# 2021 Benefits Enrollment Guide

Your Benefits. Your Choice.







## **New Online Enrollment System for 2021!**

## **Enhanced benefits experience with Benefitsolver**

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

This year, the City of Abilene is rolling out a new, enhanced way to interact with your benefits. This includes a new website and Service Center to make enrolling easier than before.

## 3 Ways to enroll:



#### 1. New website

Do you prefer to enroll using a computer? Visit **benefitsolver.com** and register using the company key "abilene." There will be a large red button at the top of the screen titled "Start Now." Click the button and follow the prompts to make your 2021 elections.



#### 2. App for on-the-go choices

Do you use your phone or tablet for everything? Download the MyChoice™ Mobile App. This app lets you store digital versions of your ID cards, access coverage details, upload dependent verification documents, make benefits elections and much more. Go to **benefitsolver.com** and click "Get Access Code" for a link to download the app and an access code to get started.



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#### 3. Over the phone with a benefits specialist

Do you prefer to have a live person assist you? Chat with a benefits specialist by calling our new Service Center at 833-989-1964. A member advocate is available Monday through Friday from 7 a.m. to 7 p.m., CST.



## New way to elect FSA benefits through Benefitsolver

Our new website also allows you to manage your health care and dependent FSA (flexible spending accounts). Be on the lookout for new debit cards from Benefitsolver in the mail if you currently have an FSA and plan to enroll in one for 2021. Since we are changing FSA carriers in 2021 to Benefitsolver, all FSA claims incurred in 2020 must be submitted to TASC by February 28, 2021.



## **Dependent verification for 2021**

During Open Enrollment, you will need to certify your relationship with any dependent enrolled in your City of Abilene medical plan. See page 3 of this guide for further details.

Please note: Due to COVID-19 concerns, we are not holding Educational Meetings this year.

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## **Benefits For You and Your Family**

The City of Abilene is pleased to announce your 2021 benefits program, which is designed to help you stay healthy and maintain a work/life balance. Offering a comprehensive benefits package is just one way we strive to provide you with a rewarding workplace. This year is an active enrollment, which means you will need to actively enroll and make new benefit elections if you want coverage in 2021. If you do not make elections during Open Enrollment, you will not have an automatic continuation of coverage. You will have to wait until January 1, 2022 to get coverage, unless you have a qualifying event.

## **Dependent Verification**

The City of Abilene has certain requirements when it comes to dependents who are enrolled in your medical plans. This year, we are requiring everyone to verify that their dependents are still eligible to receive City of Abilene Benefits. This means you will need to take the following actions during Open Enrollment:

Once you are finished enrolling in your 2021 benefits, you will see a notification pop up next to your "To Do" list on the home page of **benefitsolver.com** 

Click on the notification to be taken to the dependent verification page. Follow the directions on the page, including uploading the appropriate documentation

If you do not provide acceptable documentation for each dependent you enroll in benefits, the dependent will not be covered under your 2021 benefits. **Deadline for document submission/upload to Benefitsolver.com is December 5, 2020.** Previous documents used to verify dependent eligibility will need to be resubmitted for this process. There will be no exceptions made or extension time granted for submitting these documents.

DEPENDENT RELATIONSHIP	DEPENDENT PROOF LIST
Spouse	Marriage certificate, official court documentation, common law spouse affidavit, and/or current tax return (with dependent listed)
Child up to 26 years of age	Birth certificate or hospital documentation reflecting the child's birth (only if the child is under 6 months of age), adoption certificate, legal guardian documentation, and/or current tax return (with dependent listed)
Stepchild up to 26 years of age	Adoption certificate, legal guardian documentation, birth certificate or hospital documentation reflecting the child's birth (only if the child is under 6 months of age), and/or current tax return (with dependent listed)
Other	Court order requiring coverage

#### Who Is Eligible?

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

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

#### What's Available For 2021?

Listed below are the 2021 benefits available during open enrollment:

- Medical (Changes for 2021)
- Dental and Vision (Changes for 2021)
- Group Voluntary Term Life (Changes for 2021)
- Group AD&D (Changes for 2021)
- FSA (Changes for 2021)
- Critical Illness Insurance
- Whole life Insurance
- Accident Insurance
- Employee Assistance Program

## When Is My Coverage Effective?

The effective date for your benefits is January 1, 2021. All employees must ensure the deductions on their first paycheck of the new year (January 8, 2021) match their 2021 open enrollment benefit elections.

Print and keep your benefit confirmation statement for reference purposes.

## **Changing Coverage During the Year**

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

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

If you experience a qualifying event, you have 31 days from the date of the event to make changes to your current coverage election. To change your current coverage, go to your online Benefitsolver.com account and click on "Change My Benefits" in the "Quick Links" box. You can also call our Service Center at 833-989-1964 for assistance. You must provide verification (marriage license/birth certificate/court documents) to support the change.

## Medical Insurance Changes for 2021

With the rising cost of health care, we've worked hard to keep rates low across the board. That's why we're pleased to announce that we have kept rate increases to a minimum for 2021. Please note that the medical plan offered is an EPO plan; no out-of-network coverage is offered. To see the in-network providers, visit www.bcbstx.com.

	MONTHLY
Employee Only	\$131.00
Employee and Spouse	\$499.00
Employee and Child(ren)	\$289.00
Employee and Family	\$578.00

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

<sup>\*</sup> Office visit copay may apply.

## Register for Blue Access for Members

With your Blue Access account, you can find an innetwork doctor, hospital, or other provider. You can pay your bill, review benefits, account balances, claim status, and more. You can order or print a replacement BCBS ID card and sign up for alerts and notifications. Register for Blue Access for Members at www.bcbstx.com/members.

