Citrus County School Board

- Medical
- Telehealth
- Hospital Indemnity
- Medical Reimbursement FSAs
- Dental
- Vision
- Disability
- Term Life Insurance
- Permanent Life Insurance
- Accident
- Cancer
- Critical Illness
- Guidance Resources
- ID Theft Protection
- Emergency Medical Transportation

2023 Employee Benefit Guide

Plan Year: January 1, 2023 - December 31, 2023

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

PLAN YEAR
The Plan Year for CCSB's benefit program is **1/1/2023** through **12/31/2023**. For Open Enrollment, benefits will become effective January 1st or upon approval of evidence of insurability if required.

HOW DO I ENROLL?
Visit: **www.MyBenefitsHub.com/CitrusCountySB**

USERNAME: The first six (6) characters of your last name, followed by the first letter of your first name, followed by the last four (4) digits of your Social Security Number.

PASSWORD: Last Name (Excluding punctuation) followed by the last four (4) digits of your Social Security Number.

WHO IS ELIGIBLE?

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

WHO IS AN ELIGIBLE DEPENDENT?

- Current spouse
- Natural, adopted, step children up to age 26
- Disabled children of any age if they were enrolled prior to age 26
- Children up to age 26 for whom the subscriber has assumed a parent-child relationship and is considered the primary care parent. **Note:** CCSB will ask subscribers to supply various forms of documentation to certify the relationship.
- Children age 26 through the end of the calendar year the child obtains age 30, if the child meets the following criteria:

    - The child must be a Florida resident or, if not, the child must be a full-time or part-time student whose parent resides in Florida
    - The child must not be married
    - The child must not have a dependent of his own
    - The child must not be covered by another health plan or policy (group or individual) or by Medicare

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

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

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

WHO DO I CONTACT WITH QUESTIONS?

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

Employee Benefit Portal: www.mybenefitshub.com/CitrusCountySB

Benefit Information Access | Online Enrollment Access | Contact Information

HEALTH INSURANCE	PROVIDER	PHONE	WEBSITE	PG.
Medical Insurance	Florida Blue	800.352.2583	https://www.floridablue.com	9 - 11
Wellness Center	My Health Onsite	888.644.1448	www.my-patientportal.com	12
Biometric Screening	Life Scan Wellness Center	*Refer to the Risk Management and Employee Relations Dept		13 - 14

EMPLOYEE BENEFIT PLANS	PROVIDER	PHONE	WEBSITE/EMAIL	
Emergency Medical Transportation	MASA	877.503.0585	https://www.masamts.com	15 - 16
Telehealth	Access Medical	800.800.7616	https://mybenefitswork.com	17 - 18
Hospital Indemnity	American Public Life	800.256.8606	https://www.ampublic.com	19 - 22
Dental	Ameritas	800.487.5553	https://www.ameritas.com	23 - 26
Vision	Ameritas : VSP	800.255-4931	https://www.vsp.com	27 - 28
Disability Income Protection	OneAmerica	800.553.5318	https://www.oneamerica.com	29 - 32
Permanent Life Insurance	Texas Life	800.283.9233	https://www.texaslife.com	33 - 36
Term Life Insurance	OneAmerica	800.553.5318	https://www.oneamerica.com	37 - 38
Accidental Death & Dismemberment	Cigna	800.732.1603	https://www.cigna.com	39 - 40
Cancer	American Public Life	800.256.8606	https://www.ampublic.com	41 - 47
Accident	American Public Life	800.256.8606	https://www.ampublic.com	48 - 50
Critical Illness	Sun Life Financial	800.733.7879	https://www.sunlife.com	51 - 54
Identity Theft Protection	Norton LifeLock	800.607.9174	https://www.lifelock.com	55 - 56
Flexible Spending Accounts (FSAs)	National Benefit Services	800.274-0503	https://www.nbsbenefits.com	57 - 58

EMPLOYEE RESOURCES	PROVIDER	PHONE	WEBSITE/EMAIL	
Guidance Resources	ComPsych	855.387.9727	https://www.guidanceresources.com CCSB Company Web ID: **ONEAMERICA3**	59 - 60

OPTIONAL LIFE	PROVIDER	PHONE	WEBSITE/EMAIL
$15,000 / $10,000 Term Life	Florida Combined Life	800.352.2583	https://www.floridablue.com

Enrollment Instructions

Login at:

MyBenefitsHub.com/CitrusCountySB

Introduction:

THEbenefitsHUB gives you access to your benefits 24 hours a day, 7 days a week from anywhere you have Internet connection. These instructions are meant to walk you through the simple enrollment process, taking you page-by-page through your enrollment screens and providing information on how to efficiently complete your enrollment walk-through.

Username & Password:

USERNAME: The first six (6) characters of your last name, followed by the first letter of your first name, followed by the last four (4) digits of your Social Security Number.

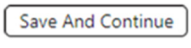
PASSWORD: Last Name (Excluding punctuation) followed by the last four (4) digits of your Social Security Number.

EXAMPLE:	James Crook | 987-65-4321	Kelly Essman-Crook | 123-45-6789
USERNAME:	**crookj4321**	**essmank6789**
PASSWORD:	**crook4321**	**essmancrook6789**

Open Enrollment: All passwords have been reset to the format above for Open Enrollment. Once you have logged in, you will use the password that you created, NOT the password format listed above.

Upon Logging In:

When you log in for the first time, you will be asked to change your password and/or electronically sign two acknowledgement pages. Outlined below is how to complete these actions, and what they mean.

Change Password: When logging in for the first time, you will be brought to a page prompting you to update your password following your company's password policy. Once your new password has been set, click 

Enrollment Instructions

Acknowledgements:

System Acknowledgements: The System Acknowledgements page is displayed when you log in to the system as an employee. Read this section carefully as it contains disclaimer information and requires an electronic signature.

To continue in the online enrollment process, read through each section, checking each applicable box to signify acceptance of the acknowledgment.

When you have checked all applicable boxes, click [I Acknowledge] at the bottom of the page to proceed. Note that by clicking this button, you are agreeing to the terms.

This will take you to the Company Acknowledgements page.

Company Acknowledgements: The Company Acknowledgements page is specific to your company. Read through each section, checking each applicable box to signify acceptance of the acknowledgment.

Click [I Acknowledge] to continue.

Please note, there may be documents presented containing additional information for both your System and Company Acknowledgements pages. If you have already given your electronic signature you will not be asked to sign again, but you can view your previous acknowledgments in the File Cabinet.

Demographic Information:

The Employee Information Entry process requires you to enter demographic information. You will need to review any pre-filled information for accuracy. Complete new or missing information and click on the [Save And Continue] button when you are ready to proceed to the next step.

Please Note: All fields in BOLD are required.

Personal Information: In addition to any other information, enter an email address if you have one. If you need to use the Forgot Password link on the Login page, the system will deliver your new login credentials to this email address.

Dependent Information: To add a dependent, click on the + icon. To edit an existing dependent, click on the icon or the name of the dependent listed. Click on the [Save] button after successfully adding information for each dependent. Click [Save And Continue] at the bottom of the page after all dependents have been added. Please make sure to indicate if your child is a full-time student and/or claimed on your tax return as this could affect eligibility on some benefit plans.

To revisit any of the sections mentioned select the [Back] button to return to the previous page.

Enrollment Instructions

Benefits Enrollment:

When you have completely entered all of your personal and dependent information, you will begin your online enrollment for any of the benefits in which you are eligible. Each benefit will appear on individual pages for your review. Choose your election and then click the Save And Continue button to proceed to the next benefit.

View Important Plan Information: Importance of specific features in a plan or add any disclaimers that may be necessary in the "Plan Information" section. This section can be found at the top of the page.

Product Summary Video: Videos are placed throughout the benefit election process. You can access product videos that explain the purpose, function, and importance by clicking on the (play button) icon when available.

View Benefit Descriptions: To view, click on the View Plan Outline of Benefit link underneath the plan name. Doing so displays a plan summary and any available links or documentation related to this plan.

View Plan Cost: Click on the checkbox next to each eligible family member or choose the coverage level you would like. The cost will automatically appear in the box to the right of the members' names. Additionally, the "Election Summary" box will be updated as coverage adjustments are made.

View Total Plan Cost: While selecting plans, the cost will automatically adjust in the "Election Summary" box in response to your selections.

Forms: One or more of your Benefit Plans may require a paper form to be submitted with the Insurance Carrier. If this is the case, THEbenefitsHUB will prompt you to print the necessary forms during your online enrollment session.

Evidence of Insurability:

This page is present if you have elected coverage pending carrier approval. For coverage to be submitted for carrier approval, please complete and submit any applicable Evidence of Insurability forms present. Clicking the Save And Continue button will take you to your next step.

