverage options help empower hard-working individuals and their families to make the best decisions for their care and finances.

After you've elected coverage, register with our website, MyBenefits, for anytime access to your coverage and benefit information. Plus, MyBenefits allows you to file fast and easy claims that we'll deposit right into your bank account (direct deposit authorization required).

Allstate Benefits. We can help give you and your family financial peace of mind. Are you in good hands?<sup>®</sup>

## DEFINITIONS

### Actual Charges vs. Actual Cost

**Actual Charge** – Amount billed for a treatment or service before any insurance discounts or payments.

**Actual Cost** – Amount actually paid by or on behalf of you, accepted as full payment by the provider of goods or services.

## CERTIFICATE SPECIFICATIONS

### Eligibility

Coverage may include you, your spouse or domestic partner, and children under age 26.

### Termination of Coverage

Coverage under the policy ends on the date the policy is canceled; the last day premium payments were made; the last day of active employment, unless coverage is continued due to Temporary Layoff, Leave of Absence or Family and Medical Leave of Absence; the date you or your class is no longer eligible.

Spouse/domestic partner coverage ends upon divorce/termination of partnership or your death. Coverage for children ends when the child reaches age 26, unless he or she continues to meet the requirements of an eligible dependent.

### Portability Privilege

Coverage may be continued under the Portability Provision when coverage under the policy ends. Refer to your Certificate of Insurance for details.

## LIMITATIONS AND EXCLUSIONS

### Pre-Existing Condition Limitation

We do not pay benefits for a pre-existing condition during the 12-month period beginning on the date that person's coverage starts. A pre-existing condition is a disease or condition for which medical advice or treatment was recommended or received from a medical professional within the 12-month period prior to the effective date. A pre-existing condition can exist even though a diagnosis has not yet been made.

### Exclusions and Limitations

We do not pay for any loss except for losses due to cancer or a specified disease. Benefits are not paid for conditions caused or aggravated by cancer or a specified disease. Treatment and services must be needed due to cancer or a specified disease and be received in the United States or its territories.

**Hospice Care Team Limitation:** Services are not covered for food or meals, well-baby care, volunteers or support for the family after covered person's death.

**Blood, Plasma and Platelets Limitation:** Does not include immunoglobulins or blood replaced by donors.

For the **Surgery, New or Experimental Treatment** and **Prosthesis** benefits, we pay 50% of the applicable maximum when specific charges are not obtainable as proof of loss.

For the **Radiation/Chemotherapy for Cancer** benefit, we do not pay for: any other chemical substance which may be administered with or in conjunction with radiation/chemotherapy; treatment planning, consultation or management; the design and construction of treatment devices; basic radiation dosimetry calculation; any type of laboratory tests; X-ray or other imaging used for diagnosis or monitoring; the diagnostic tests related to these treatments; or any devices or supplies including intravenous solutions and needles related to these treatments.

### Intensive Care Exclusions and Limitations

Benefits are not paid for attempted suicide or intentional self-inflicted injury, intoxication or being under the influence of drugs not prescribed by a physician, or alcoholism or drug addiction. Benefits are not paid for confinements to a care unit that does not qualify as a hospital intensive care unit, including progressive care, subacute intensive care, intermediate care, private rooms with monitoring, or step-down and other lesser care units. Benefits are not paid for step-down confinements in the following units: telemetry or surgical recovery rooms; post-anesthesia care; progressive care; intermediate care; private monitored rooms; observation units in emergency rooms or outpatient surgery units; beds, wards, or private or semi-private rooms; emergency, labor or delivery rooms; or other facilities that do not meet the standards for a step-down hospital intensive care unit. Benefits are not paid for continuous confinements occurring during a hospitalization prior to the effective date. Children born within 10 months of the effective date are not covered for confinement occurring or beginning during the first 30 days of the child's life. We do not pay for ambulance if paid under the Cancer and Specified Disease Ambulance benefit.

**This brochure is for use in enrollments situated in VA and is incomplete without the accompanying rate insert. This advertisement is a solicitation of insurance; contact may be made by an Allstate Benefits Agent, Agency, or Representative.**

**This material is valid as long as information remains current, but in no event later than March 27, 2026.**

Group Cancer benefits are provided under policy form GVCP3, or state variations thereof.

**The coverage provided is limited benefit supplemental cancer and specified disease insurance.** The policy is not a Medicare Supplement Policy. If eligible for Medicare, review Medicare Supplement Buyer's Guide available from Allstate Benefits. There may be instances when a law requires that benefits under this coverage be paid to a third party, rather than to you. If you or a dependent have coverage under Medicare, Medicaid, or a state variation, please refer to your health insurance documents to confirm whether assignments or liens may apply.

This is a brief overview of the benefits available under the group policy underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville, FL). Details of the coverage, including exclusions and other limitations are included in the certificates issued. For additional information, you may contact your Allstate Benefits Representative.

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



Allstate Benefits is the marketing name used by American Heritage Life Insurance Company, a subsidiary of The Allstate Corporation. ©2023 Allstate Insurance Company. [www.allstate.com](http://www.allstate.com) or [allstatebenefits.com](http://allstatebenefits.com)



# Group Hospital Indemnity Plan (Non-HSA)



## Plan Description

The Aflac Group Hospital Indemnity plan provides cash benefits *directly to you* (unless otherwise assigned) that help pay for some of the costs—medical and nonmedical—associated with a covered hospital stay due to a sickness or accidental injury.

## Plan Features

- Benefits paid for covered sicknesses and accidents
- Coverage is available for all family members
- Guaranteed-issue coverage is available (which means you may qualify for coverage without answering health questions)
- Premiums paid through convenient payroll deduction
- No pre-existing limitations or waiting period
- Benefits don't reduce as you get older
- Coverage is portable (with certain stipulations)
- Annual Health Screening Benefit is included
- Benefits are paid regardless of any other medical insurance

## Additional Rider Available

- Waiver of Premium

## Underwriting Guidelines – Guaranteed-Issue

### Guaranteed-Issue

Guaranteed-issue coverage is offered to all eligible applicants during the initial enrollment and for new hires thereafter. At the group's first and second anniversary, late enrollees are eligible to enroll on a guaranteed-issue basis.

### Late Enrollee Eligibility

For late enrollees who are not eligible for guaranteed-issue: All applicants are required to answer underwriting questions.

## Individual Eligibility

### Issue Ages:

- Employee: 18+
- Spouse or Domestic Partner: 18+
- Children: Under age 26

## Spouse or Domestic Partner Coverage Available

To apply for spouse or domestic partner coverage, *you must also apply* and be issued coverage. *Spouse/Domestic Partner-only coverage is not available.*

## Dependent Children Coverage Available

Dependent children under the age of 26 can be covered. To apply for dependent child coverage, *you must also apply* and be issued coverage. If you do not have dependent child coverage, a newborn/newly adopted child will be automatically covered for 60 days from the date of birth or placement for adoption. To continue coverage beyond 60 days, you must apply for coverage for the child and pay any required premium. *Children-only coverage is not available.*

## Successor Insured Benefit

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

## Continuity of Coverage

Coverage may be continued with certain stipulations. See certificate for complete details.