#### **Virtual Visits**

#### Speak with a doctor — anytime, anywhere powered by MDLIVE (\$10 copay)

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

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

#### With virtual visits, you get:

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

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

Allergies

Nausea

• Asthma

Pink Eye

• Cold/flu

- Rash
- Ear problems (age 12+)
- Sinus infections
- Fever (age 3+)

#### **Talk Therapy**

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

#### **ACTIVATE YOUR ACCOUNT OR SCHEDULE** A VIRTUAL VISIT

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

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

## Prescription Drug Plan Changes for 2021

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

BLUE CROSS BLUE SHIELD RX PLAN	SPECIALITY	NON-PREFERRED Brand	PREFERRED BRAND	GENERIC			
		In-Network - You Pay					
Rx Deductible (applies to retail and mail order)	\$50 deductible per individual						
Retail (30-day supply)	\$150 for \$70 copay \$50 copay \$15 cop						
Mail Order (90-day supply)	\$150 for 30-day supply	\$120 copay	\$80 copay	\$30 copay			

**Rx Enhanced** – Members electing to purchase preferred/non-preferred brand name drugs when "Brand Medically Necessary" is not indicated and a generic equivalent is available will be required to pay the difference between the cost of the generic and preferred/non-preferred brand name drug, plus the generic copay.

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

## **Don't Forget The COACH Clinic**

The City of Abilene Clinic for Health (COACH) is available for free to you and your dependents enrolled in the City of Abilene Medical Plan.

If you need non-emergency medical treatment, you can schedule an appointment during the week by calling 325-437-4611.

Please bring your insurance card as proof of coverage and eligibility for clinic services. Eligible employees not covered under the City's Medical Plan may also visit COACH for a small office fee.

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

## **TERMS TO KNOW**

- Calendar Year Deductible The amount of covered expenses that must be paid by a covered person each calendar year before the plan begins paying certain benefits.
- Coinsurance The portion of covered expenses you and the plan share after you meet the deductible.
   Coinsurance is listed as a percentage.
- Copayment (Copay) A specific, fixed dollar amount you must pay for certain supplies or services.
- Out-of-Pocket Maximum This helps protect you from catastrophic costs during the year. When the coinsurance you pay for covered expenses reaches the annual maximum in a calendar year, the plan pays 100% of most remaining covered expenses for that person for the rest of the year. The annual deductible and your copays count towards your out-of-pocket maximum.
- Family Maximums If you cover family members, the plan limits both your annual deductible and annual out-of-pocket maximum. When a combination of all your family's deductible expenses reaches the family deductible amount, your family no longer pays any further deductibles. When the family maximum is met for the calendar year, no other family members will be required to meet further annual deductibles or out-of-pocket maximums for the rest of that year.
- Annual Maximum The maximum amount the insurer will pay the insured for benefits in one plan year (January 1st December 31st). Each participant has his/her own individual maximum.
- **Pharmacy Deductible** Separate \$50 deductible per participant per calendar year applies to pharmacy benefit.

## Flexible Spending Accounts (FSA) Changes for 2021

An FSA allows you to set aside pre-tax dollars to cover qualified expenses that you would normally pay out of your pocket with post-tax dollars. The FSA is comprised of a health care spending account and a dependent care account. You pay no federal or state income taxes on the money you place in an FSA. Please make sure that you plan your FSA contributions carefully, as any funds not used by March 15, 2022, will be forfeited. The FSA program will not roll over into the next year, so reenrollment is required each year.

#### **How an FSA Works:**

- Choose a specific amount of money to contribute for the plan year of January 1, 2021, to December 31, 2021.
- You have until March 15, 2022, to use your 2021 FSA savings (which includes the grace period of two months and 15 days).
- For your 2020 TASC FSA accounts, all claims incurred in 2020 must be submitted to TASC by February 28, 2021 or they will not be reimbursed.
- You must keep your FSA receipts for tax purposes.

Access to your individual MyChoice Accounts, FSA Account is available at: www.benefitsolver.com.

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

#### **Health Care Spending Account**

The health care FSA lets employees use pre-tax dollars to pay any medical, dental, or vision care expenses not reimbursed by any other benefit plans. These expenses may include the deductible, coinsurance, or other eligible costs not covered by the medical plan. The maximum yearly contribution is \$2,750.

#### **Dependent Care Account**

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

#### New for 2021!

Starting in 2021, the City of Abilene will offer the Flexible Spending Account (FSA) benefit to employees for both Health Care and Dependent Care Expenses through MyChoice™ Accounts. This means you'll be able to manage your FSA through the same website where you will elect next year's benefits, Benefitsolver.com. If you currently have an FSA and want to continue electing one for 2021, you will need to look for new debit cards in the mail.

HEALTH CARE ACCOUNT ANNUAL MAXIMUM	\$2,750			
December Company of Assessing	\$5,000 married filing jointly or single and head of household			
Dependent Care Account Annual Maximum	\$2,500 married taxpayers filing separate returns			



## Need help or have questions about your enrollment?

Chat with Sofia<sup>SM</sup>, your online personal benefits assistant. She's available 24/7 to answer your benefits questions, whether you are using the mobile app or the website. She uses artificial intelligence to answer benefits questions that you would otherwise need to call the Service Center about. Access Sofia by clicking on the Chat button on the homepage of **benefitsolver.com**.