Beneficiary Information:

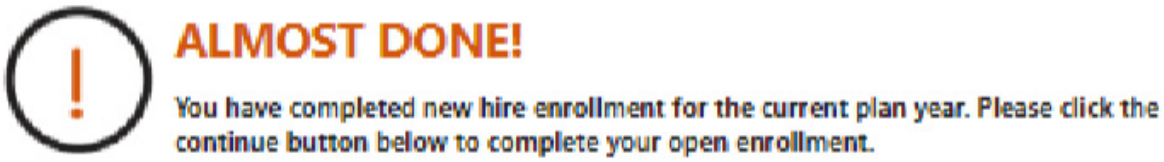
You will be taken to the Beneficiary Information page if you have elected benefits that require beneficiary designations. Once you have selected your beneficiaries, you will be taken to the Consolidated Enrollment Form. You can select a dependent or a add a new beneficiary. Push the button to confirm that the information is correct. Bolded fields are required. Click Save And Continue.

Choose what percentage of your benefits go to each beneficiary. You may not exceed a total of 100% for your primary or contingent beneficiary designation for each product.

Enrollment Instructions

Consolidated Enrollment Form:

If your Consolidated Enrollment Form says "Almost Done!"



you have completed your New Hire enrollment but still need to complete your company's Open Enrollment. Click [Continue] to begin your Open Enrollment.

If your Consolidated Enrollment Form says "Congratulations!"

this signals the end of your enrollment and the page will display information summarizing your enrollment. You may make changes to anything that is incorrect by clicking on the Benefit Plan name to restart your enrollment.

When you have completed your benefit selections, click the [Main Menu] button and you will be redirected to the Employee Menu screen.

Employee Menu:

After you have completed your enrollment in the system, you will see the following Employee Menu icons:

Personal Information: You can access and edit your information by selecting the menu items under Personal Information. This section will also allow you to change your Password.

Dependent Information: You can access and edit information for Dependents in this section. Make sure the HR Department knows of any changes made as this may change eligibility status or give an opportunity to change enrollment in certain benefits!

Benefit Plan Information: You can access and view benefits in this section. You will not be able to change benefit elections unless it is during your annual enrollment period. See a quick overview of all your elected information on the Consolidated Enrollment Form. In addition to accessing the Evidence of Insurability, Beneficiary Information, and Consolidated Enrollment Form pages, you can also access the File Cabinet, which will contain enrollment snapshots of pages like the Acknowledgments and Consolidated Enrollment Form

2023 Rate Summary
Semi-Monthly Payroll Deductions

Health Insurance

Florida Blue **# 15888**

	Blue Options Plan # 03359	Blue Options HSA Compatible Plan # 05168/05169	Blue Options HSA Compatible Plan # 05172/05173
Employee Only	$ 173.04	$ 71.55	$ 53.00
Employee + One	$ 687.80	$ 476.76	$ 506.72
Family	$ 731.65	$ 520.44	$ 525.39

*CCSB Contributes $572.00 per month towards the cost of health insurance.

Husband & Wife Both Employed through CCSB

Employee + One	$ 401.08	$ 190.76	$ 220.72
Family	$ 445.65	$ 234.44	$ 239.39

*CCSB Contributes $1,144.00 per month towards the cost of health insurance.

** Plan 5172/5173 will not have the benefits of the Wellness Center **

2023 Biometric Screening

Life Scan Wellness Centers

	Comprehensive Biometric Screening
Per Person	$ 17.71

Emergency Medical Transportation

MASA

	Emergent Ground	Emergent Plus	Platinum
Employee Only	$ 4.50	$ 7.00	$ 12.09
Employee & Family	Included	Included	$ 16.30

Flexible Spending Accounts

Total Administrative Services Corporation (National Benefit Services) **#**

	Medical Reimbursement Account	Dependent Care Reimbursement Account
Annual Contribution Limits	$ 3,050	$ 5,000

Telehealth & Health Advocacy

Access Medical **# AM100Q**

	Access Medical
Employee & Family	$ 5.00

Hospital Indemnity Insurance

American Public Life **# 13321**

	$1,500 HIP (05168)	$2,500 HIP (03359)	$3,000 HIP (05169; 5172/3)
Employee Only	$ 11.67	$ 18.33	$ 23.46
Family	$ 23.04	$ 36.42	$ 46.71

Dental

Ameritas **# 010-32352**

	Basic Plan	Select Plan
Employee Only	$ 10.72	$ 18.84
Employee + One	$ 20.44	$ 35.62
Family	$ 36.46	$ 61.88

Vision

Ameritas (VSP Network) **# 010-32352**

Employee Only	$ 4.80
Family	$ 13.53

Long-Term Disability

One America **# 616448**

Percentage (%) of Salary Educator Disability Plan	45% of Salary Cost Per $100 Mo. Benefit	55% of Salary Cost Per $100 Mo. Benefit	65% of Salary Cost Per $100 Mo. Benefit
0 / 7 Day Elimination Period*	$ 1.61	$ 1.78	$ 2.06
14 Day Elimination Period*	$ 1.37	$ 1.53	$ 1.76
30 Day Elimination Period*	$ 1.21	$ 1.34	$ 1.55
60 Day Elimination Period	$ 1.00	$ 1.11	$ 1.28
90 Day Elimination Period	$ 0.58	$ 0.65	$ 0.75
180 Day Elimination Period	$ 0.43	$ 0.48	$ 0.55
*Includes 1st Day Hospital Benefit			

**Limited Pre-Existing Condition Benefit only applies If you enroll during your new employee eligibility period.

Lump Sum Disability Rider	$10,000	$20,000	$30,000
18 - 24	$ 0.30	$ 0.60	$ 0.90
25 - 29	$ 0.40	$ 0.80	$ 1.20
30 - 34	$ 0.60	$ 1.20	$ 1.80
35 - 39	$ 0.80	$ 1.60	$ 2.40
40 - 44	$ 1.50	$ 3.00	$ 4.50
45 - 49	$ 2.40	$ 4.80	$ 7.20
50 - 54	$ 3.80	$ 7.60	$ 11.40
55 - 59	$ 5.70	$ 11.40	$ 17.10
60 +	$ 10.40	$ 20.80	$ 31.20

*Must be enrolled in the Long-Term Disability Plan to Elect this Coverage

Accident Plan

American Public Life **# 13321**

Employee Only	$ 4.13
Employee & Spouse	$ 7.06
Employee & Child(ren)	$ 8.30
Family	$ 11.23

Optional Life Insurance

Florida Combined Life

Benefit Amount (Life / AD&D)	
$15,000 / 10,000 AD&D thru age 64	$ 5.90
$ 9,750 / 6,500 AD&D thru ages 65 - 69	$ 3.84
$ 7,500 / 5,000 AD&D thru ages 70 – 74	$ 2.95
$ 3,750 / 2,500 AD&D thru ages 75 +	$ 1.48

Voluntary Term Life Insurance (AD&D Included)

OneAmerica **# 616448**

Age Bracket	$20,000	$200,000
18 – 29	$ 0.46	$ 4.60
30 – 34	$ 0.73	$ 7.30
35 – 39	$ 1.15	$ 11.50
40 – 44	$ 1.67	$ 16.70
45 – 49	$ 2.62	$ 26.20
50 – 54	$ 4.10	$ 41.00
55 – 59	$ 6.27	$ 62.70
60 – 64	$ 9.42	$ 94.20
65 – 69	$ 15.95	$ 159.50
70 +	$ 28.42	$ 284.20

*Spouse may enroll in 50% employee coverage and premiums based on employee's age.

