



Integrated Insurance Partners

Where Great Ideas Come Together



National
Association of
Workplace
Programs

Coverage Made Easy



National Association of Workplace Programs (NAWP)

Members receive benefits and discounts that provide confidence to plan for the future. Members have access to compliant medical benefits and other voluntary benefits with a membership of \$3.00 per month. Each month you will pay monthly dues to continue benefit elections. If you have question on the member services, contact your Enrollment First representative or broker today.

\$3.00 NAWP MEMBERSHIP BENEFITS

- \$5,000 Life Insurance
- 24-Hour Nurse Line
- Discounts on Diabetic Supplies
- Identity Theft Protection
- Discounts on Prescriptions

4 step enrollment process:

1

Choose your Daily Care Options

Daily care platform for routine screenings and doctor office visits that fit your needs and budget.

- ACA Compliant

3

Additional Health Options

Pick and choose additional coverage that compliments you medical coverage.

- Dental & Vision
- Critical Illness
- Accident
- Cancer

2

Hospital Indemnity Options

Hospital Indemnity provides the hospitalization benefits not covered by the daily care plans. This coverage is guaranteed acceptance and the coverage amount listed is what is paid direct to you or the provider for those services.

4

Life Coverage Options

Financial planning is important. We have guaranteed acceptance policies for a 10 year term and permanent coverage of \$50,000. Coverage available up to \$500,000.

Coverage Made Easy



Compliant medical coverage for yourself and family and factors you need to consider.

1. What's the exposure if you purchase nothing?

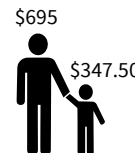
Without minimum essential coverage, you will face a tax penalty based on The Affordable Care Act (ACA) that was mandated by the government beginning January 1, 2014

For the 2019 tax year the Individual Mandate has been suspended. We have programs if you desire to keep your compliant coverage and benefits that you enrolled in.

2018



OR



whichever is greater

2. What compliance looks like:

We have compliant options available that will keep you penalty free if you have coverage for more than 8 months out of the calendar year.



Minimum Essential Coverage

- with additional coverage options
- year round enrollment

Coverage Made Easy



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1 Daily Care Options

SelectMed

	SelectMed Base	SelectMed Pro	SelectMed Max
Evidence of insurability	Guaranteed Acceptance	Guaranteed Acceptance	Guaranteed Acceptance
PPO Network	MultiPlan PHCS: Preventative Services Only Network	MultiPlan PHCS: Practitioner & Ancillary Only Network	MultiPlan PHCS: Specific Services Network
Deductible	In-Network Provider (No Out of Network Providers)	In-Network Provider (No Out of Network Providers)	In-Network Provider (No Out of Network Providers)
Individual	n/a	n/a	\$2,000
Family	n/a	n/a	\$4,000
Out-of-Pocket Maximum			
Deductible	In-Network Provider (No Out of Network Providers)	In-Network Provider (No Out of Network Providers)	In-Network Provider (No Out of Network Providers)
Individual	n/a	\$7,350	\$7,350
Family	n/a	\$14,700	\$14,700
SelectMed Medical Services	In-Network Provider (No Out of Network Providers)	In-Network Provider (No Out of Network Providers)	In-Network Provider (No Out of Network Providers)
MedCall Now	Included (No Copay)	Included (No Copay)	Included (No Copay)
Preventative & Wellness*	100% Covered in Network-For a full benefits summary please see the following page. Covers all mandated benefits under PPACA		
Primary Care Visit to Treat Injury or Illness	Not Covered	\$25.00 Copay Max 5 Visits Per Calendar Year	\$25.00 Copay per visit
Specialist Visit		\$25.00 Copay Max 5 Visits Per Calendar Year	\$50.00 Copay per visit
Outpatient Diagnostic Test (X-Ray, Blood Work)		\$25.00 Copay Max 5 Visits Per Calendar Year	\$50.00 Copay per test
Prescription Benefit	No Copay for ACA Compliant covered prescription drugs	No Copay for ACA Compliant covered prescription drugs	No Copay for ACA Compliant covered prescription drugs
		20% Copay 12 Prescriptions Maximum 30 day supply Maximum	Brand/Generic, \$10 Formulary Generic / \$50 Formulary Brand; Mail \$30 Formulary Generic / \$150 Formulary Brand, \$750 Per Member / \$1,500 Per Family Annual Maximum ¹
Urgent Care	Not Covered	\$25.00 Copay Max 5 Visits Per Calendar Year	\$50.00 Copay per visit
Outpatient CT/MRI/Pet Scans			50% of Coinsurance per test
Outpatient Services: Mental Health, Behavioral Health or Substance Abuse Services		Not Covered	\$50.00 Copay per visit
Rehabilitation Services & Habilitation Services			\$50.00 Copay per visit Combined limit for all therapies of 20 visits per plan year
Monthly Rates			
Individual	\$75.75	\$102.25	\$194.80
Individual + Spouse	\$130.10	\$168.17	\$328.65
Individual + Child	\$120.40	\$161.55	\$337.02
Family	\$173.75	\$221.25	\$491.98

