



Purchasing Division

ADDENDUM NO. 1

DATE: January 11, 2023
FROM: City of Grand Junction Purchasing Division
TO: All Interested Parties
RE: Benefit Brokerage Services RFP-5158-23-SH

Bidders responding to the above referenced solicitation are hereby instructed that the requirements have been clarified, modified, superseded and supplemented as to this date as hereinafter described.

Please make note of the following:

Question 1. With regards to retirees that are covered under the City's programs can you please provide the following:

- a. How many pre-Medicare retirees are covered by the plan?
- b. Do these retirees contribute to the plan based on rates that are developed for the entire population, to include active employees? Or are retiree rates developed and separated from the active employee plan?
- c. When was the last GASB 74/75 study conducted for the retiree health plan?
- d. Who provides OPEB GASB 74 /75 liability valuations for the retiree health plan? When was the last study conducted?
- e. If any, how many retirees are covered by the City's health plan after age 65 or those eligibility for Medicare before age 65?

Answer: a) Currently 67 eligible retirees and dependents are covered by the plan. All retirees and dependents are pre-Medicare eligible. This number fluctuates based on retirees going on the plan and aging off the plan. Retirees contribute to the plan using a combined rate with exceptions. Retiree rates are separated with connected components. b, c, d)The last GASB study was May 25, 2022, by Cavanaugh Macdonald Consulting, LLC. e) No retirees are covered after age 65.

Question 2. We have a copy of the City's 2023 employee benefits enrollment guide for employees that work $\frac{3}{4}$ and $\frac{1}{2}$ fulltime employees, we assume that the plans and lines of coverage offered to 100% fulltime employees are similar. However, if we have missed any line of coverage such as short or long term disability that is available to only fulltime employees, please let us know or provide a copy of the FT employee enrollment guide?

Answer: Basic Group Life Insurance, STD and LTD and the 401 Plan are only provided to full time employees. Regular part time employees are eligible to enroll in Voluntary benefits.

Question 3. Can you please help us understand how each line of coverage is funded, the approximate year when the program was last competitively marketed or when there was a carrier / payer change, and the year in which the City realistically may desire or may be required to complete market and issue an RFP?

Answer: Answers are in the grid below in red.

Coverage	Carrier / Payer	Type of Funding	Approximate Year of last RFP or carrier / payer change	Next year anticipated or required RFP
Medical	Cigna	Fully Insured	2019	2023
Pharmacy	Cigna	Fully Insured	2019	2023
Stop-loss	N/A	N/A	N/A	2023
Dental	Delta Dental	Self-Funded	2014	2023
Vision	VSP	Fully Insured	2019	2023
FSA, H S A and other account-based plans	Rocky Mountain Reserve	Self-funded/TPA	2023	
Life & AD&D	VOYA	Fully Insured	2019	2023
Long-term Care	Trustmark	Fully Insured	2019	2023
EAP	Triad	Fully Insured	N/A	N/A
Identify Theft	LifeLock	Voluntary	N/A	Rate Review
Critical Illness & Accident Plans	Aflac	Voluntary	N/A	Rate Review
Benefit Brokerage Services	HUB/ Voluntary Benefits (VB) Only	n/a	2022 Broker agreement ended. VB remains in place.	Rate Review and recommendations

Question 4. It appears as though Cigna provides the network as well as administrative services (ASO, ASC, TPA) for the plan. If this is not correct, please let us know who does?

Answer: Yes, and includes Wellness Component to interface with the City's Wellness Program including wellness dollars.

Question 5. What is specific and aggregate stop-loss attachments points? (i.e., \$100,000 specific, 125 aggregate, aggregating specific or other....)

Answer: There is no stop-loss coverage.

Question 6. Is the near site Sage Health & Wellness Center owned and operated by the Wellington Medical Group or another physician practice group, or is this 100% employer-sponsored, by where the City participates in the staffing and management of the center?

Answer: The Marathon Health Agreement manages and staffs the clinic. The physical property (suite) is owned by the City of Grand Junction.

Question 7. How is claim or encounter data from the Sage Health & Wellness Center integrated and reported with your Cigna claims data?

Answer: The City uses a data exchange service with CNS and other available provider networks that share data.

Question 8. How is Marathon Health compensated for their services? (i.e., Per employee per month fee, time and materials, fee for service, or some other arrangement?)

Answer: There are several components in the Agreement that will be shared with the awarded Benefits Broker if needed.

Question 9. Are pre-packaged or prescription drugs dispensed at the Sage Health & Wellness Center?

Answer: Yes, on a limited basis.

Question 10. How and by whom is COBRA administrative services currently managed?

Answer: COBRA is self-administered by the City HR Department and could potentially be outsourced if cost effective and appropriate.

Question 11. What payroll system do you currently use?

Answer: The City uses New World ERP to process payroll internally.

Question 12. What benefits administration platform or service do you currently use?

Answer: There is no benefits platform. The City uses New World ERP open enrollment module.

Question 13. Do employees use self-service to enroll and manage mid-year changes?

Answer: Change requests are submitted through Seamless Docs and are updated in vendor online systems or via file transfers or both.

Question 14. Who reconciles carrier billings to eligibility and sends eligibility files, information, and changes to each carrier each month and at open enrollment?

Answer: Various vendors and providers receive reports from Payroll, Finance, HR and IT via file feed interface.

Question 15. The City has requested specific benefit materials and communication support. Does the City currently receive all of the communications materials and media requested? If any of these are “enhancements” being sought as part of this proposal, please specify which ones?

Answer: No new enhancements are requested. All products and services are provided by the incumbent broker and/or health insurance provider.

Question 16. The City has the ability to opt out of the voter-approved law (CO Rev. Stat. § 8-13.3-501-524) that will provide eligible employees with partial wage replacement for 12–16 weeks of parental and family medical leave. What decisions, if any, has the City made with regards to Paid Family & Parental Leave?

Answer: The City is opted out.

Question 17. Does the City or any carrier currently provide, or offer voluntary coverage under any form of salary continuation of payments to employees in the event of short- or long-term disability?

Answer: There are no volunteer benefits for STD, LTD or 401 Plan. The City currently is self-insured for STD and have a carrier for LTD.

Question 18. Does the current broker receive any compensation in the form of commissions, bonuses or overrides in connection with Aflac policies, or any other line of coverage that is not fully disclosed and /or offset and credited towards your annual flat fixed fee? Please estimate the annual amount or approximate amount of commissions or other forms of supplemental income that has been accumulated over the most 1, 2 or 3 three-year period.

Answer: No commissions are paid.

Question 19. If awarded, will services under the contract commence on or about February 1, 2023?

Answer: Services will commence upon award, which could possibly be around February 1, 2023.

Question 20. Understanding that the City has the right to cancel this agreement with or without cause, will this contract automatically renew until replaced, or is there a specified contract term of 5-years or some other period?

Answer: Awards are made for a full year, then there are options for up to three annual renewals at the same terms and conditions.

Question 21. What additional services or service enhancements are you hoping to gain because of this solicitation?

Answer: The expectation is that your Firm offer suggestions on additional services or enhancements based on your expert opinion.

Question 22. Other than brokerage and consulting, what value-added technology, communications, media, or other services will you lose or need to replace or transition if you select a new benefits brokerage arrangement?

Answer: The answer is dependent on the provider's ability to interface with the platforms currently utilized.

Question 23. What are your top three challenges related to your health and benefit programs?