Child(ren) Life & AD&D	$5,000	$10,000
to age 19, or 25 if full time student	$ 0.84	$ 1.68

Accidental Death & Dismemberment Insurance

CIGNA **# 815443**

Benefit Amount	Employee Only	Spouse (100% Employee)	Spouse (50% Employee)	Children (10% Employee)
$ 250,000	$ 4.50	$ 4.50	$ 2.25	$ 0.90
$ 200,000	$ 3.60	$ 3.60	$ 1.80	$ 0.72
$ 150,000	$ 2.70	$ 2.70	$ 1.35	$ 0.54
$ 100,000	$ 1.80	$ 1.80	$ 0.90	$ 0.36
$ 25,000	$ 0.90	$ 0.90	$ 0.45	$ 0.09

Permanent Life Insurance

Texas Life **# SM8440**

Issue Age	$25,000	$50,000	$100,000
11 - 20	$ 4.00	n/a	n/a
25	$ 4.25	$ 7.75	$ 14.75
30	$ 4.75	$ 8.75	$ 16.75
35	$ 5.88	$ 11.00	$ 21.25
45	$ 12.00	$ 23.75	$ 45.75
55	$ 26.75	$ 52.75	n/a
60	$ 33.00	$ 69.25	n/a

*Sample – Non Tobacco Rates – Cost locked at age of election

Cancer Plan

American Public Life **# 13321**

	Low Option Base Plan	High Option Base Plan
Employee Only	$ 11.90	$ 17.10
Employee & Spouse	$ 21.15	$ 30.20
Employee & Child(ren)	$ 16.60	$ 23.70
Family	$ 21.15	$ 30.20

	Low Option Base Plan With $600 Daily ICU Benefit	High Option Base Plan With $600 Daily ICU Benefit
Employee Only	$ 13.55	$ 18.75
Employee & Spouse	$ 24.60	$ 33.65
Employee & Child(ren)	$ 18.85	$ 25.95
Family	$ 24.60	$ 33.65

Critical Illness Insurance

Sun Life Financial **# 919914**

Issue Age	$5,000	$10,000	$25,000
Thru Age 29	$ 1.20	$ 2.40	$ 6.00
30 – 39	$ 1.83	$ 3.65	$ 9.13
40 – 49	$ 2.73	$ 5.45	$ 13.63
50 – 59	$ 4.90	$ 9.80	$ 24.50
60 – 64	$ 7.05	$ 14.10	$ 35.25
65 +	$ 8.53	$ 17.05	$ 42.63

*Non Tobacco Rates. Spouse eligible for 50% of Employee Amount

Identity Theft Protection

LifeLock **# E0006306**

	Benefit Essential	Benefit Premier
Employee Only	$ 4.25	$ 7.50
Employee & Family	$ 8.49	$ 14.99

Florida Blue
An Independent Licensee of the Blue Cross and Blue Shield Association

Citrus County School Board 2023 Health Benefits	Blue Options 03359	Blue Options HSA Compatible 05168 / 05169	Blue Options HSA Compatible 05172 / 05173
In-Network			
Deductible (Per Person / **Family Aggregate**)	**$1,000** / $2,000	**$1,500** / $3,000	**$6,500** / $13,100
Coinsurance (Member Responsibility)	20%	10%	0%
Out of Pocket Maximum (Per Person / Family	$5,000 / $10,000	$4,500 / $6,000	$6,500 / $13,100
Lifetime Maximum	No Maximum	No Maximum	No Maximum
Professional Provider Services			
Primary Care Physician (Family Physician)	$20	Deductible + 10%	Deductible
Specialist	Deductible + 20%	Deductible + 10%	Deductible
E - Primary Care Physician (Family Physician)	$10	Deductible + 10%	Deductible
E - Specialist	Deductible + 20%	Deductible + 10%	Deductible
Preventative Care (Adult Wellness Office Services)			
Primary Care Physician (Family Physician)	$0	$0	$0
Specialist	$0	$0	$0
Emergency/Urgent Care/Convenient Care			
Emergency Room Facility Servcies	$100	Deductible + 10%	Deductible
Urgent Care Centers (UCC)	Deductible + 20%	Deductible + 10%	Deductible
Conveinent Care Centers (CCC)	$20	Deductible + 10%	Deductible
Facility Services - Hosp/Surg/ICL/IFFT			
Ambulatory Surgical Center	$100	Deductible + 10%	Deductible
Independent Clinical Lab	$0	Deductible + 10%	Deductible
Independent Diagnostic Testing Facility			
Advanced Imaging Services (AIS)	$125	Deductible + 10%	Deductible
Other Diagnostic Services	$50	Deductible + 10%	Deductible
Inpatient Hospital (per admission)	Option 1 $600 / Option 2 $900	Deductible + 10%	Deductible
Prescription Drugs			
Retail (30 Days)	$250 Deductible	Deductible	Deductible
Generic / Preferred Brand / Non-	20% / 30% / 40%	then Covered at 100%	then $10 / $30 / $50
Mail Order (90 Days)			Deductible
Generic / Preferred Brand / Non-	$20 / $50 / $80	Not Covered	then $25 / $75 / $125
Out of Network:			
Deductible (Per Person / Family Aggregate)	Combined with In-Network	$3,000 / $6,000	$10,000 / $20,000
Coinsurance (Member Responsibility)	20%	20%	20%
Out of Pocket Maximum (Per Person / Family	Combined with In-Network	$6,000 / $12,000	$10,000 / $20,000
Lifetime Maximum	No Maximum	No Maximum	No Maximum
Professional Provider Services			
Primary Care Physician (Family Physician)	Deductible + 40%	Deductible + 20%	Deductible + 20%
Specialist	Deductible + 40%	Deductible + 20%	Deductible + 20%
E - Primary Care Physician (Family Physician)	Not Covered	Not Covered	Not Covered
E - Specialist	Not Covered	Not Covered	Not Covered
Preventative Care (Adult Wellness Office Services)			
Primary Care Physician (Family Physician)	40%	20%	20%
Specialist	40%	20%	20%
Emergency/Urgent Care/Convenient Care			
Emergency Room Facility Servcies	$100	Deductible + 10%	In-Network Deductible
Urgent Care Centers (UCC)	Deductible + 20%	Deductible + 10%	Deductible
Conveinent Care Centers (CCC)	Deductible + 40%	Deductible + 20%	Deductible + 20%
Facility Services - Hosp/Surg/ICL/IFFT			
Ambulatory Surgical Center	Deductible + 40%	Deductible + 20%	Deductible + 20%
Independent Clinical Lab	Deductible + 40%	Deductible + 20%	Deductible + 20%
Independent Diagnostic Testing Facility	Deductible + 40%	Deductible + 20%	Deductible + 20%
Inpatient Hospital (per admission)	Deductible + 40%	Deductible + 20%	Deductible + 20%

Plans 05172/05173 do not include access to the Wellness Center.

This is not an insurance contract or Benefit Booklet. This Benefit Summary is only a partial description of the many benefits and services provided or authorized by Florida Blue. This does not constitute a contract. For a complete description of benefits and exclusions, please see the Florida Blue Benefit Booklets and Schedule of Beneits; its terms prevail.

	Blue Options Plan # 03359	Blue Options HSA Compatible Plan # 05168/05169	Blue Options HSA Compatible Plan # 05172/05173
Employee Only	**$ 173.04**	**$ 71.55**	**$ 53.00**
Employee + One	**$ 687.80**	**$ 476.76**	**$ 506.72**
Family	**$ 731.65**	**$ 520.44**	**$ 525.39**

***CCSB Contributes $572.00 per month towards the cost of health insurance.**

Husband & Wife Both Employed through CCSB

Employee + One	**$ 401.08**	**$ 190.76**	**$ 220.72**
Family	**$ 445.65**	**$ 234.44**	**$ 239.39**

***CCSB Contributes $1,144.00 per month towards the cost of health insurance.**

Dependent Eligibility & Documentation Requirements

The below documentation is now required, when enrolling dependents in the District's health plan whether as a new hire, during open enrollment, or when making mid-year changes to benefits:

- Verification of dependents and spouse, if any
- Change in marital status – marriage certificate or divorce decree
- Birth of a Child – copy of birth certificate
- Adoption of a child – copy of adoption papers
- Death of a Dependent – copy of death certificate
- Change of Spouse's employment – copy of Certificate of Creditable Coverage
- Entitlement to Medicare or Medicaid – copy of Medicare card or copy of Medicaid eligibility letter
- Stepchildren – documentation of relationship, example: marriage certificate along with birth certificate of child.

Eligible Dependent includes:

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

Ineligible Dependents Include:

- Former spouse
- Children of former spouse
- Children 26 and older (unless they meet certain criteria)
- Relatives such as grandchildren, grandparents, parents, aunts, uncles, nieces, nephews, etc.
- Foster children
- Spouse of adult children
- Live-in boyfriend or girlfriend and his/her children

Insurance FAQs

Where can I find information regarding my health plan?

www.floridablue.com is a great resource for information regarding your specific benefit plan.

Some of the features include:

- A secure e-mail messaging center to ask specific questions about your coverage, claims information and more.
- Request/Print a Health Insurance Card
- View/Request Your Benefit Booklet
- View and Print Forms
- Find a Doctor

You also have access to your Deductible and Out of Pocket Maximum amounts. All you have to do is go to www.floridablue.com and go to Login/Register. You can also call 800-352-2583.

Where can I find information regarding my supplemental plans?

Save your Username and Password for the BenefitsHub, this valuable tool can be accessed all year at any time.

For Supplemental Benefits go to www.mybenefitshub.com/citruscountysb

- Find claim forms and provider networks
- View information specific to the plans you are enrolled in
- Change beneficiaries
- Access the Employee Benefit Guide
- Change your profile information (address, phone number)

How do I know what health insurance plan I am on and what is being deducted from my paycheck?