## Group Hospital Indemnity Benefits

### Hospitalization Benefits – Base Plan

Benefits	Low	High
<p><b>Hospital Admission (per confinement) – once per covered sickness or accident per calendar year for each insured</b></p> <p>We will pay the amount shown when an insured is admitted to a hospital and confined as an in-patient because of a covered accidental injury or because of a covered sickness. In order to receive this benefit for accidental injuries received in a covered accident, an insured must be admitted to a hospital within six months of the date of the covered accident. We will not pay benefits for confinement to an observation unit, or for emergency room treatment or outpatient treatment. We will not pay benefits for admission of a newborn child following his birth; however, we will pay for a newborn's admission to a Hospital Intensive Care Unit if, following birth, he is confined as an inpatient as a result of a covered accidental injury or covered sickness (including congenital defects, birth abnormalities, and/or premature birth).</p>	\$500	\$1,500
<p><b>Hospital Confinement (per day) – maximum of 180 days per confinement for each covered sickness or accident for each insured</b></p> <p>We will pay this benefit in the amount shown for each day that an insured is confined to a hospital as an in-patient as the result of a covered accidental injury or because of a covered sickness. In order to receive this benefit for accidental injuries received in a covered accident, the insured must be confined to a hospital within six months of the date of the covered accident. If we pay benefits for confinement and the insured becomes confined again within six months because of the same or related condition, we will treat this confinement as the same period of confinement. This benefit is payable for only one hospital confinement at a time even if caused by more than one covered accidental injury, more than one covered sickness, or a covered accidental injury and a covered sickness.</p>	\$100	\$150

\*Residents of Massachusetts are eligible for Hospital Admission, Hospital Confinement only.

### Health Screening Benefit – once per calendar year for each insured

Benefit	Benefit Amount
Health Screening Benefit	\$50 per calendar year

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

### Treatment Benefits

Benefit	Low	High
<p><b>Major Diagnostic Exams – once per covered sickness or accident per calendar year</b></p> <p>We will pay the amount shown for each day that, due to a covered accidental injury or covered sickness, an insured requires one of the following exams:</p> <ul style="list-style-type: none"> <li>• Computerized Tomography (CT/CAT scan)</li> <li>• Magnetic Resonance Imaging (MRI)</li> <li>• Electroencephalography (EEG)</li> </ul>	\$125	\$250

### Surgical Benefits

Benefit	Low	High
<p><b>Surgical Benefit (per procedure)</b></p> <p>If an insured has surgery performed by a physician due to an injury or because of a covered sickness, we will pay the appropriate surgical benefit amount shown in the Schedule of Operations. The surgical benefit paid will never exceed the maximum surgical benefit designated in the plan. The surgery can be performed in a hospital (on an inpatient or outpatient basis), in an ambulatory surgical center, or in a physician's office. If an operation is not listed in the Schedule of Operations, we will pay an amount comparable to that which would be payable for the operation listed in the Schedule of Operations (the operation that is nearest in severity and complexity). If two or more surgical procedures are performed at the same time through the same or different incisions, only one benefit—the largest—will be provided.</p>	Up to \$750	Up to \$1,500



## Surgical Benefits Continued

Benefit	Low	High
<b>Anesthesia Benefits</b> When an insured receives benefits for a surgical procedure covered under the Surgical Benefit, we will pay the appropriate benefit amount shown in the Schedule of Operations for anesthesia administered by a physician in connection with such procedure. However, the Anesthesia Benefit paid will not exceed 25 percent of the amount paid under Surgical Benefit.	<b>Up to \$187.50</b>	<b>Up to \$375</b>

### Waiver of Premium Rider

If the employee becomes totally disabled due to a covered sickness or accidental injury, after 90 days of total disability, we will waive premiums for the insured and any covered dependents. As long as the insured remains totally disabled, premium will be waived up to 24 months, subject to the terms of the policy.

### Limitations & Exclusions (applies to all riders unless otherwise noted)

#### Exclusions

We will not pay for loss due to:

- **War** – voluntarily participating in war, any act of war, or military conflicts, declared or undeclared, or voluntarily participating or serving in the military, armed forces, or an auxiliary unit thereto, or contracting with any country or international authority. (We will return the prorated premium for any period not covered by the certificate when the Insured is in such service.) War also includes voluntary participation in an insurrection, riot, civil commotion or civil state of belligerence. War does not include acts of terrorism.
- **Suicide** – committing or attempting to commit suicide, while sane or insane.
- **Self-Inflicted Injuries** – injuring or attempting to injure oneself intentionally.
- **Racing** – riding in or driving any motor-driven vehicle in a race, stunt show or speed test in a professional or semi-professional capacity.
- **Illegal Occupation** – voluntarily participating in, committing, or attempting to commit a felony or illegal act or activity, or voluntarily working at, or being engaged in, an illegal occupation or job.
- **Sports** – participating in any organized sport in a professional or semi-professional capacity.
- **Custodial Care** – this is non-medical care that helps individuals with the basic tasks of everyday life, the preparation of special diets, and the self-administration of medication which does not require the constant attention of medical personnel.
- **Treatment for being overweight, gastric bypass or stapling, intestinal bypass, and any related procedures, including any resulting complications.**
- **Services performed by a Family Member.**
- **Services related to sex or gender change, sterilization, in vitro fertilization, vasectomy or reversal of a vasectomy, or tubal ligation.**
- **Elective Abortion** – an abortion for any reason other than to preserve the life of the person upon whom the abortion is performed.
- **Dental Services or Treatment.**
- **Cosmetic Surgery**, except when due to:
  - Reconstructive surgery, when the service is related to or follows surgery resulting from a Covered Accidental Injury or a Covered Sickness or is related to or results from a congenital disease or anomaly of a covered dependent child.
  - Congenital defects in newborns.

### Aflac Group Hospital Indemnity Monthly Rates

Covered	Low Option	High Option
Employee	\$20.96	\$42.32
Employee + Spouse	\$41.92	\$84.96
Employee + Child(ren)	\$30.96	\$61.76
Family	\$51.92	\$104.40





# Group Hospital Indemnity Plan (HSA)



## Plan Description

The Aflac Group Hospital Indemnity plan provides cash benefits **directly to you** (unless otherwise assigned) that help pay for some of the costs—medical and nonmedical—associated with a covered hospital stay due to a sickness or accidental injury.

## Plan Features

- Benefits paid for covered sicknesses and accidents
- Coverage is available for all family members
- Guaranteed-issue coverage is available (which means you may qualify for coverage without answering health questions)
- Premiums paid through convenient payroll deduction
- No pre-existing limitations or waiting period
- Benefits don't reduce as you get older
- Coverage is portable (with certain stipulations)
- Annual Health Screening Benefit is included
- Benefits are paid regardless of any other medical insurance

## Additional Rider Available

- Waiver of Premium

## Underwriting Guidelines – Guaranteed-Issue

### Guaranteed-Issue

Guaranteed-issue coverage is offered to all eligible applicants during the initial enrollment and for new hires thereafter. At the group's first and second anniversary, late enrollees are eligible to enroll on a guaranteed-issue basis.

### Late Enrollee Eligibility

For late enrollees who are not eligible for guaranteed-issue: All applicants are required to answer underwriting questions.

## Individual Eligibility

### Issue Ages:

- |                               |              |
|-------------------------------|--------------|
| • Employee:                   | 18+          |
| • Spouse or Domestic Partner: | 18+          |
| • Children:                   | Under age 26 |

## Spouse or Domestic Partner Coverage Available

To apply for spouse or domestic partner coverage, **you must also apply** and be issued coverage. **Spouse/Domestic Partner-only coverage is not available.**

## Dependent Children Coverage Available

Dependent children under the age of 26 can be covered. To apply for dependent child coverage, **you must also apply** and be issued coverage. If you do not have dependent child coverage, a newborn/newly adopted child will be automatically covered for 60 days from the date of birth or placement for adoption. To continue coverage beyond 60 days, you must apply for coverage for the child and pay any required premium. **Children-only coverage is not available.**

## Successor Insured Benefit

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

## Portability

Coverage may be continued with certain stipulations. See certificate for complete details.

