

School Board of Levy County



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2025 Employee Benefit Guide

Plan Year: January 1, 2025 - December 31, 2025

IMPORTANT INFORMATION

INTRODUCTION

The School Board of Levy County is pleased to offer our employees a wide variety of benefit options to suit your needs. The information found within the benefit guide is designed to assist you in making important decisions regarding your benefits and to provide you with important contact information. Combined Benefits Group (CBG) is the Third Party Benefit Administrator for the District's benefit program.

PLAN YEAR

The Plan Year for the district's benefit program is **1/1/2025** through **12/31/2025**. For Open Enrollment, benefits will become effective January 1st or upon approval of evidence of insurability if required.



WHO IS ELIGIBLE?

You are eligible to enroll in SBLC's benefit program if you are an employee contributing to the Florida Retirement System and or employed in a Board approved position that is regularly scheduled to work over 10 hours per week. Coverage under SBLC's benefit program is available to eligible dependents.

WHO IS AN ELIGIBLE DEPENDENT?

- Current spouse
- Natural, adopted, step children up to age 26
- Disabled children of any age if they were enrolled prior to age 26
- Children up to age 26 for whom the subscriber has assumed a parent-child relationship and is considered the primary care parent.
- Children age 26 through the end of the calendar year the child obtains age 30, if the child meets the following criteria:
 - ◇ The child must be a Florida resident or, if not, the child must be a full-time or part-time student whose parent resides in Florida
 - ◇ The child must not be married
 - ◇ The child must not have a dependent of his own
 - ◇ The child must not be covered by another health plan or policy (group or individual) or by Medicare

NEW HIRE ENROLLMENT

Online benefit enrollment must be completed within 30 days of your start date. Elected benefits will take effect on the 1st of the month following 30 days from your date of employment. Payroll deductions for health insurance occur one month in advance of coverage and all other benefits in the same month as the coverage. **All new employees are required to complete the enrollment process to either enroll in or decline the district's benefit plan offerings.**

MID-YEAR CHANGES

The benefits you choose will remain in effect throughout the plan year (from January 1 - December 31). You may only add or cancel coverage during the year if you have an IRS approved qualifying change in family or employment status that causes you to gain or lose eligibility for benefits. **Employees have 31 days after a qualifying event to make changes based on that event. It is the responsibility of the employee to notify The Personnel Department of such changes and to complete the proper paperwork.** Qualifying changes may include:

- A change in your legal marital status
- A change in your number of dependents as a result of birth, adoption, legal custody, or if your dependent child satisfies or ceases to satisfy eligibility requirements for coverage, or the death of a dependent child or spouse
- A change in employment status for you or your spouse
- Loss or gain of eligibility for other insurance (including CHIP & Medicaid—60 day notification deadline)

WHO DO I CONTACT WITH QUESTIONS?

For questions, you can contact Combined Benefits Group, our Third Party Benefit Administrator at 800-749-6458.

PROVIDER CONTACT INFORMATION

Employee Benefit Portal: <https://LevyK12.bswift.com>

Benefit Information Access | Online Enrollment Access | Contact Information



HEALTH INSURANCE	PROVIDER	PHONE	WEBSITE	POLICY #s	PG.
Medical Insurance	Florida Blue	800.352.2583	https://www.floridablue.com	78110	1 - 8
Wellness Center	My Health Onsite	352.565.4300	www.my-patientportal.com		9 - 14

EMPLOYEE BENEFIT PLANS	PROVIDER	PHONE	WEBSITE/EMAIL	POLICY #s	PG.
Virtual Health	Access Medical	800.800.7616	https://mybenefitswork.com	AM100HH	15 - 16
Hospital Indemnity	American Public Life	800.256.8606	https://www.ampublic.com	16245	17 - 20
Disability Income Protection	OneAmerica	800.553.5318	https://www.oneamerica.com	616449	21 - 24
Permanent Life Insurance	Texas Life	800.283.9233	https://www.texaslife.com	SM0FDT	25 - 28
Term Life Insurance	Sun Life Financial	800.733.7879	https://www.sunlife.com/us/en	924080	29 - 31
Dental PPO	Humana	800.233.4013	https://www.humanadental.com	774523	32 - 35
Dental HMO	Humana	800.325.2025	https://www.humanadental.com	774523	36 - 42
Vision	Humana	866.995.9316	https://www.humanavision.com	774523	43 - 45
Cancer	Aflac	800.99.AFLAC	https://www.aflac.com	A8826	46 - 53
Accident	Aflac	800.99.AFLAC	https://www.aflac.com	A8826	54 - 56
Cancer & Accident Cost	Aflac	800.99.AFLAC	https://www.aflac.com	A8826	57
Flexible Spending Accounts (FSAs)	TASC	800.422.4661	https://www.tasconline.com		58 - 65

EMPLOYEE RESOURCES	PROVIDER	PHONE	WEBSITE/EMAIL	COMPANY ID	PG.
Guidance Resources	ComPsych	855.387.9727	https://www.guidanceresources.com	ONEAMERICA3	66 - 67

ENROLLMENT INSTRUCTIONS

HOW DO I ENROLL?

Visit: <https://Levyk12.bswift.com>

FIRST TIME LOGGING IN?

Select **First Time User** link to access your username and create your password. You will need to enter your SSN & DOB and click Continue. You will then need to **create your unique password**. Once you have completed this step, following the Returning User Instructions to login.

RETURNING USER?

Login to the portal with your Username (**Date of Birth (MMDDYYYY) + Last Four Digits of your SSN**) and unique password you've previously created. **Note:** *Can't remember your password? Click "Forgot Password" to reset your credentials.*

MULTI FACTOR AUTHENTICATION

After you login to the enrollment system, you will need to Verify your Identity. Select the option that best suits your needs to obtain a security code. Once you receive your Security Code, you will have 5 minutes to enter it into the system.



WELCOME TO YOUR BENEFIT PORTAL

Your employee benefit portal is your go-to resource for accessing information about your benefits. Through the portal, you can view and manage your benefit selections, enroll in or make changes to your plans during open enrollment, and access educational resources. You can also download important documents, such as plan summaries and claims forms, and request mid-year changes based on IRS-approved qualifying events.

VISIT THE ENROLLMENT CENTER

Once you're familiar with the benefits portal, click "Visit the Enrollment Center" to start the enrollment process, then select "Enroll Now." [Make sure to review the Enrollment Timeline, Enrollment Deadline, and your Enrollment Status. Keep in mind that any changes requested after the enrollment system closes must be based on an IRS-approved qualifying event.](#)

DEMOGRAPHIC (PERSONAL & DEPENDENT) INFORMATION

The Employee Information Entry process requires you to input your demographic information. Be sure to review any pre-filled details for accuracy and fill in any new or missing information. [Note that you must list all eligible dependents in the enrollment system, even if you don't plan to cover them under your benefits.](#)

BENEFIT ENROLLMENT

Once you have completely entered all of your personal and dependent information, you will begin your online enrollment for any of the benefits that you are eligible for. When you arrive on your benefit enrollment page, you may notice that some benefits are **GREEN**, and some are **GRAY**. **GREEN** tiles represent benefits that you are already enrolled in. If you are not changing coverage, then no action is required. **GREEN** tiles also represent benefits you are automatically enrolled in by your employer. No action is needed but reviewing the benefit may be helpful. Benefits in **GRAY** are required enrollment items. You must elect or decline each benefit plan option before continuing the enrollment process. **Note:** [You must review and make an active election or declination for each of the benefit options that are made available.](#)

BENEFICIARY INFORMATION

You will be taken to the Beneficiary Election page if you have elected benefits that require beneficiary designations. You can select a dependent that is already listed in the system, add a new beneficiary and select primary and contingent beneficiaries. **Note:** [You may not exceed 100% for your primary or contingent beneficiary designation for each benefit plan.](#)

REVIEW AND CONFIRM

The last step of the enrollment will be to review all of your elections and changes that you've made to your benefits of the upcoming plan year. Once you have reviewed your elections, you will confirm that you agree to all elections. [Keep in mind, you can still make changes to your elections until your enrollment deadline.](#)

CONFIRMATION

When you complete your enrollment, you will have the option to view, print or email a copy of your enrollment. You will be able to login to your benefit portal anytime throughout the year to view your benefit information. [If you have elected coverage that requires Evidence of Insurability \(EOI\), you will be able to download the EOI Form or Click the link to complete the required health questions on this page.](#)

Digital Enrollment Tool



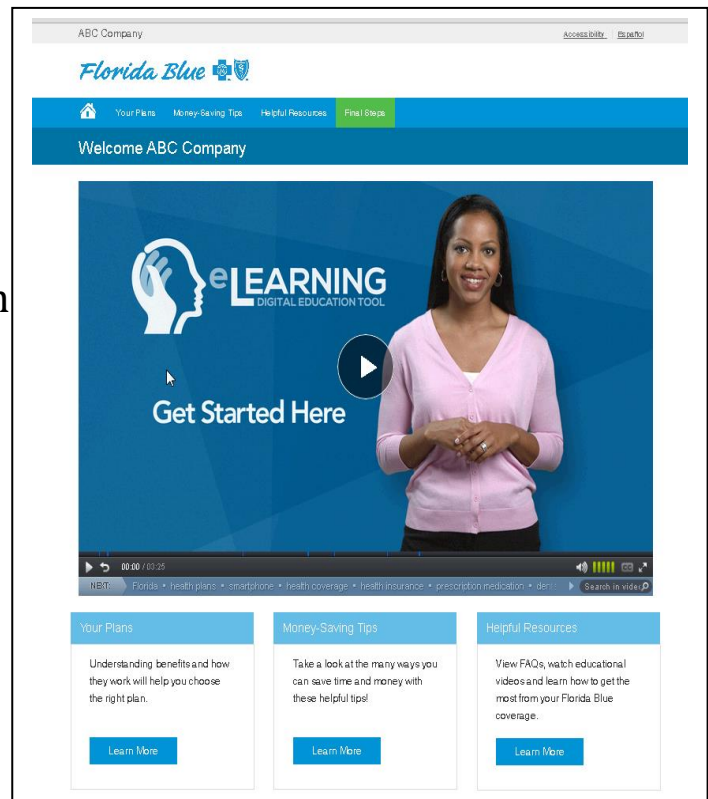
Florida Blue has launched a new web-based tool engineered to assist employees with the health insurance benefit options available to Levy County School Board employees and their qualified dependents.

Before you enroll in a group health insurance plan, take time to review the options available. Access benefit comparisons, search providers, locate a Florida Blue Center, compare medical costs and watch video clips on money saving tips, helpful resources and more.

There is no registration required to access the Digital Enrollment Tool.

Access this valuable information from the convenience of your home computer, your smart phone.....even on your tablet!

Connecting you and your health insurance benefits has never been this easy!



Visit

<https://gateway.bcbsfl.com/grp/2920>

OR

Text “Blue 2920” to 258311

Levy County School Board Effective 1/1/25 Health Benefit Plan 05360-Nonstandard

Summary of Benefits for Covered Services	Amount Member Pays	
	In-Network	Out-of-Network
Financial Features		
Deductible (DED ¹) (PBP ²) (DED is the amount the member is responsible for before Florida Blue pays)	\$1,500 per person \$4,500 per family	\$3,000 per person \$9,000 per family
Coinsurance (Coinsurance is the percentage the member pays for services)	20% of the allowed amount	40% of the allowed amount
Out-of-Pocket Maximum (PBP) (Out-of-Pocket Maximum includes DED, Coinsurance, Copayments and Prescription Drugs)	\$3,000 per person \$6,000 per family	\$5,000 per person \$10,000 per family
Office Services		
Physician Office Services Primary Care Physician Specialist Convenient Care	\$25 Copay 20% after Deductible \$25 Copay	40% after Deductible 40% after Deductible 40% after Deductible
Virtual Visits Family Physician Specialist	\$10 Copay 20% after Deductible	Not Covered Not Covered
Maternity (Cost Share for initial visit only) Primary Care Physician Specialist	\$25 Copay 20% after Deductible	40% after Deductible 40% after Deductible
Allergy Injections (per visit) Primary Care Physician Specialist	\$10 Copay \$10 Copay	40% after Deductible 40% after Deductible
Advanced Imaging Services (AIS) (MRI, MRA, PET, CT, Nuclear Med.)	20% after Deductible	40% after Deductible
Medical Pharmacy - Physician-Administered Medications (applies to Office Setting and Specialty Pharmacy Vendors) In-Network Monthly Out-of-Pocket (OOP) Maximum ³ Provider	\$200 20%	50% after Deductible
Physician-Administered Medications – These medications require the administration to be performed by a health care provider. The medications are ordered by a provider and administered in an office or outpatient setting. Physician-Administered medications are covered under the <i>medical</i> benefit. Please refer to the Physician-Administered medication list in the Medication Guide for a list of drugs covered under this benefit.		
Preventive Care		
Routine Adult & Child Preventive Services, Wellness Services, and Immunizations	\$0	40%
Mammograms	\$0	\$0
Colonoscopy (Routine for age 50+ then frequency schedule applies)	\$0	\$0
Emergency Medical Care		
Urgent Care Centers	\$35 Copay	\$35 Copay after Deductible
Emergency Room Facility Services (per visit)	20% after Deductible	20% after In-Network Deductible
Ambulance Services	20% after Deductible	20% after In-Network Deductible

¹ DED = Deductible

² PBP = Per Benefit Period

³ In-Network Medical Pharmacy will be paid at 100% for the remainder of the calendar month once OOP max is met.

Note: Out-of-Network services may be subject to balance billing.

Florida Blue is a trade name of Blue Cross and Blue Shield of Florida, Inc., an Independent Licensee of the Blue Cross and Blue Shield Association. Florida Blue does not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation, or health status in the administration of the plan, including enrollment and benefit determinations.

BlueOptions

Levy County School Board Effective 1/1/25

Health Benefit Plan 05360-Nonstandard

Summary of Benefits for Covered Services	Amount Member Pays	
	In-Network	Out-of-Network
Outpatient Diagnostic Services		
Independent Diagnostic Testing Facility Services (per visit) (e.g. X-rays) (Includes Provider Services) Diagnostic Services (except AIS) Advanced Imaging Services (AIS) (MRI, MRA, PET, CT, Nuclear Med.)	20% after Deductible 20% after Deductible	40% after Deductible 40% after Deductible
Independent Clinical Lab (e.g., Blood Work)	\$0	40% after Deductible
Outpatient Hospital Facility Services (per visit) (e.g., Blood Work and X-rays) Option 1 Option 2	20% after Deductible 20% after Deductible	40% after Deductible 40% after Deductible
Hospital / Surgical		
Ambulatory Surgical Center Facility (ASC)	20% after Deductible	40% after Deductible
Outpatient Hospital Facility Services (per visit) Therapy Services Option 1 Option 2 All other Services Option 1 Option 2	\$45 Copay \$60 Copay 20% after Deductible 20% after Deductible	40% after Deductible 40% after Deductible 40% after Deductible 40% after Deductible
Inpatient Hospital Facility and Rehabilitation Services (per admit) Option 1 Option 2	20% after Deductible 20% after Deductible	40% after Deductible ⁴ 40% after Deductible ⁴
Mental Health / Substance Dependency		
Inpatient Hospitalization Facility Services (per admit) Option 1 and Option 2	20% after Deductible	40% after Deductible
Outpatient Hospitalization Facility Service (per visit) Option 1 and Option 2	20% after Deductible	40% after Deductible
Emergency Room Facility Services (per visit)	20% after Deductible	20% after In-Network Deductible
Provider Services at Hospital and ER Primary Care Physician / Specialist	20% after Deductible	20% after In-Network Deductible
Provider Services at Locations other than Office, Hospital and ER Primary Care Physician / Specialist	20% after Deductible	40% after Deductible
Outpatient Office Visit Primary Care Physician Specialist Virtual Visit	20% 20% after Deductible 20%	40% after Deductible 40% after Deductible Not Covered
Other Provider Services		
Provider Services at Hospital and ER	20% after Deductible	20% after In-Network Deductible
Radiology, Pathology and Anesthesiology Provider Services at an Ambulatory Surgical Center (ASC)	20% after Deductible	20% after In-Network Deductible
Provider Services at Locations other than Office, Hospital and ER Primary Care Physician Specialist	20% after Deductible 20% after Deductible	40% after Deductible 40% after Deductible

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BlueOptions

Levy County School Board Effective 1/1/25

Health Benefit Plan 05360-Nonstandard

Summary of Benefits for Covered Services	Amount Member Pays	
	In-Network	Out-of-Network
Other Special Services		
Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations Outpatient Rehabilitation Therapy Center Outpatient Hospital Facility Services (per visit) Option 1 Option 2	20% after Deductible \$45 Copay \$60 Copay	40% after Deductible 40% after Deductible 40% after Deductible
Home Health Care	20% after Deductible	40% after Deductible
Skilled Nursing Facility	20% after Deductible	40% after Deductible
Hospice	20% after Deductible	40% after Deductible
Durable Medical Equipment, Prosthetics and Orthotics	20% after Deductible	40% after Deductible

Important: To ensure quality care and to help you get the most value from your plan benefits, for certain medical services **you need to get an approval** from Florida Blue before your service or you'll have to **pay the entire cost** for the service. **Before an appointment**, visit floridablue.com/Authorization or call the toll-free number on your member ID card to see if a prior approval is needed and your next steps.

Benefit Maximums	
Home Health Care	20 Visits PBP
Inpatient Rehabilitation Therapy	30 Days PBP
Outpatient Therapy	35 Visits PBP
Spinal Manipulations	26 PBP (accumulates towards the Outpatient Therapy maximum)
Skilled Nursing Facility	60 Days PBP

Additional Benefits and Features

- We encourage you to call the care consultants team at 1-888-476-2227 to find out more about your benefits and/or treatment options. This can help you save time and money.
- You have online access to everything about your health benefit plan as well as all of our self-service tools at floridablue.com.
- Go to floridablue.com, click on **Find a Doctor** and follow the on-screen directions to easily find a doctor in your plan's network and you don't need a referral to see a participating provider.

BlueScript Prescription Drug Program

In the event your Group has purchased pharmacy coverage from Florida Blue, you'll find a Pharmacy Program information sheet enclosed. Please review it carefully, as you'll find it contains an overview of your benefits and how to utilize them. Important Note: Your health plan may include prescription drug coverage that only provides coverage at Exclusive Pharmacies except for emergency situations.

Access to Our Strong Networks

NetworkBlueSM is the Preferred Provider Network designated as "In-Network" for BlueOptions. While In-Network providers remain the best value, members are still **protected from balance billing** if they go Out-of-Network to someone who is part of our Traditional Provider Network. You may also receive **out-of-state coverage through the BlueCard[®]** Program with access to the participating providers of independent Blue Cross and/or Blue Shield organizations across the country.

Physician Discount

Many NetworkBlue physicians offer BlueOptions members a rate which is at least 25 percent below the usual fees charged for services that are **not Covered Services** under your health plan. By taking advantage of this discount, you get the care you need from the doctor you trust. However, Florida Blue does not guarantee that a physician will honor the discount. Since you pay out-of-pocket for any non-covered services, it's your responsibility to discuss the costs and discounted rates for non-covered services with your physician **before** you receive services. 'Physician Discount' is not part of your insurance coverage or a discount medical plan. For more information, please refer to the online Provider Directory at floridablue.com.

BlueScript Pharmacy Benefits – 20%/40%/50%/50% after \$200 Brand Deductible

For BlueOptions Plans– Open Formulary (Home Delivery Available)

The BlueOptions® health benefit plan your employer is offering you is paired with our BlueScript® Pharmacy Program. With a large network of Participating Pharmacies statewide and nationally, you can obtain prescription drugs at a location convenient to you.

You may also be able to receive more savings on prescription drugs by purchasing your drugs through the home delivery program.

See below for your specific plan details.

Pharmacy Deductible (DED)\$200

Drug Tier	In-Network Retail (One-Month Supply)	In-Network Home Delivery (Three-Month Supply)	Out-of-Network
Preferred Generic Prescription Drugs	20%	\$20	50%
Preferred Brand Name Prescription Drugs	DED + 40%	DED + \$50	DED + 50%
Non-Preferred Prescription Drugs	DED + 50%	DED + \$80	DED + 50%
Self-Administered Injectables	DED + 50%	Not Covered	DED + 50%

Specialty drugs are not available through home delivery. Deductible is waived for Oral Chemotherapy Drugs.

Advantages of our Pharmacy Program

With our BlueScript Pharmacy Program, you'll receive coverage for Preferred Generic, Preferred Brand Name, and Non-Preferred Prescription Drugs, as well as self-administered injectables and specialty medications. You have easy access to Participating Pharmacies throughout Florida and to National Network Pharmacies with over 60,000 locations.

Save When Purchasing Your Prescription Drugs

You can reduce your out-of-pocket costs by purchasing Covered Prescription Drugs listed on our Preferred Medication List. These prescription drugs should cost you less than prescription drugs not on the list.

Generic Prescription Drugs

You pay a lower cost for Generic Prescription Drugs that appear on the Preferred Medication List. If you request a Brand Name

Prescription Drug when a Generic is available, you will be responsible for:

1. The copayment applicable to Brand Name Prescription Drugs; and
2. The difference in cost between the Generic Prescription Drug and the Brand Name Prescription Drug, as indicated on the BlueOptions pharmacy Program Schedule of Benefits.

More Convenient Than Ever

Take your prescriptions to a participating pharmacy to have them filled. Or, if you are taking a prescription medication on an ongoing basis, you have a couple of convenient options:

1. Your doctor can prescribe a three-month supply and you can have it filled at select participating retail pharmacies. A three-month out-of-pocket cost (copay, coinsurance, and/or deductible) applies.
2. For additional savings, fill prescriptions via our home delivery program. This program allows covered members taking prescription drugs to receive up to a three-month supply for one Home Delivery Copayment, after Pharmacy Deductible, if applicable. Prescription drugs ordered through this program are provided by Amazon Pharmacy.

Vaccines at the Pharmacy

Certain vaccines which are covered under your Wellness Benefits can be administered by Pharmacists that are certified.

Contraceptive Coverage

Generic oral contraceptives and diaphragms are covered under your pharmacy benefit and are available at no cost to you. These contraceptives must be prescribed and obtained from a participating pharmacy.

Diabetic Supplies

Diabetic supplies such as blood glucose testing strips and tablets, lancets, glucometers, and acetone test tablets and/or syringes and needles are covered under your pharmacy benefit. Diabetic supplies require a prescription and can be obtained from a participating pharmacy.

Medication Guide

The Preferred Medication List, which is part of the Medication Guide, is available online at floridablue.com. Changes in the formulary can occur over time and the most up-to-date listing can always be found by viewing the Medication Guide online or by calling the customer service number listed on your member ID card. For the hearing impaired, call Florida TTY Relay Services 711. The Medication Guide also identifies specialty drugs, and drugs requiring prior authorization. When reviewing the Preferred Medication List with your doctor, ask your provider to consider a prescription drug from

the Preferred Medication List, particularly a Preferred Generic Prescription Drug.

Pharmacy Options Affect Your Out-of-Pocket

There are two different types of pharmacies for you to be aware of as you decide where to get your prescriptions filled—retail pharmacies and specialty pharmacies. To save the most money, before you get a prescription filled you should confirm which pharmacy is considered ‘in-network’ for that particular medication.

- **Retail Pharmacy Network**

Non-specialty ‘Generic’ medications and ‘Brand Name’ medications listed on the Medication Guide can be filled at these pharmacies at a lower cost to you than other pharmacies in your area. If you go to a non-participating pharmacy, your prescription will cost you more.

- **Specialty Pharmacy Network**

We have identified certain drugs as ‘specialty drugs’ due to requirements such as special handling, storage, training, distribution, and management of the therapy. These drugs are listed as a ‘Specialty Drug’ in the Medication Guide. To be covered under your pharmacy program at the In-Network cost share, they must be purchased at a participating Specialty Pharmacy. These pharmacies are different than the retail pharmacies and are identified in both the Provider Directory and the Medication Guide. Using an in-network Specialty Pharmacy to provide these Specialty Drugs lowers the amount you pay for these medications.

- **Non-Participating Pharmacy**

Choosing a non-participating pharmacy will cost you more money. You may have to pay the full cost of the medication and then file a claim to be reimbursed. Our payment will be based on our Non-Participating Pharmacy Allowance minus your deductible and/or coinsurance. You will be responsible for the deductible and/or coinsurance and the difference between our allowance and the cost of the medication.

- **The National Pharmacy Network**

The National Pharmacy Network includes more than 50,000 chain and Independent Pharmacies across the United States. The National Network Pharmacies are available to our members traveling or residing outside of Florida. Simply present your member ID card at time of purchase.

Utilization Management/Responsible Rx Programs

Prior Coverage Authorization

Drugs selected for Prior Coverage Authorization (PA) may require that specific clinical criteria be met before the drugs will be covered under your pharmacy benefit. The list of drugs requiring Prior Authorization is located in the Medication Guide and are designated with a “PA” following the product name. Florida Blue reserves the

right to change the drugs that require PA at any time and for any reason.