MEC not available in Alaska, Hawaii, Massachusetts, and New Hampshire.

Insurance coverage is provided on a fully-funded basis through Providence Insurance Company, LLC.

SelectMed Plan options are all ACA Compliant and provide participants with the required 1095 reporting to satisfy the individual mandate.

¹ The prescription portion of the plan is provided by Magna Monroe and is administered by DataRx


NAWP-07.24.2018.02

SelectMed

Preventative and Wellness Services - Covered Benefits				
Abdominal aortic aneurysm screening	Depression screening	Lung cancer screening		
Alcohol misuse screening and counseling	Diabetes screening	Obesity screening and counseling		
Aspirin: preventative medication	Falls prevention: exercise or physical therapy	Osteoporosis screening		
Bacteriuria screening	Falls prevention: vitamin D supplementation	Phenylketonuria screening		
Blood pressure screening	Folic acid supplementation	Preeclampsia screening		
BRCA risk assessment and genetic counseling/testing	Gestational diabetes mellitus screening	Rh incompatibility screening: first pregnancy visit		
Breast cancer prevention medications	Gonorrhea prophylactic medication	Rh incompatibility screening: 24-28 weeks' gestation		
Breast cancer screening	Gonorrhea screening	Sexually transmitted infections counseling		
Breastfeeding interventions	Healthy diet and physical activity counseling to prevent cardiovascular disease	Skin cancer behavioral counseling		
Cervical cancer screening: with cytology (Pap smear)	Hemoglobinopathies screening	Statin preventive medication		
Cervical cancer screening: with combination of cytology and human papillomavirus (HPV) testing	Hepatitis B screening	Tobacco use counseling and interventions		
Chlamydia screening	Hepatitis C virus (HCV) infection screening	Tuberculosis screening		
Colorectal cancer screening	HIV screening	Syphilis screening		
Contraceptive methods and counseling	Hypothyroidism screening	Vision screening		
Dental cavities prevention: infants and children up to age 5 years	Intimate partner violence screening	Well-woman visits		
*See Schedule of Benefits for Limitations, Intervals and Requirements.				
Vaccines				
HepB-1	Hib-2	PCV-3	LAIV (intranasal)	HPV-1
HepB-2	Hib-3	PCV-4	MCV4-1	HPV-2
HepB-3	Hib-4	MMR-1	MCV4-2	HPV-3
DTaP-1	IPV-1	MMR-2	MPSV4-1	Rotavirus-1
DTaP-2	IPV-2	Varicella-1	MPSV4-2	Rotavirus-1
DTaP-3	IPV-3	Varicella-2	Td	Rotavirus-2
DTaP-4	IPV-4	HepA-1	Tdap	Rotavirus-3
DTaP-5	PCV-1	HepA-2	PPSV-1	Herpes Zoster
Hib-1	PCV-2	Influenza, inactivated	PPSV-2	


*Above benefits are subject to: **Limitations, Intervals and Requirements. See plan Summary of Benefits.**

*For additional information, visit: <http://healthcare.gov/what-are-my-preventative-care-benefits> as benefits are subject to change. Or reference the Summary Plan Document for a list of Wellness & Preventative services offered In-Network.