## **Dental Insurance**

The City of Abilene offers two dental plans to choose from. Both plans are administered by Delta Dental Network. In these plans, you may choose to use any dentists you wish; you will receive a higher level of benefit coverage if you choose a dentist in the Delta Dental Network. New Delta Dental enrollees will receive an employee ID card in the mail that can also be used for any dependents. **To see the In-Network providers, visit www.deltadentalins.com.** 

	LOW PLAN monthly	HIGH PLAN monthly
Employee Only	\$17.04	\$30.38
Employee and Spouse	\$35.72	\$61.82
Employee and Child(ren)	\$39.09	\$65.40
Employee and Family	\$57.77	\$92.48

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

FEATURE	LOW PLAN	HIGH PLAN		
Calendar Year Deductible – For basic and major benefits combined	\$50/Employee; \$150/Family 3 Family Member Maximum	\$50/Employee; \$150/Family 3 Family Member Maximum		
Maximum Benefit Per Calendar Year	\$1,000	\$2,000		
Preventive Services – Deductible waived				
Oral Examinations <sup>(a)</sup> ; Cleanings <sup>(a)</sup> (Adult/Child); Fluoride <sup>(a)</sup> ; Sealants (permanent molars only); Bitewing Images <sup>(a)</sup> ; Full Mouth Series Images <sup>(a)</sup> ; Space Maintainers <sup>(a)</sup>	100%	100%		
Basic Services				
Amalgam (silver) fillings; Composite fillings (anterior teeth only); Stainless steel crowns; Incision and drainage of abscess*; Uncomplicated extractions; Surgical removal of erupted tooth*; Surgical removal of impacted tooth (soft tissue)*; Surgical removal of impacted tooth (partial bony/ full bony)*; General anesthesia/intravenous sedation*	70%	80%		
Major Services				
Inlays and onlays; Crown repairs; Root Canal therapy, molar teeth; Scaling and root planing <sup>(a)</sup> ; Osseous surgery <sup>(a)*</sup> ; Crown Lengthening; Gingivectomy*; Full & partial dentures; Pontics; Denture repairs; Crown Build-Ups	50%	50%		
Waiting Period	None	None		
Orthodontic Services				
Coinsurance	50%	50%		
Coverage for Adults	No	Yes		
Waiting Period (The orthodontic waiting period is waived for all enrollees who enroll effective January 1, 2021. For anyone enrolling after January 1, 2021, the waiting period will apply.)	12 months	12 months		
Orthodontic Lifetime Maximum Benefit	\$500	\$1,500		

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

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

## **Vision Insurance**

The City of Abilene offers vision coverage for you and your eligible dependents through VSP Choice Plan. The vision plan is a network provider plan; however, it does offer benefits for out-of-network services. When you use a participating doctor or provider, you pay only a copay for most covered services. **Please note: VSP does not send out ID cards for enrollees.** Your eyecare provider can access your VSP benefits using the employee's social security number and birthday.

#### To see the In-Network providers, visit www.vsp.com

	monthly
Employee Only	\$5.00
Employee + 1	\$9.66
Employee and Family	\$14.30

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

<sup>\*</sup> See Summary of Benefits for further details.

## **Group Basic Life and AD&D Insurance**

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

## **Voluntary Term Life Insurance**

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

## One-time Guaranteed Issue Only For 2021

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

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

#### Guaranteed Issue Details

- EMPLOYEE LIFE: elect or increase up to the new guaranteed issue limit of \$100,000 (maximum includes coverage amount currently in force)
- CHILD LIFE: elect \$10,000, \$15,000 or \$20,000
- EMPLOYEE or FAMILY VOLUNTARY AD&D: elect up to \$500,000 employee (\$250,000 spouse / \$50,000 child max.)

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

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

**Beneficiary designations** should be reviewed and updated periodically. To update your beneficiary designations, call the Benefitsolver Service Center at 833-989-1964.

Questions can be directed to the Benefitsolver Service Center at 833-989-1964 or contact Ochs:

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



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

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

## Voluntary Accidental Death & Dismemberment (AD&D) Insurance

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

#### **MONTHLY COST**

CHILD TERM LIFE*	VOLUNTARY AD&D
<b>\$10,000</b> for \$1.30	Rate per \$1,000
<b>\$15,000</b> for \$1.95	Employee: \$0.035
<b>\$20,000</b> for \$2.60	Family: \$0.06*

<sup>\*</sup> Premium insures all eligible children

## **Unum Whole Life Insurance**

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

## Advantages of the Plan

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

## Who Can Get Coverage?

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

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

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

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

## Additional coverage options

- An additional 50% Term Life coverage option may be available for purchase. This is an affordable way to increase your coverage by 50% of your base policy amount. The option lasts for 20 years. For example, if you purchase a \$25,000 whole life policy, you can get an additional \$12,500 (or 50%) of Term Life coverage for 20 years.
- Available for employees age 15 to 65.
- Adding this benefit will increase the cost of coverage.
- An Accidental Death Benefit can be added to this coverage.
   This feature can double the Life benefit amount if you die due to a covered accident before age 70.

- Available for employee and spouse age 15 to 65.
- Maximum additional benefit amount is \$150,000.
- Adding this benefit will increase the cost of coverage.
- Living Benefit Option Rider Automatically included at no extra charge on this policy is a Living Benefit Option Rider. You can request up to 100% of the death benefit amount (to a maximum of \$150,000) if you are diagnosed with a medical condition that limits life expectancy to 12 months or less. Any payout you receive while you are living would reduce the amount of the benefit that would be paid to your beneficiaries when you die.