Responsible Quantity

Drugs included in this program allow a maximum quantity per time period. Quantity limits are typically developed based upon FDA-approved drug labeling and nationally recognized therapeutic clinical guidelines. The list of drugs that have quantity limits are designated in the Formulary List with a “QL” following the product name. Florida Blue reserves the right to change the Drugs and the quantity limits subject to the Responsible Quantity Program at any time and for any reason. In cases where a larger quantity of a Responsible Quantity Drug is medically required, your doctor or health care provider can request an override. Responsible Quantity override forms are available at floridablue.com.

Responsible Steps

Drugs included in this program require that you try another designated prerequisite drug first before a drug listed in the Responsible Steps Medication Chart will be covered. If due to medical reasons you cannot use the prerequisite drug and require the Responsible Steps Medication, your doctor or health care provider may request prior authorization for an override. If the override request is approved, coverage will be provided for the Responsible Steps Medication. These medications are designated in the Formulary List with “RS” following the product name. Medications included in the Responsible Steps Program are listed in the Medication Guide. Florida Blue reserves the right to change the drugs subject to the Responsible Steps Program at any time and for any reason.

Drugs that are Not Covered

Your Pharmacy benefit may not cover select medications. You will be responsible for paying the full cost of such medications. The Medication Guide contains a list of non-covered drugs. Some reasons a medication may not be covered are:

- The drug has been shown to have excessive adverse effects and/or safer alternatives are available.
- The drug has a preferred formulary alternative.

For drugs not covered you have access to a prescription savings discount card. With the discount card program, you will receive special discounted pricing at select participating pharmacies. This card provides savings for you or any of your family members on medications that are not covered under your BlueScript pharmacy benefit. The discount program is not an insurance product or part of your health benefit plan. For more information, log in to your account at floridablue.com. Go to My Plan and then Pharmacy to find the link to Prescription Drug Savings Card. You can also call the customer service number on the back of the member ID card.

Health insurance is offered by Blue Cross and Blue Shield of Florida, Inc., DBA Florida Blue. Florida Blue is an Independent Licensee of the Blue Cross and Blue Shield Association. Florida Blue does not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation, or health status in the administration of the plan, including enrollment and benefit determinations.

Home Delivery from Amazon Pharmacy

A new way to save on medications

Amazon Pharmacy offers a home delivery service that lets you easily order and quickly get your non-specialty prescription medication¹ delivered at home.

And as a Florida Blue member, you get access to MedsYourWay™ prescription drug discount card pricing. The prescription discount card² gives you up to 80% savings³ on brand and generic medicines and is seamlessly built into the Amazon Pharmacy experience. You can get the lowest cost available while saving time and money. Using the MedsYourWay discount card is not insurance; however, using it for covered medications⁴ will also count toward your out-of-pocket maximum.



SHOP Easy to use

Amazon Pharmacy makes ordering your medications easier because it's like shopping on Amazon:

- Easy sign up, which includes the option to have your account auto-populated with your prescription history.
- Option for 90+ day supply.
- Pharmacists on call 24/7.
- Ability to manage your medication and order history.



SAVE Built-in drug discount card

Some drugs may be available at lower prices with a discount card. MedsYourWay discount pricing is built right into the Amazon Pharmacy experience.

- At check out, you'll see the lowest cost available for your medication. That's the price you'll pay.
- MedsYourWay discount card pricing is not insurance; however, all prescribed and covered purchases, whether paying a copay or using the discount card pricing, automatically count toward your annual out-of-pocket maximum.



SHIP Convenient home delivery

Skip the pharmacy line with home delivery.

- Fast delivery: Amazon Prime members get 2-day no-cost shipping on most orders; standard no-cost shipping for non-Amazon Prime members is 5-day but can be expedited to 2-day delivery for an additional fee.
- Real-time package tracking from order to delivery.

To learn more about Amazon Pharmacy's home delivery services, call the number on the back of your member ID card and say, "Pharmacy."

Or log on to your Florida Blue Member Account and see the **Pharmacy section** under **My Plan**.

¹ Amazon Pharmacy does not dispense Schedule 2 controlled substance drugs.

² MedsYourWay prescription drug discount card, administered by Inside Rx LLC, is not insurance. You are responsible for the cost of prescription(s) when using the card. Limitations apply. The discount pricing card is automatically available to all members with no additional sign up needed. The card is electronic only, a physical card will not be mailed.

³ Average savings based on usage and Inside Rx data as compared to cash prices; average savings are up to 80% for all generics and 37% for select brand medicines. Restrictions apply.

⁴ If your medicine has an unfulfilled requirement, the cost may not count towards your (accumulator) out-of-pocket maximum. Typical requirements include prior authorization (PA) needed, quantity limit exceeded or step therapy needed.

Amazon Pharmacy is an independent company contracted to provide Pharmacy Home Delivery services for both Florida Blue and Florida Blue HMO. Health insurance is offered by Florida Blue. HMO coverage is offered by Florida Blue HMO, an affiliate of Florida Blue. These companies are Independent Licensees of the Blue Cross Blue Shield Association. 109130 0322



2025 Health Insurance

*Rates based on
10 Month (20 Pay Periods)*

Tier	Monthly Total Cost	Monthly Board Contribution	Employee Contribution	Employee Per Pay Period Deduction
Employee Only	\$965.17	\$841.41	\$123.76	\$61.88
Employee & Spouse	\$2,012.29	\$1,008.63	\$1,003.66	\$501.83
Employee & Child(ren)	\$1,724.97	\$1,031.59	\$693.38	\$346.69
Family	\$2,664.66	\$1,254.00	\$1,410.76	\$705.38

Rates within the enrollment system reflect 18 pay periods.
Actual deduction will be as shown above



GET TO KNOW OUR SERVICES

My Health Onsite Employee Health & Wellness Center:

Employee Health Center includes **FREE** routine checkups, sick visits, and acute condition treatment. Providers see employees, spouses, dependents, retirees and children from the ages of 8 and up for non-urgent acute care such as sore throats, ear aches, bumps and scrapes.

Personalized Health Assessment - Vital Health Profile (VHP):

My Health Onsite offers a complimentary personalized health assessment called the **Vital Health Profile (VHP)**, *previously known as Health Risk Assessment*, which includes biometric screening and laboratory studies. The VHP gives patients an opportunity to review their results with our medical provider and receive a complete physical.

Registered Dietitian & Nurse Educator available at **NO COST** to you:

Our comprehensive Health & Wellness Program provides Over 30 Services offered totally FREE including the Addition of Diabetic and Nutrition Counseling with an Onsite Dietitian Nutritionist. Plus, a personalized one-on-one health coach will be available. Please contact your provider to be referred to our Free Wellness Programs.

No Deductible or Co-Pays at My Health Onsite for:

- **Generic Medications**—most available onsite at Health Center
- **Mail Order Prescriptions & refills delivered to your home**
- **X-rays and diagnostic testing**
- **Laboratory testing** ordered at the health center and labs ordered outside by your provider
- **Pre-Diabetes & Hypertension Management, Nutritional Counseling, Immunizations and More!**



Schedule an appointment today by accessing the patient portal at www.my-patientportal.com or calling the toll free **24-hour Call Center Support Team at: 1-888-644-1448**

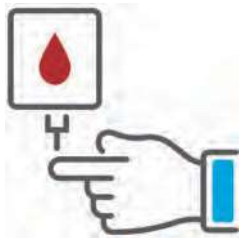
All services are provided by My Health Onsite. The School Board of Levy County does not have access to any My Health Onsite's patient medical records. My Health Onsite abides by all federal HIPAA and confidentiality regulations.



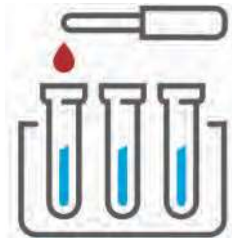
OUR CLIENTS TAKE ADVANTAGE OF OUR FREE WELLNESS PROGRAMS

My Health Onsite is your complete source for improving health and boosting productivity. Through our interactive patient portals and our onsite or near-site health centers, you will find easy access to the transformative power of onsite primary care and personalized services. **We make prevention our number one goal.** Our medical team, registered nurse educators and registered dietitians meet you where you are and provide personalized guidance and tools to support behavior change and healthy habits to prevent and reduce health risks.

PATIENTS MAY ACCESS A RANGE OF MEDICAL SERVICES AT NO COST



Diabetic Testing Supplies



Lab Services



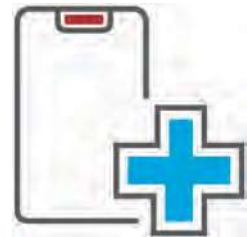
Personalized Wellness & Nutrition Coaching



Well-Woman Appointments



Medical Care for Chronic Conditions



Preventative Care Appointments

OUR TOP WELLNESS EDUCATION PROGRAMS:

- | | | |
|----------------------|--------------------------------|-----------------------------|
| ✓ Exercise | ✓ Eating Healthy & Weight Loss | ✓ Stress Management |
| ✓ Disease Prevention | ✓ Diabetes Management | ✓ Tobacco Cessation |
| ✓ Sleep | ✓ Healthy Cholesterol | ✓ Blood Pressure Management |

Schedule an appointment today by accessing the patient portal at www.my-patientportal.com or calling the toll free **24-hour Call Center Support Team at: 1-888-644-1448**



VITAL HEALTH PROFILE (VHP)

My Health Onsite Offers a FREE Annual Health Assessment

My Health Onsite offers a complimentary personalized health assessment called the **Vital Health Profile (VHP)**, previously known as *Health Risk Assessment (HRA)*, which includes biometric screening and laboratory studies. The VHP gives patients an opportunity to review their results with our medical provider and receive a complete physical.

3 EASY STEPS TO COMPLETE YOUR VHP:

1



Vital Healthy History

History Questionnaire which can be completed at the Health Center or from the Patient Portal

2



Nurse/Lab Visit

Complete Biometrics & Annual Labs

3



Provider Visit

Annual Labs & biometrics are reviewed and physical performed in person or televisit available

Your FREE Annual Labs include the following:

Complete Metabolic Profile (14 Tests Including: Glucose, Electrolytes, Kidney, and Liver Functions). **Complete Lipid Profile** and **Complete Blood Count**. In addition, Reflex labs may be added which are personalized to you.

Based on your history, reflex labs may include:

Hemoglobin A1C, thyroid testing, Uric Acid, Hepatitis C and/or Urine Microalbumin/Creatinine Ratio.



Schedule an appointment today by accessing the patient portal at www.my-patientportal.com or calling the toll free **24-hour Call Center Support Team at: 1-888-644-1448**



LEARN MORE ABOUT YOUR NO-COST PRESCRIPTIONS AT MY HEALTH ONSITE

First of all, any prescription dispensed at My Health Onsite has no out-of-pocket expense to you!

All medications dispensed, including refills, require an appointment with a Health Center Provider. It is important to bring all your current prescribed medications in the original bottle with you for a first-time provider visit and evaluation.

Getting a prescription dispensed at the Health Center is fast and convenient. Typically, prescriptions are dispensed at the time of your provider appointment.

The Health Center has over **200+ generic medications** ready to dispense onsite for acute treatments and chronic conditions like *hypertension, diabetes, high blood pressure and much more.*

Schedule an appointment and learn more about your medication options by accessing the patient portal at www.my-patientportal.com or calling the toll free **24-hour Call Center Support Team at: 1-888-644-1448**



APPOINTMENT GUIDE

All eligible employees and their covered dependents are encouraged to utilize the School Board of Levy County Employee Health & Wellness Center to address any chronic and acute medical concerns. To make an appointment, please go to: www.my-patientportal.com or call the toll-free 24-hour Call Center at **1-888-644-1448** to reach an operator to schedule by phone. The employee health and wellness location and hours of operation are below:

Hours of Operation

455 Ishie Avenue, Bronson, FL 32621

Monday: 7:00am–4:00pm
(Closed for Lunch 12:00pm–1:00pm)

Tuesday: 7:00am–4:00pm
(Closed for Lunch 12:00pm–1:00pm)

Wednesday: 9:00am–6:00pm
(Closed for Lunch 1:00pm–2:00pm)

Thursday: 1:00pm–5:00pm

Friday: 8:00am–1:00pm

No-Shows

The demand on the available appointment slots has been over-whelming; however, the practice of employees/dependents not showing for an appointment is greatly diminishing the capacity for others to be seen. We have had an increased number of employees and dependents not showing up and not canceling appointments for lab draws and medical appointments. We have found the need to track this information, so No-Show appointments will be reported monthly to the School Board of Levy County Employee Health and Wellness Center.

Cancellation of Appointments

If the need arises for a last-minute appointment cancellation, please cancel with enough time to allow another School Board of Levy County employee to utilize the newly available appointment slot. For your convenience, please log onto your Patient Portal at www.my-patientportal.com or call the toll-free 24-hour Call Center at 1-888-644-1448 to reach an operator to cancel or reschedule your appointment.

Late for Appointments

If you arrive at the My Health Onsite Employee Health and Wellness Center 10 minutes or later for your scheduled appointment time, you will be considered a no-show.

Acute Medical Problems

For those eligible to use the health and wellness center that have an acute medical problem that needs attention, we will make every effort to see those patients as quickly as possible. Please contact the My Health Onsite Call Center at 1-888-644-1448 to reach an operator and asked to be transferred through to the center.

24-hour Call Center Support Team at: 1-888-644-1448 | www.myhealthonsite.com

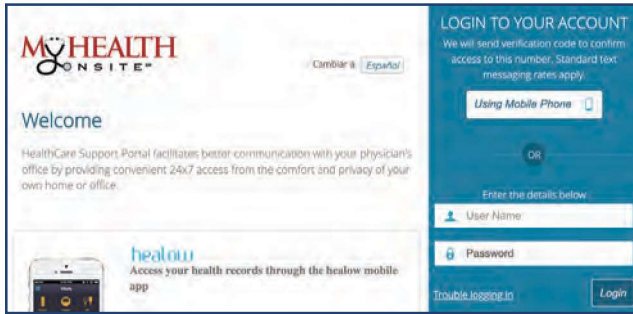
Please be reminded that the My Health Onsite Health and Wellness Centers are not equipped nor staffed as an emergency room. Any sudden onset symptoms suggestive of a potentially life-threatening situation (shortness of breath, chest pain, fainting, etc.) should be immediately evaluated in an urgent care setting, hospital emergency room or by calling 911.



HOW TO SCHEDULE PATIENT PORTAL APPOINTMENTS

NEW! Easier to Find First Available Appointments

Note: Please set zoom setting in web browser to 100% or lower.

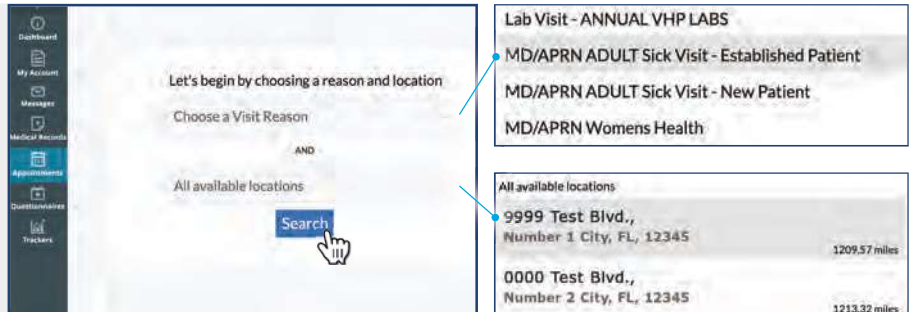


STEP 1 Go to: www.my-patientportal.com and enter your Username & Password. Click **“Login”** to enter Patient Portal.

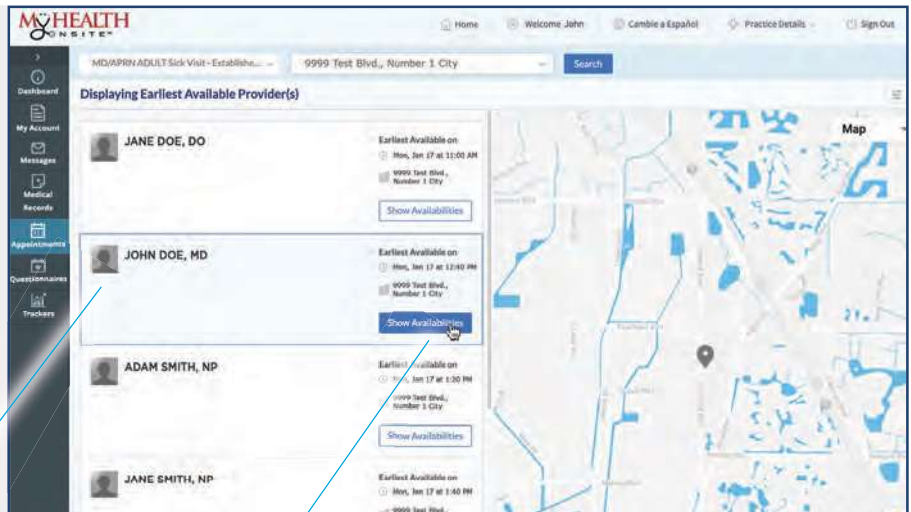


STEP 2 Select the Appointments Tab at left and select **“New Appointment”** at dropdown menu or hit the **“Search for Appointment”** tab at top right.

STEP 3 Choose a **“Reason for Visit”** and then **“All Available Locations”** or search by a specific location.



STEP 4 Select the Provider you would like to see and then select **“Show Availabilities”**.



Select the Provider You Want to See



Select Show Availabilities



Steps Continued on Next Page

Access Medical Package

Healthcare can be complicated and expensive. With this benefits package, you're connected with tools and services that help guide a smoother, more cost-effective healthcare experience.



Teladoc (\$0 Visit Fee)

Feel better now! 24/7 access to a doctor is only a call or click away—anytime, anywhere with a \$0 visit fee for general medical issues. With Teladoc, you can talk to a doctor by phone or online video to get a diagnosis, treatment options and prescription, if medically necessary. Save time and money by avoiding crowded waiting rooms in the doctor's office, urgent care clinic or ER. Just use your phone, computer, smartphone or tablet to get a quick diagnosis by a U.S.-licensed physician.



Health Advocate™ Solutions

Healthcare is becoming harder to understand. Personal Health Advocates help you navigate through insurance and healthcare systems.

Advocates research treatments, resolve claims and locate doctors, specialists, hospitals, dentists and pharmacies. Skilled negotiators will attempt to negotiate discounts on your behalf, no matter your benefit status. Registered nurses are on-call 24/7 to answer questions and provide medical explanations.



NB Rx

Healthcare keeps getting more expensive, but you shouldn't have to choose between your prescription medications and other essential expenses. Make sure you're always getting the best deal on your prescriptions with deep discounts through NB Rx. Save 10% to 85% on most prescriptions at 60,000 retail pharmacies nationwide.



Hearing

If you suffer from hearing loss, you shouldn't have to empty your wallet to access hearing aids. Retail Hearing Care by Amplifon, the #1 direct-to-consumer hearing aid brand, will help you find an affordable solution with the fit, comfort, and amplification you need.





Worklife Services

Everyday help for everyday living. Need childcare, relocation services or caregiver support? Your worklife concierge helps with the good, the challenging and everything in between.



Diabetic Supplies

Save 10% to 50% on diabetic testing supplies, and get a free fully-audible blood glucose meter with your first order. With the convenient online, pre-paid program, you receive discounted diabetic testing supplies shipped directly to your home.



Durable Medical Equipment

Need an easy way to order medical equipment online or by phone? Not only will your supplies ship to you, but you'll save 20% to 50% and an additional \$5 on orders* of \$50 or more! Save on walking aids, wheelchairs, scooters, hospital beds, bathroom safety, orthopedic products, and more.

**Restrictions may apply.*

2025 Rates Per 18 Pay Periods	
Employee & Family	\$7.20





Download the **My Benefits Work Mobile App**
800.800.7616 | **MyBenefitsWork.com**

Disclosures: **This program is NOT insurance coverage** and does not meet the minimum creditable coverage requirements under the Affordable Care Act or Massachusetts M.G.L. c. 111M and 956 CMR 5.00. It provides discounts only at the offices of contracted health care providers, and each member is obligated to pay the discounted medical charges in full at the point of service. The range of discounts for medical or ancillary services provided under the program will vary depending on the type of provider and medical or ancillary service received. Discount Plan Organization: New Benefits, Ltd., Attn: Compliance Department, PO Box 803475, Dallas, TX 75380-3475, 800-800-7616. Website to obtain participating providers: MyBenefitsWork.com. Not available to UT, VT or WA residents. © 2024 Teladoc, Inc. All rights reserved. Teladoc and the Teladoc logo are registered trademarks of Teladoc, Inc. and may not be used without written permission. Teladoc does not replace the primary care physician. Teladoc does not guarantee that a prescription will be written. Teladoc operates subject to state regulation and may not be available in certain states. Teladoc does not prescribe DEA-controlled substances, non-therapeutic drugs, and certain other drugs that may be harmful because of their potential for abuse. Teladoc physicians reserve the right to deny care for potential misuse of services. For dermatology consultations, members must complete a Dermatology Intake Form and upload a minimum of three images through the secure message center before each initial consultation. The Health Advocate program is not health insurance. Health Advocate provides administrative, information and referral type services, through its employees. Health Advocate does not provide medical services and does not recommend treatment. Independent healthcare practitioners, who are not Health Advocate's employees or agents, provide all medical services. In life-threatening emergencies, call 911 or go directly to the nearest hospital emergency room for treatment. If 911 is not available in your area, call the local police or fire department or go directly to the nearest hospital emergency room.

**IMPORTANT: This is a fixed indemnity policy,
NOT health insurance**

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

- **Visit [HealthCare.gov](https://www.healthcare.gov)** or call **1-800-318-2596** (TTY: 1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

Questions about this policy?

- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website (**[naic.org](https://www.naic.org)**) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.

HOSPITAL INDEMNITY Summary of Benefits by Plan*

Benefit Description	Available Options
Daily Hospital Confinement Benefit	\$30 per day
Optional Benefit Riders	Available Options
Annual First Occurrence Hospital Rider	\$1,500 per calendar year

Semi-Monthly Premiums (Per Pay Period)	
Employee Only	\$12.96
Employee & Spouse	\$23.98
Employee & Child(ren)	\$18.72
Family	\$29.54

Policy Benefit Highlights

Daily Hospital Confinement Benefit

Pays a daily indemnity benefit for each day the Insured Person is confined at the direction of or under the supervision of a Physician for at least 24 hours as an Inpatient to a Hospital for a covered Injury or covered Sickness for each Period of Confinement. The maximum benefit period for this benefit is 180 days for any one Period of Confinement.

An Accident or Injury is a sudden, unexpected and unintended injury which is caused directly by an Accident; is independent of any Sickness or disease; over which the Insured Person has no control; and takes place while the Insured Person's coverage is in force.

Inpatient means confinement in a Hospital for at least 24 continuous hours in duration.

Sickness means an illness or disease which first manifests itself after coverage becomes effective for the Insured Person. Sickness includes pregnancy or complications of pregnancy.

Annual First Occurrence Hospital Rider

Pays an indemnity benefit for You or Your covered Dependent's First Occurrence Hospital Confinement. The Hospital Confinement must be due to a covered Injury or Sickness; begin while this rider is in force for the person confined; and be at the direction of and under the supervision of a Physician.

First Occurrence Hospital Confinement means the first time You or Your covered Dependent is confined as an inpatient to a Hospital in a Calendar Year for a period of confinement for which benefits are payable under the policy/certificate to which this rider is attached.

Refer to Limitation and Exclusions section for benefit rider day(s), visit and testing limits. *The premium and amount of benefits vary dependent upon Plan selected at time of application.

APL's HI-4005 Hospital Indemnity Plan is a great solution to help you protect you and your family from the high out-of-pocket expenses you can incur due to In-Patient treatment.

PLAN HIGHLIGHTS

- Pays regardless of all other plans (except Workers Compensation or other similar law).
- Covers Maternity as any other illness.
- Benefits are paid directly to the insured or assignable to a chosen hospital, treatment facility or physician.
- Guaranteed Issue (No Health Questions).
- Waiver of Pre-Existing Condition Limitations.

A medical reimbursement plan with benefits paid directly to the employee. These benefits are designed to help cover your Deductible, Co-Insurance and Out-of-Pocket expenses of the Health Insurance plan offered through the School Board of Levy County.

Limitations and Exclusions

Eligibility

This policy/certificate will be issued to those persons who meet American Public Life Insurance Company's insurability requirements. Evidence of insurability acceptable to Us may be required.

If You are working either under contract to or as an employee of the Policyholder, or are a member in or employed by the association, if the Policy is issued to an association, You are eligible for insurance provided You qualify for coverage as defined in the Master Application and are Actively at Work on Your effective date of coverage.

Actively At Work means the person is performing the normal duties of his/her principal occupation, at his/her usual place of business, on a full time basis (at least 18 hours per week). A person is deemed to be Actively at Work on each day of regular paid vacation during which he/she is not totally disabled, provided he/she was Actively at Work on the last preceding working day.