2

Hospital Indemnity Options




Hospital Indemnity

POLICY BENEFITS		OPTION 1	OPTION 2	
Daily In-Hospital Indemnity Benefit	Pays each day an insured person is confined to a hospital (but not an emergency room, outpatient stay or stay in an observation unit) as the result of a covered accident or sickness.	\$300 31 days	\$500 31 days	
ADDITIONAL INDEMNITY BENEFITS		OPTION 1	OPTION 2	
Intensive Care Indemnity Benefit Rider	Pays each day an insured person is confined to an intensive care unit as the result of a covered accident or sickness.	\$300 10 days	\$500 10 days	
Hospital Confinement Indemnity Benefit Rider	Pays each day an insured person is confined to a hospital (but not an emergency room, outpatient stay or stay in an Observation unit) as the result of a covered accident or sickness lasting a minimum of 24 continuous hours from time of admission.	\$500 1 day	\$1,000 1 day	
Off-the-Job Accidental Injury Indemnity Benefit Rider	Pays each day an insured person receives treatment for a covered accident. Treatment must be provided by a physician within 96 hours of the accident.	\$200/ 1 day per accident/5 days per calendar year	\$300/ 1 day per accident/5 days per calendar year	
Inpatient Miscellaneous Indemnity Benefit Rider	Pays each day an insured person is confined to a hospital as the result of a covered accident or sickness.	\$50 31 days	\$100 31 days	
Surgical and Anesthesia Indemnity Benefit Rider	Pays each day an insured person undergoes surgery, as follows:	Inpatient surgery	\$500/1 day	\$1,000/1 day
		Outpatient surgery	\$250/1 day	\$500/1 day
		Outpatient minor surgery	\$50/1 day	\$100/1 day
		Anesthesia percentage	20%	20%
NON-INSURANCE DISCOUNT PROGRAMS				
PPO Network offered by Multiplan		Included	Included	
Employee Discount Card offered by New Benefits Ltd.		Included	Included	

HOSPITAL INDEMNITY MONTHLY PREMIUMS				
	MEMBER	MEMBER + SPOUSE	MEMBER + CHILD	FAMILY
OPTION 1	\$60.37	\$113.85	\$86.72	\$130.50
OPTION 2	\$94.85	\$190.60	\$142.86	\$221.09

THIS IS NOT MAJOR MEDICAL INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL INSURANCE. IT DOES NOT QUALIFY AS MINIMUM ESSENTIAL COVERAGE (MEC) AS DEFINED BY THE FEDERAL AFFORDABLE CARE ACT (ACA).

The Hospital Indemnity Insurance is unavailable to participants in the following states: AK, CO, CT, GU, HI, KS, MA, ME, MD, NH, NJ, NY, OR, PR, SD, UT, VI, VT, and WA. This is a brief summary of Hospital Indemnity Insurance. Insurance may not be available in all jurisdictions. Limitations and exclusions apply. Refer to the policy, certificate and riders for complete details. Issue Age 18 to 65 (Eligible Children under the age of 26).



3

Additional Health Options



Dental and Vision

DENTAL COVERAGE

SERVICES	COVERAGE
Type I - Diagnostic & Preventative**	100%
Type II – Basic Restorative Services***	80%
Type III – Major Restorative Services****	50%
Annual Maximum (Applies individually to member and each covered family member per policy year.)	\$1,000
Annual Deductible (Applies to Type II and III)	\$50

* Out of network reimbursement based on maximum allowable (MA). ** Type I services include: exams, cleanings, topical fluoride, space maintainers and bitewings *** Type II services include: x-rays, emergency treatment for pain, fillings, and simple extractions. **** Type III services include: denture repair, oral surgery (except TMJ), non-surgical periodontics, surgical periodontics, periodontal maintenance, crowns, inlays, onlays, veneers endodontics, prosthodontics and implants. (12 month waiting period for Type III); This is a brief summary of Dental Insurance. This insurance is unavailable to participants in the following states: AK, CO, CT, GU, HI, KS, MA, ME, MD, NH, NJ, NY, OR, PR, SD, UT, VI, VT, and WA. Limitations and exclusions apply. Refer to the policy, certificate and riders for complete details. Issue Age 18 to 65 (eligible children – through age 26 if a full-time student).