## Waiver of Premium Rider

If the employee becomes totally disabled due to a covered sickness or accidental injury, after 90 days of total disability, we will waive premiums for the insured and any covered dependents. As long as the insured remains totally disabled, premium will be waived up to 24 months, subject to the terms of the policy.

## Group Hospital Indemnity Benefits Hospitalization Benefits – Base Plan

Benefits	High
<b>Hospital Admission (per confinement) – once per covered sickness or accident per calendar year for each insured</b> We will pay the amount shown when an insured is admitted to a hospital and confined as an in-patient because of a covered accidental injury or because of a covered sickness. In order to receive this benefit for accidental injuries received in a covered accident, an insured must be admitted to a hospital within six months of the date of the covered accident. We will not pay benefits for confinement to an observation unit, or for emergency room treatment or outpatient treatment. We will not pay benefits for admission of a newborn child following his birth; however, we will pay for a newborn's admission to a Hospital Intensive Care Unit if, following birth, he is confined as an inpatient as a result of a covered accidental injury or covered sickness (including congenital defects, birth abnormalities, and/or premature birth).	<b>\$1,500</b>
<b>Hospital Confinement (per day) – maximum of 180 days per confinement for each covered sickness or accident for each insured</b> We will pay this benefit in the amount shown for each day that an insured is confined to a hospital as an in-patient as the result of a covered accidental injury or because of a covered sickness. In order to receive this benefit for accidental injuries received in a covered accident, the insured must be confined to a hospital within six months of the date of the covered accident. If we pay benefits for confinement and the insured becomes confined again within six months because of the same or related condition, we will treat this confinement as the same period of confinement. This benefit is payable for only one hospital confinement at a time even if caused by more than one covered accidental injury, more than one covered sickness, or a covered accidental injury and a covered sickness.	<b>\$150</b>

\*Residents of Massachusetts are eligible for Hospital Admission, Hospital Confinement only.

### Health Screening Benefit – once per calendar year for each insured

Benefit	Benefit Amount
Health Screening Benefit	\$50 per calendar year

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

### Limitations & Exclusions (applies to all riders unless otherwise noted)

#### Exclusions

We will not pay for loss due to:

- **War** – voluntarily participating in war, any act of war, or military conflicts, declared or undeclared, or voluntarily participating or serving in the military, armed forces, or an auxiliary unit thereto, or contracting with any country or international authority. (We will return the prorated premium for any period not covered by the certificate when the Insured is in such service.) War also includes voluntary participation in an insurrection, riot, civil commotion or civil state of belligerence. War does not include acts of terrorism.
- **Suicide** – committing or attempting to commit suicide, while sane or insane.
- **Self-Inflicted Injuries** – injuring or attempting to injure oneself intentionally.
- **Racing** – riding in or driving any motor-driven vehicle in a race, stunt show or speed test in a professional or semi-professional capacity.
- **Illegal Occupation** – voluntarily participating in, committing, or attempting to commit a felony or illegal act or activity, or voluntarily working at, or being engaged in, an illegal occupation or job.
- **Sports** – participating in any organized sport in a professional or semi-professional capacity.
- **Custodial Care** – this is non-medical care that helps individuals with the basic tasks of everyday life, the preparation of special diets, and the self-administration of medication which does not require the constant attention of medical personnel.
- **Treatment for being overweight, gastric bypass or stapling, intestinal bypass, and any related procedures, including any resulting complications.**
- **Services performed by a Family Member.**
- **Services related to sex or gender change, sterilization, in vitro fertilization, vasectomy or reversal of a vasectomy, or tubal ligation.**
- **Elective Abortion** – an abortion for any reason other than to preserve the life of the person upon whom the abortion is performed.
- **Dental Services or Treatment.**
- **Cosmetic Surgery**, except when due to:
  - Reconstructive surgery, when the service is related to or follows surgery resulting from a Covered Accidental Injury or a Covered Sickness or is related to or results from a congenital disease or anomaly of a covered dependent child.
  - Congenital defects in newborns.

### Aflac Group Hospital Indemnity Monthly Rates

Covered	High Option
Employee	\$25.70
Employee + Spouse	\$51.50
Employee + Child(ren)	\$40.36
Family	\$66.16





# Group Critical Illness Plan without Cancer



## Plan Features

- Benefits are paid directly to you, unless otherwise assigned
- Benefit amounts are available up to \$50,000 for employees and up to \$30,000 for spouses
- Dependent children are covered at 50% of the primary insured's amount at no additional charge
- There are no pre-existing condition limitations
- The plan doesn't have a waiting period for benefits
- Benefits do not reduce as insureds get older
- Coverage is portable, with certain stipulations
- Annual health screening benefit is included
- Premiums are paid through convenient payroll deduction
- Guaranteed-Issue coverage is available (which means you may qualify for coverage without having to answer health questions).

## Underwriting Guidelines – Guaranteed- Issue

Guaranteed-issue coverage is available for all eligible employees. The following options are available: Up to **\$30,000** for employees and up to **\$15,000** for spouses with no participation requirement.

For employee amounts over **\$30,000** and spouse amounts over **\$15,000**:

All applicants are required to answer underwriting questions. Employees who would otherwise be declined will be issued the lesser of the amount applied for or the guaranteed-issue limit.

## Individual Eligibility

Issue Ages:

- Employee 18+
- Spouse 18+
- Children under age 26

If an employee is eligible, his spouse is also eligible to apply for coverage. Dependent children under the age of 26 are automatically covered. Seasonal and temporary workers are not eligible to participate.

## Spouse Coverage Available

Spouse coverage is available up to **100%** of the employee's face amount, subject to the minimum face amount of \$5,000. To apply for spouse coverage, **the employee must also apply**.

If the employee does not meet the underwriting requirements necessary to participate in the plan, the spouse can still obtain coverage. The spouse would then become the primary insured and be limited to face amounts between \$5,000 and \$30,000.

## Dependent Children Coverage

Dependent children under the age of 26 are automatically covered at 50% of the primary insured's face amount at no additional charge. **Children-only coverage is not available.**

## Waiver of Premium

If the employee becomes totally disabled due to a covered critical illness, after 90 days of total disability, we will waive premiums for the insured and any covered dependents. As long as the insured remains totally disabled, premium will be waived up to 24 months, subject to the terms of the policy.

## Successor Insured Benefit

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

## Portability

Coverage may be continued with certain stipulations. See certificate for details.

## Group Critical Illness Benefits

Where applicable, covered conditions must be caused by underlying diseases as defined in the plan.

### Initial Diagnosis

An insured may receive up to 100% of his face amount upon the diagnosis of a covered critical illness.

Covered Critical Illnesses and Additional Benefits	Percentage of Face Amount/Benefit
Heart Attack	100%
Major Organ Transplant (25% of this benefit is payable for insureds placed on a transplant list for a major organ transplant)	100%
Kidney Failure (End-Stage Renal Failure)	100%
Stroke	100%
Bone Marrow Transplant (Stem Cell Transplant)	100%
Sudden Cardiac Arrest	100%
Coronary Artery Bypass Surgery	25%
Coma**	100%
Severe Burns*	100%
Paralysis**	100%
Loss of Sight**	100%
Loss of Hearing**	100%
Loss of Speech**	100%
Transient Ischemic Attack (TIA)	\$250 (once per calendar year/insured)

Benefits will be based on the face amount in effect on the critical illness date of diagnosis.