Base Policy and Riders

No benefits are payable for the first twelve (12) months as a result of a Pre-Existing Condition. A Pre-Existing Condition means a disease, or physical condition for which the Insured Person had treatment; incurred expense; took medication; or received a diagnosis or advice from a Physician; during the twelve (12) month period of time immediately before the Effective Date of the Insured Person's coverage. The term "Pre-Existing Condition" will also include conditions that are related to such disease or physical condition. Pre-Existing Conditions specifically named or described as permanently excluded in any part of this contract are never covered. Pre-Existing Conditions specifically named or described as excluded for a limited time will be covered after the excluded period expires. All benefits payable only up to the maximum benefit listed on the Policy/Certificate Schedule in the policy.

Routine follow up care to determine whether a breast cancer has recurred in a person who has been previously determined to be free of breast cancer does not constitute medical advice, diagnosis, care, or treatment for the purposes of determining pre-existing conditions unless evidence of breast cancer is found during or as a result of the follow up care.

Period of Confinement means continuous confinement in a Hospital. Periods of Confinement for the same or a related cause, which are separated by less than 90 days, will be considered the same Period of Confinement. Each Period of Confinement must begin while coverage is in force for the Insured Person confined.

Daily Hospital Confinement Benefit

Benefits payable will not exceed the Maximum Total Benefit of 180 Days for any one Period of Confinement, unless such confinement is due to a Mental or Emotional Disorder. If confinement is due to a Mental or Emotional Disorder, benefits payable will not exceed the Maximum Total Benefit of 30 days for any one Period of Confinement. The Hospital Confinement must begin while this policy/certificate is in force for the Insured Person. The Daily Benefit is shown in the Policy Schedule.

A Hospital is not an institution used as a place for rest, or for the aged; a nursing or convalescent home; a long term nursing unit or geriatrics ward; or an extended care facility for the care of convalescent, rehabilitative or ambulatory patients.

Annual First Occurrence Hospital Rider

The Benefit for this rider is payable one time each Calendar year for You and each of Your covered Dependents. The first day of confinement must be in the Calendar Year for which the benefit amount is payable.

Renewability

This policy/certificate is optionally renewable. This means that We have the right to terminate your policy/certificate on any premium due date after the first Policyholder's Anniversary Date. We must give the Policyholder at least 60 days written notice prior to cancellation. We cannot cancel Your coverage because of change in Your age or health. We can change Your premiums if We change premiums for all similar Certificates issued to the Policyholder. We must give the Policyholder at least 60 days written notice before We change Your premiums.

We do not cover hospital confinements or other losses in the Policy or Riders attached thereto:

- (a) due to hernia, adenoids, tonsils, varicose veins, appendix, disorder of the reproduction organs or elective sterilization within six months after the Insured Person's Effective Date unless due to an emergency;
- (b) for an Injury or Sickness paid under Workers Compensation, an Employers Liability Law, benefits provided by the Federal Employee Liability Act or similar law;
- (c) for an Injury or Sickness due to war or act of war, whether declared or undeclared;
- (d) for injuries that are intentionally self-inflicted;
- (e) for an Injury or Sickness incurred while committing or attempting to commit a felony;
- (f) for an Injury or Sickness incurred while engaging in an illegal occupation;

Limitations and Exclusions *continued*

- (g) for cosmetic care, except when the Hospital confinement is due to medically necessary reconstructive plastic surgery. Medically necessary reconstructive plastic surgery is defined as:
 - 1. surgery to restore a normal bodily function.
 - 2. surgery to improve functional impairment by anatomic alteration made necessary as a result of a congenital birth defect.
- (h) which are primary for rest care, convalescent care or for rehabilitation;
- (i) due to being intoxicated. (Intoxication means that which is determined and defined by the laws and jurisdiction of the geographical area in which the loss or cause of loss was incurred);
- (j) for Injury sustained or Sickness, which manifests itself while on full-time duty in the armed forces. Upon notice, We will refund the proportion of unearned premium paid while in such forces;
- (k) for treatment of alcoholism or drug addiction;
- (l) which are rendered outside the United States, its possessions, or Canada, except for emergency care for acute onset of Sickness or accidental Injury sustained while traveling for business or pleasure;
- (m) for which payment is not legally required, except for:
 - 1. Medicaid;
 - 2. treatment of non-service connected disabilities in Veteran Administration hospitals; and,
 - 3. inpatient care rendered to armed services retirees and dependents in military medical facilities of the United States Government; nor,
- (n) Pre-Existing Conditions, unless the Insured Person has satisfied the Pre-Existing Condition Exclusion Period shown in the Schedule.

Termination of Coverage

Termination of Certificate

Your Insurance coverage will end on the earliest of these dates: the date You no longer qualify as an Insured; the last day of the period for which a premium has been paid, subject to the Grace Period; the date the Policy terminates; the date You retire; the date You cease to be on Actively at Work, as defined in the Policy/Certificate; the date You cease employment, or terminate Your contract with the employer through whom You originally became insured under the Policy; or the date We receive Your written request for termination.

Termination of Dependent(s)

Insurance coverage on Your Dependent will end on the earliest of these dates: the date the coverage under the Certificate terminates; the date the Dependent no longer meets the definition of Eligible Dependent, as defined in the Policy/Certificate; the date the Policy is modified so as to exclude Dependent coverage; or the date We receive Your written request for termination.

We may end the coverage of any Insured Person who submits a fraudulent claim.

Underwritten by:



**American Public Life
Insurance Company**

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

This is a brief description of the coverage. For actual benefits and other provisions, please refer to the policy/certificate. This coverage does not replace Workers' Compensation Insurance. **This product is inappropriate for people who are eligible for Medicaid coverage.** | This policy is considered an employee welfare benefit plan established and/or maintained by an association or employer intended to be covered by ERISA, and will be administered and enforced under ERISA. Group policies issued to governmental entities and municipalities may be exempt from ERISA guidelines. | Policy Form HI-4005 series | Florida | Limited Benefit Hospital Indemnity Insurance | (04/14)

THE NEED FOR DISABILITY INSURANCE

Protect your paycheck

You insure your home, car and other valuable possessions, so why not also protect what pays for all those things? Your income. Without it, think about how your mortgage/rent, groceries or credit card bills would get paid. That's where disability insurance can help.

A disability can happen to anyone at any time and it can last for a short or long period of time. Purchasing disability insurance through your workplace is a way to replace a portion of your pre-disability earnings if you get sick or hurt and are unable to work. Being prepared can help ease the financial burden for you.

Things to think about

A severe injury or illness can leave you unable to work for years. Workers' compensation only covers injuries that happen on the job and, to qualify for coverage, you must meet certain eligibility requirements. Additionally, medical insurance will only help cover your medical costs.

You might be able to dip into savings or borrow money from loved ones, but if you don't have these options, can you really afford not to have disability insurance?

Protect yourself and your income with disability insurance.

Disability insurance can provide you with the income protection you need. Consider purchasing it today.

Let's figure it out

Everyone's circumstances are different. This calculator can help you figure out how much you need to protect your lifestyle and the lifestyles of those you love if you become disabled.

Estimate your essential monthly expenses

Living expenses	Amount
Monthly housing (e.g., mortgage, rent, insurance, taxes)	
Utilities (e.g., telephone, electricity, gas, oil, cable, TV, Internet)	
Food	
Transportation (e.g., car payments, gasoline, insurance)	
Subtotal =	
Debt expenses	
Education (e.g., tuition, books, supplies)	
Health care (e.g., out-of-pocket costs, insurance premiums)	
Debt payments (e.g., credit cards, other debt)	
Subtotal =	
Other expenses	
Dependent care	
Life insurance premiums	
Subtotal =	
Minimum monthly amount to cover with disability insurance	\$

Note: Products issued and underwritten by American United Life Insurance Company® (AUL), Indianapolis, IN, a OneAmerica company.

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Group Educator Disability Terms and Definitions

Eligible Employees:	This benefit is available for employees who are actively at work on the effective date and working a minimum of 20 hours per week.
Flexible Choices:	Since everyone's needs are different, these plans offer flexibility for you to choose a benefit option that fits your income replacement needs and budget.
Timely Enrollment:	Enrolling timely means you have enrolled during the initial enrollment period when benefits were first offered by AUL, or as a newly hired employee within 31 days following completion of any applicable waiting period.
Portability:	Should your coverage terminate, you may be eligible to take this disability insurance with you without providing Evidence of Insurability. You must apply within 31 days from the last day you are eligible.
Waiver of Premium:	If approved, this benefit waives your Disability insurance premium in case you become disabled and are unable to collect a paycheck.
Elimination Period:	This is a period of consecutive days of disability before benefits may become payable under the contract.
Total Disability:	You are considered disabled if, because of injury or sickness, you cannot perform the material and substantial duties of your regular occupation, you are not working in any occupation and are under the regular attendance of a physician for that injury or sickness.
Partial Disability:	You may be paid a partial disability benefit, if because of injury or sickness, you are unable to perform every material and substantial duty of your regular occupation on a full-time basis, are performing at least one of the material and substantial duties of your regular occupation, or another occupation, on a full or part-time basis, and are earning less than 80% of your pre-disability earnings due to the same injury or sickness.
Residual:	The elimination period can be satisfied by total disability, partial disability, or a combination of both.
Return to Work:	You may be able to return to work for a specified time period without having your partial disability benefits reduced according to the contract. The Return to Work Benefit is offered up to a maximum of 12 months.
Integration:	The method by which your benefit may be reduced by Other Income Benefits.
Offset:	An offset is an amount that reduces your benefit amount by amounts you receive from other sources for your disability and will be specified in the contract.
Pre-Existing Condition Limitations:	The pre-existing period is 3/12. Certain disabilities are not covered if the cause of the disability is traceable to a condition existing prior to your effective date of coverage. A pre-existing condition is any condition for which a person has received medical treatment or consultation, taken or were prescribed drugs or medicine, or received care or services, including diagnostic measures, within a time-frame specified in the contract. You must also be treatment-free for a time-frame specified in some contracts following your individual effective date of coverage.
About Your Benefits:	Group Educator Disability benefits are illustrated and paid on a monthly basis.

This invitation to inquire allows eligible employees an opportunity to inquire further about AUL's group insurance and is limited to a brief description of any losses for which benefits are payable. The contract has exclusions, limitations reduction of benefits, and terms under which the contract may be continued in force or discontinued.

Levy County School Board			Plan A: Accident/Sickness Benefit Waiting Period			
			9thly Semi-Monthly Cost			
Annual Earnings	Monthly Earnings	Maximum Monthly Benefit	0/7	14 /14	30/30	90/90
\$3,600	\$300	\$200.00	\$6.34	\$5.64	\$4.64	\$2.10
\$5,400	\$450	\$300.00	\$9.51	\$8.46	\$6.96	\$3.15
\$7,200	\$600	\$400.00	\$12.68	\$11.28	\$9.28	\$4.20
\$9,000	\$750	\$500.00	\$15.85	\$14.10	\$11.60	\$5.25
\$10,800	\$900	\$600.00	\$19.02	\$16.92	\$13.92	\$6.30
\$12,600	\$1,050	\$700.00	\$22.19	\$19.74	\$16.24	\$7.35
\$14,400	\$1,200	\$800.00	\$25.36	\$22.56	\$18.56	\$8.40
\$16,200	\$1,350	\$900.00	\$28.53	\$25.38	\$20.88	\$9.45
\$18,000	\$1,500	\$1,000.00	\$31.70	\$28.20	\$23.20	\$10.50
\$19,800	\$1,650	\$1,100.00	\$34.87	\$31.02	\$25.52	\$11.55
\$21,600	\$1,800	\$1,200.00	\$38.04	\$33.84	\$27.84	\$12.60
\$23,400	\$1,950	\$1,300.00	\$41.21	\$36.66	\$30.16	\$13.65
\$25,200	\$2,100	\$1,400.00	\$44.38	\$39.48	\$32.48	\$14.70
\$27,000	\$2,250	\$1,500.00	\$47.55	\$42.30	\$34.80	\$15.75
\$28,800	\$2,400	\$1,600.00	\$50.72	\$45.12	\$37.12	\$16.80
\$30,600	\$2,550	\$1,700.00	\$53.89	\$47.94	\$39.44	\$17.85
\$32,400	\$2,700	\$1,800.00	\$57.06	\$50.76	\$41.76	\$18.90
\$34,200	\$2,850	\$1,900.00	\$60.23	\$53.58	\$44.08	\$19.95
\$36,000	\$3,000	\$2,000.00	\$63.40	\$56.40	\$46.40	\$21.00
\$37,800	\$3,150	\$2,100.00	\$66.57	\$59.22	\$48.72	\$22.05
\$39,600	\$3,300	\$2,200.00	\$69.74	\$62.04	\$51.04	\$23.10
\$41,400	\$3,450	\$2,300.00	\$72.91	\$64.86	\$53.36	\$24.15
\$43,200	\$3,600	\$2,400.00	\$76.08	\$67.68	\$55.68	\$25.20
\$45,000	\$3,750	\$2,500.00	\$79.25	\$70.50	\$58.00	\$26.25
\$46,800	\$3,900	\$2,600.00	\$82.42	\$73.32	\$60.32	\$27.30
\$48,600	\$4,050	\$2,700.00	\$85.59	\$76.14	\$62.64	\$28.35
\$50,400	\$4,200	\$2,800.00	\$88.76	\$78.96	\$64.96	\$29.40
\$52,200	\$4,350	\$2,900.00	\$91.93	\$81.78	\$67.28	\$30.45
\$54,000	\$4,500	\$3,000.00	\$95.10	\$84.60	\$69.60	\$31.50
\$55,800	\$4,650	\$3,100.00	\$98.27	\$87.42	\$71.92	\$32.55
\$57,600	\$4,800	\$3,200.00	\$101.44	\$90.24	\$74.24	\$33.60
\$59,400	\$4,950	\$3,300.00	\$104.61	\$93.06	\$76.56	\$34.65
\$61,200	\$5,100	\$3,400.00	\$107.78	\$95.88	\$78.88	\$35.70
\$63,000	\$5,250	\$3,500.00	\$110.95	\$98.70	\$81.20	\$36.75
\$64,800	\$5,400	\$3,600.00	\$114.12	\$101.52	\$83.52	\$37.80
\$66,600	\$5,550	\$3,700.00	\$117.29	\$104.34	\$85.84	\$38.85
\$68,400	\$5,700	\$3,800.00	\$120.46	\$107.16	\$88.16	\$39.90
\$70,200	\$5,850	\$3,900.00	\$123.63	\$109.98	\$90.48	\$40.95
\$72,000	\$6,000	\$4,000.00	\$126.80	\$112.80	\$92.80	\$42.00
\$73,800	\$6,150	\$4,100.00	\$129.97	\$115.62	\$95.12	\$43.05

Find your annual/monthly earnings above to determine your Maximum Monthly Benefit. If your annual/monthly earnings are not shown, use the next lower annual/monthly earnings and corresponding Maximum Benefit.

School Board of Levy County			Plan B: Accident/Sickness Benefit Waiting Period			
			9thly Semi-Monthly Cost			
Annual Earnings	Monthly Earnings	Maximum Monthly Benefit	0/7	14 /14	30/30	90/90
\$3,600	\$300	\$200.00	\$5.40	\$4.82	\$3.96	\$1.58
\$5,400	\$450	\$300.00	\$8.10	\$7.23	\$5.94	\$2.37
\$7,200	\$600	\$400.00	\$10.80	\$9.64	\$7.92	\$3.16
\$9,000	\$750	\$500.00	\$13.50	\$12.05	\$9.90	\$3.95
\$10,800	\$900	\$600.00	\$16.20	\$14.46	\$11.88	\$4.74
\$12,600	\$1,050	\$700.00	\$18.90	\$16.87	\$13.86	\$5.53
\$14,400	\$1,200	\$800.00	\$21.60	\$19.28	\$15.84	\$6.32
\$16,200	\$1,350	\$900.00	\$24.30	\$21.69	\$17.82	\$7.11
\$18,000	\$1,500	\$1,000.00	\$27.00	\$24.10	\$19.80	\$7.90
\$19,800	\$1,650	\$1,100.00	\$29.70	\$26.51	\$21.78	\$8.69
\$21,600	\$1,800	\$1,200.00	\$32.40	\$28.92	\$23.76	\$9.48
\$23,400	\$1,950	\$1,300.00	\$35.10	\$31.33	\$25.74	\$10.27
\$25,200	\$2,100	\$1,400.00	\$37.80	\$33.74	\$27.72	\$11.06
\$27,000	\$2,250	\$1,500.00	\$40.50	\$36.15	\$29.70	\$11.85
\$28,800	\$2,400	\$1,600.00	\$43.20	\$38.56	\$31.68	\$12.64
\$30,600	\$2,550	\$1,700.00	\$45.90	\$40.97	\$33.66	\$13.43
\$32,400	\$2,700	\$1,800.00	\$48.60	\$43.38	\$35.64	\$14.22
\$34,200	\$2,850	\$1,900.00	\$51.30	\$45.79	\$37.62	\$15.01
\$36,000	\$3,000	\$2,000.00	\$54.00	\$48.20	\$39.60	\$15.80
\$37,800	\$3,150	\$2,100.00	\$56.70	\$50.61	\$41.58	\$16.59
\$39,600	\$3,300	\$2,200.00	\$59.40	\$53.02	\$43.56	\$17.38
\$41,400	\$3,450	\$2,300.00	\$62.10	\$55.43	\$45.54	\$18.17
\$43,200	\$3,600	\$2,400.00	\$64.80	\$57.84	\$47.52	\$18.96
\$45,000	\$3,750	\$2,500.00	\$67.50	\$60.25	\$49.50	\$19.75
\$46,800	\$3,900	\$2,600.00	\$70.20	\$62.66	\$51.48	\$20.54
\$48,600	\$4,050	\$2,700.00	\$72.90	\$65.07	\$53.46	\$21.33
\$50,400	\$4,200	\$2,800.00	\$75.60	\$67.48	\$55.44	\$22.12
\$52,200	\$4,350	\$2,900.00	\$78.30	\$69.89	\$57.42	\$22.91
\$54,000	\$4,500	\$3,000.00	\$81.00	\$72.30	\$59.40	\$23.70
\$55,800	\$4,650	\$3,100.00	\$83.70	\$74.71	\$61.38	\$24.49
\$57,600	\$4,800	\$3,200.00	\$86.40	\$77.12	\$63.36	\$25.28
\$59,400	\$4,950	\$3,300.00	\$89.10	\$79.53	\$65.34	\$26.07
\$61,200	\$5,100	\$3,400.00	\$91.80	\$81.94	\$67.32	\$26.86
\$63,000	\$5,250	\$3,500.00	\$94.50	\$84.35	\$69.30	\$27.65
\$64,800	\$5,400	\$3,600.00	\$97.20	\$86.76	\$71.28	\$28.44
\$66,600	\$5,550	\$3,700.00	\$99.90	\$89.17	\$73.26	\$29.23
\$68,400	\$5,700	\$3,800.00	\$102.60	\$91.58	\$75.24	\$30.02
\$70,200	\$5,850	\$3,900.00	\$105.30	\$93.99	\$77.22	\$30.81
\$72,000	\$6,000	\$4,000.00	\$108.00	\$96.40	\$79.20	\$31.60
\$73,800	\$6,150	\$4,100.00	\$110.70	\$98.81	\$81.18	\$32.39

Find your annual/monthly earnings above to determine your Maximum Monthly Benefit. If your annual/monthly earnings are not shown, use the next lower annual/monthly earnings and corresponding Maximum Benefit.

LIFE INSURANCE YOU CAN KEEP!

PURELIFE-PLUS

Life insurance can be an ideal way to provide money for your family when they need it most. PURELIFE-PLUS offers permanent insurance with a high death benefit and long guarantees¹ that can provide financial peace of mind for you and your loved ones. PURELIFE-PLUS is an ideal complement to any group term and optional term life insurance your employer might provide and has the following features:



YOU OWN IT



YOU CAN TAKE IT
WITH YOU WHEN YOU
CHANGE JOBS OR RETIRE



YOU PAY FOR IT
THROUGH CONVENIENT
PAYROLL DEDUCTIONS



YOU CAN COVER YOUR
SPOUSE, CHILDREN AND
GRANDCHILDREN, TOO²



YOU CAN GET A LIVING
BENEFIT IF YOU BECOME
TERMINALLY ILL³



IT'S AFFORDABLE

3 QUICK QUESTIONS

You can qualify by answering just
3 questions – no exams or needles.

DURING THE LAST SIX MONTHS, HAS THE PROPOSED INSURED:

- 1 Been actively at work on a full time basis, performing usual duties?
- 2 Been absent from work due to illness or medical treatment for a period of more than 5 consecutive working days?
- 3 Been disabled or received tests, treatment or care of any kind in a hospital or nursing home or received chemotherapy, hormonal therapy for cancer, radiation, dialysis treatment, or treatment for alcohol or drug abuse?

1. After the guarantee period, premiums may go down, stay the same or go up.
2. Coverage not available on children in WA or on grandchildren in WA or MD.
In MD, children must reside with the applicant to be eligible for coverage.
3. Conditions apply.

Flexible Premium Adjustable Life Insurance to age 121. Policy Form ICC18-PRFNG-NI-18 or Form Series PRFNG-NI-18. Some limitations apply. See the PureLife-plus brochure for details. Texas Life is licensed to do business in the District of Columbia and every state but New York.

Portable, Permanent, Individual Life Insurance for Employees and Their Families

As an employee, you can apply for valuable life insurance protection on you and your family under eligibility guidelines established for your employer. Your employer has conveniently agreed to permit you to pay premiums through payroll deduction. This is a summary only. Policy provisions prevail. This brochure is not a contract or an offer to contract.

Minimal Cash Values Buy this policy for its life insurance protection, not its cash value. The primary benefit is life insurance. Payment of the Table Premium produces a small cash value (Benchmark Cash Value).

Permanent Life Insurance Coverage Unlike group term life insurance, PureLife-plus is a personally owned, permanent individual life insurance policy to age 121 that can never be canceled or reduced as long as you pay the necessary premiums, even if your health changes.

Guaranteed Period Continuous, timely, and uninterrupted payment of the Table Premium guarantees coverage for the Guaranteed Period shown. Texas Life (We) cannot legally predict the premium required to continue coverage after the Guaranteed Period. It may be lower, the same, or higher than the Table Premium. However, if the premium to continue coverage is ever higher, We guarantee a limited right to a partial refund of premium (described below).

Guaranteed Limited Right to Partial Refund of Premium If a premium higher than the Table Premium is ever required to continue coverage after the Guaranteed Period, you have the choice to:

- a. Pay the higher premium(s) required to continue coverage; or,
- b. Surrender the policy and receive a partial refund of premium equal to 120 times the minimum monthly premium due at issue (ten years worth of Table Premium). You are eligible for this refund if the actual cash value equals or exceeds the Benchmark Cash Value and you have taken no prior partial surrenders.

Portable Once issued, continued employment is not a condition to continue coverage. Coverage is guaranteed as long as required premiums are paid, even after you retire or terminate employment. When employment ends, you can pay equivalent monthly premiums directly or by bank draft (for monthly direct payments we add a monthly fee not to exceed \$2.00). Other modes are available.

Accelerated Death Benefit Due to Terminal Illness Rider This policy includes, at no additional premium, an Accelerated Death Benefit Due to Terminal Illness Rider (Form ICCo7-ULABR-07). See details on next page.

Individual and Family Coverage is Easy to Apply For Subject to age and amount restrictions, you may apply for an individual policy on your life or your spouse's life (see chart next page for spouse's minimum/maximum amounts). An individual policy for \$25,000 is also available on each of your children ages 15 days — 26, and even on each of your grandchildren ages 15 days — 18. Proof of insurability is required. Most policies are issued based upon the answers to three work and health related application questions.

TEXAS LIFE is the oldest legal reserve life insurance company domiciled in Texas, established in 1901.

Interim Insurance: Interim insurance will be in force on the application date if these conditions are met: (1) the insurance is purchased through payroll deduction; (2) the Salary Deduction Authorization is signed; and, (3) the proposed insured is insurable at standard rates under Our rules and usual practice. Interim insurance remains in effect until the earlier of: (a) the Policy Date; (b) the date We decline the application; (c) the date We notify the applicant that s/he is ineligible for interim insurance; or, (d) the 180th day after the application date.

Policy Mechanics and Other Important Details Premiums are flexible. However, we highly recommend payment of the Table Premium during the Guaranteed Period, and no partial surrenders or policy loans. Table Premium produces a small cash value (Benchmark Cash Value). Paying a lesser premium results in an actual cash value which is less than Benchmark Cash Value, causing the policy to lapse. Premiums less a premium load create cash value to pay monthly administrative loads and cost of insurance. Cash value is currently credited at the guaranteed interest rate of 3.00% per year. We may, at any time, credit higher than the guaranteed interest rate. Likewise, We may charge cost of insurance rates which are less than the policy's maximum rates, but only when actual cash value equals or exceeds Benchmark Cash Value. No surrender charges apply. Loads include 10.00% of premium, \$2.03 per month and monthly administrative loads. Two year suicide and contestable clauses apply. The policy loan rate is 7.40% in advance. Surrenders and loans may be deferred for up to six months.