VISION COVERAGE

Examinations and Lenses: Once every 12 months		Frames: Once every 24 months
Examination Co-Pay: \$10		Materials Co-Pay: \$25
BENEFITS	PARTICIPATING PROVIDER	NON-PARTICIPATING PROVIDER*
Examination	100% after Exam Co-Pay	Up to \$40
Single/Bifocal/Trifocal Lens (Standard Plastic)	100% after Materials Co-Pay	Up to \$40/\$60/\$80
Polycarbonate Lenses	\$0 for members under age 19, \$30 for members age 19+	N/A
Standard Progressive Lenses	\$50 additional co-pay	N/A
Standard Photochromic Lenses	\$60 additional co-pay	N/A
Frames**	100% after Co-Pay	Up to \$45
Contact Lenses - Medically Necessary***	\$250 allowance	Up to \$225
Contact Lenses - Elective****	\$100 allowance	Up to \$100
Contact - Fitting	\$30 allowance	N/A
Laser Eye Surgery	Discounted refractive eye surgery from selected provider locations.	

*All out-of-network reimbursement must be submitted to Advantica and are subject to co-pays. | ** 100% coverage applies to frames on Provider's special frame selection. If outside special frame selection, member receives a \$100 allowance. | *** Limited to Aphakia, Keratoconus or Severe Anisometropia and requires pre-authorization by Advantica. | **** This benefit is paid only once during the Group's Benefit Period and must be fully utilized at the time of purchase. Issue Age 18 to 65 (eligible children – through age 26 if a full-time student).



Dental/Vision Rates

MEMBER	MEMBER + SPOUSE	MEMBER + CHILDREN	FAMILY
\$32.52	\$57.55	\$61.19	\$90.28

Accident



The More You Know

Accidents can happen at any time, to anyone. Who would pay the bills when a serious injury unexpectedly puts you in a hospital bed for days, weeks, or longer? The everyday bills and extra expenses do not stop when an accident strikes.

Policy Highlights	Benefits
Initial Hospitalization for Injury Benefit	\$500 per person, per calendar year
Accident Emergency Treatment Benefit	\$100 for member or spouse paid once per insured accident \$70 for children paid once per insured accident
Accident Hospital Income Benefit	Hospital - \$100 per day up to 365 days per year with 30 days of accident ICU - \$300 per day up to 15 days per insured person per insured accident
Appliances Benefit	\$100 per accident, per person
Physical Therapy Benefit	\$50 per treatment, one treatment per day - up to six treatments per insured accident
Prosthesis Benefit	\$500 per person, per insured accident
Accident Follow-up Treatment Benefit	\$25 per visit up to a maximum of 3 treatments within 6 months per insured person, per insured accident
Wellness Benefit	\$60 annual benefit for the insured or any one insured family member after the first 12 months of paid premium
Ambulance Benefit	\$150 Ground Ambulance \$600 Air Ambulance
Accidental Death Motorized Vehicle or Pedestrian Accidents	Member: \$25,000 Spouse: \$12,500 Child: \$2,500
Common Carrier Accident	Member: \$35,000 Spouse: \$17,500 Child: \$3,500
Other Accident	Member: \$15,000 Spouse: \$7,500 Child: \$1,500
Accidental Dismemberment	Pays the percentage of the accidental death benefit: Both arms and legs - 100% Two arm or two legs - 50% Two eyes, hands, or feet - 50% One eye, hand, foot, arm, or leg - 20% One or more fingers and/or one or more toes - 5%
Specific Sum Injuries	Pays benefits for dislocations, burns, ruptured discs, torn knee cartilage, eye injuries, lacerations, internal injuries, fractures, and for blood plasma. Benefits range from \$30-\$2,000. Ask for copy of rider for specific amounts payable and definitions and limitations for each specific accident. (Benefits will not be paid for services rendered by a member of the immediate family of an insured person)
Benefits	On or off the job accidents