This information can be found on your paycheck.

1. Under Skyward Employee Access, look under "Employee Information."
2. Under the "Payroll" section, click "Check History".
3. Find the most recent check and look under "Deductions". The plan information and deduction amount is listed there.

What is the difference between "Deductible" and "Out-of-Pocket"?

A deductible is the amount a member must pay for health care services before your insurance plan will begin to pay for any claims.

Depending on the plan, once the deductible is met, you will need to pay a % of the claim until the total "Out-of-Pocket" is met. Your Out-of-Pocket expense will be lower when using In-Network providers.

When you reach your maximum "Out-of-Pocket" limit, the plan will pay 100% for approved claims.

*Benefits may vary with the use of Out of Network Providers.

APPOINTMENT GUIDE

All eligible employees and their covered dependents are encouraged to utilize the Citrus County Schools Employee Health & Wellness Center to address any chronic and acute medical concerns. Schedule an appointment today via the **healow app** (practice code: DAAEBD), through our online patient portal at **www.my-patientportal.com** or by calling the Call Center Support Team at: **352-565-4300**.
The employee health and wellness center hours of operation are below:

Beverly Hills
4065 N. Lecanto Hwy,
Beverly Hills, FL 34465

Hours of Operation
Monday–Friday: 7:00am–6:00pm
Saturday: 9:00am–1:00pm
(Closed for Lunch on Thurs & Fri: 12:00pm–1:00pm)

Lab Services Only
(VHP, blood draws, drug tests, etc.)
Mon, Tues, Wed, Fri: 7:00am–11:00am
Thursday: 6:00am–11:00am

Inverness
216-C South Apopka Ave,
Inverness, FL 34452

Hours of Operation
Monday–Friday: 7:00am–6:00pm
(Closed for Lunch: 12:00pm–1:00pm)

Lab Services Only
(VHP, blood draws, drug tests, etc.)
Mon, Tues, Wed, Fri: 7:00am–11:00am
Thursday: 6:00am–11:00am

Crystal River
927 N Citrus Ave,
Crystal River, FL 34428

Hours of Operation
Monday–Friday: 8:00am–5:00pm
(Closed for Lunch: 12:00pm–1:00pm)

Lab Services Only
(VHP, blood draws, drug tests, etc.)
Mon, Tues, Wed, Fri: 7:00am–11:00am
Thursday: 6:00am–11:00am

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

Cancellation of Appointments
If the need arises for a last-minute appointment cancellation, please cancel with enough time to allow another Citrus County Schools employee to utilize the newly available appointment slot. For your convenience, please log onto your Patient Portal at **www.my-patientportal.com** or call the Call Center at 352-565-4300 to reach an operator to cancel or reschedule your appointment.

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

Acute Medical Problems
For those eligible to use the health and wellness center that have an acute medical problem that needs attention, we will make every effort to see those patients as quickly as possible. Please contact the My Health Onsite Call Center at 352-565-4300 to reach an operator and asked to be transferred through to the center.

COVID-19 Face Mask Requirements
We care about the safety and health of our patients. According to COVID-19 guidelines by the Centers of Disease Control & Prevention (CDC) & the Association for Professionals in Infection Control and Epidemiology (APIC), face masks will continue to be required for vaccinated & unvaccinated patients at all My Health Onsite Employee Health & Wellness Centers until further notice. Face Mask requirements for appointments will change as the COVID-19 precautions are lifted.

Please be reminded that the My Health Onsite Health and Wellness Centers are not equipped nor staffed as an emergency room. Any sudden onset symptoms suggestive of a potentially life-threatening situation (shortness of breath, chest pain, fainting, etc.) should be immediately evaluated in an urgent care setting, hospital emergency room or by calling 911. My Health Onsite Adheres to All HIPAA & Confidentiality Regulations | © 2022 My Health Onsite | All Rights Reserved | REV10042022

LIFE SAVING SERVICES

The Life Scan Wellness Program is an integrated medical approach to exams that combines an annual physical with life-saving, early detection testing for major diseases such as heart disease, stroke, cancer, diabetes, and aneurysms before they reach a catastrophic level. It provides you with a thorough assessment of your health as well as recommendations for achieving and maintaining long term wellbeing and managing medical risks.

Each Life Scan exam has the added value benefit of ultrasound imaging assessments of the internal organs, heart, and vascular system as well as cardiac and pulmonary testing, extensive laboratory blood profiles, infectious disease testing, diet and nutritional analysis, a state-of-the-art fitness evaluation, and a personalized wellness plan.

PREVENTION OF FATALITIES

With a focus on early detection and treatment through an advanced level of medical testing and patient assessments, Life Scan offers a thorough physical examination as well as recommendations for achieving and maintaining a long-term healthy lifestyle and managing medical risks to prevent fatalities.

Life Scan's sophisticated medical tests identify and analyze specific markers that are the foundation of virtually every disease, visualizes the health of the internal organs and heart, and evaluates the function of the vascular system.

- Heart Disease
- Stroke
- Cancer
- Diabetes
- Aneurysms
- and more

START SAVING TODAY TO PAY FOR YOUR LIFESCAN

Due to the cost of Life Scan, the CCSB is allowing members of our health insurance, and covered dependents over the age of 18, to pre-pay for this valuable service. For as little $16.46 per person, per pay period, you can receive this screening. Life Scans will begin in December of 2020.

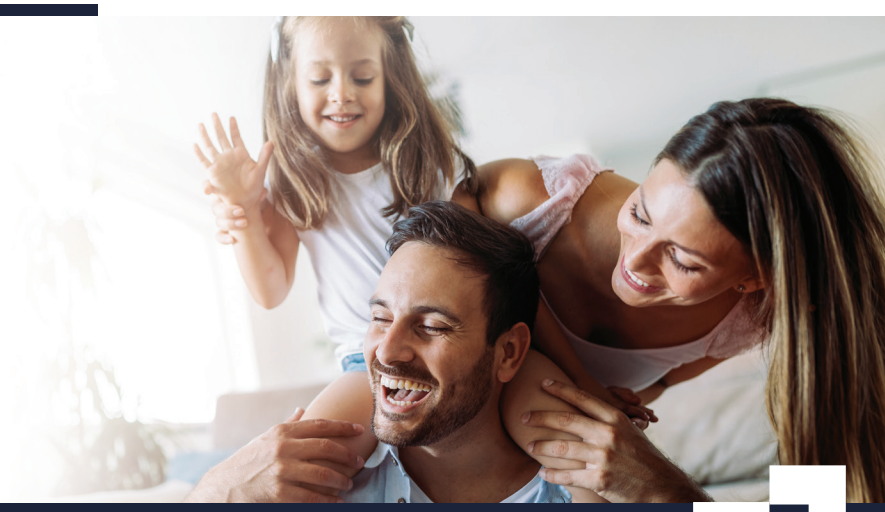
Information regarding scheduling will be sent out at a later date to employees that enroll in this benefit.

LIFE SCAN
Wellness Centers

Life Scan Wellness Centers 2023	
LIFE SCAN PHYSICAL:	
Physical Exam	
Vision Exam (Titmus)	included
Occupational Hearing Exam	included
Skin cancer assessment	included
Personal Consultation with review of testing results	included
Cardio~Pulmonary Assessment	
Echocardiogram (Heart Ultrasound)	included
Resting EKG	included
Treadmill Stress Test with EKG	included
Carotid Arteries Ultrasound	included
Aortic Aneurysm Ultrasound	included
Pulmonary Function Test	included
Cancer and Disease Assessment	
Thyroid Ultrasound	included
Liver, Pancreas, Gall Bladder, Spleen, & Kidney Ultrasounds	included
Bladder Ultrasound	included
Pelvic Ultrasound for Women (external)	included
Testicular Ultrasound for Men	included
Blood and Laboratory Tests	
Hemoccult Test	included
Urinalysis	included
Lipid Panel	included
Diabetes Tests (Hemoglobin A1C and Glucose)	included
Complete Blood Count	included
Comprehensive Metabolic Panel	included
TSH (Thyroid Blood Test)	included
PSA (men)	included
CA-125 (women)	included
Fitness Evaluation (NFPA 1583 ~WFI Guidelines)	
Muscular Strength and Endurance Evaluation	included
Aerobic Endurance Evaluation (VO2 Max Calc)	included
Flexibility Evaluation	included
Nutrition and Diet Recommendations	included
Personal Fitness Recommendations	included
Medical Clearances	
OSHA Respirator Medical Clearance	included
Firefighter Medical Clearance NFPA 1582 as needed	included
TOTAL SEMI-MONTHLY PAYROLL DEDUCTION	**$17.71 per Person**

MASA Medical Transport Solutions™

Enroll in the Emergent Plus plan today and protect you and your family against the financial burden of massive out-of-pocket ambulance costs, all at an **affordable group rate.**



EMERGENT PLUS MEMBERSHIP BENEFITS

A MASA MTS Membership provides the ultimate peace of mind at an affordable rate for emergency ground and air transportation service within the United States and Canada, regardless of whether the provider is in or out of a given group healthcare benefits network.