## Monthly Premiums For Unum Whole Life

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

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

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

MONTHLY	PREMIUMS BAS	SED ON A VOLUM	ME PURCHASE (	F \$10,000
	Non-Tobacco		Toba	acco
Issue Age	Premium	Cash Value	Premium	Cash Value
15	N/A	N/A	N/A	N/A
20	N/A	N/A	N/A	N/A
25	N/A	N/A	N/A	N/A
30	N/A	N/A	\$14.74	\$4,274
35	N/A	N/A	\$18.42	\$4,009
40	\$14.35	\$3,245	\$23.92	\$3,660
45	\$18.72	\$2,856	\$31.72	\$3,197
50	\$25.27	\$2,340	\$41.82	\$2,587
55	\$35.75	\$1,645	\$59.59	\$1,776
60	\$49.84	\$1,963	\$81.12	\$2,024
MONTHLY	PREMIUMS BAS	SED ON A VOLUI	ME PURCHASE (	F \$20,000
	Non-To	obacco	Toba	acco
Issue Age	Premium	Cash Value	Premium	Cash Value
15	N/A	N/A	\$18.38	\$9,516
20	N/A	N/A	\$21.58	\$9,262
25	\$14.52	\$7,872	\$25.31	\$8,949
30	\$17.86	\$7,530	\$29.47	\$8,548
35	\$22.32	\$7,080	\$36.79	\$8,018
40	\$28.69	\$6,491	\$47.84	\$7,319
45	\$37.44	\$5,712	\$63.40	\$6,394
50	\$50.49	\$4,680	\$83.59	\$5,174
55	\$71.46	\$3,291	\$119.17	\$3,552
60	\$99.67	\$3,925	\$162.20	\$4,048
MONTHLY	PREMIUMS BAS	SED ON A VOLUI	ME PURCHASE (	OF \$30,000
	Non-To	obacco	Toba	acco
Issue Age	Premium	Cash Value	Premium	Cash Value
15	\$16.82	\$12,518	\$27.56	\$14,275
20	\$18.59	\$12,205	\$32.33	\$13,894
25	\$21.80	\$11,807	\$37.96	\$13,423
30	\$26.74	\$11,295	\$44.20	\$12,822
35	\$33.50	\$10,621	\$55.17	\$12,027
40	\$42.99	\$9,736	\$71.76	\$10,979
45	\$56.16	\$8,568	\$95.12	\$9,591
50	\$75.71	\$7,020	\$125.37	\$7,760
55	\$107.17	\$4,936	\$178.75	\$5,328
60	\$149.50	\$5,888	\$243.28	\$6,072

SH VALUE	AT 65			
MONTHLY	PREMIUMS BAS	SED ON A VOLUM	ME PURCHASE C	F \$40,000
		obacco		acco
Issue Age	Premium	Cash Value	Premium	Cash Value
15	\$22.41	\$16,691	\$36.71	\$19,033
20	\$24.79	\$16,273	\$43.12	\$18,525
25	\$29.04	\$15,743	\$50.62	\$17,897
30	\$35.67	\$15,060	\$58.94	\$17,096
35	\$44.64	\$14,161	\$73.54	\$16,036
40	\$57.33	\$12,982	\$95.68	\$14,638
45	\$74.84	\$11,424	\$126.84	\$12,788
50	\$100.93	\$9,360	\$167.14	\$10,347
55	\$142.87	\$6,582	\$238.34	\$7,104
60	\$199.34	\$7,851	\$324.35	\$8,096
MONTHLY	PREMIUMS BAS	SED ON A VOLUM	ME PURCHASE (	F \$50,000
	Non-To	obacco	Toba	acco
Issue Age	Premium	Cash Value	Premium	Cash Value
15	\$28.04	\$20,864	\$45.89	\$23,791
20	\$30.99	\$20,341	\$53.91	\$23,156
25	\$36.32	\$19,679	\$63.27	\$22,372
30	\$44.55	\$18,824	\$73.67	\$21,370
35	\$55.82	\$17,701	\$91.96	\$20,046
40	\$71.63	\$16,227	\$119.60	\$18,298
45	\$93.56	\$14,280	\$158.52	\$15,986
50	\$126.15	\$11,700	\$208.96	\$12,934
55	\$178.62	\$8,227	\$297.92	\$8,881
60	\$249.17	\$9,814	\$405.43	\$10,121
MONTHLY	PREMIUMS BAS	ED ON A VOLUM	IE PURCHASE O	F \$100,000
	Non-To	bacco	Toba	ассо
Issue Age	Premium	Cash Value	Premium	Cash Value
15	\$56.03	\$41,727	\$91.78	\$47,582
20	\$61.93	\$40,682	\$107.77	\$46,312
25	\$72.59	\$39,358	\$126.54	\$44,743
30	\$89.10	\$37,649	\$147.34	\$42,739
35	\$111.59	\$35,402	\$183.87	\$40,091
40	\$143.26	\$32,454	\$239.20	\$36,595
45	\$187.12	\$28,561	\$317.03	\$31,971
50	\$252.29	\$23,399	\$417.87	\$25,868
55	\$357.20	\$16,454	\$595.84	\$17,761
60	\$498.34	\$19,627	\$810.86	\$20,241

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

	PAID UP AGE 70			
MONTHLY PREMIUMS BASED ON A VOLUME PURCHASE OF \$10,000				
	Non-Tobacco		Tob	acco
Issue Age	Premium	Cash Value	Premium	Cash Value
15	N/A	N/A	N/A	N/A
20	N/A	N/A	N/A	N/A
25	N/A	N/A	\$14.30	\$4,972
30	N/A	N/A	\$16.77	\$4,881
35	\$13.48	\$4,227	\$21.19	\$4,757
40	\$17.77	\$4,088	\$28.21	\$4,583
45	\$24.14	\$3,886	\$38.48	\$4,334
50	\$34.32	\$3,578	\$52.74	\$3,962
55	N/A	N/A	N/A	N/A
60	N/A	N/A	N/A	N/A
MONTHLY	PREMIUMS BA	SED ON A VOLU	ME PURCHASE	OF \$20,000
	Non-To	obacco	Tob	acco
Issue Age	Premium	Cash Value	Premium	Cash Value
15	\$13.00	\$8,988	\$20.59	\$10,193
20	\$14.39	\$8,905	\$24.14	\$10,083
25	\$17.03	\$8,797	\$28.56	\$9,945
30	\$21.11	\$8,652	\$33.54	\$9,763
35	\$26.91	\$8,453	\$42.38	\$9,513
40	\$35.54	\$8,175	\$56.42	\$9,166
45	\$48.28	\$7,773	\$77.01	\$8,669
50	\$68.64	\$7,157	\$105.48	\$7,923
55	N/A	N/A	N/A	N/A
60	N/A	N/A	N/A	N/A
MONTHLY	PREMIUMS BA	SED ON A VOLU	ME PURCHASE	OF \$30,000
	Non-To	obacco	Tob	acco
Issue Age	Premium	Cash Value	Premium	Cash Value
15	\$19.50	\$13,482	\$30.86	\$15,290
20	\$21.54	\$13,358	\$36.23	\$15,125
25	\$25.57	\$13,195	\$42.86	\$14,917
30	\$31.68	\$12,978	\$50.31	\$14,644
35	\$40.39	\$12,680	\$63.62	\$14,270
40	\$53.30	\$12,263	\$84.63	\$13,749
45	\$72.41	\$11,659	\$115.49	\$13,003
50	\$102.96	\$10,735	\$158.21	\$11,885
55	N/A	N/A	N/A	N/A
60	N/A	N/A	N/A	N/A