PureLife-plus — Standard Risk Table Premiums — Non-Tobacco — Express Issue

Issue Age (ALB)	Ninthly Premiums for Life Insurance Face Amounts Shown									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
	\$10,000	\$15,000	\$25,000	\$40,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000	
15D-1			12.34							81
2-4			12.67							80
5-8			13.00							79
9-10			13.34							79
11-16			13.67							77
17-20			13.67	20.07	24.34	35.00	45.67	56.34	67.00	75
21-22			14.00	20.60	25.00	36.00	47.00	58.00	69.00	74
23			14.34	21.14	25.67	37.00	48.34	59.67	71.00	75
24-25			14.67	21.67	26.34	38.00	49.67	61.34	73.00	74
26			15.34	22.74	27.67	40.00	52.34	64.67	77.00	75
27-28			15.67	23.27	28.34	41.00	53.67	66.34	79.00	74
29			16.00	23.80	29.00	42.00	55.00	68.00	81.00	74
30-31			16.34	24.34	29.67	43.00	56.34	69.67	83.00	73
32			17.34	25.94	31.67	46.00	60.34	74.67	89.00	74
33			18.00	27.00	33.00	48.00	63.00	78.00	93.00	74
34			19.00	28.60	35.00	51.00	67.00	83.00	99.00	75
35		13.40	20.34	30.74	37.67	55.00	72.34	89.67	107.00	76
36		13.80	21.00	31.80	39.00	57.00	75.00	93.00	111.00	76
37		14.40	22.00	33.40	41.00	60.00	79.00	98.00	117.00	77
38		15.00	23.00	35.00	43.00	63.00	83.00	103.00	123.00	77
39		16.00	24.67	37.67	46.34	68.00	89.67	111.34	133.00	78
40	12.34	17.00	26.34	40.34	49.67	73.00	96.34	119.67	143.00	79
41	13.27	18.40	28.67	44.07	54.34	80.00	105.67	131.34	157.00	80
42	14.34	20.00	31.34	48.34	59.67	88.00	116.34	144.67	173.00	81
43	15.27	21.40	33.67	52.07	64.34	95.00	125.67	156.34	187.00	82
44	16.20	22.80	36.00	55.80	69.00	102.00	135.00	168.00	201.00	83
45	17.14	24.20	38.34	59.54	73.67	109.00	144.34	179.67	215.00	83
46	18.20	25.80	41.00	63.80	79.00	117.00	155.00	193.00	231.00	84
47	19.14	27.20	43.34	67.54	83.67	124.00	164.34	204.67	245.00	84
48	20.07	28.60	45.67	71.27	88.34	131.00	173.67	216.34	259.00	85
49	21.27	30.40	48.67	76.07	94.34	140.00	185.67	231.34	277.00	85
50	22.60	32.40	52.00	81.40	101.00	150.00				86
51	24.20	34.80	56.00	87.80	109.00	162.00				87
52	25.94	37.40	60.34	94.74	117.67	175.00				88
53	27.27	39.40	63.67	100.07	124.34	185.00				88
54	28.60	41.40	67.00	105.40	131.00	195.00				88
55	30.07	43.60	70.67	111.27	138.34	206.00				89
56	31.40	45.60	74.00	116.60	145.00	216.00				89
57	33.00	48.00	78.00	123.00	153.00	228.00				89
58	34.47	50.20	81.67	128.87	160.34	239.00				89
59	36.07	52.60	85.67	135.27	168.34	251.00				89
60	38.07	55.60	90.67	143.27	178.34	266.00				90
61	39.80	58.20	95.00	150.20	187.00	279.00				90
62	41.94	61.40	100.34	158.74	197.67	295.00				90
63	44.07	64.60	105.67	167.27	208.34	311.00				90
64	46.34	68.00	111.34	176.34	219.67	328.00				90
65	48.87	71.80	117.67	186.47	232.34	347.00				90
66	51.67									90
67	54.74									91
68	58.07									91
69	61.40									91
70	64.87									91

PureLife-plus is permanent life insurance to Attained Age 121 that can never be cancelled as long as you pay the necessary premiums. After the Guaranteed Period, the premiums can be lower, the same, or higher than the Table Premium. See the brochure under "Permanent Coverage".

PureLife-plus — Standard Risk Table Premiums — Tobacco — Express Issue

Issue Age (ALB)	Ninthly Premiums for Life Insurance Face Amounts Shown									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
	\$10,000	\$15,000	\$25,000	\$40,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000	
15D-1										81
2-4										80
5-8										79
9-10										79
11-16										77
17-20			20.34	30.74	37.67	55.00	72.34	89.67	107.00	71
21-22			21.34	32.34	39.67	58.00	76.34	94.67	113.00	71
23			22.34	33.94	41.67	61.00	80.34	99.67	119.00	72
24-25			23.00	35.00	43.00	63.00	83.00	103.00	123.00	71
26			23.67	36.07	44.34	65.00	85.67	106.34	127.00	72
27-28			24.34	37.14	45.67	67.00	88.34	109.67	131.00	71
29			24.67	37.67	46.34	68.00	89.67	111.34	133.00	71
30-31			28.00	43.00	53.00	78.00	103.00	128.00	153.00	72
32			29.00	44.60	55.00	81.00	107.00	133.00	159.00	72
33			29.34	45.14	55.67	82.00	108.34	134.67	161.00	72
34			29.67	45.67	56.34	83.00	109.67	136.34	163.00	71
35		20.40	32.00	49.40	61.00	90.00	119.00	148.00	177.00	72
36		21.00	33.00	51.00	63.00	93.00	123.00	153.00	183.00	72
37		22.40	35.34	54.74	67.67	100.00	132.34	164.67	197.00	73
38		23.00	36.34	56.34	69.67	103.00	136.34	169.67	203.00	73
39		24.60	39.00	60.60	75.00	111.00	147.00	183.00	219.00	74
40	18.87	26.80	42.67	66.47	82.34	122.00	161.67	201.34	241.00	76
41	20.07	28.60	45.67	71.27	88.34	131.00	173.67	216.34	259.00	77
42	21.54	30.80	49.34	77.14	95.67	142.00	188.34	234.67	281.00	78
43	23.40	33.60	54.00	84.60	105.00	156.00	207.00	258.00	309.00	80
44	24.34	35.00	56.34	88.34	109.67	163.00	216.34	269.67	323.00	80
45	25.67	37.00	59.67	93.67	116.34	173.00	229.67	286.34	343.00	81
46	26.74	38.60	62.34	97.94	121.67	181.00	240.34	299.67	359.00	81
47	28.07	40.60	65.67	103.27	128.34	191.00	253.67	316.34	379.00	82
48	29.27	42.40	68.67	108.07	134.34	200.00	265.67	331.34	397.00	82
49	31.00	45.00	73.00	115.00	143.00	213.00	283.00	353.00	423.00	83
50	32.47	47.20	76.67	120.87	150.34	224.00				83
51	33.94	49.40	80.34	126.74	157.67	235.00				83
52	36.07	52.60	85.67	135.27	168.34	251.00				84
53	37.94	55.40	90.34	142.74	177.67	265.00				85
54	39.67	58.00	94.67	149.67	186.34	278.00				85
55	41.54	60.80	99.34	157.14	195.67	292.00				85
56	43.67	64.00	104.67	165.67	206.34	308.00				85
57	45.80	67.20	110.00	174.20	217.00	324.00				86
58	48.07	70.60	115.67	183.27	228.34	341.00				86
59	50.34	74.00	121.34	192.34	239.67	358.00				86
60	52.74	77.60	127.34	201.94	251.67	376.00				86
61	55.80	82.20	135.00	214.20	267.00	399.00				86
62	58.74	86.60	142.34	225.94	281.67	421.00				87
63	61.67	91.00	149.67	237.67	296.34	443.00				87
64	64.60	95.40	157.00	249.40	311.00	465.00				87
65	67.80	100.20	165.00	262.20	327.00	489.00				87
66	71.27									88
67	75.00									88
68	78.87									88
69	83.00									88
70	87.40									89

PureLife-plus is permanent life insurance to Attained Age 121 that can never be cancelled as long as you pay the necessary premiums. After the Guaranteed Period, the premiums can be lower, the same, or higher than the Table Premium. See the brochure under "Permanent Coverage".

Voluntary Life

School Board of Levy County announces Life insurance protection for its employees

Effective Date: 01/01/2024

Voluntary Group Term Life and Accidental Death and Dismemberment (AD&D) coverage is available to you for purchase through payroll deduction. Voluntary Life insurance can be a way to protect your family in the event of your death, particularly if you have financial obligations such as a mortgage or children in college.

The plan your employer has selected includes the following features:

Eligibility

You are eligible to participate in the plan if you are a full-time employee of the policyholder or an associated company,

- who is at active work, and
- who is working in the United States of America, except any temporary or seasonal worker.
- Any other requirements set by your employer must also be met. "Full-time" means working at least 20 hours per week.
- Dependent Life insurance is available for eligible dependents, including your lawful spouse (if not disabled or hospital confined on the effective date) and unmarried children (if not hospital confined) from live birth to age 19, or to age 25 if a full-time student. The hospital confinement exception does not apply to a child born while dependent insurance is in effect.
- If you and your spouse work for the same employer and are both eligible for this insurance as employees, you cannot cover each other as dependents, and only one of you may insure any dependent children.

Voluntary Life Schedule Amounts

- Life insurance coverage is available in \$10,000 units from a minimum of \$20,000 to a maximum of \$500,000, not to exceed 5 times your basic annual earnings.
- At age 70, we will reduce by 33% the original Life insurance amount, rounded to the next higher \$10,000, if not already an exact multiple of \$10,000; at age 75, reduce by 33% of the inforce amount, similarly rounded. The reduced amount will not be less than \$20,000.
- If you elect coverage for yourself, you can buy up to 50% of that amount for your spouse in \$5,000 units to a maximum of \$250,000. If you elect child coverage, your children are eligible to be covered for \$1,000, \$5,000 or \$10,000 each. The amount of insurance for an eligible dependent cannot be more than 50% of your Life insurance amount.

Accidental Death and Dismemberment Insurance (AD&D)

- The AD&D benefit, if elected, equals the employee or dependent Life amount, to a maximum of \$500,000. You must elect AD&D for yourself in order to elect AD&D for your dependents. AD&D provides 24-hour coverage and a benefit in the event of your loss of life, limb or eyesight as a direct result of an accident, provided the loss occurs within 365 days of the accident. The coverage includes:
 - A Higher Education Benefit that pays an additional \$3,000 per year for up to 4 consecutive years for eligible dependent students. (Applies to Employee AD&D Only.)

- An Automobile Accident Benefit that pays an additional 20% of the scheduled AD&D benefit, to a maximum of \$100,000, if the covered person dies from an automobile accident injury while wearing a seat belt, provided an AD&D benefit is payable. Limitations and exclusions may apply.
- **AD&D Exclusions** - We will not pay benefits if the loss results directly or indirectly from war; riot or insurrection; service in the armed forces; physical or mental disease; infection (except pyogenic infection that occurs from an accidental wound); assault or felony committed by the covered person; suicide or attempted suicide; intentionally self-inflicted injury; the use of any drug, unless it is used as prescribed by a doctor; or your intoxication, including but not limited to operating a motor vehicle while you are intoxicated.

Proof of good health requirements for employees hired before 01/01/2015

- Guarantee Issue amounts apply to timely applicants. The Guarantee Issue amount for an employee is **\$180,000**; a spouse is **\$50,000**; a child is **\$10,000**. You are considered a timely applicant if you apply for coverage within 31 days from the date that all eligibility requirements are met. If you were eligible for coverage under the prior plan and chose not to enroll for coverage, you are considered a late applicant under our plan.

Additional Features

- If you become disabled, your premiums may be waived to the earliest of age 65, recovery or retirement if disabled prior to age 60. If you become disabled at age 60 through 64, the waiver of premium will be to the earliest of one year, age 65 or retirement. You may be considered disabled for Life insurance if you are considered disabled under our Long-Term Disability policy. Any time Life insurance is continued under the Waiver of Premium, AD&D insurance will also be continued (and the premium waived) for up to 1 year from the date of disability. Limitations and exclusions apply.
- An Accelerated Benefit pays up to 80% of the Life benefit to a maximum of \$250,000 in the event of a life threatening medical condition where there is a life expectancy of 12 months or less. An Accelerated Benefit may also be available for an insured spouse. Limitations and exclusions apply.
- Plan portability allows you to continue coverage for up to 3 years after terminating current employment. Limitations and exclusions apply.
- A Conversion Privilege allows you to convert to an individual policy if any or all of your Life insurance ends while you are insured under our group Life policy. AD&D coverage is not eligible for conversion. Limitations and exclusions apply.
- For insureds or dependents who commit suicide within the first year after the effective date of their coverage, the only benefit amount payable is a refund of the amount of the insured's contributions. This coverage has limitations and exclusions. Not all plan provisions or options are available in all states. In addition, some states require modifications to the benefits described here. For complete details, please contact your company's benefits representative or refer to your benefit booklet. This highlight sheet provides a brief description of coverage. In the event that a discrepancy exists, the policy provisions will prevail. We can cancel the policy after giving the policyholder 31 days written notice.



VOLUNTARY TERM LIFE WITH AD&D
9 MONTH - SEMI-MONTHLY RATES - 18 PER PAY PERIOD DEDUCTIONS
EMPLOYEE & SPOUSE RATES

	\$ 10,000.00	\$ 20,000.00	\$ 30,000.00	\$ 40,000.00	\$ 50,000.00	\$ 60,000.00	\$ 70,000.00	\$ 80,000.00	\$ 90,000.00	\$ 100,000.00
0 - 24	\$ 0.69	\$ 1.39	\$ 2.08	\$ 2.77	\$ 3.47	\$ 4.16	\$ 4.85	\$ 5.55	\$ 6.24	\$ 6.93
25 - 29	\$ 0.79	\$ 1.59	\$ 2.38	\$ 3.17	\$ 3.97	\$ 4.76	\$ 5.55	\$ 6.35	\$ 7.14	\$ 7.93
30 - 34	\$ 0.89	\$ 1.79	\$ 2.68	\$ 3.57	\$ 4.47	\$ 5.36	\$ 6.25	\$ 7.15	\$ 8.04	\$ 8.93
35 - 39	\$ 1.00	\$ 2.00	\$ 3.00	\$ 4.00	\$ 5.00	\$ 6.00	\$ 7.00	\$ 8.00	\$ 9.00	\$ 10.00
40 - 44	\$ 1.31	\$ 2.61	\$ 3.92	\$ 5.23	\$ 6.53	\$ 7.84	\$ 9.15	\$ 10.45	\$ 11.76	\$ 13.07
45 - 49	\$ 1.92	\$ 3.84	\$ 5.76	\$ 7.68	\$ 9.60	\$ 11.52	\$ 13.44	\$ 15.36	\$ 17.28	\$ 19.20
50 - 54	\$ 3.15	\$ 6.29	\$ 9.44	\$ 12.59	\$ 15.73	\$ 18.88	\$ 22.03	\$ 25.17	\$ 28.32	\$ 31.47
55 - 59	\$ 5.09	\$ 10.17	\$ 15.26	\$ 20.35	\$ 25.43	\$ 30.52	\$ 35.61	\$ 40.69	\$ 45.78	\$ 50.87
60 - 64	\$ 7.64	\$ 15.28	\$ 22.92	\$ 30.56	\$ 38.20	\$ 45.84	\$ 53.48	\$ 61.12	\$ 68.76	\$ 76.40
65 - 69	\$ 14.59	\$ 29.19	\$ 43.78	\$ 58.37	\$ 72.97	\$ 87.56	\$ 102.15	\$ 116.75	\$ 131.34	\$ 145.93
70 - 74	\$ 23.59	\$ 47.17	\$ 70.76	\$ 94.35	\$ 117.93	\$ 141.52	\$ 165.11	\$ 188.69	\$ 212.28	\$ 235.87
75 +	\$ 23.59	\$ 47.17	\$ 70.76	\$ 94.35	\$ 117.93	\$ 141.52	\$ 165.11	\$ 188.69	\$ 212.28	\$ 235.87

	\$ 110,000.00	\$ 120,000.00	\$ 130,000.00	\$ 140,000.00	\$ 150,000.00	\$ 160,000.00	\$ 170,000.00	\$ 180,000.00	\$ 190,000.00	\$ 200,000.00
0 - 24	\$ 7.63	\$ 8.32	\$ 9.01	\$ 9.71	\$ 10.40	\$ 11.09	\$ 11.79	\$ 12.48	\$ 13.17	\$ 13.87
25 - 29	\$ 8.73	\$ 9.52	\$ 10.31	\$ 11.11	\$ 11.90	\$ 12.69	\$ 13.49	\$ 14.28	\$ 15.07	\$ 15.87
30 - 34	\$ 9.83	\$ 10.72	\$ 11.61	\$ 12.51	\$ 13.40	\$ 14.29	\$ 15.19	\$ 16.08	\$ 16.97	\$ 17.87
35 - 39	\$ 11.00	\$ 12.00	\$ 13.00	\$ 14.00	\$ 15.00	\$ 16.00	\$ 17.00	\$ 18.00	\$ 19.00	\$ 20.00
40 - 44	\$ 14.37	\$ 15.68	\$ 16.99	\$ 18.29	\$ 19.60	\$ 20.91	\$ 22.21	\$ 23.52	\$ 24.83	\$ 26.13
45 - 49	\$ 21.12	\$ 23.04	\$ 24.96	\$ 26.88	\$ 28.80	\$ 30.72	\$ 32.64	\$ 34.56	\$ 36.48	\$ 38.40
50 - 54	\$ 34.61	\$ 37.76	\$ 40.91	\$ 44.05	\$ 47.20	\$ 50.35	\$ 53.49	\$ 56.64	\$ 59.79	\$ 62.93
55 - 59	\$ 55.95	\$ 61.04	\$ 66.13	\$ 71.21	\$ 76.30	\$ 81.39	\$ 86.47	\$ 91.56	\$ 96.65	\$ 101.73
60 - 64	\$ 84.04	\$ 91.68	\$ 99.32	\$ 106.96	\$ 114.60	\$ 122.24	\$ 129.88	\$ 137.52	\$ 145.16	\$ 152.80
65 - 69	\$ 160.53	\$ 175.12	\$ 189.71	\$ 204.31	\$ 218.90	\$ 233.49	\$ 248.09	\$ 262.68	\$ 277.27	\$ 291.87
70 - 74	\$ 259.45	\$ 283.04	\$ 306.63	\$ 330.21	\$ 353.80	\$ 377.39	\$ 400.97	\$ 424.56	\$ 448.15	\$ 471.73
75 +	\$ 259.45	\$ 283.04	\$ 306.63	\$ 330.21	\$ 353.80	\$ 377.39	\$ 400.97	\$ 424.56	\$ 448.15	\$ 471.73

CHILD(REN) LIFE RATES W/ AD&D - UP TO AGE 19 (TO AGE 25 IF FULL-TIME STUDENT)

\$ 5,000.00	\$ 10,000.00
\$ 1.11	\$ 2.23



Humana Dental PPO 14

FL PPO U&C 100/80/50
SCHOOL BOARD OF LEVY COUNTRY

FLORIDA

Services	In-network dentist Network: PPO/Traditional Preferred	Out-of-network dentist U&C 90
Deductible (excludes orthodontia services)	Individual: \$50 Family: \$150	Individual: \$50 Family: \$150
Deductible applies to all services excluding preventive services.		
Annual maximum (excludes orthodontia services)	\$1,000 + extended annual maximum (see section below)	
Preventive services Routine oral examinations (2 per year) Bitewing x-rays (2 films under age 10, up to 4 films ages 10 and older) Panoramic x-rays (1 per 5 years combined, Panorex and Full Mouth X-rays share the same frequency; ages 6+) Routine cleanings (2 per year) Fluoride treatment (1 per year, through age 14) Sealants (permanent molars, through age 14) Space maintainers (primary teeth, through age 14) Oral Cancer Screening (1 per year, ages 40 and older)	100% no deductible	80% no deductible
Basic services Emergency care for pain relief Amalgam fillings (1 per tooth every 2 years, composite for anterior/front teeth) Composite fillings (1 per tooth every 2 years, molar teeth) Oral surgery (tooth extractions including impacted teeth) General anesthesia ¹ Stainless steel crowns Harmful habit appliances for children (1 per lifetime, through age 14) Periodontics (periodontal cleanings 4 per year, scaling/root planing and surgery 1 per quadrant every 3 years)	80% after deductible	50% after deductible

2025 Rates Per 18 Pay Periods	
Employee Only	\$19.16
Employee + 1	\$35.51
Family	\$57.64

¹ Only covered in conjunction with covered oral surgical procedures. Other restrictions may apply.



Humana Dental PPO 14

FL PPO U&C 100/80/50
SCHOOL BOARD OF LEVY COUNTRY

FLORIDA

Services	In-network dentist Network: PPO/Traditional Preferred	Out-of-network dentist U&C 90
Major services Crowns (1 per tooth every 5 years) Inlays/onlays (1 per tooth every 5 years) Bridges (1 every 5 years) Dentures (1 every 5 years) Denture relines/rebases (1 every 3 years, following 6 months of denture use) Denture repair and adjustments (following 6 months of denture use) Endodontics (root canals 1 per tooth per lifetime and 1 re-treatment)	50% after deductible	50% after deductible
Extended annual max Additional coverage for preventive, basic, and major services after the annual maximum is met (excludes orthodontia)	30%	30%
Orthodontia services	Members may receive a discount on non-covered services of up to 20%. Members may contact their participating provider to determine if any discounts are available on non-covered services.	

Humana will reimburse out-of-network claims based on internal and external data (including FairHealth industry benchmarks) to establish reimbursement limits by geographic region. Out-of-network dentists may bill members for charges above the amount covered by the dental plan.

Waiting periods

Voluntary funding: 10+ enrolled employees

Enrollment type ²	Preventive	Basic	Major ³	Orthodontia
Initial enrollment, open enrollment, and timely add-on	No	No	No	Not available

² Late applicant enrollment will have the following waiting periods: 12 months basic & major services.

³ Waiting periods do not apply to endodontic or periodontic services unless a late applicant.



Questions?

Visit **Humana.com** or call **866-427-7478**
Monday – Saturday, 8 a.m. – 11 p.m., and
Sunday, 11 a.m. – 8 p.m., Eastern time.
Find a dentist at **Humana.com/findadentist**.



Register today!

Register or sign in to MyHumana at **Humana.com** to view your coverage details, ID cards, manage claims, find a dentist and more!



Limitations and exclusions (all services):

In addition to the limitations and exclusions listed in **Your plan benefits section**, this policy does not provide benefits for the following:

1. Any expenses arising from or sustained in the course of any occupation or employment for compensation, profit or gain for which benefits are paid under any Workers' Compensation or Occupational Disease Act or Law.
2. Services:
 - That are free or that you would not be required to pay for if you did not have this insurance, unless charges are received from and reimbursable to the U.S. government or any of its agencies as required by law;
 - Furnished by, or payable under, any plan or law through any government or any political subdivision (this does not include Medicare or Medicaid); or
 - Furnished by any U.S. government-owned or operated hospital/institution/agency for any service connected with sickness or bodily injury.
3. Any loss caused or contributed by:
 - War or any act of war, whether declared or not, excluding terrorism;
 - Any act of international armed conflict; or
 - Any conflict involving armed forces of any international authority.
4. Any expense arising from the completion of forms.
5. Your failure to keep an appointment with the dentist.
6. Any service we consider cosmetic unless it is necessary as a result of an accidental injury sustained while you are covered under this policy. We consider the following cosmetic procedures to include, but are not limited to:
 - Facings on crowns or pontics (the portion of a fixed bridge between the abutments) posterior to the second bicuspid.
 - Any service to correct congenital malformation;
 - Any service performed primarily to improve appearance;
 - Characterizations and personalization of prosthetic devices; or
 - Any procedure to change the spacing and/or shape of the teeth.
7. Charges for:
 - Any type of implant and all related services;
 - Precision or semi-precision attachments;
 - Overdentures and any endodontic treatment associated with overdentures;
 - Other customized attachments;
- Any service for 3D imaging (cone beam images);
- Temporary and interim dental services;
- Additional charges related to material or equipment used in the delivery of dental care.
- Charges rendered for treatment in a clinical or dental facility sponsored or maintained by the employer policyholder;
- The removal of any implants unless specified in the Summary of Your Benefits section of this certificate.
8. Any service related to:
 - Altering vertical dimension of teeth;
 - Restoration or maintenance of occlusion;
 - Splinting teeth, including multiple abutments, or any service to stabilize periodontally weakened teeth;
 - Replacing tooth structures lost as a result of abrasion, attrition, erosion or abfraction; or
 - Bite registration or bite analysis.
9. Infection control, including but not limited to sterilization techniques.
10. Fees for treatment performed by someone other than a dentist except for scaling and teeth cleaning, and the topical application of fluoride that can be performed by a licensed dental hygienist. The treatment must be rendered under the supervision and guidance of the dentist in accordance with generally accepted dental standards.
11. Any hospital, surgical or treatment facility, or for services of an anesthesiologist or anesthetist.
12. Prescription drugs or pre-medications, whether dispensed or prescribed.
13. Any service not specifically listed in Your plan benefits.
14. Any service that:
 - Is not eligible for benefits based upon clinical review;
 - Does not offer a favorable prognosis;
 - Does not have uniform professional acceptance; or
 - Is deemed to be experimental or investigational in nature.
15. Orthodontic services unless specified in your Summary of your benefits. Only the services specified in the orthodontic rider will be covered orthodontic benefits under this plan.
16. Any expense incurred before your effective date or after the date your coverage under this policy terminates (unless the service is eligible under Extension of benefits).
17. Services provided by someone who ordinarily lives in your home or who is a family member.
18. Charges exceeding the reimbursement limit for the service.
19. Treatment resulting from any intentionally self-inflicted injury or bodily illness.