After the group health plan pays its portion, MASA MTS works with providers to deliver our members $0 in out-of-pocket costs for emergency transport.

Emergent Air Transportation
In the event of a serious medical emergency, Members have access to emergency air transportation into a medical facility or between medical facilities.

Emergent Ground Transportation
In the event of a serious medical emergency, Members have access to emergency ground transportation into a medical facility or between medical facilities.

Non-Emergency Inter-Facility Transportation
In the event that a member is in stable condition in a medical facility but requires a heightened level of care that is not available at their current medical facility, Members have access to non-emergency air or ground transportation between medical facilities.

Repatriation/Recuperation
Suppose you or a family member is hospitalized more than 100-miles from your home. In that case, you have benefit coverage for air or ground medical transportation into a medical facility closer to your home for recuperation.

DID YOU KNOW?

25 MILLION PEOPLE

are sent to the emergency room through ground or air ambulance every year.

Insurance companies may not cover all air and ground ambulance expenses which can result in excessive bills.

$5,000

$60,000

$7/SEMI-MONTHLY

Contact Your MASA MTS Representative, Combined Benefits Group to learn more about membership plan options.

@ mybenefitshub.com/citruscountysb ☎ 800.749.6458

The information provided in this product sheet is for informational purposes only. The benefits listed, and the descriptions thereof, do not represent the full terms and conditions applicable for usage and may only be offered in some memberships. Premiums vary depending on the benefits selected. Commercial Air and Worldwide coverage are not available in all territories. For a complete list of benefits, premiums, and full terms and conditions please refer to the applicable member service agreement for your territory. MASA MTS products and services are not available where prohibited. For Florida residents, Medical Air Services Association of Florida, Inc. is doing business as MASA MTS and is a prepaid limited health service organization licensed under Chapter 636, Florida Statutes, license number: 65-0265219 operating in Florida at 1250 S. Pine Island Road, Suite 500, Plantation, FL 33324. MASA Global, MASA MTS and MASA TRS are registered trade names of Medical Air Services Association, Inc., an Oklahoma corporation.

MASA Medical Transport Solutions™

PLATINUM MEMBERSHIP BENEFITS

Emergent Air Transportation
In the event of a serious medical emergency, Members have access to emergency air transportation into a medical facility or between medical facilities.

Emergent Ground Transportation
In the event of a serious medical emergency, Members have access to emergency ground transportation into a medical facility or between medical facilities.

Non-Emergency Inter-Facility Transportation
In the event that a member is in stable condition in a medical facility but requires a heightened level of care that is not available at their current medical facility, Members have access to non-emergency air or ground transportation between medical facilities.

Repatriation/Recuperation
Suppose you or a family member is hospitalized more than 100-miles from your home. In that case, you have benefit coverage for air or ground medical transportation into a medical facility closer to your home for recuperation.

Escort Transportation
If you or a family member requires medical transportation, you may elect to have a family member or friend accompany you during the medical transport. This benefit is limited to space availability within the vehicle, giving due priority to medical personnel and equipment.

Visitor Transportation
If you or a family member is hospitalized more than 100-miles away from home for more than 7-days (consecutively), you may elect to have a family member or friend transported (by commercial airline) to be present while you recover.

Return Transportation
In the event a Member is hospitalized more than 100-miles away from home for more than 24-hours, Member has access to return transportation, upon their release, to the commercial airport nearest their home.

Mortal Remains Transportation
If you or a family member dies more than 100-miles from home, MASA shall pay (on behalf of the Member's estate) the airway bill associated with the return of the Member's mortal remains.

Minor Return
Suppose you require the use of one or more of the transportation benefits and, as a result of your need, a minor child (who is in your custody) is left unattended. Even if this occurs, the minor child will be covered for return transportation (by commercial airline) to the commercial airport nearest the child's home.

Organ Retrieval/Organ Transportation
In the event of an organ transplant procedure, MASA will arrange for the transportation of you or the transplant organ to the transplant site.

Vehicle Return
Suppose you use one or more of the member transportation benefits. As a result of using the benefit, you may elect to have MASA transport your ground vehicle to your home or rental return location.

Pet Return
If you use one or more of the member transportation benefits while with your pet, you may elect to have MASA MTS transport your pet home.

Worldwide Coverage
Contingent on a 10-day prior notice to MASA MTS of your travel plans, you have coverage for worldwide non-emergent air transportation, repatriation/recuperation, return transportation, escort transportation, visitor transportation, and mortal remains transportation. Coverage is limited to 90 days or less of travel.

Employee Only Coverage:

$12.09 /SEMI-MONTHLY

Family Coverage:

$16.25 /SEMI-MONTHLY

Contact Your MASA MTS Representative, to learn more about membership plan options.

Combined Benefits Group

@ mybenefitshub.com/citruscountysb

☎ 800.749.6458

The information provided in this product sheet is for informational purposes only. The benefits listed, and the descriptions thereof, do not represent the full terms and conditions applicable for usage and may only be offered in some memberships. Premiums vary depending on the benefits selected. Commercial Air and Worldwide coverage are not available in all territories. For a complete list of benefits, premiums, and full terms and conditions please refer to the applicable member service agreement for your territory. MASA MTS products and services are not available where prohibited. For Florida residents, Medical Air Services Association of Florida, Inc. is doing business as MASA MTS and is a prepaid limited health service organization licensed under Chapter 636, Florida Statutes, license number: 65-0265219 operating in Florida at 1250 S. Pine Island Road, Suite 500, Plantation, FL 33324. MASA Global, MASA MTS and MASA TRS are registered trade names of Medical Air Services Association, Inc., an Oklahoma corporation.

ACCESS MEDICAL
YOUR SMART SOLUTION FOR CONVENIENT CARE

Access Medical Package

$5.00 per pay period for Individual and Family

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

MeMD ($0 Visit Fee)

Illness or injury can strike suddenly. MeMD gives you and your family access to medical help via telephone or web, any time, day or night – $0 per visit. Using MeMD's nationwide telehealth service and national network of US-licensed medical providers, you can connect with a board-certified provider from any location. You'll receive a diagnosis and personalized treatment plan, including prescriptions* for common medications when medically necessary. MeMD can help when your regular doctor is not available, when travel is difficult, or after-hours.

**Prescriptions cannot be written for controlled substances or elective medications.*

Health Advocate™ Solutions

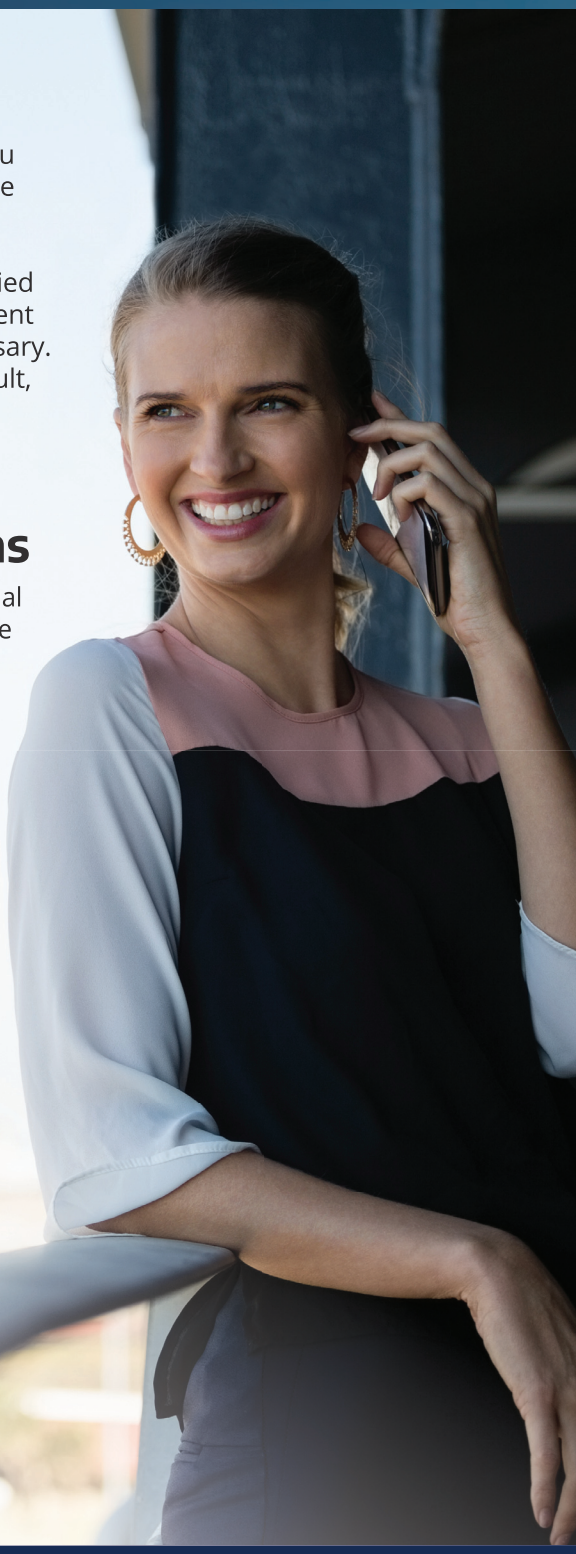
Healthcare is becoming harder to understand. Personal Health Advocates help you navigate through insurance and healthcare systems. Advocates research treatments, resolve claims and locate doctors, specialists, hospitals, dentists and pharmacies. Skilled negotiators will attempt to negotiate discounts on your behalf, no matter your benefit status. Registered nurses are on-call 24/7 to answer questions and provide medical explanations.