MONTHLY	PREMIUMS BA	SED ON A VOLU	ME PURCHASE	OF \$40,000
	Non-To	obacco	Tob	acco
Issue Age	Premium	Cash Value	Premium	Cash Value
15	\$26.00	\$17,976	\$41.13	\$20,386
20	\$28.73	\$17,810	\$48.28	\$20,167
25	\$34.11	\$17,594	\$57.12	\$19,889
30	\$42.21	\$17,304	\$67.08	\$19,525
35	\$53.82	\$16,907	\$84.81	\$19,026
40	\$71.07	\$16,351	\$112.80	\$18,332
45	\$96.55	\$15,545	\$153.97	\$17,337
50	\$137.24	\$14,314	\$210.91	\$15,846
55	N/A	N/A	N/A	N/A
60	N/A	N/A	N/A	N/A
MONTHLY	PREMIUMS BA	SED ON A VOLU	ME PURCHASE	OF \$50,000
	Non-To	obacco	Tob	acco
Issue Age	Premium	Cash Value	Premium	Cash Value
15	\$32.50	\$22,470	\$51.40	\$25,483
20	\$35.88	\$22,262	\$60.37	\$25,209
25	\$42.60	\$21,992	\$71.42	\$24,862
30	\$52.78	\$21,630	\$83.85	\$24,407
35	\$67.26	\$21,134	\$106.00	\$23,783
40	\$88.84	\$20,438	\$141.01	\$22,915
45	\$120.69	\$19,432	\$192.45	\$21,672
50	\$171.56	\$17,892	\$263.64	\$19,808
55	N/A	N/A	N/A	N/A
60	N/A	N/A	N/A	N/A
MONTHLY	PREMIUMS BAS	SED ON A VOLUI	ME PURCHASE (	OF \$100,000
	Non-To	obacco	Tob	acco
Issue Age	Premium	Cash Value	Premium	Cash Value
15	\$65.00	\$44,941	\$102.79	\$50,966
20	\$71.76	\$44,525	\$120.69	\$50,417
25	\$85.20	\$43,984	\$142.79	\$49,723
30	\$105.52	\$43,261	\$167.70	\$48,813
35	\$134.51	\$42,267	\$211.95	\$47,566
40	\$177.67	\$40,877	\$282.02	\$45,830
45	\$241.37	\$38,863	\$384.85	\$43,343
50	\$343.12	\$35,784	\$527.28	\$39,616
55	N/A	N/A	N/A	N/A
60	N/A	N/A	N/A	N/A

## CHILD VOLUME PURCHASE PAID UP AGE 26

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

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



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

PAID UP AGE 70 FOR BAS			
EMPLOYEE TERM RIDER MONTHLY PREMIUMS BASED ON A VOLUME PURCHASE OF \$5,000			
	Non-Tobacco	Tobacco	
Issue Age	Term Premium	Term Premium	
15	N/A	N/A	
20	N/A	N/A	
25	N/A	N/A	
30	N/A	\$2.10	
35	N/A	\$2.68	
40	\$2.42	\$3.48	
45	\$3.25	\$4.61	
50	\$4.31	\$6.08	
55	\$6.18	\$8.67	
60	\$8.63	\$11.79	
	TERM RIDER MONTHLY PI A VOLUME PURCHASE OF		
	Non-Tobacco	Tobacco	
Issue Age	Term Premium	Term Premium	
15	N/A	\$2.55	
20	N/A	\$2.76	
25	\$2.24	\$3.41	
30	\$2.82	\$4.19	
35	\$3.67	\$5.35	
40	\$4.83	\$6.96	
45	\$6.49	\$9.22	
50	\$8.62	\$12.15	
55	\$12.37	\$17.33	
60	\$17.26	\$23.58	
	E TERM RIDER MONTHLY PI I A VOLUME PURCHASE OF		
	Non-Tobacco	Tobacco	
Issue Age	Premium	Premium	
15	\$4.29	\$6.38	
20	\$4.54	\$6.90	
25	\$5.60	\$8.52	
30	\$7.04	\$10.48	
35	\$9.17	\$13.38	
40	\$12.08	\$17.40	
45	\$16.23	\$23.04	
50	\$21.54	\$30.38	
55	\$30.92	\$43.33	
60	\$43.15	\$58.96	