Humana Dental PPO 14

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20. Local anesthetics, irrigation, nitrous oxide, bases, pulp caps, study models, treatment plans, occlusal adjustments, or tissue preparation associated with the impression or placement of a restoration when charged as a separate service. These services are considered an integral part of the entire dental service.
21. Temporary dental services.
22. Repair and replacement of orthodontic appliances.
23. Any surgical or nonsurgical treatment for any jaw joint problems, including any temporomandibular joint disorder, craniomaxillary, craniomandibular disorder or other conditions of the joint linking the jaw bone and skull; or treatment of the facial muscles used in expression and chewing functions, for symptoms including, but not limited to, headaches.
24. The oral surgery benefits under this plan does not include:
 - a. Any services for orthognathic surgery;
 - b. Any services for destruction of lesions by any method;
 - c. Any services for tooth transplantation;
 - d. Any services for removal of a foreign body from the oral tissue or bone;
 - e. Any services for reconstruction of surgical, traumatic, or congenital defects of the facial bones;
 - f. Any separate fees for pre and post-operative care.
25. General anesthesia or conscious sedation is not a covered service unless it is based on clinical review of documentation provided and administered by a dentist or health care practitioner in conjunction with covered oral surgical procedures, periodontal and osseous surgical procedures, or periradicular surgical procedures for covered services.

General anesthesia or conscious sedation administered due, but not limited to, the following reasons are not covered:

 1. Pain control unless a documented allergy to local anesthetic is provided.
 2. Anxiety.
 3. Fear of pain.
 4. Pain management.
 5. Emotional inability to undergo surgery.
26. Preventive control programs including, but not limited to, oral hygiene instructions, plaque control, take-home items, prescriptions and dietary planning.
27. Replacement of any lost, stolen, damaged, misplaced or duplicate major restoration, prosthesis or appliance.

28. Any caries susceptibility testing, laboratory tests, saliva samples, anaerobic cultures, sensitivity testing or charges for oral pathology procedures.
29. Separate fees for pre- and post-operative care and re-evaluation within 12 months are not considered covered services under the surgical periodontic services in this plan.
30. We do not cover services that generally are considered to be medical services except those specifically noted as covered in this certificate

Missing tooth clause: See plan document for more details

Insured by Humana Insurance Company.

This is not a complete disclosure of plan qualifications and limitations. Your agents will provide you with specific limitations and exclusions as contained in the Regulatory and Technical Information Guide. Please review this information before applying for coverage. The amount of benefits provided depends upon the plan selected. Premiums will vary according to the selection made.

Feel good about choosing a HumanaDental plan

The HumanaDental HS Series dental plan has you covered for any circumstance. Whether you simply need routine dental care or unexpected dental treatment, you know what to expect with HumanaDental.

- No waiting periods
- No claims to file
- No annual maximums

Use your HumanaDental benefits

After you enroll in a plan and receive your ID card, you can manage your plan information on your personal home page on **Humana.com**.

- You have the freedom to select any participating general dentist as your primary care dentist. To select a dental provider from our network, simply visit **Humana.com**. Once there, you can also check your benefits, email us and get a new or temporary ID card. If you prefer, contact us at 1-800-342-5209.
- Life without claim forms! With the HumanaDental Prepaid plan you pay your dentist directly, when applicable.
- Your primary dentist will provide all of your routine dental care and you will pay any copayment or discounted charges at the time of service.

Good health starts with a healthy mouth

Make dental visits a priority

One of the first lines of defense in overall health is dental care. Regular dental cleanings can help manage problems throughout the body, such as heart disease, diabetes, and stroke. The HumanaDental Prepaid plan enables you to take better care of your teeth, and you'll pay less for your dental care doing so.

Go to MyDentalIQ.com

Take a health risk assessment that immediately rates your dental health knowledge. You'll receive a personalized action plan with health tips. You can print a copy of your scorecard to discuss with your dentist at your next visit.

Tips to ensure a healthy mouth

- Use a soft-bristled toothbrush
- Choose toothpaste with fluoride
- Brush for at least two minutes twice a day
- Floss daily
- Watch for signs of periodontal disease such as red, swollen, or tender gums
- Visit a dentist regularly for exams and cleanings



Questions?

Check out **Humana.com**

Call **1-800-233-4013**, Monday through Friday, 8 a.m. to 6 p.m. (TDD: **1-800-325-2025**).

For exclusions and limitations, please review the Specialty Benefits Regulatory and Technical Information Guide available at **Disclosure.Humana.com**.

The HumanaDental Prepaid plans focus on maintaining oral health, prevention and cost-containment. Members may see a primary care dentist as often as necessary. There are no yearly maximums, no deductibles to meet and no waiting periods. HS plans copayments for listed procedures are applicable at either a participating general dentist or a participating specialist dentist.

A primary care dentist (PCD) may decide that a member needs to see a contracted dental specialist. No referral is necessary to see a network specialist.

Specialists services: Should members need a specialist, (i.e., endodontist, oral surgeon, periodontist, pediatric dentist), they may be referred by a participating general dentist, or members can self-refer to any participating specialist. Visit Humana.com to find a participating specialist.

Summary of services

Services marked with a single asterisk (*) below also require separate payment of laboratory charges. The laboratory charges must be paid to the plan dentist in addition to any applicable copayment for the service.

Appointments Member pays

D9310	Consultation (diagnostic service provided by dentist other than practitioner providing treatment)	\$ 25.00
D9430	Office visit (normal hours)	\$ 10.00
D9440	Office visit (after regularly scheduled hours)	\$ 45.00
D9986	Missed appointment	\$ 10.00
D9987	Cancelled appointment	\$ 10.00
D9999	Emergency visit during regularly scheduled hours, by report	\$ 20.00

Diagnostic Member pays

D0120	Periodic oral examination (limited to twice in any 12 calendar months)	no charge
D0140	Limited/comprehensive/detailed and extensive oral eval	no charge
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver ...	no charge
D0150	Limited/comprehensive/detailed and extensive oral eval (limited to twice in any 12 calendar months)	no charge
D0160	Limited/comprehensive/detailed and extensive oral eval	no charge
D0170	Re-evaluation—problem focused (not post-operative visit)	no charge
D0180	Comprehensive periodontal evaluation (limited to twice in any 12 calendar months) ...	\$ 25.00
D0210	X-ray intraoral—complete series including bitewings (once per three calendar years)	no charge
D0220	X-ray intraoral—periapical, first radiographic image	no charge
D0230	X-ray intraoral—periapical, each additional radiographic image	no charge
D0240	X-rays intraoral—occlusal radiographic image ..	no charge
D0250	Extra-oral—2D projection radiographic image created using a stationary radiation source, and detector	no charge
D0270	X-ray bitewing—single radiographic image (limited to twice in any 12 calendar months) ...	no charge
D0272	X-ray bitewings—two radiographic images (limited to twice in any 12 calendar months) ...	no charge

D0273	X-ray bitewings—three radiographic images (limited to twice in any 12 calendar months) ...	no charge
D0274	Bitewings—four radiographic images (limited to twice in any 12 calendar months)	no charge
D0277	X-ray bitewings, vertical—seven to eight radiographic images (limited to twice in any 12 calendar months)	no charge
D0330	Panoramic radiographic image (once per three calendar years)	no charge
D0350	Oral/facial photography images	no charge
D0415	Collect microorganisms culture & sensitivity	no charge
D0425	Caries susceptibility tests	no charge
D0431	Oral cancer screening using a special light source	\$ 65.00
D0460	Pulp vitality tests (not covered if a root canal is performed)	no charge
D0470	Diagnostic casts	no charge
D0472	Pathology report—gross examination of lesion ..	no charge
D0473	Pathology report—microscopic examination of lesion	no charge
D0474	Pathology report—microscopic examination of lesion and area	no charge

Preventive Member pays

D1110	Prophylaxis—adult, routine (limited to twice in any 12 calendar months, by primary care dentist)	no charge
D1120	Prophylaxis—child, routine (limited to twice in any 12 calendar months) ...	no charge
D1206	Topical application of fluoride varnish (for child <16) (limited to twice in any 12 calendar months)	no charge
D1208	Topical application of fluoride—excluding varnish (limited to twice in any 12 calendar months) ...	no charge
D1310	Nutrition counseling for the control of dental disease	no charge
D1320	Tobacco counseling services for the control or prevention of oral disease	no charge
D1321	Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use ..	no charge
D1330	Oral hygiene instruction	no charge

D1351 Sealant—per tooth (permanent teeth only to age 16)	\$ 15.00
D1510* Space maintainer—fixed, unilateral—per quadrant (through age 14)	\$ 75.00
D1516* Space maintainer—fixed—bilateral, maxillary (through age 14)	\$ 105.00
D1517* Space maintainer—fixed—bilateral, mandibular (through age 14)	\$ 105.00
D1520* Space maintainer—removable, unilateral—per quadrant (through age 14)	\$ 95.00
D1526* Space maintainer—removable—bilateral, maxillary (through age 14)	\$ 100.00
D1527* Space maintainer—removable—bilateral, mandibular (through age 14)	\$ 100.00
D1551 Re-cement or re-bond bilateral space maintainer—maxillary	\$ 10.00
D1552 Re-cement or re-bond bilateral space maintainer—mandibular	\$ 10.00
D1553 Re-cement or re-bond unilateral space maintainer—per quadrant	\$ 10.00
D1575 Distal shoe space maintainer—fixed, unilateral —per quadrant (through age 14; primary teeth only)	\$ 165.00

Restorative

Member pays

D2140 Amalgam—one surface, primary or permanent. .	\$ 20.00
D2150 Amalgam—two surfaces, primary or permanent	\$ 25.00
D2160 Amalgam—three surfaces, primary or permanent	\$ 30.00
D2161 Amalgam—four or more surfaces, primary or permanent	\$ 35.00
D2940 Protective restoration	\$ 20.00

Resin restorative

(inlays and onlays limited to one
per tooth every five years)

Member pays

D2330 Resin based composite—one surface, anterior ..	\$ 35.00
D2331 Resin based composite—two surfaces, anterior. .	\$ 50.00
D2332 Resin based composite—three surfaces, anterior	\$ 65.00
D2335 Resin based composite—four or more surfaces or involving incisal angle (anterior)	\$ 80.00
D2390 Resin based composite crown, anterior	\$ 80.00
D2391 Resin based composite—one surface, posterior. .	\$ 55.00
D2392 Resin based composite—two surfaces, posterior	\$ 70.00
D2393 Resin based composite—three surfaces, posterior	\$ 90.00
D2394 Resin based composite—four or more surfaces, posterior	\$ 100.00
D2510* Inlay—metallic, one surface	\$ 285.00
D2520* Inlay—metallic, two surfaces	\$ 295.00
D2530* Inlay—metallic, three or more surfaces	\$ 305.00
D2542* Onlay—metallic, two surfaces	\$ 310.00
D2543* Onlay—metallic, three surfaces	\$ 320.00
D2544* Onlay—metallic, four or more surfaces	\$ 330.00
D2610* Inlay—porcelain/ceramic, one surface	\$ 310.00
D2620* Inlay—porcelain/ceramic, two surfaces	\$ 320.00
D2630* Inlay—porcelain/ceramic, three or more surfaces	\$ 330.00
D2642* Onlay—porcelain/ceramic, two surfaces	\$ 335.00

D2643* Onlay—porcelain/ceramic, three surfaces.	\$ 345.00
D2644* Onlay—porcelain/ceramic, four or more surfaces	\$ 355.00
D2650* Inlay—resin based composite, one surface	\$ 285.00
D2651* Inlay—resin based composite, two surfaces	\$ 295.00
D2652* Inlay—resin based composite, three or more surfaces	\$ 305.00
D2662* Onlay—resin based composite, two surfaces.	\$ 310.00
D2663* Onlay—resin based composite, three surfaces ..	\$ 320.00
D2664* Onlay—resin based composite, four or more surfaces	\$ 350.00

Crown and bridge

(limited to one per tooth every five years)

Member pays

D2710* Crown—resin based composite, indirect	\$ 350.00
D2712* Crown—3/4 resin based composite, indirect	\$ 350.00
D2720* Crown—resin with high noble metal	\$ 350.00
D2721 Crown—resin with predominantly base metal.	\$ 350.00
D2722* Crown—resin with noble metal	\$ 350.00
D2740* Crown—porcelain/ceramic	\$ 350.00
D2750* Crown—porcelain fused to high noble metal	\$ 350.00
D2751 Crown—porcelain fused to predominantly base metal	\$ 350.00
D2753* Crown—porcelain fused to titanium and titanium alloys	\$ 350.00
D2752* Crown—porcelain fused to noble metal	\$ 350.00
D2780* Crown—3/4 cast high noble metal	\$ 350.00
D2781 Crown—3/4 cast predominantly base metal	\$ 350.00
D2782* Crown—3/4 cast noble metal	\$ 350.00
D2783* Crown—3/4 porcelain/ceramic	\$ 350.00
D2790* Crown—full cast high noble metal	\$ 350.00
D2791 Crown—full cast predominantly base metal	\$ 350.00
D2792* Crown—full cast noble metal	\$ 350.00
D2794* Crown—titanium and titanium alloy	\$ 350.00
D2799 Provisional crown	no charge
D2910 Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	\$ 20.00
D2915 Re-cement or re-bond indirectly fabricated or prefabricated post and core	no charge
D2920 Re-cement or re-bond crown	\$ 20.00
D2928 Prefabricated porcelain/ceramic crown— permanent tooth	\$ 90.00
D2929 Crown—prefabricated porcelain/ceramic crown—primary tooth	\$ 90.00
D2930 Prefabricated stainless steel crown— primary tooth	\$ 90.00
D2931 Prefabricated stainless steel crown— permanent tooth	\$ 30.00
D2932 Prefabricated resin crown	\$ 80.00
D2933 Prefabricated stainless steel crown with resin window	\$ 80.00
D2934 Prefabricated esthetic coated stainless steel crown—primary tooth	\$ 80.00
D2950 Core buildup, including any pins	\$ 65.00
D2951 Pin retention—per tooth, in addition to restoration	\$ 20.00
D2952* Cast post and core in addition to crown	\$ 125.00
D2953* Each additional cast post—same tooth	\$ 120.00
D2954 Prefabricated post and core in addition to crown	\$ 105.00

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D2955	Post removal (not in conjunction with endodontic therapy)	\$ 15.00
D2957	Each additional prefabricated post—same tooth, base metal post	\$ 40.00
D2960	Labial Veneer (Resin Laminate) - direct	\$260.00
D2961*	Labial Veneer (Resin Laminate) - indirect	\$360.00
D2962*	Labial Veneer (porcelain Laminate) - indirect	\$425.00
D2971	Additional procedure—new crown existing partial denture	\$ 60.00
D2980	Crown repair, necessitated by restorative material failure	\$ 15.00
D2981	Inlay repair, necessitated by restorative material failure	\$ 15.00
D2982	Onlay repair, necessitated by restorative material failure	\$ 15.00
D2983	Veneer repair, necessitated by restorative material failure	\$ 15.00
D6940	Stress breaker	\$160.00
D6950	Precision attachment, separate from prosthesis	\$210.00

Prosthodontics (fixed)

(replacement limited to every five years, adjustments once per year)

Member pays

D6210*	Pontic—cast high noble metal	\$350.00
D6211	Pontic—cast predominantly base metal	\$350.00
D6212*	Pontic—cast noble metal	\$350.00
D6240*	Pontic—porcelain fused to high noble metal	\$350.00
D6241	Pontic—porcelain fused to predominantly base metal	\$350.00
D6242*	Pontic—porcelain fused to noble metal	\$350.00
D6243*	Pontic—porcelain fused to titanium and titanium alloys	\$350.00
D6750*	Retainer crown—porcelain fused to high noble metal	\$350.00
D6751	Retainer crown—porcelain fused to predominantly base metal	\$350.00
D6752*	Retainer crown—porcelain fused to noble metal	\$350.00
D6753*	Crown—porcelain fused to titanium and titanium alloys	\$350.00
D6790*	Retainer crown—full cast high noble metal	\$350.00
D6791	Retainer crown—full cast predominantly base metal	\$350.00
D6792*	Retainer crown—full cast noble metal	\$350.00
D6794*	Retainer crown—titanium and titanium alloy	\$350.00
D6930	Re-cement or re-bond fixed partial denture (per unit)	\$ 30.00

Prosthodontics

(replacement limited to every five years)

Member pays

D5110*	Complete denture—maxillary	\$475.00
D5120*	Complete denture—mandibular	\$475.00
D5130*	Immediate denture—maxillary	\$475.00
D5140*	Immediate denture—mandibular	\$475.00
D5211*	Maxillary partial denture—resin base (including retentive/clasping materials, rests and teeth) ..	\$450.00
D5212*	Mandibular partial denture—resin base (including retentive/clasping materials, rests and teeth)	\$450.00

D5213*	Maxillary partial denture—cast metal (including retentive/clasping materials, rests and teeth) ...	\$475.00
D5214*	Mandibular partial denture—cast metal (including retentive/clasping materials, rests and teeth)	\$475.00
D5221	Immediate maxillary partial denture—resin base (including retentive/clasping materials, rests and teeth)	\$333.00
D5222	Immediate mandibular partial denture—resin base (including retentive/clasping materials, rests and teeth)	\$333.00
D5223	Immediate maxillary partial denture—cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$523.00
D5224	Immediate mandibular partial denture—cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$523.00
D5225*	Upper Partial Denture - Flexible (Including retentive/clasping materials, rests and teeth) ...	\$475.00
D5226*	Lower Partial Denture - Flexible (Including retentive/clasping materials, rests and teeth) ...	\$475.00
D5282*	Removable unilateral partial denture - one piece metal (including retentive/clasping materials, rests and teeth), maxillary	\$395.00
D5283*	Removable unilateral partial denture - one piece metal (including retentive/clasping materials, rests and teeth), mandibular	\$395.00
D5284*	Removable unilateral partial denture - one piece flexible base (including retentive/clasping materials, rests and teeth) - per quadrant	\$395.00
D5286*	Removable unilateral partial denture - one piece resin (including retentive/clasping materials, rests and teeth) - per quadrant	\$395.00
D5410	Adjust complete denture—maxillary	\$ 20.00
D5411	Adjust complete denture—mandibular	\$ 20.00
D5421	Adjust partial denture—maxillary	\$ 20.00
D5422	Adjust partial denture—mandibular	\$ 20.00
D5660*	Add clasp to existing partial denture—per tooth	\$100.00

Endodontics

(each procedure limited to once per tooth per life)

Member pays

D3110	Pulp cap—direct (excluding final restoration) ...	\$ 20.00
D3120	Pulp cap—indirect (excluding final restoration) ..	\$ 15.00
D3220	Therapeutic pulpotomy (excluding final restoration)	\$ 55.00
D3221	Pulpal debridement, primary and permanent teeth (not to be used when root canal is done on the same day)	\$120.00
D3230	Pulpal therapy (resorbable filling)—anterior, primary tooth (excluding final restoration)	\$ 55.00
D3240	Pulpal therapy (resorbable filling)—posterior, primary tooth (excluding final restoration)	\$ 75.00
D3310	Root canal therapy—anterior tooth (excluding final restoration)	\$135.00
D3320	Endodontic therapy, premolar tooth (excluding final restorations)	\$240.00

D3330	Endodontic therapy, molar tooth (excluding final restorations)	\$310.00
D3331	Treatment of root canal obstruction—non-surgical access.....	\$ 95.00
D3332	Incomplete endodontic therapy—inoperable or fractured tooth	\$ 95.00
D3333	Internal root repair of perforation defects.....	\$100.00
D3351	Apexification/recalcification—initial visit (apical closure / calcific repair of perforations, root resorption, etc.).....	\$110.00
D3352	Apexification/recalcification—interim medication replacement (includes any necessary radiographs)	\$ 85.00
D3353	Apexification/recalcification—final visit (includes any necessary radiographs).....	\$110.00
D3410	Apicoectomy—anterior	\$165.00
D3421	Apicoectomy—premolar (first root).....	\$170.00
D3425	Apicoectomy—molar (first root).....	\$170.00
D3426	Apicoectomy—(each additional root).....	\$ 75.00
D3430	Retrograde filling—per root.....	\$ 45.00
D3450	Root amputation—per root (not covered in conjunction with procedure D3920)	\$110.00
D3910	Surgical procedure to isolate tooth with rubbered dam.....	\$ 35.00
D3920	Hemisection not included in root canal therapy .	\$105.00
D3950	Canal preparation and fitting of preformed dowel or post.....	\$ 20.00
Periodontics (gum treatment)		Member pays
D4210	Gingivectomy/gingivoplasty—four or more contiguous teeth or tooth bounded spaces per quadrant	\$135.00
D4211	Gingivectomy/gingivoplasty—one to three contiguous teeth or tooth bounded spaces per quadrant	\$ 75.00
D4240	Gingival flap, including root planing—four or more teeth, per quadrant	\$180.00
D4241	Gingival flap, including root planing—one to three teeth, per quadrant	\$135.00
D4245	Apically positioned flap.....	\$200.00
D4249	Clinical crown lengthening—hard tissue	\$175.00
D4260	Osseous surgery (including elevation of a full thickness flap and closure)—four or more contiguous teeth or tooth bounded spaces per quadrant	\$400.00
D4261	Osseous surgery (including elevation of a full thickness flap and closure)—one to three contiguous teeth or tooth bounded spaces per quadrant	\$375.00
D4263	Bone replacement graft—retained natural tooth—first site in quadrant.....	\$240.00
D4264	Bone replacement graft—retained natural tooth—each additional site in quadrant	\$145.00
D4265	Biological materials which can aid soft and osseous tissue regeneration.....	\$115.00
D4266	Guided tissue regeneration—resorbable barrier, per site	\$290.00
D4267	Guided tissue regeneration—nonresorbable barrier, per site (includes membrane removal) ..	\$375.00
D4270	Pedicle soft tissue graft procedure	\$295.00
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft	\$400.00
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	\$105.00
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft.....	\$425.00
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft ...	\$300.00
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant or edentulous tooth position in same graft site	\$150.00
D4283	Autogenous connective tissue graft procedure (including donor and recipient surgical sites)—each additional contiguous tooth, implant or edentulous tooth position in same graft site	\$240.00
D4285	Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material)—each additional contiguous tooth, implant or edentulous tooth position in same graft site.....	\$255.00
D4320	Provisional splinting—intracoronar.....	\$120.00
D4321	Provisional splinting—extracoronar	\$100.00
D4341	Periodontal scaling and root planing—four or more teeth per quadrant (limited to a maximum of four (4) quadrants will be paid in any combination per 24 calendar months).....	\$ 70.00
D4342	Periodontal scaling and root planing one to three teeth per quadrant (a maximum of four quadrants will be paid in any combinations, per 24 calendar months).....	\$ 60.00
D4346	Scaling in presence of generalized moderate or severe gingival inflammation—full mouth, after oral evaluation (this service will reduce the number of cleanings available under D1110 and/or D1120)	\$ 65.00
D4355	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit (once per five years)	\$ 65.00
D4381	Localized delivery of chemotherapeutic agents (per tooth) (limited to once per tooth per 12 months to a maximum of three tooth sites per quadrant, and performed no less than three months following active periodontal therapy)...	\$ 65.00
D4910	Periodontal maintenance (covered only after active periodontal therapy)	\$ 55.00

Extractions/oral and maxillofacial surgery Member pays

D7111	Extraction, coronal remnants—primary tooth... no charge	
D7140	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated....	\$ 40.00
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated....	\$ 55.00
D7220	Removal of impacted tooth—soft tissue.....	\$ 60.00
D7230	Removal of impacted tooth—partially bony....	\$ 85.00
D7240	Removal of impacted tooth—completely bony..	\$105.00
D7241	Removal of impacted tooth—completely bony, unusual complications by report.....	\$140.00
D7250	Surgical removal of residual tooth roots.....	\$ 45.00
D7260	Oroantral fistula closure	\$400.00
D7261	Primary closure of a sinus perforation	\$250.00
D7270	Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth.....	\$ 75.00
D7280	Exposure of an unerupted tooth (excluding wisdom teeth)	\$135.00
D7282	Mobilization of erupted or malposed tooth to aid eruption	\$110.00
D7285	Incisional biopsy of oral tissue-hard (bone, tooth)	\$400.00
D7286	Incisional biopsy of oral tissue-soft (all others) ..	\$130.00
D7287	Exfoliative cytological sample collection	\$ 60.00
D7288	Brush biopsy—transepithelial sample collection	\$ 65.00
D7310	Alveoplasty in conjunction with extractions—per quadrant	\$ 45.00
D7311	Alveoplasty in conjunction with extractions— one to three teeth or tooth spaces, per quadrant	\$ 20.00
D7320	Alveoplasty not in conjunction with extractions—per quadrant	\$ 85.00
D7321	Alveoplasty not in conjunction with extractions—one to three teeth or tooth spaces, per quadrant.....	\$ 45.00
D7450	Removal of benign odontogenic cyst or tumor— up to 1.25 cm.....	\$190.00
D7451	Removal of benign odontogenic cyst or tumor— greater than 1.25 cm.....	\$260.00
D7471	Removal of lateral exostosis (maxilla or mandible)	\$110.00
D7472	Removal of torus palatinus	\$ 75.00
D7473	Removal of torus mandibularis	\$ 75.00
D7485	Reduction of osseous tuberosity	\$ 65.00
D7510	Incision and drainage of abscess—intraoral soft tissue	\$ 40.00
D7970	Excision hyperplastic tissue—per arch	\$ 90.00
D7971	Excision of pericoronal gingival	\$ 60.00