Rates for Accident			
Member	Member + Spouse	Member + Child(ren)	Family
\$28.39	\$34.29	\$34.94	\$40.84
MONTHLY			

This is a brief summary of Accident Insurance. This insurance is unavailable to participants in the following states: AK, CT, GU, HI, MA, ME, MD, NH, NJ, NY, OR, PR, UT, VI, VT, and WA. Limitations and Exclusions apply. Refer to the policy, certificate and riders for complete details. Issue age 18-65 for member and spouse

Critical Illness

**GUARANTEED ISSUE
UP TO \$15,000!
\$50,000 MAX!**



What Is It?

Concentrate on your recovery, not your finances. Critical illness insurance provides a single cash benefit paid directly to you if you're diagnosed or treated for a covered critical illness -- giving you the flexibility to help pay bills related to treatment or to help with everyday living expenses, such as car payments, the mortgage, groceries, or utility bills. Consider how you would manage if you were unable to work due to an illness.

Policy Highlights	Critical Illness Coverage Policy
Critical Illness Benefit	Critical illness insurance provides a lump-sum cash benefit which the member can use however they wish. After the critical illness diagnosis, the insured person will receive a lump-sum percentage of the elected benefit amount. The diagnosis must be made after the effective date of the certificate. Percentages for each covered critical illness are shown in the Product Details section of the proposal.
Recurrent Critical Illness Benefit	This benefit provides each insured person with an opportunity to receive an additional payment for the same critical illness. The Recurrence Benefit is a percentage of the Critical Illness Benefit amount and the percentage is selected by the association. A recurrence of the same critical illness must be separated by a 12 month waiting period. For a cancer condition, the insured person must be treatment free for 12 months. Only one Recurrence Benefit will be paid for each critical illness.
Wellness Indemnity Benefit	This benefit can help pay the costs for a screening test for early disease signs and lead to earlier intervention, better outcomes and healthier members. The benefit is payable once per calendar year per insured person.
First Occurrence	First occurrence after effective date
Rate Structure	Voluntary - Issue Age

Covered Critical Illnesses	
Illness covered under policy	Percentage of Benefit Amount
Heart Attack	100%
Stroke	100%
Major Organ Failure	100%
End Stage Renal Failure	100%
Other Specified Organ Failure (Loss of sight, speech, or hearing)	100%
Miscellaneous Diseases - Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease), Encephalitis/meningitis, Rocky Mountain Spotted Fever, Typhoid Fever, Anthrax, Cholera, Primary Sclerosing Cholangitis (Walter Payton's Disease) and Tuberculosis	100%
Alzheimer's Disease	30%
Coronary Artery Disease Requiring Bypass Grafts	25%
Coronary Artery Disease Requiring Angioplasty/Stent	5%
Additional Benefit	Benefit Amount
Wellness Indemnity Benefit	\$100
Recurrent Critical Illness Benefit Rider	100%

* Payment of the partial benefit for Carcinoma in Situ will reduce the benefit for invasive cancer. Payment of the partial benefit for coronary artery bypass surgery will reduce the benefit for a heart attack.

\$ Sample Premiums for Member - Non-Tobacco Rates \$

Age	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	Age	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000
18-29	\$19.75	\$22.60	\$25.45	\$28.30	\$31.15	\$34.00	50-59	\$46.60	\$58.40	\$70.20	\$82.00	\$93.80	\$105.60
30-39	\$21.40	\$24.80	\$28.20	\$31.60	\$35.00	\$38.40	60-64	\$83.35	\$107.40	\$131.45	\$155.50	\$179.55	\$203.60
40-49	\$29.95	\$36.20	\$42.45	\$48.70	\$54.95	\$61.20	65+	\$104.95	\$136.20	\$167.45	\$198.70	\$229.95	\$261.20
MONTHLY							MONTHLY						

This is a brief summary of Critical Illness Coverage. This insurance is unavailable to participants in the following states: AK, CT, GU, HI, MA, ME, MD, NH, NJ, NY, OR, PR, UT, VI, VT, and WA. Limitations and exclusions apply. Refer to the policy, certificate and riders for complete details. Issue Age 18 to 65 (through age 64 in California)

Cancer



What Is It?