Answer: Top three challenges are 1) vendor timely response and turnaround time to employer and employee inquires 2) edits required to publications and printed documentation provided by vendors. Employer requires attention to detail (expectation of 100% error free communications and publications) 3) Leading and cutting-edge recommendations with supporting analytics and ROI.

Question 24. What the top three things that you and your employees value the most about your current health and other benefit programs?

Answer: Price/value product comparison analytics, available options and customer service.

Question 25. Section 1, pp 1.2 Purpose: Is there a shortfall in the services currently being provided or is the RFP intended to satisfy a periodic bid cycle?

Answer: This solicitation fulfills the periodic bid cycle.

Question 26. Pursuant to Section 1.0, pp. 1.9, Section 2.0, pp. 2.1 and pp 2.5, Section 4, pp 4.1 and Section 7.0, pp 1. is the intent to contract for all services requested in the RFP at a single annual service fee, net of all carrier commissions for all lines?

Answer: The expectation is for Firms to provide an annual lump sum fee for all services. No carrier commissions and/or additional fees on any lines of business that are not disclosed will be allowed.

Question 27. Please confirm the current compensation method and amount for the following service lines:

- a. Medical
- b. Rx
- c. Dental
- d. Vision
- e. Stop Loss
- f. LTD
- g. STD
- h. Employer Paid Life
- i. Voluntary Life

Answer: This information can be found in the Benefits Guides. The expectation is for Firms to provide an annual lump sum fee for all services. No carrier commissions and/or other additional fees on any lines of business that are not disclosed will be allowed.

Question 28. Section 4, pp. 4.3, Provide an online enrollment system and benefits Actuarial and Reporting. Please clarify the ask. Is this to be included in the annual net fee as per above? What system is the City currently utilizing?

Answer: Yes, this service is to be included in the annual fee. The City currently uses Seamless Docs for change requests, which are updated in vendor systems via file transfers. The City's current payroll platform and open enrollment system is Tyler Technology/New World ERP. The City's IT department writes reports to extract the necessary data to be reported back to the carriers each pay period.

Question 29. Section 4., pp 4.2 What are the expectations regarding the Retiree Health Plan?

Answer: Currently 67 eligible retirees and dependents are covered by the plan. All retirees and dependents are pre-Medicare eligible. This number fluctuates based on retirees going on the plan and aging off the plan. Retirees contribute to the plan using a combined rate with exceptions. Retiree rates are separated with connected components.

Question 30. Please provide the current Benefit Guide used for open enrollment.

Answer: The Benefits Overview for 2023 link is <https://www.gjcity.org/333/Employee-Benefits> and FT 2023 File location can be found at: <https://www.gjcity.org/DocumentCenter/View/7725>.

Question 31. Please provide the current ancillary benefit volume.

Answer: Refer to the 2023 Benefits Overviews – FT & PT.

Question 32. Please provide the current voluntary benefit volumes for

- a. Supplemental Life/ADD
- b. Critical Illness/Accident
- c. Hospitalization
- d. Cancer
- e. Any other worksite programs that are currently being offered

Answer: Refer to the 2023 Voluntary Benefits Overview found at the end of this Addendum.

Question 33. Provide 2021 and 2022 utilization:

- a. Medical – Cigna Executive Summary
- b. Rx
 - i. Top 25 Rx
 - ii. Top 25 Specialty

Answer: This information is unavailable.

Question 34. Section 6.0, pp 6.2, 45% of the overall score is related to “Understanding Project & Objectives” and “Strategy and Implementation Plan”. Can you direct us to where in the RFP the City's objectives are specifically articulated, other than in the scope of services?

- a. What are the City's intermediate and long term goals for the health benefits package?

Answer: The Scope of Services and this Addendum contain the required information.

Question 35. Section 7, Consulting Services grid: What are City's expectations around 401k consulting? Is the current benefits broker currently providing these services?

Answer: The expectation for 401 consulting is a review only. The City would like your Firm to rank and compare the current provider. The current broker is not providing these services. The current consulting agreement is with Innovest regarding specific fiduciary goals.

Question 36. Section 7, Consulting Services grid: What are the City's expectations around Disability/Leave related programs, Total Compensation Statements and Worker's Compensation? Is the current benefits broker currently providing these services?

Answer: Yes, the current broker provides Strategic Benefit Planning, Benefit Design, Administration, Advise Regarding Funding, Actuarial Services, Plan Marketing, Communications, Compliance Tools & Legislative information, Government Filings, Meetings with City and Vendors, Open Enrollment Support, Account Management and Health and Performance Coaching. All products and services were previously provided by the broker and or health insurance provider as outlined. All the information included in the RFP was part of prior provider agreement(s). The expectation is that the firm offer suggestions on additional services or enhancements that would benefit the City and our employees based on their expert opinion and proven analytics and track record.

Question 37. To clarify, all printing and postage for employee enrollment packets should be included in this broker fee?

Answer: Yes, if paper is being utilized rather than online fillable documents, videos, etc.

Question 38. Is the City's Cigna plan fully insured, level-funded or self-funded?

Answer: The current plan fully insured.

Question 39. Does the City currently utilize a data warehouse for claims and data analysis?

Answer: No, the broker would work with vendors to provide the requested data and reports to meet current reporting levels and requirements.

Question 40. If the City does use a data warehouse, does the City pay for this service outside of the broker fee?

Answer: No, the broker will need to identify how the required reports, data exchange and sharing will occur for the plan and clinic to successfully exchange data, ensure the City, and plan participants are not being double billed and the clinic visits are included in the member accumulators and report the ROI on the savings by utilizing the Sage Health and Wellness Clinic (managed by Marathon Health) vs. other in network providers and care facilities. The broker would be responsible for identifying any additional associated costs required.

Question 41. Does the City pay for on-line enrollment benefit administration currently or is this provided at no cost through the incumbent broker?

Answer: Neither. The City currently utilizes its Tyler Technology New World platform to create reports and provide vendors with data feeds of enrollments and changes.

Question 42. If self-funded, what PBM does the City utilize for pharmacy?

Answer: This is not self-funded at present.

Question 43. What is the most critical aspect the City would like to see improved in its overall benefits program?

Answer: The City is asking for broker recommendations based on their expert opinions.

Question 44. Who is the PBM, Express Scripts or other?

Answer: The PBM is Cigna Pharmacy, and they use the Express Scripts (ESI) network.

Question 45. Do you have a telemedicine provider?

Answer: Yes. the current provider includes telemedicine services.

Question 46. Do you, or your current broker, use an independent data analytics vendor to consolidate all carrier cost and utilization data? If so, who as we may have a partnership with them?

Answer: The broker provides data analytics. Specific details are unknown.

Question 47. Is Cigna the retirement plan partner? Are we being asked to evaluate the 401(k)? Is it a requirement that the medical plan and 401(k) say together?

Answer: Cigna is not the retirement plan partner. MissionSquare is the retirement plan partner. The expectation for 401 consulting is a review only. These two plans are separate. The expectation is for Firms to provide their expert recommendations appropriately.

Question 48. Are we being asked to evaluate Workers Comp? If so what are the following:

- a. Scheduled hazards
- b. payroll per class code for the schedule of hazards
- c. 5 years of currently valued loss history
- d. MCCI EMOD worksheet
- e. If you are in any dividend programs which ones.
- f. And last, what is your workers comp deductible?

Answer: At present a complete evaluation is not requested. However, an overview to identify if costs are appropriate would be appreciated.

The original solicitation for the project referenced above is amended as noted.

All other conditions of subject remain the same.