EMPLOYEE TERM RIDER MONTHLY PREMIUMS BASED ON A VOLUME PURCHASE OF \$15,000			
	Non-Tobacco	Tobacco	
Issue Age	Premium	Premium	
15	\$2.58	\$3.83	
20	\$2.73	\$4.14	
25	\$3.36	\$5.11	
30	\$4.23	\$6.29	
35	\$5.50	\$8.03	
40	\$7.25	\$10.44	
45	\$9.74	\$13.83	
50	\$12.93	\$18.23	
55	\$18.55	\$26.00	
60	\$25.89	\$35.38	
	TERM RIDER MONTHLY PI A VOLUME PURCHASE OF		
	Non-Tobacco	Tobacco	
Issue Age	Premium	Premium	
15	\$3.43	\$5.10	
20	\$3.63	\$5.52	
25	\$4.48	\$6.82	
30	\$5.63	\$8.38	
35	\$7.33	\$10.70	
40	\$9.67	\$13.92	
45	\$12.98	\$18.43	
50	\$17.23	\$24.30	
55	\$24.73	\$34.67	
60	\$34.52	\$47.17	
	E TERM RIDER MONTHLY PI I A VOLUME PURCHASE OF		
	Non-Tobacco	Tobacco	
Issue Age	Premium	Premium	
15	\$8.58	\$12.75	
20	\$9.08	\$13.79	
25	\$11.21	\$17.04	
30	\$14.08	\$20.96	
35	\$18.33	\$26.75	
40	\$24.17	\$34.79	
45	\$32.46	\$46.08	
50	\$43.08	\$60.75	
55	\$61.83	\$86.67	
60	\$86.29	\$117.92	

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

PAID UP AGE 70 FOR BAS			
EMPLOYEE TERM RIDER MONTHLY PREMIUMS BASED ON A VOLUME PURCHASE OF \$5,000			
	Non-Tobacco	Tobacco	
Issue Age	Term Premium	Term Premium	
15	N/A	N/A	
20	N/A	N/A	
25	N/A	\$1.70	
30	N/A	\$2.10	
35	\$1.83	\$2.68	
40	\$2.42	\$3.48	
45	\$3.25	\$4.61	
50	\$4.31	\$6.08	
55	N/A	N/A	
60	N/A	N/A	
	E TERM RIDER MONTHLY PI I A VOLUME PURCHASE OF		
	Non-Tobacco	Tobacco	
Issue Age	Term Premium	Term Premium	
15	\$1.72	\$2.55	
20	\$1.82	\$2.76	
25	\$2.24	\$3.41	
30	\$2.82	\$4.19	
35	\$3.67	\$5.35	
40	\$4.83	\$6.96	
45	\$6.49	\$9.22	
50	\$8.62	\$12.15	
55	N/A	N/A	
60	N/A	N/A	
	E TERM RIDER MONTHLY PI I A VOLUME PURCHASE OF		
	Non-Tobacco	Tobacco	
Issue Age	Premium	Premium	
15	\$4.29	\$6.38	
20	\$4.54	\$6.90	
25	\$5.60	\$8.52	
30	\$7.04	\$10.48	
35	\$9.17	\$13.38	
40	\$12.08	\$17.40	
45	\$16.23	\$23.04	
50	\$21.54	\$30.38	
	N/A	N/A	
55	IN/A	IN/A	

N/A

YEAR TERM FOR RIDER				
	EMPLOYEE TERM RIDER MONTHLY PREMIUMS BASED ON A VOLUME PURCHASE OF \$15,000			
	Non-Tobacco	Tobacco		
Issue Age	Premium	Premium		
15	\$2.58	\$3.83		
20	\$2.73	\$4.14		
25	\$3.36	\$5.11		
30	\$4.23	\$6.29		
35	\$5.50	\$8.03		
40	\$7.25	\$10.44		
45	\$9.74	\$13.83		
50	\$12.93	\$18.23		
55	N/A	N/A		
60	N/A	N/A		
	E TERM RIDER MONTHLY PI I A VOLUME PURCHASE OF			
	Non-Tobacco	Tobacco		
Issue Age	Premium	Premium		
15	\$3.43	\$5.10		
20	\$3.63	\$5.52		
25	\$4.48	\$6.82		
30	\$5.63	\$8.38		
35	\$7.33	\$10.70		
40	\$9.67	\$13.92		
45	\$12.98	\$18.43		
50	\$17.23	\$24.30		
55	N/A	N/A		
60	N/A	N/A		
	E TERM RIDER MONTHLY PI I A VOLUME PURCHASE OF			
	Non-Tobacco	Tobacco		
Issue Age	Premium	Premium		
15	\$8.58	\$12.75		
20	\$9.08	\$13.79		
25	\$11.21	\$17.04		
30	\$14.08	\$20.96		
35	\$18.33	\$26.75		
40	\$24.17	\$34.79		
45	\$32.46	\$46.08		
50	\$43.08	\$60.75		
55	N/A	N/A		
	1 W/ /\tau	13/ 🔼		

N/A

N/A

N/A

60

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

MONTHLY PREMIUM	S BASED ON A VOLUME PL	JRCHASE OF \$10,000
	Non-Tobacco	Tobacco
Issue Age	ADB	ADB
15	N/A	N/A
20	N/A	N/A
25	N/A	N/A
30	N/A	\$0.80
35	N/A	\$0.80
40	\$0.80	\$0.80
45	\$0.80	\$0.80
50	\$0.80	\$0.80
55	\$0.80	\$0.80
60	\$0.80	\$0.80
MONTHLY PREMIUM	S BASED ON A VOLUME PL	JRCHASE OF \$20,000
	Non-Tobacco	Tobacco
Issue Age	Term Premium	Term Premium
15	N/A	\$1.60
20	N/A	\$1.60
25	\$1.60	\$1.60
30	\$1.60	\$1.60
35	\$1.60	\$1.60
40	\$1.60	\$1.60
45	\$1.60	\$1.60
50	\$1.60	\$1.60
55	\$1.60	\$1.60
60	\$1.60	\$1.60
MONTHLY PREMIUM	S BASED ON A VOLUME PL	JRCHASE OF \$50,000
	Non-Tobacco	Tobacco
Issue Age	Premium	Premium
15	\$4.00	\$4.00
20	\$4.00	\$4.00
25	\$4.00	\$4.00
30	\$4.00	\$4.00
35	\$4.00	\$4.00
40	\$4.00	\$4.00
45	\$4.00	\$4.00
50	\$4.00	\$4.00
55	\$4.00	\$4.00
60	\$4.00	\$4.00