Repairs to prosthetics

Member pays

D5511*	Repair broken complete denture base, mandibular	\$ 45.00
D5512*	Repair broken complete denture base, maxillary	\$ 45.00
D5520*	Replace missing or broken teeth—complete denture (each tooth)	\$ 45.00
D5611*	Repair resin partial denture base, mandibular ...	\$ 45.00

D5612*	Repair resin partial denture base, maxillary	\$ 45.00
D5621*	Repair cast partial framework, mandibular.....	\$ 45.00
D5622*	Repair cast partial framework, maxillary	\$ 45.00
D5630*	Repair or replace broken retentive clasping materials—per tooth	\$ 45.00
D5640*	Replace broken teeth—per tooth	\$ 45.00
D5650*	Add tooth to existing partial denture	\$ 45.00
D5670*	Replace all teeth and acrylic on cast metal framework—maxillary	\$235.00
D5671*	Replace all teeth and acrylic on cast metal framework—mandibular.....	\$290.00
D5710*	Rebase complete maxillary denture	\$210.00
D5711*	Rebase complete mandibular denture	\$210.00
D5720*	Rebase maxillary partial denture	\$210.00
D5721*	Rebase mandibular partial denture	\$210.00
D5730	Reline complete maxillary denture (direct).....	\$ 80.00
D5731	Reline complete mandibular denture (direct)....	\$ 80.00
D5740	Reline Maxillary Partial Denture (direct)	\$ 80.00
D5741	Reline Mandibular Partial Denture (direct)	\$ 80.00
D5750*	Reline Complete Maxillary Denture (indirect) ...	\$125.00
D5751*	Reline Complete Mandibular Denture (indirect)..	\$125.00
D5760*	Reline Maxillary Partial Denture (indirect)	\$125.00
D5761*	Reline Mandibular Partial Denture (indirect)	\$125.00
D5810*	Interim complete denture (maxillary).....	\$275.00
D5811*	Interim complete denture (mandibular)	\$275.00
D5820*	Interim Partial Denture (including retentive/ clasping materials, rests, and teeth) - maxillary .	\$135.00
D5821*	Interim Partial Denture (including retentive/ clasping materials, rests, and teeth) - mandibular	\$135.00
D5850	Tissue conditioning, maxillary	\$ 40.00
D5851	Tissue conditioning, mandibular	\$ 40.00
D6214*	Pontic—titanium and titanium alloy	\$350.00
D6245*	Pontic—porcelain/ceramic	\$350.00
D6250*	Pontic—resin with high noble metal	\$350.00
D6251	Pontic—resin with predominantly base metal ..	\$350.00
D6252*	Pontic—resin with noble metal	\$350.00
D6253*	Provisional pontic	no charge
D6545*	Retainer—cast metal, resin bonded fixed prosthesis	\$275.00
D6548*	Retainer—porcelain/ceramic, resin bonded fixed prosthesis	\$275.00
D6549	Resin retainer—for resin bonded fixed prosthesis	\$275.00
D6600*	Retainer inlay—porcelain/ceramic, two surfaces	\$350.00
D6601*	Retainer inlay—porcelain/ceramic, three or more surfaces	\$350.00
D6602*	Retainer inlay—cast high noble metal, two surfaces	\$350.00
D6603*	Retainer inlay—cast high noble metal, three or more surfaces	\$350.00
D6604	Retainer inlay—cast predominantly base metal, two surfaces.....	\$350.00
D6605	Retainer inlay—cast predominantly base metal, three or more surfaces	\$350.00
D6606*	Retainer inlay—cast noble metal, two surfaces .	\$350.00
D6607*	Retainer inlay—cast noble metal, three or more surfaces	\$350.00
D6608*	Retainer onlay—porcelain/ceramic, two surfaces	\$350.00

D6609*	Retainer onlay—porcelain/ceramic, three or more surfaces	\$350.00
D6610*	Retainer onlay—cast high noble metal, two surfaces	\$350.00
D6611*	Retainer onlay—cast high noble metal, three or more surfaces	\$350.00
D6612	Retainer onlay—cast predominantly base metal, two surfaces	\$350.00
D6613	Retainer onlay—cast predominantly base metal, three or more surfaces	\$350.00
D6614*	Retainer onlay—cast noble metal, two surfaces	\$350.00
D6615*	Retainer onlay—cast noble metal, three or more surfaces	\$350.00
D6624*	Retainer inlay titanium	\$350.00
D6634*	Retainer onlay titanium	\$350.00
D6710*	Retainer crown—indirect resin based composition	\$350.00
D6720*	Retainer crown—resin with high noble metal ...	\$350.00
D6721	Retainer crown—resin with predominantly base metal	\$350.00
D6722*	Retainer crown—resin with noble metal	\$350.00
D6740*	Retainer crown—porcelain/ceramic	\$350.00
D6780*	Retainer crown—3/4 cast high noble metal	\$350.00
D6781	Retainer crown—3/4 cast predominantly base metal	\$350.00
D6782*	Retainer crown—3/4 cast noble metal	\$350.00
D6783*	Retainer crown—3/4 porcelain/ceramic, denture	\$350.00
D6784	Retainer crown—3/4 titanium and titanium alloys	\$350.00

Adjunctive general service		Member pays
D9110	Palliative (emergency) treatment of dental pain—minor procedure	\$ 20.00
D9215	Local anesthesia in conjunction with operative or surgical procedures	no charge

D9222	Deep sedation/general anesthesia—first 15 minutes	\$ 92.00
D9223	Deep sedation/general anesthesia—each subsequent 15 minute increment	\$ 78.00
D9230	Analgesia (nitrous oxide), per 15 minutes	\$ 30.00
D9239	Inhalation of nitrous oxide/analgesia, anxiolysis	\$ 92.00
D9243	Intravenous moderate (conscious) sedation/analgesia—each subsequent 15 minute increment	\$ 78.00
D9450	Case presentation, detailed and extensive treatment planning	no charge
D9951	Occlusal adjustment—limited	\$ 40.00
D9952	Occlusal adjustment—complete	\$185.00

Bleaching	Member pays
D9972 External bleaching in office—per arch	\$185.00
D9975 External bleaching in home—per arch	\$185.00

Orthodontics	Member pays	
D8070 or D8080—children up to 19 years of age, up to 24 months of routine orthodontic treatment for Class I and Class II cases.		
Consultation	no charge	
Evaluation	\$ 45.00	
Records/treatment planning	\$ 250.00	
Orthodontic treatment	\$ 1,900.00	
D8090—adult 19 years of age and over, up to 24 months of routine orthodontic treatment for Class I and Class II cases.		
Consultation	no charge	
Evaluation	\$ 45.00	
Records/treatment planning	\$ 250.00	
Orthodontic treatment	\$ 1,900.00	
D8680	Orthodontic retention	\$ 455.00
D8698	Re-cement or re-bond fixed retainer, maxillary	no charge
D8699	Re-cement or re-bond fixed retainer, mandibular	no charge

NOTE:

- Not all participating dentists perform all listed procedures, including amalgams. Please consult your dentist prior to treatment for availability of services.
- Unlisted procedures may be eligible for up to a 25% discount. Members may contact their participating provider to determine if any discounts apply.
- When crown and/or bridgework exceeds six units in the same treatment plan, the patient may be charged an additional \$75 per unit.
- Some covered services are typically only offered by a specialist (like many oral surgery procedures)
- Additional exclusions and limitations are listed along with full plan information in your certificate of benefits. If you do not have a certificate of benefits, please review the Specialty Benefits Regulatory and Technical Information Guide available at [Disclosure.Humana.com](https://www.humana.com/disclosure).

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Services	In-network provider (Member cost)	Out-of-network provider (Reimbursement)
Exam with dilation as necessary	\$10	Up to \$30
Retinal imaging* ¹	Up to \$39	Not covered
Contact lens exam²		
Standard contact lens fit and follow-up*	Up to \$40	Not covered
Premium contact lens fit and follow-up*	10% off retail	Not covered
Frames³	\$130 allowance, 20% off balance over \$130	\$65 allowance
Standard plastic lenses		
Single vision	\$15	Up to \$25
Bifocal	\$15	Up to \$40
Trifocal	\$15	Up to \$60
Lenticular	\$15	Up to \$100
Lens options⁴		
UV coating*	\$15	Not covered
Tint (solid and gradient)*	\$15	Not covered
Standard scratch-resistance*	\$15	Not covered
Standard polycarbonate - Adults*	\$40	Not covered
Standard polycarbonate - Children <19*	\$40	Not covered
Standard anti-reflective coating*	\$45	Not covered
Premium anti-reflective coating*		
• Tier 1	\$57	Not covered
• Tier 2	\$68	Not covered
• Tier 3	20% off retail	Not covered
Standard progressive (add-on to bifocal)	\$15	Up to \$40
Premium progressive*		
• Tier 1	\$110	Not covered
• Tier 2	\$120	Not covered
• Tier 3	\$135	Not covered
• Tier 4	\$90 copay, 80% of charge less \$120 allowance	Not covered
Photochromatic / Plastic transitions*	\$75	Not covered
Polarized*	20% off retail	Not covered

* This service is not a covered benefit under your insurance policy. However, this service may be available to members from participating providers at the discounted rate shown. Members should confirm pricing with their provider.



Services	In-network provider (Member cost)	Out-of-network provider (Reimbursement)
Contact lenses⁵ (applies to materials only)		
Conventional	\$130 allowance, 15% off balance over \$130	\$104 allowance
Disposable	\$130 allowance	\$104 allowance
Medically necessary	\$0	\$200 allowance
Frequency		
Examination	Once every 12 months	Once every 12 months
Lenses or contact lenses	Once every 12 months	Once every 12 months
Frame	Once every 24 months	Once every 24 months
Diabetic eye care: Care and testing for diabetic members		
Examination	\$0	Up to \$77
• Up to (2) services per year		
Retinal imaging	\$0	Up to \$50
• Up to (2) services per year		
Extended Ophthalmoscopy	\$0	Up to \$15
• Up to (2) services per year		
Gonioscopy	\$0	Up to \$15
• Up to (2) services per year		
Scanning laser	\$0	Up to \$33
• Up to (2) services per year		

¹Member costs may exceed \$39 with certain providers. Members may contact their participating provider to determine what costs or discounts are available.

²Standard contact lens exam fit and follow up costs and premium contact lens exam discounts up to 10% may vary by participating provider. Members may contact their participating provider to determine what costs or discounts are available.

³Discounts may be available on all frames except when prohibited by the manufacturer.

⁴Lens option costs may vary by provider. Members may contact their participating provider to determine if listed costs are available.

⁵Plan covers contact lenses or lenses for frames, but not both.

2025 Rates Per 18 Pay Periods	
Employee Only	\$4.79
Employee & Spouse	\$9.56
Employee & Child(ren)	\$10.22
Family	\$15.00



Questions?

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claims, find a vision provider and more!



Limitations and exclusions (all services):

In addition to the limitations and exclusions listed in your "**Vision Benefits**" section, this policy does not provide benefits for the following:

1. Any expenses incurred while you qualify for any worker's compensation or occupational disease act or law.
2. Services:
 - That are free or that you would not be required to pay for if you did not have this insurance, unless charges are received from and reimbursable to the U.S. government or any of its agencies as required by law;
 - Furnished by, or payable under, any plan or law through any government or any political subdivision (this does not include Medicare or Medicaid); or
 - Furnished by any U.S. government-owned or operated hospital/institution/agency for any service connected with sickness or bodily injury.
3. Any loss caused or contributed by:
 - War or any act of war, whether declared or not;
 - Any act of international armed conflict- or
 - Any conflict involving armed forces of any international authority.
4. Any expense arising from the completion of forms.
5. Your failure to keep an appointment.
6. Any hospital, surgical or treatment facility, or for services of an anesthesiologist or anesthetist.
7. Prescription drugs or pre-medications, whether dispensed or prescribed.
8. Any service not specifically listed in the Schedule of Benefits.
9. Any service that we determine:
 - Is not a visual necessity;
 - Does not offer a favorable prognosis;
 - Does not have uniform professional endorsement; or
 - Is deemed to be experimental or investigational in nature.
10. Orthoptic or vision training.
11. Subnormal vision aids and associated testing.
12. Aniseikonic lenses.
13. Any service we consider cosmetic.
14. Any expense incurred before your effective date or after the date your coverage under this policy terminates.
15. Services provided by someone who ordinarily lives in your home or who is a family member.
16. Charges exceeding the reimbursement limit for the service.
17. Treatment resulting from any intentionally self-inflicted injury or bodily illness.
18. Plano lenses.
19. Medical or surgical treatment of eye, eyes, or supporting structures.
20. Replacement of lenses or frames furnished under this plan which are lost or broken, unless otherwise available under the plan.
21. Any examination or material required by an Employer as a condition of employment.
22. Non-prescription sunglasses.
23. Two pair of glasses in lieu of bifocals.
24. Services or materials provided by any other group benefit plans providing vision care.
25. Certain name brands when manufacturer imposes no discount.
26. Corrective vision treatment of an experimental nature.
27. Solutions and/or cleaning products for glasses or contact lenses.
28. Pathological treatment.
29. Non-prescription items.
30. Costs associated with securing materials.
31. Pre- and Post-operative services.
32. Orthokeratology.
33. Routine maintenance of materials.
34. Refitting or change in lens design after initial fitting, unless specifically allowed elsewhere in the certificate.
35. Artistically painted lenses.

Insured by Humana Insurance Company.

This communication provides a general description of certain identified insurance or non-insurance benefits provided under one or more of our insurance benefit plans. Our insurance benefit plans have exclusions and limitations and terms under which the coverage may be continued in force or discontinued. For costs and complete details of the coverage, refer to the plan document or call or write your Humana insurance agent or the company. In the event of any disagreement between this communication and the plan document, the plan document will control.

NOTICE: Your actual expenses for covered services may exceed the stated cost or reimbursement amount because actual provider charges may not be used to determine insurer and member payment obligations.

AFLAC CANCER PROTECTION ASSURANCE

CANCER INDEMNITY INSURANCE –

Policy Series B70000



We're there when you need us most

The unfortunate reality is cancer touches almost everyone at some point in their lives, whether it's yourself or a loved one. But each person has a unique story, especially when it comes to cancer treatment. We believe if faced with a cancer diagnosis, you need real solutions that help you face the financial, physical and emotional challenges often experienced by cancer patients and their families – before, during, and after treatment.

Since 1958, Aflac has been a pioneer in cancer insurance. As cancer treatment protocols have changed, our coverage has evolved to help cover the costs of those innovative treatments and provide solutions that empower you to seek treatment, while easing the financial concerns that often accompany it.

Benefits paid directly to you

Aflac Cancer Protection Assurance pays cash benefits directly to you, unless assigned, when you need them most. If you're ever diagnosed with a covered cancer, these benefits are more important than ever. Why? Because cancer treatment can be expensive.

Health insurance was never intended to cover the cost of things like deductibles, co-pays, lost work time, or even travel. Aflac Cancer Protection Assurance can help with cancer-associated costs like these.



Understand the difference Aflac makes in your financial security.

Aflac pays cash benefits directly to you, unless otherwise assigned. This means that you can have added financial resources to help with expenses incurred due to medical treatment, ongoing living expenses or any purpose you choose.

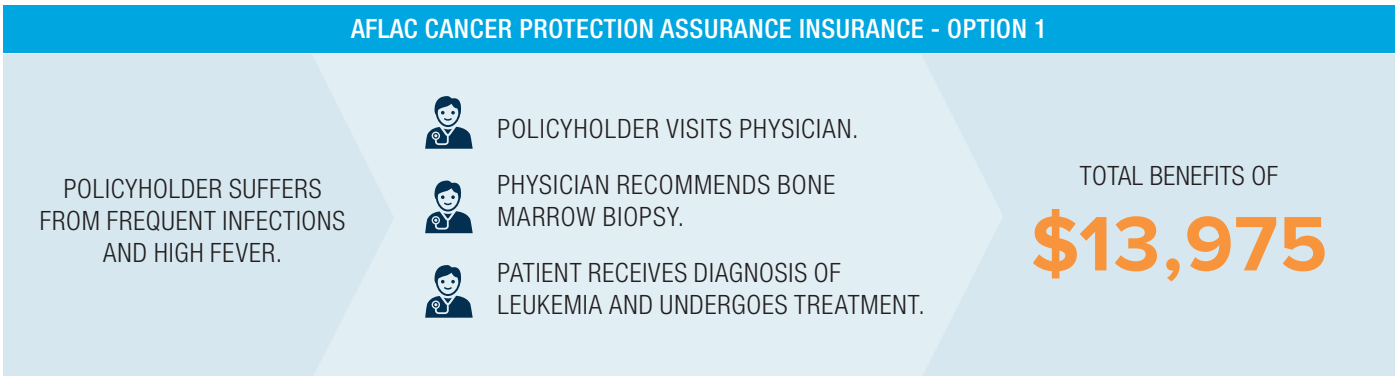
Aflac Cancer Protection Assurance stays with you for life*

We're with you, even when you're well. We pay a benefit for early detection and preventive care, like mammograms, PSA blood tests, and many other kinds of cancer screenings.

We'll see you all the way through treatment. If you're diagnosed with cancer, we offer benefits that you can count on. You'll receive a benefit upon initial diagnosis of a covered cancer and our support doesn't end there.

We give you the freedom to choose the best care for you. You and your doctor decide on a treatment plan together; we help provide you with financial support for every month that you're undergoing that treatment. Want a second opinion? We provide a benefit for that, too.

How it works



The above example is based on a scenario for Aflac Cancer Protection Assurance – Option 1 with three units of the Initial Diagnosis Building Benefit Rider (purchased three years prior to claim) and includes the following benefit conditions: Initial Diagnosis Benefit of \$1,250, Initial Diagnosis Building Benefit Rider (three units for three years) of \$900, Bone Marrow Biopsy (Cancer Screening Benefit) of \$25, IV Chemotherapy for 3 months (Physician-Administered Radiation Therapy, Chemotherapy, Immunotherapy, or Experimental Chemotherapy Benefit) of \$2,400, Immunotherapy (Physician-Administered Radiation Therapy, Chemotherapy, Immunotherapy, or Experimental Chemotherapy Benefit) for 6 months of \$4,800, Antinausea Benefit (9 months) of \$450, Stem Cell Transplant Benefit of \$3,500, Hospital Confinement Benefit (4 days) of \$400, Annual Care Benefit (paid on the first anniversary of diagnosis) of \$250.

*Coverage remains in force as long as premiums are paid.

Benefits and/or premiums may vary based on state and benefit option selected. Riders are available for an additional cost. The policy/riders have limitations, exclusions, and pre-existing condition limitations that may affect benefits payable. The policy and certain riders contain a 30-day waiting period. This brochure is for illustrative purposes only. Refer to the policy/riders for complete benefit details, definitions, limitations and exclusions.

For more information, ask your insurance agent/producer, call 1.800.992.3522, or visit aflac.com.

Benefits overview Choose the Policy and Riders that Fit Your Needs

BENEFIT:	DESCRIPTION:
INITIAL DIAGNOSIS	Named Insured or Spouse: \$1,250 Dependent Child: \$2,500 Payable once per covered person, per lifetime
RADIATION THERAPY, CHEMOTHERAPY, IMMUNOTHERAPY OR EXPERIMENTAL CHEMOTHERAPY	Self-Administered: \$150 per calendar month Physician Administered: \$800 per calendar month This benefit is limited to one self-administered treatment and one physician-administered treatment per calendar month
ANNUAL CARE	\$250 on the anniversary date of diagnosis; lifetime maximum of five annual \$250 payments per covered person
CANCER SCREENING	One \$25 benefit per calendar year, per covered person Benefit increases to three screenings per calendar year after the diagnosis for internal cancer or an associated cancerous condition
PROPHYLACTIC SURGERY (DUE TO A POSITIVE GENETIC TEST RESULT)	\$125 per covered person, per lifetime
ADDITIONAL OPINION	\$150 per covered person, per lifetime
HORMONAL THERAPY	\$15 once per calendar month
TOPICAL CHEMOTHERAPY	\$100 once per calendar month
ANTINAUSEA	\$50 once per calendar month
STEM CELL AND BONE MARROW TRANSPLANTATION	\$3,500; lifetime maximum of \$3,500 per covered person Donor Benefit: \$50 for stem cell donation, or \$500 for bone marrow donation Payable one time per covered person
BLOOD AND PLASMA	Inpatient: \$50 times the number of days paid under the Hospital Confinement Benefit, per covered person Outpatient: \$140 per day, per covered person
SURGICAL/ANESTHESIA	\$50-\$1,700 Anesthesia: additional 25% of the Surgery Benefit Maximum daily benefit will not exceed \$2,125; no lifetime maximum on the number of operations
SKIN CANCER SURGERY	Laser or Cryosurgery: \$20 Excision of lesion of skin without flap or graft: \$85 Flap or graft without excision: \$125 Excision of lesion of skin with flap or graft: \$200 Maximum daily benefit will not exceed \$200. No lifetime maximum on the number of operations
PROPHYLACTIC SURGERY (WITH CORRELATING INTERNAL CANCER DIAGNOSIS)	\$125 per covered person, per lifetime
HOSPITALIZATION CONFINEMENT FOR 30 DAYS OR LESS	Named Insured or Spouse: \$100 Dependent Child: \$125
HOSPITALIZATION CONFINEMENT FOR 31 DAYS OR MORE	Named Insured or Spouse: \$200 Dependent Child: \$250

OUTPATIENT HOSPITAL SURGICAL ROOM CHARGE	\$100 per day, per covered person		
EXTENDED-CARE FACILITY	\$75 per day; limited to 30 days in each calendar year, per covered person		
HOME HEALTH CARE	\$50 per day; limited to 10 days per hospitalization, per covered person; and 30 days per calendar year, per covered person		
HOSPICE CARE	\$1,000 for first day; \$50 per day thereafter; \$12,000 lifetime maximum per covered person		
NURSING SERVICES	\$50 per day; payable for only the number of days the Hospital Confinement Benefit is payable		
SURGICAL PROSTHESIS	\$1,000; lifetime maximum of \$2,000 per covered person		
NONSURGICAL PROSTHESIS	\$90 per occurrence, per covered person; lifetime maximum of \$180 per covered person		
BREAST RECONSTRUCTION	Breast Tissue/Muscle Reconstruction Flap Procedures: \$1,000 Breast Reconstruction (occurring within 5 years of breast cancer diagnosis): \$250 Breast Symmetry (on the nondiseased breast occurring within 5 years of breast reconstruction): \$110 Permanent Areola Repigmentation (on the diseased breast): \$50 Maximum daily benefit will not exceed \$1,000		
OTHER RECONSTRUCTIVE SURGERY	Facial Reconstruction: \$250 Anesthesia: additional 25% of the Other Reconstructive Surgery Benefit Maximum daily benefit will not exceed \$250		
EGG HARVESTING, STORAGE (CRYOPRESERVATION) AND IMPLANTATION	\$500 for a covered person to have oocytes extracted and harvested \$100 for the storage of a covered person's oocyte(s) or sperm \$100 for embryo transfer Lifetime maximum of \$700 per covered person		
AMBULANCE	\$250 ground \$2,000 air ambulance		
TRANSPORTATION	\$.35 cents per mile for transportation; payable up to a combined maximum of \$1,050, per round trip		
LODGING	\$50 per day; limited to 90 days per calendar year		
WAIVER OF PREMIUM	Yes		
OPTIONAL RIDERS:	DESCRIPTION:		
INITIAL DIAGNOSIS BUILDING BENEFIT RIDER	This benefit will increase the amount of your Initial Diagnosis Benefit, as shown in the policy, by \$100 for each unit purchased, up to five units, for each covered person on the anniversary date of coverage, while coverage remains in force. When a covered person is diagnosed with any of the diseases listed in the Specified-Disease Rider:		
SPECIFIED-DISEASE BENEFIT RIDER	Initial diagnosis	Hospitalization	
	\$2,000	30 days or less; \$400 per day	31 days or more; \$800 per day
DEPENDENT CHILD RIDER	\$10,000 when a covered dependent child is diagnosed as having internal cancer or an associated cancerous condition; payable only once for each covered dependent child		

REFER TO THE FOLLOWING PAGES FOR BENEFIT DETAILS, DEFINITIONS, LIMITATIONS AND EXCLUSIONS.