Respectfully,

Susan Hyatt, Senior Buyer
City of Grand Junction, Colorado

VOLUNTARY BENEFITS 2023

Aflac

Accident Coverage

Critical Illness

 **LifeLock**

Identity Theft Protection


Trustmark

Universal Life Insurance With

Long Term Care Benefit

petpartners 

Pet Insurance

Benefit HUB Discount Website

GROUP ACCIDENT INSURANCE

HOSPITALIZATION BENEFITS	BENEFIT AMOUNT
<p>HOSPITAL ADMISSION (once per accident, within 6 months after the accident) Payable when an insured is admitted to a hospital and confined as an inpatient because of a covered accidental injury. This benefit is not payable for confinement to an observation unit, for emergency room treatment or for outpatient treatment.</p>	<p>\$1,000 per confinement</p>
<p>HOSPITAL CONFINEMENT (maximum of 365 days per accident, within 6 months after the accident) Payable for each day that an insured is confined to a hospital as an inpatient because of a covered accidental injury. If we pay benefits for confinement and the insured is confined again within 6 months because of the same accidental injury, we will treat this confinement as the same period of confinement. This benefit is payable for only one hospital confinement at a time even if caused by more than one covered accidental injury. This benefit is not payable for</p>	<p>\$300 Per Day</p>
<p>HOSPITAL INTENSIVE CARE (maximum of 30 days per accident, within 6 months after the accident) Payable for each day an insured is confined in a hospital intensive care unit because of a covered accidental injury. We will pay benefits for only one confinement in a hospital intensive care unit at a time, even if it is caused by more than one covered accidental injury. If we pay benefits for confinement in a hospital intensive care unit and an insured becomes confined to a hospital intensive care unit again within 6 months because of the same accidental injury, we will treat this confinement as the same period of confinement. This benefit is payable in addition to the Hospital Confinement Benefit.</p>	<p>\$250 per day</p>
INITIAL TREATMENT BENEFITS / LISTED BENEFIT AMOUNTS COVER • EMPLOYEE / SPOUSE /	BENEFIT AMOUNT
<p>INITIAL TREATMENT (once per accident, within 7 days after the accident, not payable for telemedicine services) Payable when an insured receives initial treatment for a covered accidental injury. This benefit is payable for initial treatment received under the care of a Hospital emergency room with X-Ray / without X-Ray Urgent care facility with X-Ray / without X-Ray Doctor's office or facility (other than a hospital emergency room or urgent care) with X-Ray /</p>	<p>\$350 / \$200 \$300 / \$150 \$300 / \$150</p>
<p>AMBULANCE (within 90 days after the accident) Payable when an insured receives transportation by a professional ambulance service due to a covered accidental injury.</p>	<p>\$200 Ground \$1,000 Air</p>
<p>MAJOR DIAGNOSTIC TESTING (once per accident, within 6 months after the accident) Payable when an insured requires one of the following exams: Computerized Tomography (CT/CAT scan), Magnetic Resonance Imaging (MRI), or Electroencephalography (EEG) due to a covered accidental injury. These exams must be performed in a hospital, a doctor's office, a medical</p>	<p>\$200</p>
<p>EMERGENCY ROOM OBSERVATION (within 7 days after the accident) Payable when an insured receives treatment in a hospital emergency room, and is held in a hospital for observation without being admitted as an inpatient because of a covered accidental injury</p>	<p>\$100 Each 24 hour period</p>
<p>ACCIDENT FOLLOW-UP TREATMENT (maximum of 6 per accident, within 6 months after the accident provided initial treatment is within 7 days of the accident) Payable for doctor-prescribed follow-up treatment for injuries received in a covered accident. Follow-up treatments do not include physical, occupational or speech therapy. Chiropractic or acupuncture procedures are also not considered follow-up treatment.</p>	<p>\$50</p>
<p>THERAPY (maximum of 6 per accident, beginning within 90 days after the accident provided initial treatment is within 7 days after the accident) Payable if because of injuries received in a covered accident, an insured has doctor-prescribed therapy treatment in one of the following categories: physical therapy provided by a licensed physical therapist, occupational therapy provided by a licensed occupational therapist, or speech therapy</p>	<p>\$50</p>

GROUP ACCIDENT INSURANCE

Benefit Amount

FRACTURES (once per accident, within 90 days after the accident) Payable when an insured fractures a bone because of a covered accident and is treated by a doctor. If the fracture requires open reduction, 200% of the benefit is payable for that bone. For multiple fractures (more than one bone fractured in one accident), we will pay a maximum of 200% of the benefit amount for the bone fractured that has the highest dollar amount. For a chip fracture (a piece of bone that is completely broken off near a joint), we will pay 25% of the amount for the affected bone. This benefit is not payable for stress fractures.

Hip / Thigh

Vertebrae (except processes)

Pelvis

Skull (depressed)

Sternum

Leg

Forearm / Hand / Wrist / Foot / Ankle / Kneecap

Shoulder Blade / Collar Bone / Lower Jaw (mandible)

Skull (simple) / Upper Arm / Upper Jaw

Facial Bones (except teeth)

Vertebral Processes

Sacral / Sacrum

Coccyx / Rib / Finger / Toe

INITIAL TREATMENT
BENEFIT
EMPLOYEE /
SPOUSE & CHILD

\$6,000 / \$3,000

\$5,400 / \$2,700

\$4,800 / \$2,400

\$4,500 / \$2,250

\$4,050 / \$2,025

\$3,600 / \$1,800

\$3,000 / \$1,500

\$2,400 / \$1,200

\$2,100 / \$1,050

\$1,800 / \$900

\$1,200 / \$600

\$900 / \$450

\$480 / \$240

DISLOCATIONS (once per accident, within 90 days after the accident) Payable when an insured dislocates a joint because of a covered accident and is treated by a doctor. If the dislocation requires open reduction, 200% of the benefit for that joint is payable. We will pay benefits only for the first dislocation of a joint. We will not pay for recurring dislocations of the same joint. If the insured dislocated a joint before the effective date of his certificate and then dislocates the same joint again, it will not be covered by the plan. For multiple dislocations (more than one dislocated joint in one accident), we will pay a maximum of 200% of the benefit amount for the joint dislocated that has the highest dollar amount. For a partial dislocation (joint is not completely separated, including subluxation), we will pay 25% of the amount for the affected joint.

Hip

Knee

Shoulder

Foot / Ankle

Hand

Lower Jaw

Wrist

Elbow

Finger / Toe

\$2,000

\$1,300

\$1,000

\$800

\$700

\$600

\$500

\$400

\$160

FAMILY MEMBER LODGING (greater than 100 miles from the insured's residence, maximum of 30 days per accident, within 6 months after the accident)

Payable for each night's lodging in a motel/hotel/rental property for an adult member of the insured's immediate family. For this benefit to be payable:

- The insured must be confined to a hospital for treatment of a covered accidental injury;
- The hospital and motel/hotel must be more than 100 miles from the insured's residence; and
- The treatment must be prescribed by the insured's treating doctor.

\$100
per day

TRANSPORTATION (greater than 100 miles from the insured's residence, 3 times per accident, within 6 months after the accident) Payable for transportation if, because of a covered accident, an insured is injured and requires doctor-recommended hospital treatment or diagnostic study that is not available in the insured's resident city.

\$300 Plane
\$150 Any ground
transportation

GROUP ACCIDENT INSURANCE

Benefit Amount

OUTPATIENT SURGERY AND ANESTHESIA (per day / performed in hospital or ambulatory surgical center, within one year after the accident) Payable for each day that, due to a covered accidental injury, an insured has an outpatient surgical procedure performed by a doctor in a hospital or ambulatory surgical center. Surgical procedure does not include laceration repair. If an outpatient surgical procedure is covered under another benefit in the plan, we will pay the higher benefit amount.