Cancer insurance is designed to provide benefits to help with the cost of cancer treatment. Benefits are paid directly to you and are paid in addition to any other insurance you may have. This policy can also help protect your income from out-of-pocket expenses that aren't covered by your major medical coverage including:

- Travel and lodging
- Child care and household help
- Normal living expenses - such as your car payment, mortgage, rent, and utility bills
- Out-of-pocket medical expenses
- Out-of-network specialists

Policy Highlights	Benefits
Portable	Yes
Hospital Confinement & Extended Benefits	\$200 per day, for 90 days, for hospital confinement for the treatment of cancer; \$400 per day for hospital confinement beyond 90 continuous days. This benefit is paid in lieu of all other benefits under the certificate, except for surgery and anesthesia.
Government Hospitals	\$200 per day in lieu of all other benefits under the certificate.
Radiation & Chemotherapy (In/Outpatient)	Actual charges up to \$15,000 maximum per 12 month benefit period.
Related Radiation & Chemotherapy Expenses	\$750 per 12 month benefit period for treatment consultation and planning, radiation management, physical exams, checkups, laboratory or diagnostic tests when authorized by a radiologist, chemotherapist or oncologist.
Experimental Treatment	Actual charges up to \$15,000, per 12 month benefit period, for drugs, chemicals, surgery or therapy approved by FDA, NCI, or ACS. Treatment must be received in a US hospital when authorized by the attending physician.
Private Duty Nurse	\$200 per day during hospital confinement when authorized by the attending physician.
Surgery	Up to \$3,000 for in-hospital surgery and up to \$4,500 for outpatient surgery. Actual benefit is determined by the surgery schedule.
Reconstructive Surgery	Up to \$750 for reconstructive surgery within two years of cancer removal.
Anesthesia	Benefit is equal to 25% of surgery benefit.
Skin Cancer Surgery	\$225 1st removal; \$105 per additional removal. (skin cancer does not include malignant melanoma or mycosis fungoides).
Prosthesis	Actual charges up to \$1,500 per prosthetic device that requires implantation. Hair prosthesis up to \$150 for wig or hair piece related to hair loss from cancer treatment.
Attending Physician	\$40 per day during hospital confinement.
Inpatient Drugs & Medicines	\$30 per day or during confinement.
Blood, Plasma, & Platelets	Actual incurred charges up to \$15,000 per 12 month benefit period (except when replaced by donated blood when there is no charge to the insured person).
Second Surgical Opinion	\$300 when surgery is prescribed treatment; excludes skin cancer.
Hospice Care	\$200 per day at hospice center or hospice home visit: Lifetime maximum 100 days.
Ambulance	\$200 for service by a licensed ambulance service for transportation to a hospital; admittance required.
Transportation Benefit	Private vehicle - \$0.40 per mile up to 750 miles for hospital confinement located more than 50 miles from your residence. Commercial travel - Actual round trip charges. Payable once per confinement.
Family Lodging Benefit	Hospital located more than 100 miles from residence \$100 per day with maximum benefit of 50 days per 12 month period.
Extended Care Facility	\$200 per day, up to the number of days of the hospital stay, when admitted within 14 days of discharge.
Physical Therapy & Speech Therapy	\$50 per treatment (limit one per day).
Waiver of Premium	Premiums are waived after insured is totally disabled for 60 days due to cancer; total disability must begin prior to the insured person's 70th birthday.
Cancer Suppressive Therapy, Hematological Drugs, Anti-Nausea Drugs, and Motility Drugs	Actual charges up to \$1,000 for any combination of listed cancer maintenance therapy expenses per calendar year.