\*This benefit is only payable for burns due to, caused by, and attributed to, a covered accident.

\*\*These benefits are payable for loss due to a covered underlying disease or a covered accident.

### Additional Diagnosis

Once benefits have been paid for a covered critical illness, we will pay benefits for each different critical illness when the date of diagnosis is separated by at least 6 consecutive months.

### Reoccurrence

Once benefits have been paid for a covered critical illness, benefits are payable for that same critical illness when the date of diagnosis is separated by at least 6 consecutive months.

## Health Screening Benefit

Benefit	Benefit Amount
Health Screening Benefit	\$100 per calendar year

The Health Screening Benefit is payable once per calendar year for health screening tests performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations. This benefit is payable for the covered employee and spouse. This benefit is not paid for dependent children.

## Heart Event Rider

Surgeries and Procedures Covered Under Plan	Percentage of Maximum Benefit
<b>Category 1 - Specified Surgeries of the Heart</b>	
Coronary Artery Bypass Surgery	75%*
Mitral Valve Replacement or Repair	100%
Aortic Valve Replacement or Repair	100%
Surgical Treatment of Abdominal Aortic Aneurysm	100%
<b>Category 2 - Invasive Procedures and Techniques of the Heart</b>	
AngioJet Clot Busting	10%
Balloon Angioplasty (or Balloon valvuloplasty)	10%
Laser Angioplasty	10%
Atherectomy	10%
Stent Implantation	10%
Cardiac Catheterization	10%
Automatic Implantable (or Internal) Cardioverter Defibrillator (AICD)	10%
Pacemakers	10%

\*The 75% benefit available in the rider, combined with the partial benefit available in the certificate, equals a 100% benefit for coronary artery bypass surgery.

Benefits are payable for the specified surgeries and procedures listed above. Benefits from each category are payable once per calendar year, per insured.

If Category I and Category II procedures are performed at the same time, benefits will be payable only at the highest benefit level and will not exceed the percentage shown above.

### Optional Benefits Rider

Illnesses Covered Under Plan	Percentage of Face Amount
Benign Brain Tumor	100%
Advanced Alzheimer's Disease	25%
Advanced Parkinson's Disease	25%

Benefits are payable if an insured is diagnosed with one of the conditions listed.

### Limitations & Exclusions *(Applies to all riders unless otherwise noted)*

#### Exclusions

We will not pay for loss due to any of the following:

- **Self-Inflicted Injuries** – injuring or attempting to injure oneself intentionally or taking action that causes oneself to become injured.
- **Suicide** – committing or attempting to commit suicide, while sane or insane.
- **Illegal Acts** – participating or attempting to participate in an illegal activity or working at an illegal job.
- **Participation in Aggressive Conflict** of any kind, including:
  - War (declared or undeclared) or military conflicts.
  - Insurrection or riot.
  - Civil commotion or civil state of belligerence.
- **Illegal substance abuse, which includes the following:**
  - Abuse of legally-obtained prescription medication.
  - Illegal use of non-prescription drugs.

Diagnosis, treatment, testing, and confinement must be in the United States or its territories.

All benefits under the plan, including benefits for diagnoses, treatment, confinement and covered tests, may be payable only while coverage is in force.

All limitations and exclusions that apply to the critical illness plan also apply to all riders, if applicable, unless amended by the riders.

## Aflac Group Critical Illness w/out Cancer – Monthly Rates

### NON-TOBACCO: Employee

	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$4.53	\$5.99	\$7.46	\$8.92	\$10.39	\$11.86	\$13.32	\$14.79	\$16.26	\$17.72
30-39	\$5.33	\$7.61	\$9.88	\$12.15	\$14.43	\$16.70	\$18.98	\$21.25	\$23.52	\$25.80
40-49	\$8.29	\$13.51	\$18.74	\$23.96	\$29.19	\$34.41	\$39.64	\$44.86	\$50.09	\$55.31
50-59	\$11.64	\$20.22	\$28.80	\$37.39	\$45.97	\$54.55	\$63.13	\$71.71	\$80.29	\$88.88
60 +	\$17.10	\$31.14	\$45.18	\$59.22	\$73.27	\$87.31	\$101.35	\$115.39	\$129.43	\$143.47

### NON-TOBACCO: Spouse

	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000
18-29	\$4.53	\$5.99	\$7.46	\$8.92	\$10.39	\$11.86
30-39	\$5.33	\$7.61	\$9.88	\$12.15	\$14.43	\$16.70
40-49	\$8.29	\$13.51	\$18.74	\$23.96	\$29.19	\$34.41
50-59	\$11.64	\$20.22	\$28.80	\$37.39	\$45.97	\$54.55
60 +	\$17.10	\$31.14	\$45.18	\$59.22	\$73.27	\$87.31

### TOBACCO: Employee

	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$5.83	\$8.60	\$11.36	\$14.13	\$16.90	\$19.67	\$22.43	\$25.20	\$27.97	\$30.74
30-39	\$8.44	\$13.83	\$19.21	\$24.59	\$29.98	\$35.36	\$40.74	\$46.13	\$51.51	\$56.89
40-49	\$14.43	\$25.81	\$37.18	\$48.56	\$59.93	\$71.31	\$82.68	\$94.06	\$105.43	\$116.81
50-59	\$20.92	\$38.78	\$56.64	\$74.50	\$92.36	\$110.22	\$128.08	\$145.94	\$163.80	\$181.66
60 +	\$33.38	\$63.70	\$94.02	\$124.34	\$154.66	\$184.99	\$215.31	\$245.63	\$275.95	\$306.27

### TOBACCO: Spouse

	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000
18-29	\$5.83	\$8.60	\$11.36	\$14.13	\$16.90	\$19.67
30-39	\$8.44	\$13.83	\$19.21	\$24.59	\$29.98	\$35.36
40-49	\$14.43	\$25.81	\$37.18	\$48.56	\$59.93	\$71.31
50-59	\$20.92	\$38.78	\$56.64	\$74.50	\$92.36	\$110.22
60 +	\$33.38	\$63.70	\$94.02	\$124.34	\$154.66	\$184.99



Continental American Insurance Company

Columbia, South Carolina

Toll Free: 800.433.3036

Website: [aflacgroupinsurance.com](http://aflacgroupinsurance.com)



# Group Critical Illness Plan with Cancer



## Plan Features

- Benefits are paid directly to you, unless otherwise assigned
- Benefit amounts are available up to \$50,000 for employees and up to \$30,000 for spouses
- Dependent children are covered at 50% of the primary insured's amount at no additional charge
- There are no pre-existing condition limitations
- The plan doesn't have a waiting period for benefits
- Benefits do not reduce as insureds get older
- Coverage is portable, with certain stipulations
- Annual health screening benefit is included
- Premiums are paid through convenient payroll deduction
- Guaranteed-Issue coverage is available (which means you may qualify for coverage without having to answer health questions).

## Underwriting Guidelines – Guaranteed- Issue

Guaranteed-issue coverage is available for all eligible employees. The following options are available: Up to **\$30,000** for employees and up to **\$15,000** for spouses with no participation requirement.