\$400

OUTPATIENT SURGERY AND ANESTHESIA (per day / performed in a doctor's office, urgent care facility, or emergency room; maximum of two procedures per accident, within one year of the accident) Payable for each day that, due to a covered accidental injury, an insured has an outpatient surgical procedure performed by a doctor in a doctor's office, urgent care facility or emergency room. Surgical procedure does not include laceration repair. If an outpatient surgical procedure is covered under another benefit in this plan, we will pay the higher benefit amount.

\$25

INPATIENT SURGERY AND ANESTHESIA (per day / within one year after the accident) Payable for each day that, due to a covered accidental injury, an insured has an inpatient surgical procedure performed by a doctor. The surgery must be performed while the insured is confined to a hospital as an inpatient. If an inpatient surgical procedure is covered under another benefit in the plan, we will pay the higher benefit amount.

\$750

APPLIANCES (within 6 months after the accident)

Payable if, as a result of an injury received in a covered accident, a doctor advises the insured to use a listed medical appliance as an aid in personal locomotion.

Cane, Ankle Brace, Cervical Collar

\$20

Walking Boot, Knee Scooter, Body Jacket

\$50

Wheelchair, Back Brace, Walker, Crutches, Leg Brace

\$100

FACILITIES FEE FOR OUTPATIENT SURGERY (surgery performed in hospital or ambulatory surgical center, within one year after the accident) Payable once per each eligible Outpatient Surgery and Anesthesia Benefit (in a hospital or ambulatory surgical center).

\$50

EYE INJURIES Payable for eye injuries if, because of a covered accident, a doctor removes a foreign body from the eye, with or without anesthesia.

\$50

EMERGENCY DENTAL WORK (once per accident, within 6 months after the accident) Payable when an insured's natural teeth are injured as a result of a covered accident.

\$50 Extraction
\$150
Repair with a crown

COMA (once per accident) Payable when an insured is in a coma lasting 30 days or more as the result of a covered accident. For the purposes of this benefit, Coma means a profound state of unconsciousness caused by a covered accident.

\$5,000

CONCUSSION (once per accident, within 6 months after the accident) Payable when an insured is diagnosed by a doctor with a concussion due to a covered accident.

\$100

BLOOD/PLASMA /PLATELETS (3 times per accident, within 6 months after the accident) Payable for each day that an insured receives blood, plasma or platelets due to a covered accidental injury.

\$100

BURNS (once per accident, within 6 months after the accident) Payable when an insured is burned in a covered accident and is treated by a doctor. We will pay according to the percentage of body surface burned. First degree burns are not covered.

Second Degree

Less than 10%

\$100

At least 10% but less than 25%

\$200

At least 25% but less than 35%

\$500

35% or more

\$1,000

Third Degree

Less than 10%

\$1,000

At least 10% but less than 25%

\$5,000

At least 25% but less than 35%

\$10,000

35% or more

\$20,000

RESIDENCE / VEHICLE MODIFICATION (once per accident, within one year after the accident)

Payable for a permanent structural modification to an insured's primary residence or vehicle when the insured suffers total and permanent or irrevocable loss of one of the following, due to a covered accidental injury:

\$500

- The sight of one eye; The use of one hand/arm; or The use of one foot/leg.

GROUP ACCIDENT INSURANCE

Benefit Amount

PROSTHESIS (once per accident, up to 2 prosthetic devices and one replacement per device per insured)* Payable when an insured receives a prosthetic device, prescribed by a doctor, as a result of a covered accidental injury. Prosthetic Device/Prosthesis means an artificial device designed to replace a missing part of the body. This benefit is not payable for hearing aids, wigs, or dental aids (to include false teeth), repair or replacement of prosthetic devices* and /or joint replacements. * We will pay this benefit again once to cover the replacement of a prosthesis for which a benefit has been paid, provided the replacement takes place within three years of the initial benefit payment..

\$500

PARALYSIS (once per accident, diagnosed by a doctor within six months after the accident)

Payable if an insured has permanent loss of movement of two or more limbs for more than 90 days (in Utah, 30 days) as the result of a covered accidental injury.

Paraplegia

Quadriplegia

\$2,500

\$5,000

SUCCESSOR INSURED BENEFIT

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

Surgical Procedures may include, but are not limited to, surgical repair of: ruptured disc, tendons/ligaments, hernia, rotator cuff, torn knee cartilage, skin grafts, joint replacement, internal injuries requiring open abdominal or thoracic surgery, exploratory surgery (with or without repair), etc., unless otherwise noted due to an accidental injury.

ACCIDENTAL DEATH BENEFIT (within 90 days after the accident*) Payable if a covered accidental injury causes the insured to die

\$25,000

ACCIDENTAL COMMON-CARRIER DEATH BENEFIT

Payable if the insured:

- Is a fare-paying passenger on a common carrier;
- Is injured in a covered accident; and
- Dies within 90 days* after the covered accident.

\$50,000

The spouse benefit is 50% of the employee benefit shown. The child benefit is 10% of the employee benefit shown. (Applicable to both the Accidental Death Benefit and Accidental Common-Carrier Death Benefit.)

DISMEMBERMENT (once per accident, within 6 months after the accident)

Payable if an insured loses a hand or foot or experiences loss of sight as the result of a covered accident.

Dismemberment means:

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

LIFE
CHANGING
EVENTS
BENEFITS

If the Dismemberment Benefit is paid and the insured later dies as a result of the same covered accident, we will pay the appropriate death benefit (if available), less any amounts paid under this benefit.

SINGLE LOSS (the loss of one hand, one foot, or the sight of one eye)

Employee

Spouse

Child(ren)

\$12,500

\$5,000

\$2,500

DOUBLE LOSS (the loss of both hands, both feet, the sight of both eyes, or a combination of any two)

Employee

Spouse

Child(ren)

\$25,000

\$10,000

\$5,000

LOSS OF ONE OR MORE FINGERS OR TOES

Employee

Spouse

Child(ren)

\$1,250

\$500

\$250

PARTIAL DISMEMBERMENT (INCLUDES AT LEAST ONE JOINT OF A FINGER OR A TOE)

Employee

Spouse

Child(ren)

\$100

\$100

\$100

WELLNESS BENEFIT (once per calendar year)

Payable for the following wellness tests performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations: Annual physical exams, Flexible Sigmoidoscopy, Mammograms, PSA Tests, Pap Smears, Ultrasounds, Eye Examinations, Blood Screening, Immunizations. THE AMOUNT PAID WILL BE BASED ON WHEN THE WELLNESS TEST WAS PERFORMED: First year of certificate and thereafter