New Benefits Rx

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

Hearing

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



Worklife Services

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

Diabetic Supplies

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

Vitamins

Everyone has different health goals, and eVitamins has the products to help you reach them. Find the best prices online for the most trusted brands of vitamins, herbs, nutritional supplements, whole foods, baby care, skincare, and more. Save on products for you, your family and even your pets.

Durable Medical Equipment

Need an easy way to order medical equipment online or by phone? Not only will your supplies ship to you, but you'll save 20% to 50% and an additional $5 on orders over $100! Save on walking aids, wheelchairs, scooters, hospital beds, bathroom safety, orthopedic products and more.

Get it on Google play | Available on the App Store

My Benefits Work Mobile App | 800.800.7616 | MyBenefitsWork.com

Disclosures: **This program is NOT insurance coverage** and does not meet the minimum creditable coverage requirements under the Affordable Care Act or Massachusetts M.G.L. c. 111M and 956 CMR 5.00. It provides discounts only at the offices of contracted health care providers, and each member is obligated to pay the discounted medical charges in full at the point of service. The range of discounts for medical or ancillary services provided under the program will vary depending on the type of provider and medical or ancillary service received. Discount Plan Organization: New Benefits, Ltd., Attn: Compliance Department, PO Box 803475, Dallas, TX 75380-3475, 800-800-7616. Website to obtain participating providers: MyBenefitsWork.com. Not available to UT, VT or WA residents. © Services not available outside of the continental United States (except Hawaii). MeMD provides online medical consultations with physicians, nurse practitioners, and physician assistants who can write prescriptions when medically necessary and permitted by state law. MeMD is not a replacement for your primary care physician or an annual doctor's office visit.

HI-4005

Limited Benefit Hospital Indemnity Insurance HI-4005

APSB-22044(FL)-0414

American Public Life Insurance Company

HOSPITAL INDEMNITY Summary of Benefits by Plan*

Benefit Description	Available Options
Daily Hospital Confinement Benefit	$30 per day
Optional Benefit Riders	**Available Options**
Annual First Occurrence Hospital Rider	$1,500, $2,500 or $3,000 per calendar year

Semi-Monthly Payroll Deductions

$1,500 Hospital Indemnity Plan (5168)	Employee Only	$ 11.67
	Family	23.04
$2,500 Hospital Indemnity Plan (3359)	Employee Only	$ 18.33
	Family	36.42
$3,000 Hospital Indemnity Plan (5169/5172/3)	Employee Only	$ 23.46
	Family	46.71

Policy Benefit Highlights

Daily Hospital Confinement Benefit

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

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

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

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

Annual First Occurrence Hospital Rider

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

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

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

Limitations and Exclusions

Eligibility

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

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

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

Base Policy and Riders

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

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

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

Daily Hospital Confinement Benefit

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

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

Annual First Occurrence Hospital Rider

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

Renewability

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

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

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

All Riders are subject to all the Provisions, Conditions, Limitations and Exclusions of the Policy to which it is attached, ch are not in conflict with those of the Rider.

Limitations and Exclusions *continued*

(g) for cosmetic care, except when the Hospital confinement is due to medically necessary reconstructive plastic surgery. Medically necessary reconstructive plastic surgery is defined as:
   1. surgery to restore a normal bodily function.
   2. surgery to improve functional impairment by anatomic alteration made necessary as a result of a congenital birth defect.

(h) which are primary for rest care, convalescent care or for rehabilitation;

(i) due to being intoxicated. (Intoxication means that which is determined and defined by the laws and jurisdiction of the geographical area in which the loss or cause of loss was incurred);

(j) for Injury sustained or Sickness, which manifests itself while on full-time duty in the armed forces. Upon notice, We will refund the proportion of unearned premium paid while in such forces;

(k) for treatment of alcoholism or drug addiction;

(l) which are rendered outside the United States, its possessions, or Canada, except for emergency care for acute onset of Sickness or accidental Injury sustained while traveling for business or pleasure;

(m) for which payment is not legally required, except for:
   1. Medicaid;
   2. treatment of non-service connected disabilities in Veteran Administration hospitals; and,
   3. inpatient care rendered to armed services retirees and dependents in military medical facilities of the United States Government; nor,

(n) Pre-Existing Conditions, unless the Insured Person has satisfied the Pre-Existing Condition Exclusion Period shown in the Schedule.

Termination of Coverage
Termination of Certificate

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

Termination of Dependent(s)

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

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

Underwritten by:

American Public Life Insurance Company

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

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

Citrus County School Board

Dental Highlight Sheet – Policy # 32352

Ameritas

BASIC PLAN - Dental Highlights **Effective Date: 1/1/2023**

Coinsurance	
Type 1	100%
Type 2	80%
Type 3	N/A
Deductible	$50/Calendar Year Type 2
	Waived Type 1
	3 Family Maximum
Maximum *(per person)*	$750 per calendar year
Allowance	80th U&C
Waiting Period	None

Sample Procedure Listing (*Current Dental Terminology* © American Dental Association.)

Type 1	Type 2
• Routine Exam (2 per benefit period)	• Full Mouth/Panoramic X-rays (1 in 3 years)
• Bitewing X-rays (2 per benefit period)	• Sealants (age 16 and under)
• Periapical X-rays	• Restorative Amalgams
• Cleaning (2 per benefit period)	• Restorative Composites
• Fluoride for Children 18 and under (1 per benefit period)	• Simple Extractions
• Space Maintainers	• Complex Extractions
	• Anesthesia

Dental Rewards®

This dental plan includes a valuable feature that allows qualifying plan members to carryover part of their unused annual maximum. A member earns dental rewards by submitting at least one claim for dental expenses incurred during the benefit year, while staying at or under the threshold amount for benefits received for that year. In addition, a person earning dental rewards who submits a claim for services received through the dental PPO network earns an extra reward, called the PPO Bonus. Employees and their covered dependents may accumulate rewards up to the stated maximum carryover amount, and then use those rewards for any covered dental procedures subject to applicable coinsurance and plan provisions. If a plan member doesn't submit a dental claim during a benefit year, all accumulated rewards are lost. But he or she can begin earning rewards again the very next year.

Benefit Threshold	$250	Dental benefits received for the year cannot exceed this amount
Annual Carryover Amount	$125	Dental Rewards amount is added to the following year's maximum
Annual PPO Bonus	$50	Additional bonus is earned if the member sees a PPO provider
Maximum Carryover	$500	Maximum possible accumulation for Dental Rewards and PPO Bonus combined

	Rates Per Pay Period (24)
Employee Only (EE)	$10.72
EE + 1 Dependent	$20.44
EE + 2 or more Dependents	$36.46

Ameritas Information

We're Here to Help

This plan was designed specifically for the associates of **Citrus County School Board.** At Ameritas Group, we do more than provide coverage - we make sure there's always a friendly voice to explain your benefits, listen to your concerns, and answer your questions. Our customer relations associates will be pleased to assist you 7 a.m. to midnight (Central Time) Monday through Thursday, and 7 a.m. to 6:30 p.m. on Friday. You can speak to them by calling toll-free: 800-487-5553. For plan information any time, access our automated voice response system or go online to ameritasgroup.com/member.

Citrus County School Board

Dental Highlight Sheet – Policy # 32352

Ameritas

Rx Savings

Our valued plan members and their covered dependents (even their pets) can save on prescription medications through any Walmart or Sam's Club pharmacy across the nation. This Rx discount is offered at no additional cost, and it is not insurance. To receive the Walmart Rx discount, Ameritas plan members just need to visit us at ameritasgroup.com and sign into (or create) a secure member account where they can access and print an online-only Rx discount savings ID card.