For employee amounts over **\$30,000** and spouse amounts over **\$15,000**:

All applicants are required to answer underwriting questions. Employees who would otherwise be declined will be issued the lesser of the amount applied for or the guaranteed-issue limit.

## Individual Eligibility

Issue Ages:

- Employee 18+
- Spouse 18+
- Children under age 26

If an employee is eligible, his spouse is also eligible to apply for coverage. Dependent children under the age of 26 are automatically covered. Seasonal and temporary workers are not eligible to participate.

## Spouse Coverage Available

Spouse coverage is available up to **100%** of the employee's face amount, subject to the minimum face amount of \$5,000. To apply for spouse coverage, **the employee must also apply**.

If the employee does not meet the underwriting requirements necessary to participate in the plan, the spouse can still obtain coverage. The spouse would then become the primary insured and be limited to face amounts between \$5,000 and \$30,000.

## Dependent Children Coverage

Dependent children under the age of 26 are automatically covered at 50% of the primary insured's face amount at no additional charge. **Children-only coverage is not available.**

## Waiver of Premium

If the employee becomes totally disabled due to a covered critical illness, after 90 days of total disability, we will waive premiums for the insured and any covered dependents. As long as the insured remains totally disabled, premium will be waived up to 24 months, subject to the terms of the policy.

## Successor Insured Benefit

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

## Portability

Coverage may be continued with certain stipulations. See certificate for details.



## Group Critical Illness Benefits

Where applicable, covered conditions must be caused by underlying diseases as defined in the plan.

### Initial Diagnosis+

An insured may receive up to 100% of his face amount upon the diagnosis of a covered critical illness.

Covered Critical Illnesses and Additional Benefits	Percentage of Face Amount/Benefit
Cancer (Internal or Invasive) ++	100%
Heart Attack	100%
Major Organ Transplant (25% of this benefit is payable for insureds placed on a transplant list for a major organ transplant)	100%
Kidney Failure (End-Stage Renal Failure)	100%
Stroke	100%
Bone Marrow Transplant (Stem Cell Transplant)	100%
Sudden Cardiac Arrest	100%
Non-Invasive Cancer ++	25%
Coronary Artery Bypass Surgery	25%
Coma**	100%
Severe Burns*	100%
Paralysis**	100%
Loss of Sight**	100%
Loss of Hearing**	100%
Loss of Speech**	100%
Skin Cancer ++	\$250 (once per calendar year/insured)
Transient Ischemic Attack (TIA)	\$250 (once per calendar year/insured)

Benefits will be based on the face amount in effect on the critical illness date of diagnosis.

\*This benefit is only payable for burns due to, caused by, and attributed to, a covered accident.

\*\*These benefits are payable for loss due to a covered underlying disease or a covered accident.

++For employees who have chosen the without cancer plan option, these cancer benefits do not apply.

### Additional Diagnosis +

Once benefits have been paid for a covered critical illness, we will pay benefits for each different critical illness when the date of diagnosis is separated by at least 6 consecutive months.

### Reoccurrence +

Once benefits have been paid for a covered critical illness, benefits are payable for that same critical illness when the date of diagnosis is separated by at least 6 consecutive months.

+ If the claim is for a cancer diagnosis, the insured must be treatment-free from cancer for at least 12 months and must be in complete remission before the date of a subsequent cancer diagnosis.

## Health Screening Benefit

Benefit	Benefit Amount
Health Screening Benefit	\$100 per calendar year

The Health Screening Benefit is payable once per calendar year for health screening tests performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations. This benefit is payable for the covered employee and spouse. This benefit is not paid for dependent children.

## Heart Event Rider

Surgeries and Procedures Covered Under Plan	Percentage of Maximum Benefit
<b>Category 1 - Specified Surgeries of the Heart</b>	
Coronary Artery Bypass Surgery	75%*
Mitral Valve Replacement or Repair	100%
Aortic Valve Replacement or Repair	100%
Surgical Treatment of Abdominal Aortic Aneurysm	100%
<b>Category 2 - Invasive Procedures and Techniques of the Heart</b>	
AngioJet Clot Busting	10%
Balloon Angioplasty (or Balloon valvuloplasty)	10%
Laser Angioplasty	10%
Atherectomy	10%
Stent Implantation	10%
Cardiac Catheterization	10%
Automatic Implantable (or Internal) Cardioverter Defibrillator (AICD)	10%
Pacemakers	10%

\*The 75% benefit available in the rider, combined with the partial benefit available in the certificate, equals a 100% benefit for coronary artery bypass surgery.

Benefits are payable for the specified surgeries and procedures listed above. Benefits from each category are payable once per calendar year, per insured.

If Category I and Category II procedures are performed at the same time, benefits will be payable only at the highest benefit level and will not exceed the percentage shown above.

### Optional Benefits Rider

Illnesses Covered Under Plan	Percentage of Face Amount
Benign Brain Tumor	100%
Advanced Alzheimer's Disease	25%
Advanced Parkinson's Disease	25%

Benefits are payable if an insured is diagnosed with one of the conditions listed.

### Limitations & Exclusions *(Applies to all riders unless otherwise noted)*

#### Cancer Diagnosis Limitation

Benefits are payable for Cancer and/or Non-Invasive Cancer as long as the Insured:

- Is treatment-free from cancer for at least 12 months before the diagnosis date; and
- Is in complete remission prior to the date of a subsequent diagnosis, as evidenced by the absence of all clinical, radiological, biological, and biochemical proof of the presence of the cancer.

#### Exclusions

We will not pay for loss due to any of the following:

- **Self-Inflicted Injuries** – injuring or attempting to injure oneself intentionally or taking action that causes oneself to become injured.
- **Suicide** – committing or attempting to commit suicide, while sane or insane.
- **Illegal Acts** – participating or attempting to participate in an illegal activity or working at an illegal job.
- **Participation in Aggressive Conflict** of any kind, including:
  - War (declared or undeclared) or military conflicts.
  - Insurrection or riot.
  - Civil commotion or civil state of belligerence.
- **Illegal substance abuse, which includes the following:**
  - Abuse of legally-obtained prescription medication.
  - Illegal use of non-prescription drugs.

Diagnosis, treatment, testing, and confinement must be in the United States or its territories.

All benefits under the plan, including benefits for diagnoses, treatment, confinement and covered tests, may be payable only while coverage is in force.

All limitations and exclusions that apply to the critical illness plan also apply to all riders, if applicable, unless amended by the riders.

### Notices

This booklet is a brief description of coverage, not a contract. Read your certificate carefully for exact plan language, terms, and conditions. If this coverage will replace any existing individual policy, please be aware that it may be in your best interest to maintain your individual guaranteed-renewable policy.

**Notice to Consumer:** The coverages provided by Continental American Insurance Company (CAIC) represent supplemental benefits only. They do not constitute comprehensive health insurance coverage and do not satisfy the requirement of minimum essential coverage under the Affordable Care Act. CAIC coverage is not intended to replace or be issued in lieu of major medical coverage. It is designed to supplement a major medical program.

Aflac Group Insurance is underwritten by Continental American Insurance Company (CAIC), a proud member of the Aflac family of insurers, is a wholly-owned subsidiary of Aflac Incorporated and underwrites group coverage. CAIC is not licensed to solicit business in New York, Guam, Puerto Rico, or the Virgin Islands. Continental American Insurance Company, Columbia, South Carolina.