\$50



Aflac
Accident Insurance

Benefits At A Glance		Monthly Premiums	
Initial Doctor Visit at Urgent Care or Doctors Office	\$150 without x-ray \$300 with x-ray	Employee Only	\$14.45
Emergency Room Visit	\$200 without x-ray \$350 with x-ray	Employee & Spouse	\$21.19
Follow Up Treatment	\$50	Employee & Children	\$25.10
Physical Therapy	\$50	Family	\$31.84
Ambulance	Ground: \$200 Air: \$1,000	YOUR WELLNESS EXAM WILL HELP PAY FOR YOUR POLICY!	
Blood / Plasma	\$100		
Prosthesis	\$500	Wellness Benefit -> \$50 (per person per year)	
Appliance	Up to \$100	Employee Only -> \$14.45 monthly	
Injury Specific	\$50-\$13,500 (up to \$9,000 x1 50%)	Annual Cost = \$173.40 Pretax 25% = \$129.95 annually Wellness Exam = \$50.00	
Family Lodging (100+ miles)	\$100 / night	Adjusted Monthly Cost = \$6.67	
Transportation (100+ miles)	Ground: \$150 Air: \$300	Employee & Spouse -> \$21.19 monthly	
Accidental Death	\$25,000/\$12,500/\$2,500	Annual Cost = \$254.28 Pretax 25% = \$190.71 annually Wellness Exam x 2 = \$100.00	
Accidental Dismemberment	\$200 - \$25,000	Adjusted Monthly Cost = \$7.56	
Hospital Admission	\$1000	Employee & Children -> \$25.10 monthly	
Regular Room	\$300 / per day	Annual Cost = \$301.20 Pretax 25% = \$225.90 annually Wellness Exam x 2 = \$100.00	
Intensive Care	\$550 / per day	Adjusted Monthly Cost = \$10.49	
<i>*Wellness Benefit examples are figured on minimum amount of participants per plan.</i>		Family -> \$31.84 monthly	
		Annual Cost = \$382.08 Pretax 25% = \$286.56 annually Wellness Exam x 3 = \$150.00	
		Adjusted Monthly Cost = \$11.38	

AFLAC GROUP CRITICAL

Benefits Overview - Lump Sum Benefit Amount That you Choose

COVERED CRITICAL ILLNESSES:

	Benefit Amount
CANCER (Internal or Invasive)	100%
HEART ATTACK (Myocardial Infarction)	100%
STROKE (Ischemic or Hemorrhagic)	100%
MAJOR ORGAN TRANSPLANT	100%
KIDNEY FAILURE (End-Stage Renal Failure)	100%
BONE MARROW TRANSPLANT (Stem Cell Transplant)	100%
SUDDEN CARDIAC ARREST	100%
SEVERE BURNS*	100%
PARALYSIS**	100%
COMA**	100%
LOSS OF SPEECH / SIGHT / HEARING**	100%
NON-INVASIVE CANCER	25%
CORONARY ARTERY BYPASS SURGERY	25%

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

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

OPTIONAL BENEFITS RIDER (Included)

BENIGN BRAIN TUMOR	100%
ADVANCED ALZHEIMER'S DISEASE	25%
ADVANCED PARKINSON'S DISEASE	25%

These benefits will be paid based on the face amount in effect on the critical illness date of diagnosis. We will pay the optional benefit if the insured is diagnosed with one of the conditions listed in the rider schedule if the date of diagnosis is while the rider is in force.

PROGRESSIVE DISEASES RIDER

AMYOTROPHIC LATERAL SCLEROSIS (ALS or Lou Gehrig's Disease)	100%
SUSTAINED MULTIPLE SCLEROSIS	100%

This benefit is paid based on your selected Progressive Disease Benefit amount. We will pay the benefit shown upon diagnosis of one of the covered diseases if the date of diagnosis is while the rider is in force.

INITIAL DIAGNOSIS

We will pay a lump sum benefit upon initial diagnosis of a covered critical illness when such diagnoses is caused by or solely attributed to an underlying disease. Cancer diagnoses are subject to the cancer diagnosis limitation. Benefits will be based on the face amount in effect on the critical illness date of diagnosis.

ADDITIONAL DIAGNOSIS

We will pay benefits for each different critical illness after the first when the two dates of diagnoses are separated by at least 6 consecutive months. Cancer diagnoses are subject to the cancer diagnosis limitation.

AFLAC GROUP CRITICAL

Benefit Amount

REOCCURRENCE

We will pay benefits for the same critical illness after the first when the two dates of diagnoses are separated by at least 6 consecutive months. Cancer diagnoses are subject to the cancer diagnosis limitation.

CHILD COVERAGE AT NO ADDITIONAL COST

Each dependent child is covered at 50 percent of the primary insured's benefit amount at no additional charge. Children-only coverage is not available.

SKIN CANCER BENEFIT

We will pay \$250 for the diagnosis of skin cancer. We will pay this benefit once per calendar year.

\$250

WAIVER OF PREMIUM

If you become totally disabled due to a covered critical illness prior to age 65, after 90 continuous days of total disability, we will waive premiums for you and any of your covered dependents. As long as you remain totally disabled, premiums will be waived up to 24 months, subject to the terms of the plan.

SUCCESSOR INSURED BENEFIT

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

HEALTH SCREENING BENEFIT (Employee and Spouse only)

We will pay \$50 for health screening tests performed while an insured's coverage is in force. We will pay this benefit once per calendar year.

This benefit is only payable for health screening tests performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations. This benefit is payable for the covered employee and spouse. This benefit is not paid for dependent children.

COVERED HEALTH SCREENING TESTS INCLUDE:

- Blood test for triglycerides
- CEA (blood test for colon cancer)
- Flexible sigmoidoscopy
- Bone marrow testing
- Chest X-ray
- Hemocult stool analysis
- Breast ultrasound
- Colonoscopy
- Mammography
- Spiral CT screening for lung cancer
- DNA stool analysis
- Pap smear
- Thermography
- Fasting blood glucose test
- Stress test on a bicycle or treadmill
- CA 125 (blood test for ovarian cancer)
- PSA (blood test for prostate cancer)
- CA 15-3 (blood test for breast cancer)
- Serum cholesterol test to determine level of HDL and LDL
- Serum protein electrophoresis (blood test for myeloma)

\$50



Critical Illness Insurance

Monthly Rates

Critical Illness rates shown below are issue age and are locked in for as long as an insured keeps their policy with Aflac active.

NON-TOBACCO -- Employee

Issue Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-30	\$3.35	\$5.31	\$7.28	\$9.25	\$11.21	\$13.18	\$15.15	\$17.11	\$19.08	\$21.05
31-40	\$4.73	\$8.08	\$11.43	\$14.78	\$18.13	\$21.48	\$24.83	\$28.18	\$31.53	\$34.88
41-50	\$7.82	\$14.26	\$20.70	\$27.15	\$33.59	\$40.03	\$46.47	\$52.91	\$59.35	\$65.80
51-60	\$13.46	\$25.54	\$37.62	\$49.70	\$61.78	\$73.85	\$85.93	\$98.01	\$110.09	\$122.17
61+	\$24.08	\$46.78	\$69.48	\$92.18	\$114.88	\$137.58	\$160.28	\$182.98	\$205.68	\$228.38

NON-TOBACCO -- Spouse

Issue Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-30	\$3.35	\$5.31	\$7.28	\$9.25	\$11.21	\$13.18	\$15.15	\$17.11	\$19.08	\$21.05
31-40	\$4.73	\$8.08	\$11.43	\$14.78	\$18.13	\$21.48	\$24.83	\$28.18	\$31.53	\$34.88
41-50	\$7.82	\$14.26	\$20.70	\$27.15	\$33.59	\$40.03	\$46.47	\$52.91	\$59.35	\$65.80
51-60	\$13.46	\$25.54	\$37.62	\$49.70	\$61.78	\$73.85	\$85.93	\$98.01	\$110.09	\$122.17
61+	\$24.08	\$46.78	\$69.48	\$92.18	\$114.88	\$137.58	\$160.28	\$182.98	\$205.68	\$228.38