Understand the difference Aflac makes in your financial security.

Aflac pays cash benefits directly to you, unless otherwise assigned. This means that you can have added financial resources to help with expenses incurred due to medical treatment, ongoing living expenses or any purpose you choose.

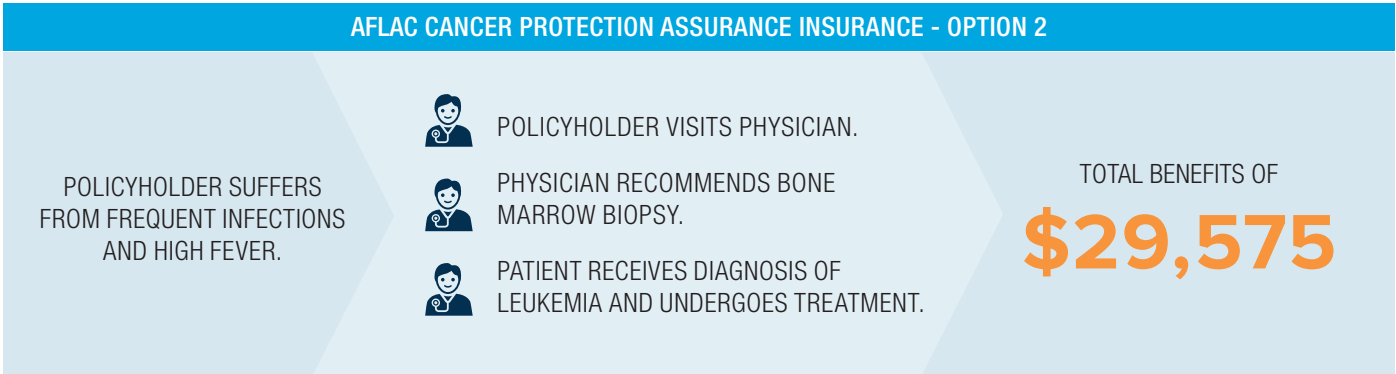
Aflac Cancer Protection Assurance stays with you for life*

We're with you, even when you're well. We pay a benefit for early detection and preventive care, like mammograms, PSA blood tests, and many other kinds of cancer screenings.

We'll see you all the way through treatment. If you're diagnosed with cancer, we offer benefits that you can count on. You'll receive a benefit upon initial diagnosis of a covered cancer and our support doesn't end there.

We give you the freedom to choose the best care for you. You and your doctor decide on a treatment plan together; we help provide you with financial support for every month that you're undergoing that treatment. Want a second opinion? We provide a benefit for that, too.

How it works



The above example is based on a scenario for Aflac Cancer Protection Assurance – Option 2 with three units of the Initial Diagnosis Building Benefit Rider (purchased three years prior to claim) and includes the following benefit conditions: Initial Diagnosis Benefit of \$5,000, Initial Diagnosis Building Benefit Rider (three units for three years) of \$900, Bone Marrow Biopsy (Cancer Screening Benefit) of \$75, IV Chemotherapy for 3 months (Physician-Administered Radiation Therapy, Chemotherapy, Immunotherapy, or Experimental Chemotherapy Benefit) of \$4,800, Immunotherapy (Physician-Administered Radiation Therapy, Chemotherapy, Immunotherapy, or Experimental Chemotherapy Benefit) for 6 months of \$9,600, Antinausea Benefit (9 months) of \$900, Stem Cell Transplant Benefit of \$7,000, Hospital Confinement Benefit (4 days) of \$800, Annual Care Benefit (paid on the first anniversary of diagnosis) of \$500.

*Coverage remains in force as long as premiums are paid.

Benefits and/or premiums may vary based on state and benefit option selected. Riders are available for an additional cost. The policy/riders have limitations, exclusions, and pre-existing condition limitations that may affect benefits payable. The policy and certain riders contain a 30-day waiting period. This brochure is for illustrative purposes only. Refer to the policy/riders for complete benefit details, definitions, limitations and exclusions.

For more information, ask your insurance agent/producer, call 1.800.992.3522, or visit aflac.com.

Benefits overview Choose the Policy and Riders that Fit Your Needs

BENEFIT:	DESCRIPTION:
INITIAL DIAGNOSIS	Named Insured or Spouse: \$5,000 Dependent Child: \$10,000 Payable once per covered person, per lifetime
RADIATION THERAPY, CHEMOTHERAPY, IMMUNOTHERAPY OR EXPERIMENTAL CHEMOTHERAPY	Self-Administered: \$375 per calendar month Physician Administered: \$1,600 per calendar month This benefit is limited to one self-administered treatment and one physician-administered treatment per calendar month
ANNUAL CARE	\$500 on the anniversary date of diagnosis; lifetime maximum of five annual \$500 payments per covered person
CANCER SCREENING	One \$75 benefit per calendar year, per covered person Benefit increases to three screenings per calendar year after the diagnosis for internal cancer or an associated cancerous condition
PROPHYLACTIC SURGERY (DUE TO A POSITIVE GENETIC TEST RESULT)	\$250 per covered person, per lifetime
ADDITIONAL OPINION	\$300 per covered person, per lifetime
HORMONAL THERAPY	\$25 once per calendar month
TOPICAL CHEMOTHERAPY	\$150 once per calendar month
ANTINAUSEA	\$100 once per calendar month
STEM CELL AND BONE MARROW TRANSPLANTATION	\$7,000; lifetime maximum of \$7,000 per covered person Donor Benefit: \$100 for stem cell donation, or \$750 for bone marrow donation Payable one time per covered person
BLOOD AND PLASMA	Inpatient: \$50 times the number of days paid under the Hospital Confinement Benefit, per covered person Outpatient: \$175 per day, per covered person
SURGICAL/ANESTHESIA	\$100-\$3,400 Anesthesia: additional 25% of the Surgery Benefit Maximum daily benefit will not exceed \$4,250; no lifetime maximum on the number of operations
SKIN CANCER SURGERY	Laser or Cryosurgery: \$35 Excision of lesion of skin without flap or graft: \$170 Flap or graft without excision: \$250 Excision of lesion of skin with flap or graft: \$400 Maximum daily benefit will not exceed \$400. No lifetime maximum on the number of operations
PROPHYLACTIC SURGERY (WITH CORRELATING INTERNAL CANCER DIAGNOSIS)	\$250 per covered person, per lifetime
HOSPITALIZATION CONFINEMENT FOR 30 DAYS OR LESS	Named Insured or Spouse: \$200 Dependent Child: \$250
HOSPITALIZATION CONFINEMENT FOR 31 DAYS OR MORE	Named Insured or Spouse: \$400 Dependent Child: \$500

OUTPATIENT HOSPITAL SURGICAL ROOM CHARGE	\$200 per day, per covered person		
EXTENDED-CARE FACILITY	\$100 per day; limited to 30 days in each calendar year, per covered person		
HOME HEALTH CARE	\$100 per day; limited to 10 days per hospitalization, per covered person; and 30 days per calendar year, per covered person		
HOSPICE CARE	\$1,000 for first day; \$50 per day thereafter; \$12,000 lifetime maximum per covered person		
NURSING SERVICES	\$100 per day; payable for only the number of days the Hospital Confinement Benefit is payable		
SURGICAL PROSTHESIS	\$2,000; lifetime maximum of \$4,000 per covered person		
NONSURGICAL PROSTHESIS	\$175 per occurrence, per covered person; lifetime maximum of \$350 per covered person		
BREAST RECONSTRUCTION	Breast Tissue/Muscle Reconstruction Flap Procedures: \$2,000 Breast Reconstruction (occurring within 5 years of breast cancer diagnosis): \$500 Breast Symmetry (on the nondiseased breast occurring within 5 years of breast reconstruction): \$220 Permanent Areola Repigmentation (on the diseased breast): \$100 Maximum daily benefit will not exceed \$2,000		
OTHER RECONSTRUCTIVE SURGERY	Facial Reconstruction: \$500 Anesthesia: additional 25% of the Other Reconstructive Surgery Benefit Maximum daily benefit will not exceed \$500		
EGG HARVESTING, STORAGE (CRYOPRESERVATION) AND IMPLANTATION	\$1,000 for a covered person to have oocytes extracted and harvested \$200 for the storage of a covered person's oocyte(s) or sperm \$200 for embryo transfer Lifetime maximum of \$1,400 per covered person		
AMBULANCE	\$250 ground \$2,000 air ambulance		
TRANSPORTATION	\$.40 cents per mile for transportation; payable up to a combined maximum of \$1,200, per round trip		
LODGING	\$65 per day; limited to 90 days per calendar year		
WAIVER OF PREMIUM	Yes		
OPTIONAL RIDERS:	DESCRIPTION:		
INITIAL DIAGNOSIS BUILDING BENEFIT RIDER	This benefit will increase the amount of your Initial Diagnosis Benefit, as shown in the policy, by \$100 for each unit purchased, up to five units, for each covered person on the anniversary date of coverage, while coverage remains in force. When a covered person is diagnosed with any of the diseases listed in the Specified-Disease Rider:		
SPECIFIED-DISEASE BENEFIT RIDER	Initial diagnosis	Hospitalization	
	\$2,000	30 days or less; \$400 per day	31 days or more; \$800 per day
DEPENDENT CHILD RIDER	\$10,000 when a covered dependent child is diagnosed as having internal cancer or an associated cancerous condition; payable only once for each covered dependent child		

REFER TO THE FOLLOWING PAGES FOR BENEFIT DETAILS, DEFINITIONS, LIMITATIONS AND EXCLUSIONS.

TERMS YOU NEED TO KNOW

ACTIVITIES OF DAILY LIVING (ADLs): Activities used in measuring your levels of personal functioning capacity. Normally, these activities are performed without direct personal assistance, allowing you personal independence in everyday living. The ADLs are BATHING: washing oneself by sponge bath or in either a tub or shower, including the task of getting into or out of the tub or shower; MAINTAINING CONTINENCE: controlling urination and bowel movements, including your ability to use ostomy supplies or other devices such as catheters; TRANSFERRING: moving between a bed and a chair, or a bed and a wheelchair; DRESSING: putting on and taking off all necessary items of clothing; TOILETING: getting to and from a toilet, getting on and off a toilet, and performing associated personal hygiene; EATING: performing all major tasks of getting food into your body.

ASSOCIATED CANCEROUS CONDITION: Myelodysplastic blood disorder, myeloproliferative blood disorder, or internal carcinoma in situ (in the natural or normal place, confined to the site of origin without having invaded neighboring tissue). An associated cancerous condition must receive a positive medical diagnosis. **Premalignant conditions or conditions with malignant potential, other than those specifically named above, are not considered associated cancerous conditions.**

CANCER: Disease manifested by the presence of a malignant tumor and characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue. Cancer also includes but is not limited to leukemia, Hodgkin's disease and melanoma. Cancer must receive a positive medical diagnosis.

1. INTERNAL CANCER: all cancers other than nonmelanoma skin cancer (see definition of nonmelanoma skin cancer).

2. NONMELANOMA SKIN CANCER: a cancer other than a melanoma that begins in the outer part of the skin (epidermis).

Associated cancerous conditions, premalignant conditions or conditions with malignant potential will not be considered cancer.

COVERED PERSON: Any person insured under the coverage type that you applied for on the application: individual (named insured listed in the Policy Schedule), named insured/spouse only (named insured and spouse), one-parent family (named insured and dependent children), or two-parent family (named insured, spouse and dependent children). Spouse is defined as the person to whom you are legally married and who is listed on your application. Newborn children are automatically insured for 30 days from the moment of birth. If you desire coverage for a newborn child to continue beyond the first 30 days and individual or named insured/spouse only coverage is in force, you must notify Aflac in writing within 31 days of the newborn child's birth that you want to change your coverage type to one-parent family or two-parent family coverage. Upon your notice, Aflac will convert the policy to one-parent family or two-parent family coverage and advise you of any additional premium due, if any. Coverage will include any other dependent child, regardless of age, who is incapable of self-sustaining employment by reason of intellectual or physical disability and who became so disabled prior to age 26 and while covered under the policy. Dependent children are your natural children, stepchildren, legally adopted children, foster children, or children in your custodial care pursuant to a court order who are under age 26. Children born to your dependent children or children born to the dependent children of your spouse are not covered under the policy.

EFFECTIVE DATE: The date(s) coverage begins as shown in the Policy Schedule or any attached endorsements or riders. The effective date is not the date you signed the application for coverage.

ADDITIONAL INFORMATION

An ambulatory surgical center does not include a physician's or dentist's office, a clinic or other such location.

Experimental chemotherapy does not include laboratory tests, diagnostic X-rays, immunoglobulins, immunotherapy, colony-stimulating factors, therapeutic devices, or other procedures related to these experimental treatments.

The term hospital does not include any institution or part thereof used as an emergency room; an observation unit; a hospice unit, including any bed designated as a hospice or a swing bed; a convalescent home; a rest or nursing facility; a psychiatric unit; an extended-care facility; a skilled nursing facility; or a facility primarily affording custodial, educational or rehabilitative care, care or treatment for persons suffering from mental disease or disorders, care for the aged, or care for persons addicted to drugs or alcohol.

A physician does not include you or a member of your immediate family.

A stem cell transplantation does not include the bone marrow transplantation.

The diagnosis date is not the date the diagnosis is communicated to the covered person.

If nonmelanoma skin cancer is diagnosed during hospitalization, benefits will be limited to the day(s) the covered person actually received treatment for nonmelanoma skin cancer.

If treatment for cancer or an associated cancerous condition is received in a U.S. government hospital, Aflac will not require a covered person to be charged for such services for benefits to be payable.

AFLAC ACCIDENT ADVANTAGE

ACCIDENT-ONLY INSURANCE – OPTION 4



Be Prepared for Life's Unexpected Mishaps

Accidents can happen at any time. You could suffer an accidental injury while you are working around the house or walking into work. Or your child may get injured at basketball practice. When an accident happens, it can be costly. Even with major medical insurance, there may be out-of-pocket expenses that you'll have to pay.

In the event of an unexpected injury, Aflac can help protect your personal finances. We provide individuals and families affordable insurance that helps with expenses that may not be covered by major medical insurance. Aflac pays cash benefits directly to you (unless you specify otherwise), so you can use the cash for anything you want. Which means uncovered medical expenses won't break the bank if you are injured.

And since we can process your claim quickly, Aflac helps give you the peace of mind knowing you can spend more time recovering and less time worrying about bills.



The facts say you need the protection of the Aflac Accident Advantage insurance policy:

FACT NO. 1

ABOUT **1** OUT OF **8**

PEOPLE SEEK MEDICAL ATTENTION
FOR AN INJURY.¹

FACT NO. 2

\$5,600

THE AVERAGE MEDICAL EXPENSES FOR AN
ACCIDENTAL INJURY.¹

¹Injury Facts, 2015 Edition, National Safety Council.

Understand the difference Aflac can make in your financial security.

Aflac pays cash benefits for covered accidental injuries directly to you, unless assigned. Your own peace of mind and the assurance that your family will have help financially are powerful reasons to consider Aflac.

The financial impact of an accident is often surprising. Most people have expenses after an accident they never thought of before. From out-of-pocket medical costs to a temporary loss of income, your finances may be strained. If you or a family member suffered an accidental injury, can your finances handle it?

What does the Aflac Accident Advantage policy include?

- A wellness benefit payable for routine medical exams to encourage early detection and prevention.
- Benefits payable for fractures, dislocations, lacerations, concussions, burns, emergency dental work, eye injuries, and surgical procedures.
- Benefits payable for initial treatment, X-rays, major diagnostic exams, and follow-up treatments.
- Benefits payable for physical, speech, and occupational therapy.
- Daily hospitalization benefits payable for hospital stays, and additional daily benefits paid for stays in a hospital intensive care unit.

Why Aflac Accident Advantage may be the right choice for you:

- No underwriting questions to answer¹
- No coordination of benefits—we pay regardless of any other insurance you may have
- No network restrictions—you choose your own health care provider
- Portable—take the plan with you if you change jobs or retire
- 24-hour accident insurance

How it works



The above example is based on a scenario for the Aflac Accident Advantage – Option 4 that includes the following benefit conditions: Ambulance Benefit of \$250 (ground ambulance transportation); Accident Treatment Benefit of \$200 (hospital emergency room treatment with X-rays); Accident Specific-Sum Injuries Benefit of \$2,000 (fractured leg [femur]—open reduction under anesthesia); Initial Accident Hospitalization Benefit of \$1,500; Accident Hospital Confinement Benefit of \$300 (hospitalized for 1 day); Major Diagnostic and Imaging Exams Benefit of \$250 (CT scan); Appliances Benefit of \$350 (wheelchair); Therapy Benefit of \$360 (9 physical therapy treatments); Accident Follow-Up Treatment Benefit of \$240 (6 follow-up treatments); Family Support Benefit of \$20 (hospitalized for 1 day); Family Lodging Benefit of \$150 (hospital and motel/hotel more than 50 miles from residence); and Organized Sporting Activity Benefit of \$1,000.

Benefits and/or premium may vary based on state and benefit option selected. The policy has limitations and exclusions that may affect benefits payable. Riders are available for an additional cost. For costs and complete details of the coverage, contact your Aflac insurance agent/producer. This brochure is for illustrative purposes only. Refer to the outline of coverage and policy for complete benefit details, definitions, limitations and exclusions.

¹Association and associate-only accounts have one underwriting question.

AFLAC ACCIDENT ADVANTAGE – OPTION 4 BENEFIT OVERVIEW

BENEFIT NAME		BENEFIT AMOUNT	
INITIAL ACCIDENT HOSPITALIZATION BENEFIT		\$1,500 when admitted for a hospital confinement of at least 18 hours or \$2,500 when admitted directly to an intensive care unit of a hospital for a covered accident, per calendar year, per covered person	
ACCIDENT HOSPITAL CONFINEMENT BENEFIT		\$300 per day, up to 365 days per covered accident, per covered person	
INTENSIVE CARE UNIT CONFINEMENT BENEFIT		Additional \$500 per day for up to 15 days, per covered accident, per covered person	
ACCIDENT TREATMENT BENEFIT		Payable once per 24-hour period and only once per covered accident, per covered person Hospital emergency room with X-ray: \$200 Hospital emergency room without X-ray: \$170 Office or facility (other than a hospital emergency room) with X-ray: \$150 Office or facility (other than a hospital emergency room) without X-ray: \$120	
AMBULANCE BENEFIT		\$250 ground ambulance transportation or \$1,875 air ambulance transportation	
BLOOD/PLASMA/PLATELETS BENEFIT		\$300 once per covered accident, per covered person	
MAJOR DIAGNOSTIC AND IMAGING EXAMS BENEFIT		\$250 per calendar year, per covered person	
ACCIDENT FOLLOW-UP TREATMENT BENEFIT		\$40 for one treatment per day (up to a max of 6 treatments), per covered accident, per covered person	
THERAPY BENEFIT		\$40 for one treatment per day (up to a max of 10 treatments), per covered accident, per covered person	
APPLIANCES BENEFIT		Benefits are payable for the medical appliances listed below: Back brace: \$350 Wheelchair: \$350 Walker: \$120 Body jacket: \$350 Leg brace: \$150 Walking boot: \$120 Knee scooter: \$350 Crutches: \$120 Cane: \$25 Payable once per covered accident, per covered person	
PROSTHESIS BENEFIT		\$1,000 once per covered accident, per covered person	
PROSTHESIS REPAIR OR REPLACEMENT BENEFIT		\$1,000 once per covered person, per lifetime	
REHABILITATION FACILITY BENEFIT		\$200 per day	
HOME MODIFICATION BENEFIT		\$4,000 once per covered accident, per covered person	
ACCIDENT SPECIFIC-SUM INJURIES BENEFITS		Pays benefits for the treatments listed below: <div><div><div>DISLOCATIONS.....\$120–\$4,500</div><div>BURNS\$135–\$13,000</div><div>SKIN GRAFTS 50% of the burns benefit</div><div>.....amount paid for the burn involved</div><div>EYE INJURIES</div><div>Surgical repair\$350</div><div>Removal of foreign body by a physician \$75</div><div>LACERATIONS</div><div>Not requiring sutures.....\$40</div><div>Less than 5 centimeters\$90</div><div>At least 5 cm but not more than 15 cm\$300</div><div>Over 15 centimeters.....\$600</div><div>FRACTURES\$150–\$4,000</div><div>CONCUSSION (BRAIN)\$150</div></div><div><div>EMERGENCY DENTAL WORK</div><div>Broken tooth repaired with crown.....\$500</div><div>Broken tooth resulting in extraction..... \$160</div><div>COMA\$12,500</div><div>PARALYSIS</div><div>Quadriplegia\$12,500</div><div>Paraplegia\$6,250</div><div>Hemiplegia\$4,750</div><div>SURGICAL PROCEDURES\$250–\$1,500</div><div>MISCELLANEOUS SURGICAL PROCEDURES\$140–\$350</div><div>PAIN MANAGEMENT (NON-SURGICAL)</div><div>Epidural.....\$100</div></div></div>	
ACCIDENTAL-DEATH BENEFIT		Common-Carrier Accident	Hazardous Activity Accident
INSURED		\$250,000	\$10,000
SPOUSE		\$250,000	\$10,000
CHILD		\$37,500	\$5,000
ACCIDENTAL-DISEMBLEMENT BENEFIT		\$300–\$50,000	
WELLNESS BENEFIT		\$60 once per calendar year	
FAMILY SUPPORT BENEFIT		\$20 per day (up to 30 days), per covered accident	
ORGANIZED SPORTING ACTIVITY BENEFIT		Additional 25% of the benefits payable, limited to \$1,000 per policy, per calendar year	
WAIVER OF PREMIUM BENEFIT		Yes	
TRANSPORTATION BENEFIT		\$700 per round trip, up to 3 round trips per calendar year, per covered person	
FAMILY LODGING BENEFIT		\$150 per night, up to 30 days per covered accident	

REFER TO THE OUTLINE OF COVERAGE AND POLICY FOR COMPLETE BENEFIT DETAILS, DEFINITIONS, LIMITATIONS AND EXCLUSIONS.



Florida Payroll Premium rates are 9 Month for industry Class A.

The rates shown on this insert page are for illustration purposes only; they do not imply coverage.
For more information about policy/plan benefits and limitations, please refer to the accompanying product brochure for each insurance policy/plan listed below.

CANCER PROTECTION ASSURANCE PLAN LEVEL 1 - Series B70100

		Premium	IDR* (5 units)	DCR*	SDR*	Total
18-75	INDIVIDUAL	\$24.13	\$7.93	\$0.00	\$1.21	\$33.28
18-75	INSURED/SPOUSE	\$38.71	\$18.73	\$0.00	\$1.21	\$58.65
18-75	ONE-PARENT FAMILY	\$24.13	\$7.93	\$1.21	\$1.21	\$34.49
18-75	TWO-PARENT FAMILY	\$38.71	\$18.73	\$1.21	\$1.21	\$59.87

IDR* = Optional Initial Diagnosis Rider (Series B70050) premium 1-5 units

DCR* = Optional Dependent Child Rider (Series B70051) premium 1 unit

SDR* = Optional Specified Disease Rider (Series B70052) premium

CANCER PROTECTION ASSURANCE PLAN LEVEL 2 - Series B70200

		Premium	IDR* (5 units)	DCR*	SDR*	Total
18-75	INDIVIDUAL	\$50.77	\$7.93	\$0.00	\$1.21	\$59.92
18-75	INSURED/SPOUSE	\$87.83	\$18.73	\$0.00	\$1.21	\$107.77
18-75	ONE-PARENT FAMILY	\$50.77	\$7.93	\$1.21	\$1.21	\$61.13
18-75	TWO-PARENT FAMILY	\$87.83	\$18.73	\$1.21	\$1.21	\$108.99

IDR* = Optional Initial Diagnosis Rider (Series B70050) premium 1-5 units

DCR* = Optional Dependent Child Rider (Series B70051) premium 1 unit

SDR* = Optional Specified Disease Rider (Series B70052) premium

AFLAC PLUS RIDER

		Aflac Plus Rider
18-29	INDIVIDUAL	\$4.16
30-39		\$5.89
40-49		\$10.05
50-70		\$17.16
18-29	INSURED/SPOUSE	\$7.80
30-39		\$11.61
40-49		\$19.07
50-70		\$32.76
18-29	ONE-PARENT FAMILY	\$8.32
30-39		\$9.01
40-49		\$12.13
50-70		\$17.68
18-29	TWO-PARENT FAMILY	\$10.05
30-39		\$13.00
40-49		\$19.59
50-70		\$32.93

Accident Advantage - 24-HOUR ACCIDENT OPTION 4 - Series A36000

		Premium	Accidental Death*	Total
18-75	INDIVIDUAL	\$28.43	\$5.72	\$34.15
18-75	NAMED INSURED/SPOUSE	\$46.63	\$7.97	\$54.60
18-75	ONE-PARENT FAMILY	\$50.79	\$6.41	\$57.20
18-75	TWO-PARENT FAMILY	\$73.49	\$9.01	\$82.50

Accidental Death*: Accidental Death Benefit Rider (Series A-36050) Premium (Available for ages 18-70)



Save money with FSA pretax benefit accounts.