AGC2300436 EXP (04/24)

## Aflac Group Critical Illness w/ Cancer – Monthly Rates

### NON-TOBACCO: Employee

	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$6.41	\$9.74	\$13.06	\$16.39	\$19.72	\$23.05	\$26.38	\$29.71	\$33.03	\$36.36
30-39	\$8.26	\$13.45	\$18.63	\$23.82	\$29.00	\$34.18	\$39.37	\$44.55	\$49.73	\$54.92
40-49	\$14.07	\$25.06	\$36.05	\$47.03	\$58.02	\$69.01	\$80.00	\$90.99	\$101.98	\$112.96
50-59	\$23.29	\$43.49	\$63.70	\$83.91	\$104.11	\$124.32	\$144.53	\$164.73	\$184.94	\$205.15
60 +	\$40.35	\$77.61	\$114.88	\$152.14	\$189.41	\$226.67	\$263.94	\$301.20	\$338.47	\$375.73

### NON-TOBACCO: Spouse

	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000
18-29	\$6.41	\$9.74	\$13.06	\$16.39	\$19.72	\$23.05
30-39	\$8.26	\$13.45	\$18.63	\$23.82	\$29.00	\$34.18
40-49	\$14.07	\$25.06	\$36.05	\$47.03	\$58.02	\$69.01
50-59	\$23.29	\$43.49	\$63.70	\$83.91	\$104.11	\$124.32
60 +	\$40.35	\$77.61	\$114.88	\$152.14	\$189.41	\$226.67

### TOBACCO: Employee

	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$7.98	\$12.87	\$17.77	\$22.66	\$27.56	\$32.45	\$37.35	\$42.25	\$47.14	\$52.04
30-39	\$11.83	\$20.59	\$29.34	\$38.09	\$46.84	\$55.60	\$64.35	\$73.10	\$81.85	\$90.61
40-49	\$21.75	\$40.43	\$59.10	\$77.78	\$96.45	\$115.12	\$133.80	\$152.47	\$171.14	\$189.82
50-59	\$37.88	\$72.67	\$107.47	\$142.26	\$177.06	\$211.85	\$246.65	\$281.44	\$316.24	\$351.03
60 +	\$66.83	\$130.57	\$194.32	\$258.06	\$321.81	\$385.55	\$449.30	\$513.04	\$576.79	\$640.53

### TOBACCO: Spouse

	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000
18-29	\$7.98	\$12.87	\$17.77	\$22.66	\$27.56	\$32.45
30-39	\$11.83	\$20.59	\$29.34	\$38.09	\$46.84	\$55.60
40-49	\$21.75	\$40.43	\$59.10	\$77.78	\$96.45	\$115.12
50-59	\$37.88	\$72.67	\$107.47	\$142.26	\$177.06	\$211.85
60 +	\$66.83	\$130.57	\$194.32	\$258.06	\$321.81	\$385.55



Continental American Insurance Company

Columbia, South Carolina

Toll Free: 800.433.3036

Website: [aflacgroupinsurance.com](http://aflacgroupinsurance.com)



# Value Added Services



## Health Care Doesn't Have to be Hard

**Meet Health Advocacy and Medical Bill Saver™**, available through Aflac. Dealing with health care and health coverage can be complicated — and often stressful. But now you have Health Advocacy and Medical Bill Saver.

With Health Advocacy, you have a team of experts who can help solve your health care and insurance-related questions. They can assist you with a variety of needs like finding specialists, clarifying coverage, addressing claim issues, getting second opinions — and even help negotiating medical bills.

## Medical Bill Saver™

Medical Bill Saver™ gives you access to skilled negotiators who can help reduce your out-of-pocket costs from medical or dental bills not covered by insurance. And it's as easy as just sending in your bill.

## Get Care for Your Health Care

Health advocacy and medical bill saver can help:

- ✓ Find doctors and treatment centers
- ✓ Coordinate care and second opinions
- ✓ Untangle medical bill and claim issues
- ✓ Negotiate bills \$400 or more
- ✓ Available 24/7, anytime, anywhere

## Get Confidential, Personalized Help w/ Health Advocate

- ✓ Find doctors, specialists, hospitals and other providers
- ✓ Schedule appointments for treatments and tests
- ✓ Coordinate second opinions and care
- ✓ Resolve issues, from claims problems and medical bills, to coordinating benefits
- ✓ Get help with eldercare issues, including Medicare and related healthcare issues for your parents and parents-in-law
- ✓ Get answers about your test results, treatments, prescriptions and more
- ✓ Work with your insurance companies to get approvals and clarify coverage
- ✓ Transfer medical records, lab results and X-rays
- ✓ Here for you 24/7 by convenient app or phone

## Here's How It Works:

1. Send in your medical or dental bills of \$400 or more.
2. Your negotiator contacts the provider to negotiate a discount.
3. If an agreement is reached, the provider approves payment terms and conditions.
4. You get an easy-to-read personal Savings Result Statement, summarizing the outcome and payment terms.

## Need Help for Life's Highs and Lows?

**Introducing the Telephonic EAP Program**, available through Aflac. We never know what life can bring from one day to the next. But you can be sure you have help when you need it. Health Advocate's Telephonic Employee Assistance Program provides support for a range of personal, family and work/life balance matters.

Telephonic EAP provides 24/7 phone access to licensed, professional counselors, prepared to help with your personal situation. They can also provide referrals for long-term counseling or specialized care, with customized plans to meet your specific needs.

## Use Any Combination of Tools, Anytime

- ✓ 24/7 phone access to trained counselors
- ✓ Long-term referrals and treatment plans
- ✓ Support for full range of personal and work/life issues

## Whatever Life Brings, Call on EAP for Help

- ✓ Confidential telephone counseling sessions with highly trained, licensed professionals
- ✓ 24/7 phone access to professional counselors
- ✓ Referrals for long-term counseling or specialized care
- ✓ Customized treatment plans
- ✓ Resource website for work/life matters
- ✓ Help for depression and other mental health issues
- ✓ Stress management
- ✓ Support for dealing with grief and loss
- ✓ Substance abuse counseling



## HealthAdvocate<sup>SM</sup>

*Health care just got easier with Health Advocacy and Medical Bill Saver.™  
Count on Telephonic EAP to be here when you need it.*

When your coverage begins, call 855.423.8585 or visit [healthadvocate.com/aflac](http://healthadvocate.com/aflac)  
Available through Aflac, powered by Health Advocate.



## Life Insurance— Valuable protection for your loved ones



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?

Many families would struggle, especially if the primary wage earner died. And few families are able to afford nursing home care without some type of financial assistance.

LifeTime Benefit Term can help.



For employees of

**Essex County Public Schools**

## LifeTime Benefit Term Provides You with the Protection Your Family Needs

LifeTime Benefit Term helps protect you and your family if you were no longer able to provide for them. Your family can receive cash benefits paid directly to them upon your death that they can use to help cover expenses like mortgage payments, credit card debt, childcare, college tuition and other household expenses.

Cash benefits can also be paid directly to you while you are living for long term care expenses.

### 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 Long Term Care\* (LTC)

If you become chronically ill, 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.
- With Extension of Benefits\*, if you continue to need LTC after you have exhausted your Death Benefits, you can receive up to 50 more months of benefits, for a total of 75 months of LTC benefits.