MONTHLY PREMIUM	S BASED ON A VOLUME PL	IRCHASE OF \$30,000
	Non-Tobacco	Tobacco
Issue Age	Premium	Premium
15	\$2.40	\$2.40
20	\$2.40	\$2.40
25	\$2.40	\$2.40
30	\$2.40	\$2.40
35	\$2.40	\$2.40
40	\$2.40	\$2.40
45	\$2.40	\$2.40
50	\$2.40	\$2.40
55	\$2.40	\$2.40
60	\$2.40	\$2.40
MONTHLY PREMIUM	S BASED ON A VOLUME PL	IRCHASE OF \$40,000
	Non-Tobacco	Tobacco
Issue Age	Premium	Premium
15	\$3.20	\$3.20
20	\$3.20	\$3.20
25	\$3.20	\$3.20
30	\$3.20	\$3.20
35	\$3.20	\$3.20
40	\$3.20	\$3.20
45	\$3.20	\$3.20
50	\$3.20	\$3.20
55	\$3.20	\$3.20
60	\$3.20	\$3.20
MONTHLY PREMIUMS	BASED ON A VOLUME PU	RCHASE OF \$100,000
	Non-Tobacco	Tobacco
Issue Age	Premium	Premium
15	\$8.00	\$8.00
20	\$8.00	\$8.00
25	\$8.00	\$8.00
30	\$8.00	\$8.00
35	\$8.00	\$8.00
40	\$8.00	\$8.00
45	\$8.00	\$8.00
50	\$8.00	\$8.00
55	\$8.00	\$8.00
60	\$8.00	\$8.00

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

MONTHLY PREMIUM	S BASED ON A VOLUME PL	JRCHASE OF \$10,000
	Non-Tobacco	Tobacco
Issue Age	ADB	ADB
15	N/A	N/A
20	N/A	N/A
25	N/A	\$0.80
30	N/A	\$0.80
35	\$0.80	\$0.80
40	\$0.80	\$0.80
45	\$0.80	\$0.80
50	\$0.80	\$0.80
55	N/A	N/A
60	N/A	N/A
	S BASED ON A VOLUME PL	
	Non-Tobacco	Tobacco
Issue Age	Term Premium	Term Premium
15	\$1.60	\$1.60
20	\$1.60	\$1.60
25	\$1.60	\$1.60
30	\$1.60	\$1.60
35	\$1.60	\$1.60
40	\$1.60	\$1.60
45	\$1.60	\$1.60
50	\$1.60	\$1.60
55	N/A	N/A
60	N/A	N/A
MONTHLY PREMIUM	S BASED ON A VOLUME PL	JRCHASE OF \$50,000
	Non-Tobacco	Tobacco
Issue Age	Premium	Premium
15	\$4.00	\$4.00
20	\$4.00	\$4.00
25	\$4.00	\$4.00
30	\$4.00	\$4.00
35	\$4.00	\$4.00
40	\$4.00	\$4.00
45	\$4.00	\$4.00
50	\$4.00	\$4.00
55	N/A	N/A
60	N/A	N/A

MONTHLY PREMIUMS BASED ON A VOLUME PURCHASE OF \$30,000			
	Non-Tobacco	Tobacco	
Issue Age	Premium	Premium	
15	\$2.40	\$2.40	
20	\$2.40	\$2.40	
25	\$2.40	\$2.40	
30	\$2.40	\$2.40	
35	\$2.40	\$2.40	
40	\$2.40	\$2.40	
45	\$2.40	\$2.40	
50	\$2.40	\$2.40	
55	N/A	N/A	
60	N/A	N/A	
MONTHLY PREMIUM	S BASED ON A VOLUME PL	JRCHASE OF \$40,000	
	Non-Tobacco	Tobacco	
Issue Age	Premium	Premium	
15	\$3.20	\$3.20	
20	\$3.20	\$3.20	
25	\$3.20	\$3.20	
30	\$3.20	\$3.20	
35	\$3.20	\$3.20	
40	\$3.20	\$3.20	
45	\$3.20	\$3.20	
50	\$3.20	\$3.20	
55	N/A	N/A	
60	N/A	N/A	
MONTHLY PREMIUMS	S BASED ON A VOLUME PU	RCHASE OF \$100,000	
	Non-Tobacco	Tobacco	
Issue Age	Premium	Premium	
15	\$8.00	\$8.00	
20	\$8.00	\$8.00	
25	\$8.00	\$8.00	
30	\$8.00	\$8.00	
35	\$8.00	\$8.00	
40	\$8.00	\$8.00	
45	\$8.00	\$8.00	
50	\$8.00	\$8.00	
55 60	N/A	N/A	

N/A

60

Employees must be U.S. citizens or legally authorized to work in the U.S. to receive coverage. Spouses and dependents must live in the U.S. to receive coverage. This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to policy form L-21848 or contact your Unum representative. Unum complies with state civil union and domestic partner laws when applicable.

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

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

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

## **Unum Critical Illness Insurance**

Unum's critical illness insurance can help protect your finances from the expense of a serious health problem, such as a stroke or heart attack. Cancer coverage is also available. This plan pays a lump sum benefit directly to you – please see the Unum website for additional information on available benefit levels.