TOBACCO -- Employee

Issue Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-30	\$4.19	\$7.00	\$9.81	\$12.61	\$15.42	\$18.23	\$21.04	\$23.85	\$26.66	\$29.46
31-40	\$6.63	\$11.88	\$17.13	\$22.38	\$27.63	\$32.88	\$38.13	\$43.38	\$48.63	\$53.88
41-50	\$11.51	\$21.63	\$31.76	\$41.88	\$52.01	\$62.13	\$72.26	\$82.38	\$92.51	\$102.63
51-60	\$20.93	\$40.48	\$60.03	\$79.58	\$99.13	\$118.68	\$138.23	\$157.78	\$177.33	\$196.88
61+	\$36.72	\$72.06	\$107.40	\$142.75	\$178.09	\$213.43	\$248.77	\$284.11	\$319.45	\$354.80

TOBACCO -- Spouse

Issue Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-30	\$4.19	\$7.00	\$9.81	\$12.61	\$15.42	\$18.23	\$21.04	\$23.85	\$26.66	\$29.46
31-40	\$6.63	\$11.88	\$17.13	\$22.38	\$27.63	\$32.88	\$38.13	\$43.38	\$48.63	\$53.88
41-50	\$11.51	\$21.63	\$31.76	\$41.88	\$52.01	\$62.13	\$72.26	\$82.38	\$92.51	\$102.63
51-60	\$20.93	\$40.48	\$60.03	\$79.58	\$99.13	\$118.68	\$138.23	\$157.78	\$177.33	\$196.88
61+	\$36.72	\$72.06	\$107.40	\$142.75	\$178.09	\$213.43	\$248.77	\$284.11	\$319.45	\$354.80

Don't Forget

To Submit For Your Wellness & Health Screening Benefits

You Can File A Claim Online
At:

Aflacgroupinsurance.com

Please remember when filling out the claim on-line you only need to provide info where there is an orange asterisk. You do not need to provide Employee ID, Group number or Certificate number.

Aflac's claims process:

Peace of mind when you need it most

If you're sick or hurt, the last thing you need is an insurer that drags its feet when it's time to pay your claims. Aflac prides itself on being an insurer with a difference: Our goal is to process and pay, not deny and delay. That's why we make it easy to file your claims online. Here's how:

1

Visit Aflacgroupinsurance.com and click on "Customer Service" and then "File a claim."



Choose from accident, hospital, critical illness or wellness and follow the instructions.

2

3

Complete and upload your HIPAA authorization, claim details and documents, and direct deposit information.



Feel secure in the knowledge that claims on group coverage like yours are processed in an average of two days.¹

4

For Claims Escalations:
voluntaryclaims@hubinternational.com

Enroll in LifeLock Identity Theft Protection

In today's world of online shopping, using public Wi-Fi and giving out Social Security numbers as a form of ID, our personal information can be exposed. Unfortunately, free credit monitoring simply alerts you to credit issues. LifeLock not only has proprietary technology to detect a range of identity threats, if you do have an identity theft problem, our U.S.-based team of Identity Restoration Specialists can help fix it. It pays to have the comprehensive protection of LifeLock.



There's a new victim of identity theft every two seconds.¹



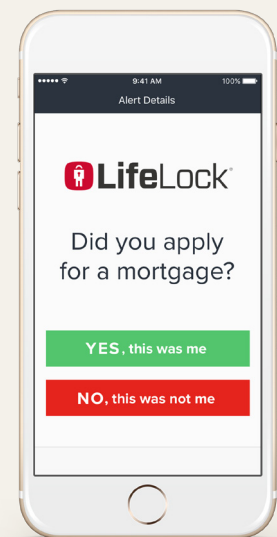
Nearly 15 billion dollars were stolen from identity theft victims in 2017.²



Nearly 60 million Americans have been affected by identity theft.¹

HOW TO ENROLL

- Visit: <http://gjcitiy.excelsiorenroll.com> -or- complete an election form with your HR team.
- Provide your name, Social Security number, date of birth, address, email and phone number. For each dependent, provide name, Social Security number and date of birth.
- Your LifeLock coverage will begin upon your benefit effective date.
- You will receive a welcome email from LifeLock with instructions on how to take full advantage of your LifeLock membership.
- Pre-enrollment/benefit specific questions? Please call 866-917-2555, press '1' or email eb_service@symantec.com



Alert modified for demonstration purposes.

When a threat is detected[†], LifeLock notifies members by phone[§], text or email.

No one can prevent all identity theft.

[†] LifeLock does not monitor all transactions at all businesses.

[§] Phone alerts made during normal local business hours.

¹ Based on an online survey of 5,389 U.S. adults conducted for Symantec by The Harris Poll, January 2018.

² Based on an online survey of 540 U.S. adults who experienced ID theft in 2017, conducted for Symantec by The Harris Poll, January 2018.

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An Essential Employee Benefit

CHOOSE THE LIFELOCK SERVICE THAT'S RIGHT FOR YOU.

LIFELOCK™ BENEFIT ELITE identity theft protection is designed to help protect against identity theft plus monitor for threats to your identity and financial assets—your 401(k), investment, checking and savings accounts.[†] LifeLock Benefit Elite membership is only available as an employee payroll-deducted benefit.

LIFELOCK ULTIMATE PLUS™ provides peace of mind knowing you have LifeLock's most comprehensive identity theft protection. Enhanced services include bank account application and takeover alerts, online annual three-bureau credit reports and credit scores plus monthly one-bureau credit score tracking.[†]

LIFELOCK JUNIOR™ (Membership is available only as an added membership to an adult LifeLock plan) protection helps safeguard your child's Social Security number and good name with proactive identity theft protection designed specifically for children. To learn more about LifeLock Junior™ membership, and the specific features available with this plan, please visit LifeLock.com/products/lifelock-junior.

Special
employee benefit rate
starting as low as

\$4.25 SEMIMONTHLY

Based on semimonthly
deductions for LifeLock Benefit
Elite service, employee only.

SEMIMONTHLY PLAN OPTIONS		LifeLock Benefit Elite	LifeLock Ultimate Plus
	Employee Only [18 and over]	\$4.25	\$7.00
	Employee + Family*	\$8.49	\$13.99

The LifeLock Junior plan is for minors under the age of 18. LifeLock enrollment is limited to employees and their eligible dependents. LifeLock services will only be provided after receipt and applicable verification of certain information about you and each family member. Please refer to employer group for the required information under your plan. In the event you do not complete the enrollment process for any family member, those individuals will not receive LifeLock services, but you will continue to be charged the full amount of the monthly membership selected until you cancel or modify your plan at your employer's next open enrollment period, which may be annually. Please note that we will NOT refund or credit you for any period of time during which we are unable to provide LifeLock services to any family member on your plan after your benefit effective date due to your failure to submit the information necessary to complete enrollment. If you do not complete the enrollment process for each family member, you may continue to pay more for LifeLock services than you otherwise would if you had selected a lower tier plan.