Rates which include \$15,000 Radiation, Chemotherapy and Blood

Policy Type	Premium
Member	\$27.51
Member-Child	\$31.02
Family	\$47.76
MONTHLY	

This is a brief summary of Group Cancer Insurance. This insurance is unavailable to participants in the following states: AK, CT, GU, HI, MA, ME, MD, NH, NJ, NY, OR, PR, UT, VI, VT, and WA. Limitations and exclusions apply. Refer to the policy, certificate and riders for complete details. Issue Age 18 to 65 (through age 64 in California).

4

Life
Coverage
Options



Group 10 Year Term Life

**GUARANTEED ISSUE
UP TO \$50,000!
\$500,000 MAX!**



What Is It?

Life insurance helps provide immediate and future financial security for your family following your death. Term life insurance gives you coverage for a specified period of time, or "term" such as 10 years.

Policy Highlights	Benefits
Benefit Levels	<ul style="list-style-type: none"> - Guaranteed issue up to \$50,000 not to exceed 5 times salary. - Spouse guaranteed issue up to \$15,000. - Eligible dependent children issue is up to \$10,000; minimum is \$5,000
Evidence of Insurability	Guaranteed Issue
Portable	If an insured leaves the group for any reason, he or she may be able to continue this Voluntary Group Term Life Insurance coverage on a direct basis.
Convertible to Whole Life Policy	Opportunity to convert to permanent ¹ life insurance upon termination of insurance.
Accelerated Death Benefit for Terminal Illness Rider	Accelerates up to 50% of the life insurance death benefit (to a maximum amount of \$100,000) if a covered person is diagnosed for the first time with a terminal illness. Terminal illness is an illness that, in the best medical judgment, will result in death within 12 months. The accelerated amount will be deducted from the death benefit and this rider will terminate. We will deduct an administrative fee of \$100 and 12 months interest from the accelerated amount. Any remaining death benefit will be paid to the beneficiary upon the covered person's death.
Waiver of Premium Due to Layoff or Strike Rider	Waives the premium for up to six months in the event of involuntary layoff or strike. Waiver is limited to three layoffs/strikes, not to exceed a total of six months, per 12-month period. This rider terminates when the owner reaches age 65. This rider is not available to self-employed individuals.
Accelerated Death Benefit for Long Term Care	Allows an insured to take an advance against the life insurance death benefit to help pay for long-term care. The percentage of death benefit available each month is 4% for up to 25 months when confined in a licensed nursing or assisted living facility, or 2% for 50 months when receiving home health or adult daycare. The Rider may not cover all costs associated with long term care incurred during the period of coverage.
Extension of Benefits for Long Term Care	If the insured's entire death benefit under the Accelerated Death Benefit for Long Term Care Rider has been paid and the insured continues to be chronically ill, the Extension of Benefits Rider allows an insured to have extended benefits. The benefit will be for 4% for confinement in a licensed nursing or assisted living facility, or 2% for home health care or adult day care service on a month-to-month basis, for up to an additional 25 months or 50 months respectively.
Accelerated Death Benefit for Critical Care Condition	Benefit amount is 25% of the life insurance death benefit. Allows the insured to receive an early payout of the life insurance death benefit in the event of these critical care conditions: cancer, heart attack, major organ transplant surgery, renal failure or stroke.

Sample Premiums for \$50,000 in Coverage* - Non-Smoker

AGE	PREMIUM
Age 25	\$16.71
Age 30	\$18.88
Age 35	\$22.63
Age 40	\$30.42
Age 45	\$40.29
Age 50	\$52.75

MONTHLY



Issue ages are 16-75 for member and 16-65 for spouse. *Rates are based upon age and tobacco usage. ¹Coverage could lapse prior to the maturity for non-payment of premiums. You must speak with a benefits counselor to receive your applicable rate.

This is a brief summary of Group Term Life Insurance. This insurance is unavailable to participants in the following states: AK, CT, GU, HI, MA, ME, MD, NH, NJ, NY, OR, PR, UT, VI, VT, and WA. Limitations and exclusions apply. Refer to the policy, certificate and riders for complete details.