#### What is Covered?

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

- Heart attack
- Blindness
- Major organ failure
- End-stage renal (kidney) failure
- Occupational HIV
- Coronary artery bypass surgery (pays 25% of lump sum benefit)
- Benign brain tumor
- Stroke (evidence of persistent neurological deficits confirmed at least 30 days after the event)

## Advantages of the Plan

- Coverage is available to eligible employees who are actively at work.\*
- You can buy coverage for your spouse and dependent children.
- All eligible children are automatically covered at 25% of the employee benefit amount at no additional cost.
   Eligible children are covered for the same conditions as the employee and the following specific childhood conditions: cerebral palsy, cleft lip or palate, cystic fibrosis, Down syndrome and spina bifida. Diagnosis must occur after the child's coverage effective date.
- You can use this coverage more than once. If you receive a full benefit payout for a covered illness, your coverage

- Coma (resulting from severe injury lasting 14 consecutive days or more)
- Permanent paralysis (complete and permanent loss of the use of two or more limbs for a continuous 90 days as a result of a covered accident)

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

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

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

can be continued for the remaining covered conditions. The diagnosis of a new covered illness must occur at least 90 days after the most recent diagnosis. Each condition is payable once per lifetime.

- You get affordable rates when you buy this policy through your employer, and the premiums are conveniently deducted from your paycheck.
- You own the policy, so you can keep this coverage if you change jobs or retire. Unum will bill you directly for the same premium amount.
- Coverage becomes effective on the first day of the month in which payroll deductions begin.

## Monthly Premium (rates are the same for employee or spouse)

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

## **Unum Wellness Benefits**

Take advantage of Unum wellness benefits. Regular wellness screenings and exams appropriate to your stage of life are an important part of staying healthy and catching problems early. You could receive a direct payment when you visit a physician for a covered screening or exam.

If you have a Unum plan, you may qualify for this wellness benefit. See the Unum website for details.

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

<sup>&</sup>lt;sup>1</sup> Carcinoma in situ is defined as cancer that involves only cells in the tissue in which it began and that has not spread to nearby tissues.

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Portland, Maine

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## **Unum Accident Insurance**

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

## Advantages of the plan

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

## **Monthly Premium**

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

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

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Chattanooga, Tennessee

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

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

## **Employee Assistance Program (EAP)**

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

You may call the EAP 24 hours a day, 7 days a week, to discuss your concerns, to receive crisis counseling, or get referrals for face-to-face counseling.

For EAP services, please call (800) 343-3822 and indicate that you are with the City of Abilene. An EAP teen line is available at (800) 334-TEEN (8336). To register for EAP services online, go to www.awpnow.com and use the registration code AWP-COAB-867.

## Well OnTarget

Take advantage of BlueCross BlueShield of Texas program's to help you be healthier. Called Well OnTarget, this program offers everything from health assessments to online tips and tools to help you reach health goals.

It also offers you an incentive to stay on track. The Blue Points<sup>SM</sup> Program offers points for wellness activities, which you can redeem for a variety of merchandise at their online shopping mall. To get started, Log in to Blue Access for Members (BAM) at **bcbstx.com/members** and click Register Now on the login screen.

## **Next Steps**

- If you are adding dependents, be prepared with social security numbers and dates of birth. In addition, all enrolled dependents require verification of relationship (birth certificate, marriage license, or other legal documents) to be uploaded to your online Benefitsolver.com account by December 5, 2020.
- All full-time employees must complete the enrollment process no later than 11:59 PM on Wednesday, November 4, in order to have benefits in 2021.

#### Starting on October 23, 2020, you will have 3 new ways to enroll:

- 1. Visit **benefitsolver.com** and register using the company key "abilene." There will be a large red button at the top of the screen titled "Start Now." Click the button and follow the prompts to make your 2021 elections.
- 2. Download the MyChoice™ Mobile App. This app lets you store digital versions of your ID cards, access coverage details, upload dependent verification documents, make benefits elections and much more. Go to **benefitsolver.com** and click "Get Access Code" for a link to download the app and an access code to get started.
- 3. Chat with a benefits specialist by calling our new Service Center at 833-989-1964. A member advocate is available Monday through Friday from 7 a.m. to 7 p.m., CST.

Remember to keep your benefit confirmation statement as your receipt that you enrolled in benefits for 2021. Also, be sure to review the benefit confirmation statement carefully; any pending verification documents must be uploaded to your online Benefitsolver.com account by December 5, 2020. Be sure to compare your 2021 Open Enrollment elections with the deductions on your January 8, 2021 paycheck.

## **Contact Information**

BENEFIT	CONTACT	PHONE NUMBER	WEBSITE	GROUP/POLICY NUMBER
Medical Insurance	BlueCross/BlueShield	(800) 521-2227	www.bcbstx.com	270460
Flexible Spending Account	MyChoice Accounts	(833)-989-1964	www.benefitsolver.com	N/A
Dental Insurance	Delta Dental	(800) 521-2651	www.deltadentalins.com	20144
Vision	VSP Vision	(800) 852-7600	www.vsp.com	30092663
Basic Life & AD&D Insurance and Voluntary Term Life Insurance	Securian Financial Ochs	(651) 665-3789 (800) 392-7295	www.ochsinc.com	N/A
Whole Life Insurance	Unum	(866) 679-3054	www.unum.com	R0557009
Group Critical Illness Insurance	Unum	(866) 679-3054	www.unum.com	R0557009
Accident Insurance	Unum	(866) 679-3054	www.unum.com	R0557009

This benefit booklet summarizes the provisions of your Employee Benefits offered by the City of Abilene effective January 1, 2021. Complete details of each plan are included in the official plan documents and contracts. If there is a difference between this book and the documents or contracts, the documents and contracts will govern. Benefits described in this book may be changed at any time and do not represent a contractual obligation on the part of the City of Abilene.

Notes		

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