Eyewear Savings

Ameritas plan members may receive up to 15% off eyewear frames and lenses purchased at any Walmart Vision Center nationwide. Members may also bring in their current vision prescription from any vision care provider and purchase eyewear at Walmart. This savings arrangement is not insurance: it is available to members at no additional cost to their plan premium. To receive the eyewear savings identification card, Ameritas plan members can visit ameritasgroup.com and sign-in (or create) a secure member account. Members must present the Ameritas Eyewear Savings Card at time of purchase to receive the discount.

PPO Information

To find a provider, visit ameritasgroup.com and select **FIND A PROVIDER,** then **DENTAL**. Enter your criteria to search by location or for a specific dentist or practice. California Residents: When prompted to select your network, choose **PPO Dental Network**.

Pretreatment

While we don't require a pretreatment authorization form for any procedure, we recommend them for any dental work you consider expensive. As a smart consumer, it's best for you to know your share of the cost up front. Simply ask your dentist to submit the information for a pretreatment estimate to our customer relations department. We'll inform both you and your dentist of the exact amount your insurance will cover and the amount that you will be responsible for. That way, there won't be any surprises once the work has been completed.

Open Enrollment

If a member does not elect to participate when initially eligible, the member may elect to participate at the policyholder's next enrollment period. This enrollment period will be held each year and those who elect to participate in this policy at that time will have their insurance become effective on January 1.

Late Entrant Provision

We strongly encourage you to sign up for coverage when you are initially eligible. If you choose not to sign up during this initial enrollment period, you will become a late entrant. Late entrants will be eligible for only exams, cleanings, and fluoride applications for the first 12 months they are covered.

Language Services

We recognize the importance of communicating with our growing number of multilingual customers. That is why we offer a language assistance program that gives you access to: Spanish-speaking claims contact center representatives, telephone interpretation services in a wide range of languages, online PPO dental network provider search in Spanish and a variety of Spanish documents such as enrollment forms, claim forms and certificates of insurance.

This document is a highlight of plan benefits provided by Ameritas Life Insurance Corp. as selected by your employer. It is not a certificate of insurance and does not include exclusions and limitations. For exclusions and limitations, or a complete list of covered procedures, contact your benefits administrator.

Citrus County School Board

Dental Highlight Sheet – Policy # 32352

Ameritas

SELECT PLAN - Dental Highlights **Effective Date: 1/1/2023**

Coinsurance	
Type 1	100%
Type 2	80%
Type 3	50%
Deductible	$50/Calendar Year Type 2 & 3 Waived Type 1 3 Family Maximum
Maximum *(per person)*	$1,250 per calendar year
Allowance	80th U&C
Waiting Period	Type 3 – 12 Months

Orthodontia Summary - Adult and Child Coverage

Allowance	U&C
Coinsurance	50%
Lifetime Maximum *(per person)*	$1,000
Waiting Period	12 months

Sample Procedure Listing (*Current Dental Terminology* © American Dental Association.)

Type 1	Type 2	Type 3
• Routine Exam (2 per benefit period)	• Full Mouth/Panoramic X-rays (1 in 3 years)	• Onlays
• Bitewing X-rays (2 per benefit period)	• Periapical X-rays	• Crowns (1 in 5 years per tooth)
• Cleaning (2 per benefit period)	• Sealants (age 16 and under)	• Crown Repair
• Fluoride for Children 18 and under (1 per benefit period)	• Restorative Amalgams	• Endodontics (nonsurgical)
• Space Maintainers	• Restorative Composites	• Endodontics (surgical)
	• Simple Extractions	• Periodontics (nonsurgical)
	• Complex Extractions	• Periodontics (surgical)
	• Anesthesia	• Denture Repair
		• Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years)

Dental Rewards®

This dental plan includes a valuable feature that allows qualifying plan members to carryover part of their unused annual maximum. A member earns dental rewards by submitting at least one claim for dental expenses incurred during the benefit year, while staying at or under the threshold amount for benefits received for that year. In addition, a person earning dental rewards who submits a claim for services received through the dental PPO network earns an extra reward, called the PPO Bonus. Employees and their covered dependents may accumulate rewards up to the stated maximum carryover amount, and then use those rewards for any covered dental procedures subject to applicable coinsurance and plan provisions. If a plan member doesn't submit a dental claim during a benefit year, all accumulated rewards are lost. But he or she can begin earning rewards again the very next year.

Benefit Threshold	$500	Dental benefits received for the year cannot exceed this amount
Annual Carryover Amount	$250	Dental Rewards amount is added to the following year's maximum
Annual PPO Bonus	$100	Additional bonus is earned if the member sees a PPO provider
Maximum Carryover	$1,000	Maximum possible accumulation for Dental Rewards and PPO Bonus combined

	Rates Per Pay Period (24)
Employee Only (EE)	$18.84
EE + 1 Dependent	$35.62
EE + 2 or more Dependents	$61.88

Citrus County School Board

Dental Highlight Sheet – Policy # 32352

Ameritas

Ameritas Information

We're Here to Help

This plan was designed specifically for the associates of **Citrus County School Board.** At Ameritas Group, we do more than provide coverage - we make sure there's always a friendly voice to explain your benefits, listen to your concerns, and answer your questions. Our customer relations associates will be pleased to assist you 7 a.m. to midnight (Central Time) Monday through Thursday, and 7 a.m. to 6:30 p.m. on Friday. You can speak to them by calling toll-free: 800-487-5553. For plan information any time, access our automated voice response system or go online to ameritasgroup.com/member.

Rx Savings

Our valued plan members and their covered dependents (even their pets) can save on prescription medications through any Walmart or Sam's Club pharmacy across the nation. This Rx discount is offered at no additional cost, and it is not insurance. To receive the Walmart Rx discount, Ameritas plan members just need to visit us at ameritasgroup.com and sign into (or create) a secure member account where they can access and print an online-only Rx discount savings ID card.

Eyewear Savings

Ameritas plan members may receive up to 15% off eyewear frames and lenses purchased at any Walmart Vision Center nationwide. Members may also bring in their current vision prescription from any vision care provider and purchase eyewear at Walmart. This savings arrangement is not insurance: it is available to members at no additional cost to their plan premium. To receive the eyewear savings identification card, Ameritas plan members can visit ameritasgroup.com and sign-in (or create) a secure member account. Members must present the Ameritas Eyewear Savings Card at time of purchase to receive the discount.

Type 3 Waiting Period

Plan members become eligible for Type 3 benefits after a 12-month waiting period from the date they are enrolled in the plan.

Orthodontia Waiting Period

Plan members become eligible for orthodontia benefits after a 12-month waiting period from the date they are enrolled in the plan.

PPO Information

To find a provider, visit ameritasgroup.com and select **FIND A PROVIDER,** then **DENTAL**. Enter your criteria to search by location or for a specific dentist or practice. California Residents: When prompted to select your network, choose **PPO Dental Network**.

Pretreatment

While we don't require a pretreatment authorization form for any procedure, we recommend them for any dental work you consider expensive. As a smart consumer, it's best for you to know your share of the cost up front. Simply ask your dentist to submit the information for a pretreatment estimate to our customer relations department. We'll inform both you and your dentist of the exact amount your insurance will cover and the amount that you will be responsible for. That way, there won't be any surprises once the work has been completed.

Open Enrollment

If a member does not elect to participate when initially eligible, the member may elect to participate at the policyholder's next enrollment period. This enrollment period will be held each year and those who elect to participate in this policy at that time will have their insurance become effective on January 1.

Late Entrant Provision

We strongly encourage you to sign up for coverage when you are initially eligible. If you choose not to sign up during this initial enrollment period, you will become a late entrant. Late entrants will be eligible for only exams, cleanings, and fluoride applications for the first 12 months they are covered.

Language Services

We recognize the importance of communicating with our growing number of multilingual customers. That is why we offer a language assistance program that gives you access to: Spanish-speaking claims contact center representatives, telephone interpretation services in a wide range of languages, online PPO dental network provider search in Spanish and a variety of Spanish documents such as enrollment forms, claim forms and certificates of insurance.

This document is a highlight of plan benefits provided by Ameritas Life Insurance Corp. as selected by your employer. It is not a certificate of insurance and does not include exclusions and limitations. For exclusions and limitations, or a complete list of covered procedures, contact your benefits administrator.