FEATURES	LifeLock Benefit Elite	LifeLock Ultimate Plus
LifeLock Identity Alert™ System [†]	✓	✓
Lost Wallet Protection	✓	✓
USPS Address Change Verification	✓	✓
Dark Web Monitoring	✓	✓
LifeLock Privacy Monitor™	✓	✓
Reduced Pre-Approved Credit Card Offers	✓	✓
Fictitious Identity Monitoring	✓	✓
Court Records Scanning	✓	✓
Data Breach Notifications	✓	✓
Credit, Checking & Savings Account Activity Alerts [†]	✓	✓
Investment Account Activity Alerts [†]	✓	✓
24/7 Live Member Support	✓	✓
U.S.-Based Identity Restoration Specialists	✓	✓
Stolen Funds Reimbursement [‡]	up to \$1 Million	up to \$1 Million
Coverage for Lawyers and Experts [‡]	up to \$1 Million	up to \$1 Million
Personal Expense Compensation [‡]	up to \$1 Million	up to \$1 Million
Checking and Savings Account Application Alerts [†]		✓
Bank Account Takeover Alerts [†]		✓
Three-Bureau Credit Monitoring [†]		✓
Three-Bureau Annual Credit Reports and Credit Scores [†] The credit scores provided are VantageScore 3.0 credit scores based on data from Equifax, Experian and TransUnion respectively. Third parties use many different types of credit scores and are likely to use a different type of credit score to assess your creditworthiness.		✓
One-Bureau Monthly Credit Score Tracking [†] The credit score provided is a VantageScore 3.0 credit score based on Equifax data. Third parties use many different types of credit scores and are likely to use a different type of credit score to assess your creditworthiness.		✓
File-Sharing Network Searches		✓
Sex Offender Registry Reports		✓
Priority 24/7 Live Member Support		✓

[‡]Indicates features included within the Million Dollar Protection™ Package^{***}

[†]If your LifeLock plan includes credit reports, scores, and/or credit monitoring features ("Credit Features"), two requirements must be met to receive said features: (i) your identity must be successfully verified with Equifax; and (ii) Equifax must be able to locate your credit file and it must contain sufficient credit history information. **IF EITHER OF THE FOREGOING REQUIREMENTS ARE NOT MET YOU WILL NOT RECEIVE CREDIT FEATURES FROM ANY BUREAU.** If your plan also includes Credit Features from Experian and/or TransUnion, the above verification process must also be successfully completed with Experian and/or TransUnion, as applicable. If verification is successfully completed with Equifax, but not with Experian and/or TransUnion, as applicable, you will not receive Credit Features from such bureau(s) until the verification process is successfully completed and until then you will only receive Credit Features from Equifax. Any credit monitoring from Experian and TransUnion will take several days to begin after your successful LifeLock plan enrollment.

No one can prevent all identity theft. [†]LifeLock does not monitor all transactions at all businesses.

^{*}LifeLock defers to the employer's benefit eligibility rules regarding the number and age of the eligible dependents.

^{**}Reimbursement and Expense Compensation, each with limits of up to \$1 million for Benefit Elite and Ultimate Plus and up to \$25,000 for Junior. And up to \$1 million for coverage for lawyers and experts if needed, for all plans. Benefits provided by Master Policy issued by United Specialty Insurance Company (State National Insurance Company, Inc. for NY State members). Policy terms, conditions and exclusions at: LifeLock.com/legal.

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Trustmark Universal Life Insurance with Long-Term Care Benefit

Two important coverages in one to help protect you for life.

Financial security even after a loss

Protecting your loved ones is one of life's greatest responsibilities. When a family loses someone, in addition to grief, survivors may suddenly be faced with costly expenses and debts, and even a loss of income.

Universal Life can help.

Whether you are married, a parent or single and starting out, Universal Life **helps take care** of the people important to you if tragedy happens. You can choose a plan and benefit amount that provides the **right protection for you**.

Universal Life insurance can mean those left behind are still able to pursue their own dreams, and help ensure that the **ending** of one story won't stop the **beginning** of another.



Universal Life sample rates

Sample ranges of weekly rates for employee-only, non-smoker coverage with long-term care benefit. Your exact rate may depend on additional features selected by you and/or by your employer.

Age at purchase	\$25,000 Universal Life policy
30	from \$5.06 - \$6.27
40	from \$7.42 - \$9.44
50	from \$11.92 - \$15.44

Sample rates are shown for illustrative purposes only. Rates may vary by age, smoking status, state, employer and features selected by you and/or by your employer. An application for insurance must be completed to obtain coverage.

Note: your rate is "locked in" at your age at purchase!

Once you have a policy, your rate will never increase due to age.

Solving the long-term care issue

At any point in your life, you may need long-term care services, which could cost hundreds of dollars per day. Universal Life includes a **long-term care (LTC)** benefit that can help pay for these services at any age.

Here's how it works:

4%

You can **collect 4% of your Universal Life death benefit per month** for up to 25 months to help pay for long-term care services.

Flexible features available:

2x

PLUS: if you collect a benefit for LTC, your **full death benefit** is still available for your beneficiaries, as much as **doubling** your benefit.

The LTC Benefit is an acceleration of the death benefit and is not Long-Term Care Insurance (except in LA and VA, where the LTC benefit is Long-Term Care Insurance). It begins to pay after 90 days of confinement or services, and to qualify you must meet conditions of eligibility for benefits. The LTC benefits provided by this policy may not cover all of the policyholder's LTC expenses. Pre-existing condition limitation may apply. Your policy will contain complete details. You should consult a financial advisor to determine if the long-term care benefits and the retirement benefits provided by this policy are right for you.



Universal Life is **flexible permanent** life insurance designed to last a lifetime.



The younger you are when you enroll, the **more benefit** you receive for the same premium.



No medical exams or blood work - just answer a few simple questions.

What would happen if you weren't around?



1 in 3 households would have immediate trouble paying for living expenses if they lost their primary earner.¹









40% of Americans live paycheck to paycheck. Could your family afford to stay in your home?²



56% of Americans have less than \$10,000 saved for retirement - **1 in 3** have \$0 saved. Wouldn't it be nice to have some protection?³

What can Universal Life benefits help pay for?

-  Funeral and burial costs
-  Rent or mortgage payments
-  Tuition and loans
-  Credit card bills
-  Medical expenses
-  Retirement savings

Benefit for terminal illness

- **Use part of your death benefit** to help manage costs if you're diagnosed with a terminal illness.

Additional advantages

- **Keep your coverage** at the same price and benefits if you change jobs or retire.
- **Apply for coverage for family members:** spouse, children and grandchildren.
- **Convenient payroll deduction;** pay via direct bill, bank draft or credit card if you leave your employer.

Plus: grow your benefit with EZ Value

The EZ Value option can automatically **increase your benefit amount over time** - without any medical questions.

Example: \$1 increase in weekly premium each year for 10 years.

	Initial benefit	After 5 years	After 10 years
Universal Life	\$25,000	\$41,299	\$53,845
Universal LifeEvents	\$25,000	\$50,414	\$70,077

Example is for age 40, employee only, non-smoker coverage with long-term care benefit and no additional features. Actual values will vary by age, smoking status, benefits selected and interest rates.

**You care.
We listen.**

¹2018 Insurance Barometer Study LIMRA/Life Happens. ²nielsen.com/us/en/insights/news/2015/savingspending-and-living-paycheck-to-paycheck-in-america.html. ³gobankingrates.com/retirement/1-3-americans-0-saved-retirement. ⁴An A.M. Best rating is an independent opinion of an insurer's financial strength and ability to meet its ongoing insurance policy and contract obligations. Trustmark is rated A- (4th out of 16 possible ratings ranging from A++ to Suspended).