How LifeTime Benefit Term Can Be Used					
Three Options	Life Situation	Death Benefit	Long Term Care	Long Term Care Extension	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					
<b>Extra Long Term Care for up to 50 additional months</b>	You lead a full life and need extended benefits for assisted living or nursing home care	---	---	\$200,000	\$200,000
<b>Option 1, 2 or 3 + Extra LTC Coverage = TOTAL COVERAGE</b>					<b>\$300,000</b>

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

## Term Life Insurance Built for Today

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### Guaranteed Premiums\*

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

After age 70, when income is less relied upon, the benefit is guaranteed to never be less than 50% of the original death benefit.

### 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.

### Long Term Care (LTC)\*

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.

### Extension of Benefits\*

Extends the monthly Long Term Care benefit for up to an additional 50 months, after 100% of the base death benefit has been used for LTC.

### Terminal Illness

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.



Good things happen every day, and unfortunately hardship happens too. Let us help you protect everything you value.

### Additional Benefit Option *(additional premiums required)*

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#### Child Term

Death Benefits available up to \$25,000. Guaranteed conversion to individual coverage at age 26—up to 5 times the benefit amount.

\* LTC and Extension of Benefits 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.

## LifeTime Benefit Term Features

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### Affordable Financial Security

Lifelong protection with premiums beginning as low as \$3 per week.

### Dependable Guarantees

Guaranteed life insurance premium and death benefits last a lifetime.

### Highly Competitive Rates

For the same premium, LifeTime Benefit Term provides higher benefits than permanent life insurance and lasts to age 121.

### Fully Portable and Guaranteed Renewable for Life

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

### Family Coverage

Coverage is available for your spouse, children and dependent grandchildren.

## 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 Rider benefits for care that is received or loss incurred as a result of: 1. an intentionally self-inflicted injury, or attempted suicide; or 2. war or any act of war, declared or undeclared, or service in the armed forces of any country; or 3. treatment of the Insured's alcohol, drug or other chemical dependence, except if the drug dependency was sustained or acquired at the hands of a Physician, or except while under treatment for an injury or sickness; or 4. the Insured's participation in a felony, riot or insurrection.

We will not pay Rider benefits if the Confinement, Home Health Care service, or Adult Day Care service: 1. is done outside the United States and its territories; or 2. is provided by ineligible providers; or 3. is rendered by members of the Certificateholder's or the Insured's Immediate Family.

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If you have questions about this product contact (855) 241-9891.

This document is a brief description of Form Nos. C34544VA and P34544VA (or applicable state version) and riders: Dependent Child=34546, Accelerated Death Benefit for Terminal Illness=34550, Long Term Care=34553, Extension of Benefits=34554. Refer to your Certificate of Insurance for specific details about benefits, exclusions and limitations.

The purpose of this communication is the solicitation of insurance. Contact will be made by an insurance agent or insurance company.

1. LongTermCare.gov, Feb. 18, 2020, [acl.gov/ltc/basic-needs/how-much-care-will-you-need](https://acl.gov/ltc/basic-needs/how-much-care-will-you-need)

2. Statista; March 17, 2021; [www.statista.com/statistics/310446/annual-median-rate-of-long-term-care-services-in-the-us/](https://www.statista.com/statistics/310446/annual-median-rate-of-long-term-care-services-in-the-us/)

3. The 2021 Insurance Barometer Study, LIMRA and Life Happens, Oct. 14, 2021

Chubb is the marketing name used to refer to subsidiaries of Chubb Limited providing insurance and related services. This insurance product is underwritten by Combined Insurance Company of America, Chicago, IL, a Chubb company.

**Chubb. Insured.<sup>SM</sup>**

CWB-LBT-LTC75-Essex Cou-VA-0423

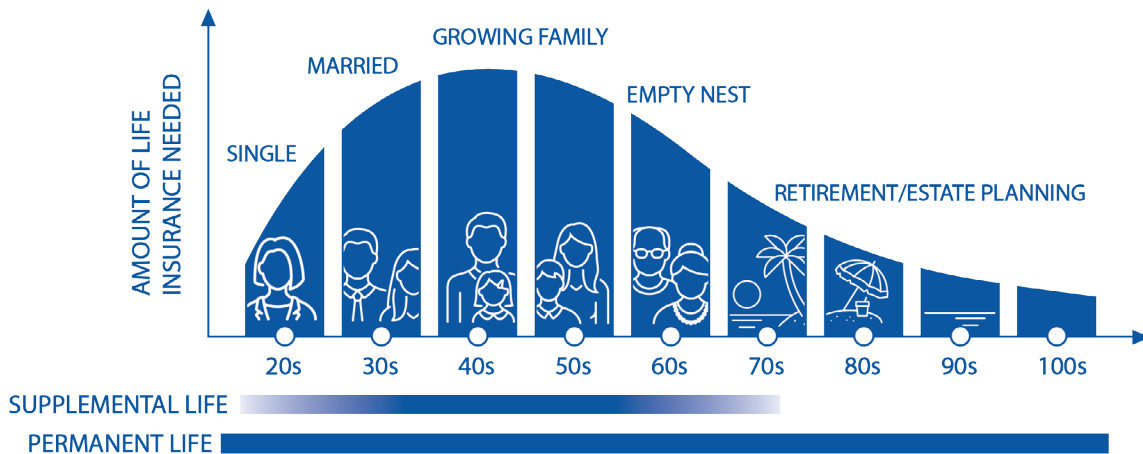


# Life Insurance options for each step of your journey.



**Why does your employer offer two life insurance options?** It's simple—just as your life changes and evolves, so should your life insurance coverage. Let's take a closer look at your options and when they make the most sense in your journey.

## Supplemental & Permanent Term Life Insurance



### Supplemental Life

- Designed to bring you inexpensive life insurance during your working years (i.e., 1x, 2x, 3x salary)
- Rates increase every year based on your age

#### The downside of using Supplemental Life Insurance beyond your working years:

- Expensive conversion (moving to Universal or Whole Life) or portability (allowing one to keep the policy after employment ends)
- Many policies increase rates over 900%
- Total cost may be more than 3x a Permanent Life product

### Permanent Term Life

- Can keep it for life
- Fully portable with no rate increase or benefit reduction
- Offered with little or no health questions
- Paid-up benefits allow you to keep the policy for life with no more premiums due

## Why consider Permanent Term Life Insurance?



Provides guaranteed level life insurance premiums based on the age you enroll.



Guaranteed portability with the same rates and same benefits whether you leave or retire.



Permanent Life Insurance provides guaranteed paid-up benefits.

**Essex County Public Schools**  
**Worksite Disability - Short Term Benefit Summary**  
**Class 1 - All Eligible Full-Time Employees**

<b>Full-time Employee Requirement</b>	<p>Eligibility: Full-time staff.</p> <p>If any eligible employee is not actively at work on the individual effective date, group insurance coverage for that employee will not exist until he/she returns to full-time active work.</p> <p>Increments of \$100 per week, not to exceed 70% of an Employee's Covered Weekly Earnings to a maximum benefit of \$1,000, then reduced by Other Income Benefits as outlined in the certificate. The minimum weekly benefit is \$25.</p>
<b>Definition of Earnings</b>	<p>Basic monthly earnings only: The amount of coverage will be based upon earnings as last reported in writing to and approved by AUL. In no event will the amount of earnings used to calculate benefits under the AUL contract exceed the lesser of the amount approved by AUL, amount shown in the Employer's payroll records, or for which premium has been paid.</p>
<b>Maternity Coverage</b>	<p>Benefits will be paid the same as any other qualifying disability, subject to any applicable pre-existing condition exclusion.</p>
<b>Total Disability</b>	<p>You are considered disabled if, because of injury or sickness, you cannot perform the material and substantial duties of your regular job; you are not working in any occupation and are under the regular attendance of a physician for that injury or sickness.</p>
<b>Partial Disability</b>	<p>A partial disability benefit may be paid, if because of injury or sickness an Employee, while unable to perform every material and substantial duty of your regular job on a full-time basis, is performing at least one of the material and substantial duties of your regular job, or another occupation, on a full or part-time basis, and is earning less than 50% of his or her pre-disability earnings due to the same injury or sickness.</p>
<b>Residual Disability</b>	<p>The elimination period can be met using total disability, partial disability, or a combination of both.</p>