Group Universal Life

**GUARANTEED ISSUE
UP TO \$50,000!
\$500,000 MAX!**



What Is It?

Universal Life Insurance is designed to last your lifetime. It combines life insurance protection with the ability to grow cash value over time. As long as your policy has earned sufficient cash value, you may borrow from it for any reason at a modest interest rate. You can use this loan for things such as paying college tuition, mortgage costs, or use it to pay for final expenses.

Policy Highlights	Benefits
Benefit Levels	Guaranteed issue up to \$50,000 for member and \$15,000 for spouse. Eligible dependent children is \$25,000 or \$10,000 for child term rider.
Evidence of Insurability	Guaranteed Issue
Cash Value Accumulation	The policy builds with a minimum guaranteed interest rate of 3%
Portable	Yes. If you retire or leave your group, you can take comfort in knowing that your premium won't change because you leave.
Accelerated Death Benefit for Terminal Illness Rider	Accelerates up to 50% of the life insurance death benefit (to a maximum amount of \$100,000) if an insured person is diagnosed for the first time with a terminal illness. Terminal illness is an illness that, in the best medical judgment, will result in death within 12 months. The accelerated amount will be deducted from the death benefit and this rider will terminate. We will deduct an administrative fee of \$100 and 12 months interest from the accelerated amount. Any remaining death benefit will be paid to the beneficiary upon the insured person's death.
Waiver of Premium Due to Layoff or Strike Rider	Waives the premium for up to six months in the event of involuntary layoff or strike. Waiver is limited to three layoffs/strikes, not to exceed a total of six months, per 12-month period. This rider terminates when the owner reaches age 65. This rider is not available to self-employed individuals.
Accelerated Death Benefit for Critical Care Condition Rider	Benefit amount is 25% of the life insurance death benefit, up to \$100,000. Allows you to receive an early payout of the life insurance death benefit in the event of these critical care conditions: invasive cancer, heart attack, major organ transplant surgery, end stage renal failure or stroke.
Accelerated Death Benefit for Chronic Condition Rider	Accelerates a portion of the life insurance death benefit amount if an insured person is diagnosed with a covered chronic illness in the best medical judgment is unable to perform activities of daily living for a period of at least 90 days without human assistance; or has a severe cognitive impairment that is expected to be permanent or requires supervision to protect the insured's health or safety.
Extensions of Benefits for Chronic Condition Rider	After 100% of the death benefit amount has been accelerated for chronic condition rider and the insured employee or spouse continues to be eligible for benefits, we will begin increasing the Accelerated Death Benefit for Chronic Condition benefit amount by 4% so that the monthly accelerations can continue. Also issues a paid-up certificate for 25% of the death benefit amount to be paid to the beneficiary upon the insured person's death.
Extension of Long-Term Care Benefits with Paid-Up Insurance Benefit	If the insured's entire death benefit under the Accelerated Death Benefit for Long Term Care Rider has been paid and the insured continues to be chronically ill, the Extension of Benefits Rider allows an insured to have extended benefits. The benefit will be for 4% for confinement in a licensed nursing or assisted living facility, or 2% for home health care or adult day care service on a month-to-month basis, for up to an additional 25 months or 50 months respectively.



Issue ages are 16-75 for member and 16-65 for spouse. ** Rates are based upon age and tobacco usage. You must speak with a benefits counselor to receive your applicable rate.

Sample Monthly Premiums* - Non-Tobacco		
AGE	AMOUNT YOU WILL PAY	AMOUNT OF DEATH BENEFIT
Age 25	\$27.85	\$50,000
Age 30	\$32.60	\$50,000
Age 35	\$39.08	\$50,000
Age 40	\$48.13	\$50,000

This is a brief summary of Universal Life Insurance. This insurance is unavailable to participants in the following states: AK, CT, GU, HI, MA, ME, MD, NH, NJ, NY, OR, PR, UT, VI, VT, and WA. Limitations and exclusions apply. Refer to the policy, certificate and riders for complete details.