This provides a brief description of your benefits under GUL.205/IUL.205 and applicable riders HH/LTC.205, BRR.205, BXR.205, ABR.205, ADB.205, CT.205 and WP.205. Benefits, definitions, exclusions, form numbers and limitations may vary by state. This policy contains a provision that guarantees against lapse for a period of 10 years (14 years in OR; 15 years for Universal LifeEvents) as long as premiums are paid as planned. If you make changes to your coverage during this period, or pay only the minimum premium, you may prevent cash value accumulation or reduce your death benefit amount. If there is negative cash value at the end of the no-lapse period, you must pay enough premium to establish positive cash value. You may also need to maintain your policy with a higher premium than the one you paid to satisfy the no-lapse guarantee or coverage may expire prior to age 100 even if the premium shown is paid as scheduled. A policy illustration will be delivered with your policy. Your policy will contain complete information. For costs and further details of the coverage, including exclusions, any reductions or limitations and terms under which the policy may be continued in force, see your agent or write to the company. For exclusions and limitations that may apply, visit www.trustmarksolutions.com/disclosures/UL/ (A112-2216-UL). In California, review "A Consumer's Guide to Long-term Care from the Department of Aging" at: http://www.aging.ca.gov/aboutcda/publications/Taking_Care_of_Tomorrow_English/. Underwriting conditions may vary, and determine eligibility for the offer of insurance. Trustmark® and LifeEvents® are registered trademarks of Trustmark Insurance Company.

Products underwritten by Trustmark Insurance Company
Rated A- (Excellent) for financial strength by A.M. Best.⁵

TrustmarkVB.com   



Accident Only - Per Covered Pet
\$10.08 / Monthly

Accident & Illness - Per Covered Pet
Dog Age 0-10: \$45.74 / Monthly
Cat Age 0-10: \$23.27 / Monthly



Now You Can Play More and Worry Less

**Available now: New and improved pet insurance
for your furry family members.**

If you haven't had pet insurance in the past, here's why you should consider it.

If you're a pet parent, your fur babies are an important part of your family, bringing comfort, joy, and unconditional love. In return, you do the best you can to take care of them. But pet care is expensive and veterinary costs continue to rise. That's why we're offering pet insurance, underwritten by Independence American Insurance Company, to our employees.

**\$ Average emergency vet
visit costs \$800 to \$1,500¹**

**1 in 3 pets need urgent
care each year²**

We've selected **PetPartners** to be your partner in pet protection. Since 2002, PetPartners has helped pet parents keep their cats and dogs safe and healthy by providing affordable pet insurance.

What's Covered

- Pre-Existing Conditions*
- Broken Bones
- Diagnostics
- Surgery
- Prescription Medication
- Alternative Treatments**
- Toxin Ingestion
- Digestive Issues
- Behavioral Issues**
- Cancer
- Hospitalization

Take the Stress Out of Unexpected Vet Bills

Pet insurance reimburses you for the cost of accidents and illnesses throughout your pet's life. Here's how it works:

- 1** Visit your vet (or any licensed vet or clinic)
- 2** Pay your vet then submit a claim
- 3** Get reimbursed for eligible expenses

Register and Enroll at:
<https://portal.independenceamerican.com/email-verification>

petpartners 
The New Standard in Group Pet Insurance

Policies are administered by PetPartners, Inc. and underwritten by Independence American Insurance Company, 485 Madison Ave. 14th Fl., New York, NY 10022. PetPartners, Inc. (CA agency #OF27261) is a licensed insurance agency located at 8051 Arco Corporate Drive, Suite 350, Raleigh, NC 27617. See policy/certificate for details on coverage, terms, limitations and conditions. Participation in this plan is voluntary and not subject to ERISA. *Pre-Existing condition coverage may require 12-month waiting period. Waiting period may be waived for groups over 200 employees with prior coverage for Accident & Illness plans. **Eligible with optional Alternative & Behavioral Care rider. 1 "Are you prepared for a pet emergency?" CNBC, June 14, 2018 (<https://www.cnbc.com/2018/06/14/are-you-prepared-for-a-pet-emergency-most-americans-are-not.html>), 2 "Are you prepared for a pet emergency?" CNBC. 102021PPIEMPGRPLYV2

Dual Choice: Accident & Illness and Accident Only Insurance - per covered pet

Underwritten by Independence American Insurance Company

Accident & Illness Coverage

Subject to any applicable Deductible, Coinsurance and Annual Limit

Medically Necessary Supplies and Treatment, including emergency care and prescription medications (when dispensed directly by a veterinarian or compounded by a pharmacist under guidance of a veterinarian, excluding over-the-counter medications) performed for conditions that started after the Benefit Waiting Period, if any, and during the Coverage Period, resulting from:

- Accidents, such as, an automobile Accident, ingestion of a foreign body, poisoning, animal bites, dental trauma, burns and fractures.
- Illnesses

Accident Only Coverage

Subject to any applicable Deductible, Coinsurance and Annual Limit

Medically Necessary Supplies and Treatment, including emergency care and prescription medications (when dispensed directly by a veterinarian or compounded by a pharmacist under the guidance of a veterinarian, excluding over-the-counter medications) as a result and a direct consequence of an Injury that started after the Benefit Waiting Period, if any, and during the Coverage Period, resulting from:

- Accidents, such as, an automobile Accident, ingestion of a foreign body, poisoning, animal bites, dental trauma, burns and fractures.

Base Plan

	ACCIDENT ONLY	ACCIDENT & ILLNESS
Annual Deductible	\$300	\$300
Coinsurance (<i>% the policy pays</i>)	80%	80%
Annual Limit	\$5000	\$5000
Diminishing Deductible <i>Deductible is reduced by specified dollar amount each year pet is claim free while continuously covered</i>		Not Included

Minimum Issue Age of Pet at Effective Date	8 Weeks	
Maximum Issue Age of Pet at Effective Date	No Maximum Age Limit	10 Years
Expiration Age of Pet	None	

Benefit Waiting Periods:		
Injuries	Waived	Waived
Illnesses		Waived
Cruciate Ligament Injury	6 Months	
Pre-Existing Condition	Covered after 12 months (look back period is from date of birth)	6 months look back, then covered after 12 months
Prior Coverage Credit		Included
<p><i>Credit toward satisfying the Benefit Waiting Periods and the Pre-Existing Condition provision for comparable, prior pet insurance which was in effect immediately before the Effective Date</i></p>		
<p>Continuity of Coverage</p> <p><i>In the event you are no longer eligible for coverage under this group plan, don't worry! You may apply for individual pet insurance through PetPartners, Inc and receive credit for the time covered under the group pet insurance plan. This means that credit will be given for the time covered under the group pet insurance plan toward satisfying the Pre-Existing Condition waiting period and the Benefit Waiting Periods. You must have no lapse in coverage between the two plans in order to qualify.</i></p>		

Optional Benefits (Riders)

Office Exams and Telehealth Consult	Not Included	Not Included
Rehabilitation and Physical Therapy	Included - Subject to Deductible & Coinsurance	Included - Subject to Deductible & Coinsurance
Inherited and Congenital Care <i>-- not available for Accident Only</i>		Included Subject to Deductible and Coinsurance, and 30-day Benefit Waiting Period
Alternative and Behavioral Care <i>Acupuncture, Chiropractic, Homeopathy, Herbal Therapy, Naturopathy, and Vitamins/Supplements (Behavioral Care not available for Accident Only)</i>	Included Subject to Deductible & Coinsurance	Included Subject to Deductible & Coinsurance Behavioral Care subject to \$1,000 Annual Limit and 14-day Benefit Waiting Period

Final Respects <i>(Cremation/ Burial/ Remains Disposal Only)</i>	Included \$300 Limit Paid in excess of Annual Limit Not subject to Deductible or Coinsurance	Included \$300 Limit Paid in excess of Annual Limit Not subject to Deductible or Coinsurance
Routine Dental	Not Included	Not Included





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Pet Partners	www.petpartners.com	866-774-1113
Benefit HUB Discount Site	www.grandjunction.benefithub.com code: RBSUF8	866-644-4621
HUB International Voluntary Benefits Division: Claims Escalation	voluntaryclaims@hubinternational.com	