A Flexible Spending Account (FSA) puts more money in your pocket by reducing your taxable income when you contribute pretax dollars to pay for common expenses like these:

HEALTHCARE FSA

- Office visit copays
- Dental and orthodontic services
- Prescription drugs
- OTC medications
- Eye exams, glasses and contact lenses
- Flu shots and vaccinations

DEPENDENT CARE FSA

- Daycare expenses
- Before- and after-school care
- Nanny/nursery school
- Babysitters
- Elder care
- Summer day camp

TIPS

- Determine your elections based on your estimated out-of-pocket expenses for the year.
- Your employer may offer other types of benefit accounts too; ask for details.
- For a complete list of eligible expenses, see IRS Publications 502 & 503 at [irs.gov](https://www.irs.gov).

Increase your take-home pay by reducing your taxable income.

Each \$1 you contribute to your FSA reduces your taxable income by \$1. With less tax taken, your take-home pay increases!

Consider this example:
(for illustration only)



Richard has:

- Gross annual salary of \$64,000
- \$2,850 per year in eligible expenses

Here is his net annual take-home pay:

Without FSA

(\$2,850 spent using post-tax dollars)

\$40,816

With FSA

(\$2,850 spent using pretax dollars)

\$41,889

That's a net increase in take-home pay of **\$1,073** every year!

To estimate savings based on your income and expenses, use the FSA Calculator at www.tasconline.com/fsa-calculator

See how easy it is to start saving with a TASC Benefit Account. See details on reverse.

How to participate.

It's easy to start saving with an FSA.
Just follow 3 simple steps:

1. DECIDE how much you want to contribute.

Check with your employer for plan specifics and review the IRS limits at www.tasconline.com/resources/benefit-limits. The more you contribute, the lower your taxable income will be. However, it's important to be conservative when choosing your annual contribution based on your anticipated qualified expenses since:

- The money you contribute to your benefit account can only be used for eligible FSA expenses.
- Any unused FSA funds at the close of the plan year are not refundable to you. (A grace period or carryover option may be in place for your plan. Check with your employer for plan guidelines and allowances.)

PLANNING TIPS

START by making a conservative estimate of how much you expect to spend on eligible out-of-pocket expenses for the year.

COMPARE your estimate to the IRS limits. If your estimate is higher than these annual contribution limits, consider making the maximum contribution allowed.

2. ENROLL by completing the enrollment process.

Your contribution will be deducted in equal amounts from each paycheck, pretax, throughout the plan year.

Your total annual contribution to a **Healthcare FSA** will be available to you immediately at the start of the plan year. Alternatively, your **Dependent Care FSA** funds are only available as payroll contributions are made.

SPECIAL FEATURES



MyCash Account: Included on your TASC Card® for faster reimbursement deposits and non-benefit purchases.



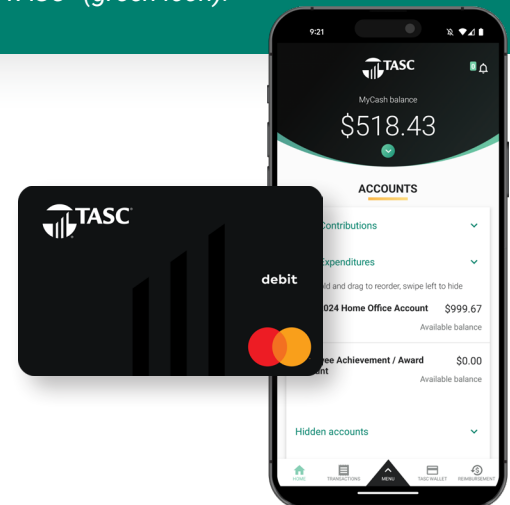
TASC Mobile App: Track and manage all benefits and access numerous helpful tools, anywhere and anytime! Search for "TASC" (green icon).

3. ACCESS your funds easily using the TASC Card.

This convenient card automatically approves and deducts most eligible purchases from your benefit account with no paperwork required. Plus, for purchases made without the card, you can request reimbursement online, by mobile app, or using a paper form.

Reimbursements happen fast—within 12 hours—when you request to have them added to the MyCash balance on your TASC Card. Access your MyCash funds in three ways:

1. Swipe your TASC Card at any merchant that accepts Mastercard. *Individual merchant restrictions may apply.*
2. Withdraw at an ATM (with a PIN; request online) using your TASC Card.
3. Transfer to a personal bank account via web or app.





Save up to 30% on eligible expenses

When you participate in a Healthcare FSA or Dependent Care FSA, you can use pretax dollars to pay for everyday expenses and reduce your taxable income. Below is a partial list of eligible expenses.

Eligible medical expenses

- Acupuncture
- Artificial limbs
- Bandages and dressings
- Birth control, contraceptive devices
- Birthing classes/Lamaze (only the mother's portion, not the coach/spouse; class must be only for birthing instruction, not child rearing)
- Blood pressure monitor
- Chiropractic therapy/exams/adjustments
- Contact lenses and contact lens solution
- Copayments
- Crutches (purchased or rented)
- Deductibles and coinsurance
- Diabetic care and supplies, including insulin
- Eye exams
- Eyeglasses or safety glasses (prescription)
- Feminine care products (pads, tampons, etc.)
- First aid kits and supplies
- Hearing aids and hearing aid batteries
- Heating pads
- Incontinence supplies
- Infertility treatments
- Lactation expenses (breast pumps, etc.)
- Laser eye surgery, LASIK
- Legal sterilization
- Medical supplies to treat an injury or illness
- Mileage to and from doctor appointments
- Optometrist's or ophthalmologist's fees
- Orthopedic inserts
- Personal protective equipment (for the purpose of preventing the spread of coronavirus; includes face masks, hand sanitizer, sanitizing wipes, etc.)
- Physical exams
- Physical therapy (as medical treatment)



- Physician's fee and hospital services
- Pregnancy tests
- Prescription drugs and medications
- Psychiatric care, psychotherapy (as medical treatment)
- Sales tax on eligible expenses
- Sleep apnea services/products (as prescribed)
- Tobacco cessation programs/deterrents (gum, patch)
- Treatment for alcoholism or drug dependency
- Vaccinations and flu shots
- X-ray fees

Eligible OTC medicines and drugs

Over-the-counter (OTC) medicines and drugs are reimbursable without a prescription. Eligible OTC products include items that are primarily for a medical purpose and are compliant with federal tax rules under IRS Code Section 213(d).

- Allergy, cough, cold, flu and sinus medications
- Anti-diarrheals, anti-gas medications and digestive aids
- Canker/cold sore relievers and lip care
- Foot care (antifungal treatments, corn/wart medication, etc.)
- Hemorrhoid creams and treatments
- Itch relief (calamine lotion, cortisone cream, etc.)
- Oral care (denture cream, pain reliever, teething gel, etc.)
- Pain relievers (Advil®, BENGAY®, Tylenol®, etc.)
- Skin care (sunscreen w/SPF15+, acne medication, etc.)
- Sleep aids and stimulants (nasal strips, etc.)
- Stomach and nausea remedies (antacids, Dramamine®, Pepto-Bismol®, etc.)
- Wound treatments/washes (hydrogen peroxide, iodine)



Use your TASC Card® to pay for eligible expenses at the point of purchase instead of paying out-of-pocket and requesting reimbursement.

Eligible dental expenses

- Braces and orthodontic services
- Cleanings
- Crowns
- Deductibles and coinsurance
- Dental implants
- Dentures and adhesives
- Fillings

Eligible dependent care expenses

You cannot use Dependent Care FSA funds for medical expenses. You can use Healthcare FSA funds for medical expenses incurred by your dependents.

- Fees for licensed day care or adult care facilities
- Before- and after-school care programs for dependents younger than age 13
- Amounts paid for services provided in or outside of your home (including babysitters or nursery school)
- Nanny expenses attributed to dependent care
- Nursery school/preschool fees
- Summer day camp (primary purpose must be custodial care and not educational in nature)
- Late pickup fees

For more information regarding eligible expenses, please review IRS Publication 502/503 at [irs.gov](https://www.irs.gov) or ask your employer for a copy of your Summary Plan Description (SPD).

Eligible disability expenses

- Automobile equipment and installation costs for a person with a disability in excess of the cost of an ordinary automobile; device for lifting a person with a mobility impairment into an automobile
- Braille books or magazines (in excess of cost of non-Braille editions)
- Note taker in school for a child with a hearing impairment
- Seeing-eye dog (buying, training and maintaining)
- Special devices, such as a tape recorder or typewriter, for a person with a visual impairment
- Visual alert system in the home or other items, such as a special phone required for a person with a hearing impairment
- Wheelchair or Autoette (cost of operating/maintaining)

Requiring additional documentation

These expenses are eligible when incurred to diagnose or treat a diagnosed medical condition only. Such expenses require a **Letter of Medical Necessity** from your medical provider explaining the medical necessity of the expense (diagnosed condition, onset of condition, etc.) and must include the provider's signature.

- Counseling or therapy
- Earplugs
- Massage treatments
- Nursing services for care of a special medical ailment
- Orthopedic shoes (excess cost of ordinary shoes)
- Oxygen equipment and oxygen
- Support hose (non-compression)
- Varicose vein treatment
- Veneers
- Vitamins and dietary supplements
- Wigs (for individual who loses hair because of a disease)



Do your dependent care expenses qualify for reimbursement?



The Dependent Care Flexible Spending Account (FSA) allows you to use pretax dollars to pay for eligible expenses related to care for your child, disabled spouse, elderly parent or other dependent so you (or your spouse) can work, look for work or attend school full-time.

Eligible expenses must meet certain criteria:

- Expenses must be **work-related**. The care must be necessary for the participant (or their spouse) to work, look for work or attend school full-time, or because they are physically unable to care for their children.
- **Reimbursement during a calendar year cannot exceed \$5,000**. In the case of a separate tax return by a married individual, the limit is \$2,500. This amount may be less if the participant's earned income or spouse's earned income is less than \$5,000.

Eligible expenses must be for the care of one or more **qualifying persons**, defined as one of the following:

- A **dependent child** who was younger than age 13 when care was provided and for whom a tax exemption can be claimed.
- A **spouse** who was physically or mentally unable to care for themselves and who lived with you for more than half the year.
- A **dependent** who was physically or mentally unable to care for themselves and for whom an exemption can be claimed, and who lived with you for more than half the year.

Special rules for children of divorced or separated parents

Even if you cannot claim your child as a dependent, they are treated as your **qualifying person** if all of the following are true:

- The child was younger than age 13, or was not physically or mentally able to care for themselves.
- One or both parents provided more than half of the child's support for the year and are divorced, legally separated or lived apart at all times during the last six months of the calendar year.
- One or both parents had custody of the child for more than half of the year.
- You were the child's custodial parent. The custodial parent is the parent having custody for the greater portion of the calendar year. If the child was with both parents for an equal number of nights, the parent with the higher adjusted gross income is the custodial parent.

A non-custodial parent who is entitled to claim the child as a tax dependent may not treat the child as a qualifying individual for the Dependent Care FSA, even when that parent is financially responsible for providing the care. Only one parent (the custodial parent) may qualify for the Dependent Care FSA benefit for a taxable year. The regulations do not provide any relief for a non-custodial parent who incurs dependent care expenses for the portion of the year in which they have custody of the child to enable the non-custodial parent to work.

Below is a partial list of eligible dependent care expenses. For more information, please review IRS Publication 503 at [irs.gov](https://www.irs.gov) or ask your employer for a copy of your Summary Plan Description (SPD).

You can also find current contribution limits on our website at www.tasconline.com/resources/benefit-limits

	Eligible?		Eligible?
Activity fees (dance classes, language classes, music lessons, etc.)	✗	Late payment fees	✗
Babysitting in your home or someone else's	✓	Meals, food or snacks	✗
Babysitting by your relative who is not a tax dependent	✓	Medical expenses for a dependent	✗
Babysitting while you or your spouse are NOT working, looking for work or attending school	✗	Nanny or au pair	✓
Babysitting by your tax dependent	✗	Nursery school or preschool fees	✓
Before or after school program	✓	Incidental fees (eligible only when incidental to and inseparable from the fee for care)	✓
Childcare	✓	Indirect fees (e.g., agency fees, application fees, placement fees; may be eligible when expense is required to obtain care and care has been received)	✓
Childcare supplies (e.g., clothing, diapers, formula)	✗	Late pickup fees (when attributed to care of a child)	✓
Childcare provider discount or coupon	✗	Overnight camp	✗
Day camp	✓	Preschool	✓
Educational, learning or tutoring services	✗	Registration fees (required for eligible care)	✓
Extended care that is a supervised program before or after regular school hours	✓	Registration fees (required for eligible care, prior to actual services being received)	✗
Field trips	✗	Sick child care	✓
Household services (cook, housekeeper, maid, etc.)	✗	Transportation (to and from eligible care provided by your care provider)	✓
Housekeeper who cares for child (only portion of payment attributable to work-related childcare)	✓	Tuition (Kindergarten and above)	✗

To receive reimbursement

- All persons and organizations that provide dependent care for a qualified person must be identified. This information is requested on IRS Form 2441. The name, address and Taxpayer Identification Number (TIN) of the provider must be included. In some situations, the TIN will be a Social Security number (SSN).
- If the care is being provided by a center that cares for more than six persons, the center must comply with all state and local regulations.
- Payments made to relatives who are not dependents can be included; however, do not include amounts paid to a dependent for whom you can claim an exemption or for your child who is younger than age 19 at the end of the year, regardless of whether they are your dependent.
- Use IRS Form W-10 to request the required information from the care provider.



Conveniently access and spend your reimbursement dollars on any purchase.

MyCash is an individual cash account that securely holds your reimbursement funds until you spend or move them.

When you do not use your TASC Card® to pay for an eligible expense, simply submit a request for reimbursement via the TASC mobile app or online.

TASC processes requests daily, and approved reimbursements are deposited directly into your MyCash account—usually within 12 hours. Reimbursements to MyCash are even faster than direct deposit!


You choose how to use your MyCash funds. These are your reimbursement funds and you can spend them like cash wherever Mastercard is accepted.

Access your MyCash funds three ways:

1. Swipe your TASC Card at any merchant that accepts Mastercard. *Individual merchant restrictions may apply.*
2. Withdraw funds at an ATM (with a PIN; request online) using your TASC Card.
3. Transfer to a personal bank account via the mobile app or online.

Ready, set, go!

You will receive reimbursement payments via MyCash unless you establish a **MyCash transfer schedule**, i.e., direct deposit. Are you currently set up for direct deposit but want to take advantage of the convenience of MyCash access?

You can! From your online account, select the **MyCash balance** menu and click **Manage MyCash transfer schedules**, then click the  icon to delete your current schedule.

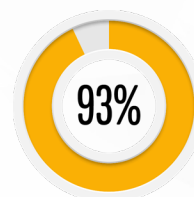
With no scheduled transfer, your next reimbursement will be deposited into your MyCash account, ready to access with the swipe of your TASC Card.



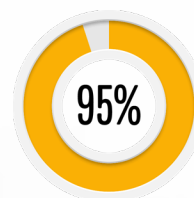
Join the MyCash Movement!

TASC participants enjoy the convenience of MyCash in their daily lives! You can, too.

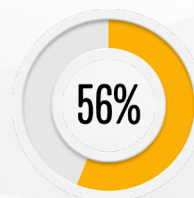
Did you know...



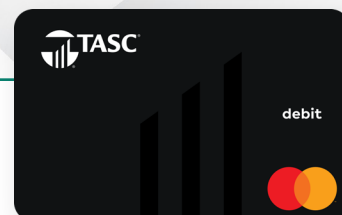
93% of participants have the TASC Card.



95% of TASC Card holders have access to MyCash.

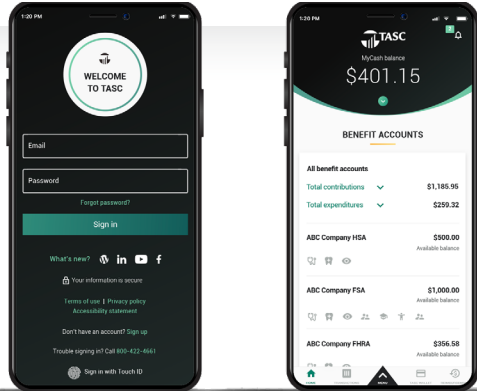


More than half of all cardholders prefer to access MyCash with a swipe of their TASC Card.



Pay for healthcare and general items in one transaction with your TASC Card.

- Eligible expenses will be paid from your benefit account funds.
- Ineligible expenses will be paid from MyCash.



Manage your MyCash account

It's easy to view and manage your MyCash funds online or via the TASC mobile app.

- View recent MyCash reimbursements, transfers, ATM withdrawals and TASC Card transactions.
- View TASC Card information, reissue a card, request a PIN, request a dependent card and view card history.
- Save bank account details to easily schedule transfers from MyCash to a personal bank account.

Transfer MyCash funds

TASC's industry-exclusive MyCash tools let you make transfers when it's convenient for you! Using our website or mobile app, transfer funds from MyCash to a personal checking or savings account anytime from anywhere.


One-time

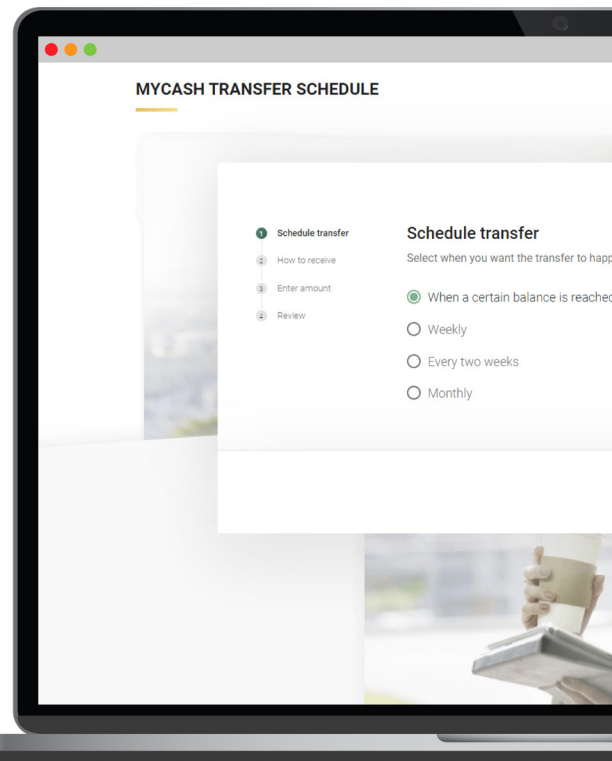
1. Select the **MyCash Balance** menu and click **Transfer balance**.
2. Select the bank account you would like the funds to be transferred to (or add a new account) and click **Next**.
3. Enter the transfer amount and click **Next**.
4. Review the transfer and click **Submit**.

Recurring

1. Select the **MyCash Balance** menu and click **Schedule a balance transfer**.
2. Select when you want the transfer to happen.
3. Select the bank account you would like the funds to be transferred to (or add a new account) and click **Next**.
4. Enter the transfer threshold or date and click **Next**.
5. Review the schedule and click **Submit**.

Delete a schedule

1. Select the **MyCash balance** menu and click **Manage MyCash transfer schedules**.
2. Click the  icon to delete your current schedule.



LIFE IS MESSY

Your GuidanceResources program can help straighten it out. Whether it's counseling, legal and financial guidance, or tips on well-being and work-life balance, we're ready to pitch in. Our support, resources and information are free, confidential and available all day, every day for you and your family.

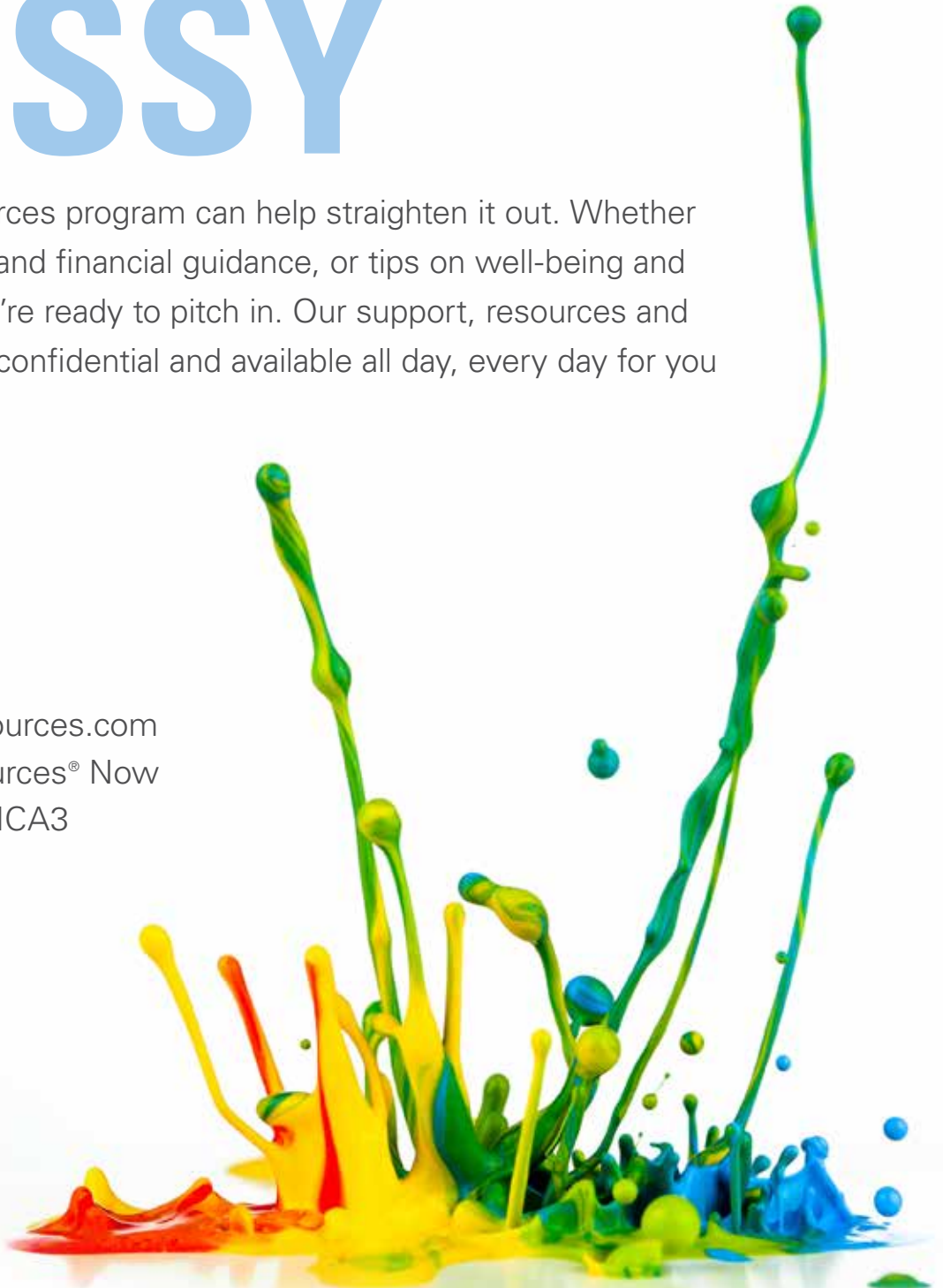
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TDD: 800.697.0353

Online: guidanceresources.com

App: GuidanceResources® Now

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Go online: **guidanceresources.com**

TDD: 800.697.0353

Your company Web ID: **ONEAMERICA3**

Personal issues, planning for life events or simply managing daily life can affect your work, health and family. Your GuidanceResources program provides support, resources and information for personal and work-life issues. The program is company-sponsored, confidential and provided at no charge to you and your dependents. This flyer explains how GuidanceResources can help you and your family deal with everyday challenges.

Confidential Counseling

3 Session Plan

This no-cost counseling service helps you address stress, relationship and other personal issues you and your family may face. It is staffed by GuidanceConsultantsSM—highly trained master's and doctoral level clinicians who will listen to your concerns and quickly refer you to in-person counseling (up to 3 sessions per issue per year) and other resources for:

- › Stress, anxiety and depression
- › Relationship/marital conflicts
- › Problems with children
- › Job pressures
- › Grief and loss
- › Substance abuse

Financial Information and Resources

Discover your best options.

Speak by phone with our Certified Public Accountants and Certified Financial Planners on a wide range of financial issues, including:

- › Getting out of debt
- › Credit card or loan problems
- › Tax questions
- › Retirement planning
- › Estate planning
- › Saving for college

Legal Support and Resources

Expert info when you need it.

Talk to our attorneys by phone. If you require representation, we'll refer you to a qualified attorney in your area for a free 30-minute consultation with a 25% reduction in customary legal fees thereafter. Call about:

- › Divorce and family law
- › Debt and bankruptcy
- › Landlord/tenant issues
- › Real estate transactions
- › Civil and criminal actions
- › Contracts

Work-Life Solutions

Delegate your "to-do" list.

Our Work-Life specialists will do the research for you, providing qualified referrals and customized resources for:

- › Child and elder care
- › Moving and relocation
- › Making major purchases
- › College planning
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- › Home repair

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