<b>Recurrent Disability</b>	A recurrent disability is the direct result of the injury or sickness that caused a prior disability. This benefit allows claim payments to continue without satisfying a new elimination period if an Employee returns to active full-time work and has a recurrent disability within 30 consecutive days of return to active work.
<b>Pre-Existing Condition Exclusions</b>	The pre-existing period is 3/12. Benefits will not be paid if the Person's disability begins in the first 12 months of coverage; and the disability is caused by, contributed to, or the result of a condition, whether or not that condition is diagnosed at all or is misdiagnosed, for which the Person received medical treatment, consultation, care or services, including diagnostic measures, or was prescribed medicines in the 3 months just prior to the Individual's effective date of insurance.
<b>Portability</b>	You may be eligible to apply for continuation of coverage should your coverage terminate. Approval for this benefit will extend your coverage for an additional period of time.
<b>Continuation of Coverage During:</b>	FMLA Temporary Lay Off or LOA LOA for Military Service
<b>Exclusions</b>	This plan may not cover any disability resulting from war, declared or undeclared or any act of war; active participation in a riot; intentionally self-inflicted injuries; commission of an assault or felony.

This information is provided as a Benefit Outline. It is not a part of the insurance policy and does not change or extend American United Life Insurance Company's® liability under the group Policy. Employers may receive either a group Policy or a Certificate of Insurance containing a detailed description of the insurance coverage under the group Policy. If there are any discrepancies between this information and the group Policy, the Policy will prevail.

Worksite Disability - Short Term Benefit Summary	
<b>Plan 1</b>	
Elimination Period	0 days for injury or 7 days for sickness. This is the period of consecutive days of disability for which no benefit is payable.
Maximum Benefit Duration	13 weeks. This is the length of time that an insured Employee may be entitled to benefits if continuously disabled as outlined in the Certificate.
<b>Plan 2</b>	
Elimination Period	0 days for injury or 7 days for sickness. This is the period of consecutive days of disability for which no benefit is payable.
Maximum Benefit Duration	26 weeks. This is the length of time that an insured Employee may be entitled to benefits if continuously disabled as outlined in the Certificate.
<b>Plan 3</b>	
Elimination Period	0 days for injury or 7 days for sickness. This is the period of consecutive days of disability for which no benefit is payable.
Maximum Benefit Duration	1 year. This is the length of time that an insured Employee may be entitled to benefits if continuously disabled as outlined in the Certificate.

<b>Age Category*</b>	<b>STD Monthly Premium Rate per \$10 of Weekly Benefit Option 1</b>	<b>STD Monthly Premium Rate per \$10 of Weekly Benefit Option 2</b>	<b>STD Monthly Premium Rate per \$10 of Weekly Benefit Option 3</b>
0-19	\$0.911	\$1.167	\$1.293
20-24	\$0.911	\$1.167	\$1.297
25-29	\$1.016	\$1.299	\$1.443
30-34	\$0.969	\$1.243	\$1.368
35-39	\$0.750	\$0.969	\$1.055
40-44	\$0.605	\$0.790	\$0.848
45-49	\$0.633	\$0.829	\$0.881
50-54	\$0.713	\$0.934	\$0.994
55-59	\$0.908	\$1.192	\$1.275
60-64	\$1.044	\$1.369	\$1.459
65-69	\$1.120	\$1.470	\$1.577
70+	\$1.210	\$1.588	\$1.694

→ YES! I WOULD LIKE TO KEEP MY COVERAGE. ←

***When coverage is lost due to termination of employment or other losses of eligibility, employees and covered dependents may continue certain benefits. The following chart lists the continuation options.***

Coverage	Option	Remarks
Chubb: LifeTime Benefit Term Insurance	Direct Bill	Call Pierce Insurance Agency 800-421-3142
One America: Disability Insurance	Portable	Portable for 12 months. Must have coverage for 12 months. Call One America at 800-553-5318.
Aflac Group: Accident Insurance	Direct Bill	Call customer service at 800-433-3036 and request a port packet to arrange for direct bill.
Aflac Group: Critical Illness Insurance	Direct Bill	Call customer service at 800-433-3036 and request a port packet to arrange for direct bill.
Aflac Group: Hospital Indemnity	Direct Bill	Call customer service at 800-433-3036 and request a port packet to arrange for direct bill.
Allstate Benefits: Cancer Insurance	Direct Bill	Call Pierce Insurance Agency 800-421-3142.

# CONTACT INFORMATION FOR QUESTIONS AND CLAIMS

## ESSEX COUNTY PUBLIC SCHOOLS

### Human Resources

**P.O. Box 756**

**109 N. Cross St.**

**Tappahannock, VA 22560**

**Phone: 804-443-4366**

**804-443-3266**

**Fax: 804-443-4498**

## PIERCE INSURANCE AGENCY, INC.

**3766 South Main Street,**

**P.O. Box 727, Farmville, NC 27828**

**Customer Service: 800-421-3142**

**[pierceins.com/ecpsva](http://pierceins.com/ecpsva)**

## ONE AMERICA - DISABILITY

**Customer Service: 800-553-5318**

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

## AFLAC - GROUP ACCIDENT, GROUP CRITICAL ILLNESS, AND GROUP HOSPITAL INDEMNITY

**Customer Service and Claims: 800-433-3036**

**[https://aflacgroupinsurance.com/customer\\_service/](https://aflacgroupinsurance.com/customer_service/)**

## ALLSTATE BENEFITS - CANCER

**Claims Customer Service Department: 800-521-3535**

**Customer Service & Claims Fax 866-424-8482**

**<https://www.allstate.com/allstate-benefits/resources-and-forms.aspx>**

## CHUBB - LIFETIME BENEFIT TERM

**Customer Service 855-241-9891, claims option 2,  
customer service option 3**

**Customer Service & Claims Fax 603-352-1179**

**Customer Service & Claims Email [CSMail@selmanco.com](mailto:CSMail@selmanco.com)**

## COMMUNITY EYE CARE

**888-254-4290**

**[cecvision.com/members/login](http://cecvision.com/members/login)**

## FLEXIBLE SPENDING ACCOUNT

**Customer Service: 866-735-8195**

**[HealthEquity.com](http://HealthEquity.com)**



# Essex County Public Schools



## BENEFITS AVAILABLE:



TLC Medical, Dental, and Vision



Flexible Spending Accounts



Group Hospital Indemnity Insurance



Group Accident Insurance



Short Term and Long Term Disability



Cancer Insurance



Life (with Long Term Care)



Group Critical Illness Insurance



Vision Insurance

**ACCESS YOUR BENEFITS  
ANYTIME ♦ ANYWHERE**

[pierceins.com/ecpsva](http://pierceins.com/ecpsva)  
**800-421-3142**

Arranged by: **PIERCE**  
**INSURANCE**  
Employee Benefits Specialists