Citrus County School Board

Eye Care Highlight Sheet

AMERITAS GROUP

Focus® Plan Highlights **Effective Date:1/1/2023**

	VSP Choice Network + Affiliates	Out of Network
Deductibles		
	$10 Exam	$10 Exam
	$10 Eye Glass Lenses or Frames*	$10 Eye Glass Lenses or Frames
Annual Eye Exam	Covered in full	Up to $45
Lenses (per pair)		
Single Vision	Covered in full	Up to $30
Bifocal	Covered in full	Up to $50
Trifocal	Covered in full	Up to $65
Lenticular	Covered in full	Up to $100
Progressive	See lens options	NA
Contacts		
Fit & Follow Up Exams	15% discount See Additional Focus Features.	No benefit
Elective	Up to $130	Up to $105
Medically Necessary	Covered in full	Up to $210
Frames	$130**	Up to $70
Frequencies (months)		
Exam/Lens/Frame	12/12/24 Based on date of service	12/12/24 Based on date of service
LASIK Advantage	Included	Included

**Deductible applies to a complete pair of glasses or to frames, whichever is selected.*

***The Costco allowance will be the wholesale equivalent.*

LASIK Advantage Benefits

Year 1	Year 2	Year 3
$350 ($175 per eye)	**$350 ($175 per eye)**	**$700 ($350 per eye)**

Lens Options (member cost)*

	VSP Choice Network + Affiliates (Other than Costco)	Out of Network
Progressive Lenses	Up to provider's contracted fee for Lined Bifocal Lenses. The patient is responsible for the difference between the base lens and the Progressive Lens charge.	Up to Lined Bifocal allowance.
Std. Polycarbonate	Covered in full for dependent children $33 adults	No benefit
Solid Plastic Dye	$15 (except Pink I & II)	No benefit
Plastic Gradient Dye	$17	No benefit
Photochromatic Lenses (Glass & Plastic)	$31-$82	No benefit
Scratch Resistant Coating	$17-$33	No benefit
Anti-Reflective Coating	$43-$85	No benefit
Ultraviolet Coating	$16	No benefit

**Lens Option member costs vary by prescription, option chosen and retail locations.*

	Rates Per Pay Period (Based on 24 Pay Periods)
Employee Only (EE)	$ 4.80
EE + Family	$13.53

Citrus County School Board

Eye Care Highlight Sheet

AMERITAS GROUP

Additional Focus® Choice Network Features

Contact Lenses Elective	Allowance includes fitting, exam and lenses. The cost of the fitting and evaluation is deducted from the contact allowance. Allowance can be applied to disposables, but the dollar amount must be used all at once (provider will order 3 or 6 month supply). Applies when contacts are chosen in lieu of glasses.
Additional Glasses	20% discount off the retail price on additional pairs of prescription glasses (complete pair).
Frame Discount	VSP offers a 20% discount off the remaining balance in excess of the frame allowance.
Laser VisionCare	VSP offers an average discount of 15% on LASIK and PRK. The maximum out-of-pocket per eye for members is $1,800 for LASIK and $2,300 for custom LASIK using Wavefront technology, and $1,500 for PRK. In order to receive the benefit, a VSP provider must coordinate the procedure.
Low Vision	With prior authorization, 75% of approved amount (up to $1,000 is covered every two years).

LASIK Advantage - Covered Procedures and Benefits

- LASIK
- LASIK with Wavefront Technology
- Photorefractive Keratectomy (PRK)
- Advanced Surface Ablation (ASA)
- LASEK
- The minimum age to receive LASIK Advantage benefits is 18. There is no maximum age.
- If members enroll after the initial enrollment period has ended, they will be considered a late entrant.
- Late entrants need to wait 12 months from the date they enroll to be eligible for coverage, then coverage will begin at the year 1 benefit.

Rx Savings

Our valued plan members and their covered dependents (even their pets) can save on prescription medications through any Walmart or Sam's Club pharmacy across the nation. This Rx discount is offered at no additional cost, and it is not insurance. To receive the Walmart Rx discount, Ameritas plan members just need to visit us at ameritasgroup.com and sign into (or create) a secure member account where they can access and print an online-only Rx discount savings ID card.

Retail Chain Affiliate Providers Available With Focus Plans

Effective January 1, 2012, retail chain affiliate providers, which include Costco® Optical and Visionworks, give members added convenience and additional retail choices. Costco Optical has 400 locations across the country, while Visionworks manages nearly 400 optical stores in 37 states and DC, including well-known stores such as EyeMasters, Visionworks, Dr. Bizer's VisionWorld, Eye DRx, and Hour Eyes, to name a few. Members enjoy a covered-in-full benefit experience with equivalent frame benefit at any of these retail chain locations.

Eye Care Plan Member Service

Focus eye care from Ameritas Group features the money-saving eye care network of VSP. Customer service is available to plan members through VSP's well-trained and helpful service representatives. Call or go online to locate the nearest VSP network provider, view plan benefit information and more.

VSP Call Center: 1-800-877-7195

- Service representative hours: 5 a.m. to 7 p.m. PST Monday through Friday, 6 a.m. to 2:30 p.m. PST Saturday
- Interactive Voice Response available 24/7

Locate a VSP provider at: ameritasgroup.com/member
View plan benefit information at: vsp.com

This document is a highlight of plan benefits provided by Ameritas Life Insurance Corp. as selected by your employer. It is not a certificate of insurance and does not include exclusions and limitations. For exclusions and limitations, or a complete list of covered procedures, contact your benefits administrator.

THE NEED FOR DISABILITY INSURANCE

Protect your paycheck

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

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

Things to think about

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

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

Protect yourself and your income with disability insurance.

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

Let's figure it out

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

Estimate your essential monthly expenses

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

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

© 2016 OneAmerica Financial Partners, Inc. All rights reserved.

ONEAMERICA®

What you need to know about your Educator Disability Benefits

Eligible Employees:	This benefit is available for employees who are actively at work on the effective date and working a minimum of 20 hours per week.
Flexible Choices:	Since everyone's needs are different, these plans offer flexibility for you to choose a benefit option that fits your income replacement needs and budget. You are able to enroll and/or change plans during each scheduled enrollment.
Guaranteed Issue:	If you enroll timely, you may be eligible for coverage without having to answer any health questions. If you decline insurance coverage now and decide to enroll later, you may need to provide Evidence of Insurability.
Timely Enrollment:	Enrolling timely means you have enrolled during the initial enrollment period when benefits were first offered by AUL, or as a newly hired employee within 31 days following completion of any applicable waiting period.
Portability:	Should your coverage terminate, you may be eligible to take this disability insurance with you without providing Evidence of Insurability. You must apply within 31 days from the last day you are eligible.
Waiver of Premium:	If approved, this benefit waives your Disability insurance premium in case you become disabled and are unable to collect a paycheck.
Elimination Period:	This is a period of consecutive days of disability before benefits may become payable under the contract.
Total Disability:	You are considered disabled if, because of injury or sickness, you cannot perform the material and substantial duties of your regular occupation, you are not working in any occupation and are under the regular attendance of a physician for that injury or sickness.
Partial Disability:	You may be paid a partial disability benefit, if because of injury or sickness, you are unable to perform every material and substantial duty of your regular occupation on a full-time basis, are performing at least one of the material and substantial duties of your regular occupation, or another occupation, on a full or part-time basis, and are earning less than 80% of your pre-disability earnings due to the same injury or sickness.
Residual:	The elimination period can be satisfied by total disability, partial disability, or a combination of both.
Return to Work:	You may be able to return to work for a specified time period without having your partial disability benefits reduced according to the contract. The Return to Work Benefit is offered up to a maximum of 12 months.
Integration:	The method by which your benefit may be reduced by Other Income Benefits.
Offset:	An offset is an amount that reduces your benefit amount by amounts you receive from other sources for your disability and will be specified in the contract.
Pre-Existing Condition Limitations:	The pre-existing period is 3/12. Certain disabilities are not covered if the cause of the disability is traceable to a condition existing prior to your effective date of coverage. A pre-existing condition is any condition for which a person has received medical treatment or consultation, taken or were prescribed drugs or medicine, or received care or services, including diagnostic measures, within a time-frame specified in the contract. You must also be treatment-free for a time-frame specified in some contracts following your individual effective date of coverage. A limited benefit will be paid if the Person's Disability begins in the first 12 months following the Person's Individual Effective Date of Insurance; and the Person's Disability is caused by, contributed to by, or the result of a condition for which the Person received medical advice or treatment in the 3 months just prior to the Person's Individual Effective Date of Insurance.
First Day Hospital:	If a Person is Totally Disabled and hospital confined for 24 hours or more with room and board charges during the Elimination Period due to an Injury or Sickness resulting in a covered Disability, benefits are payable from the first day of that confinement. Applies to plans with Elimination Periods of 30 days or less.
About Your Benefits:	Educator Disability benefits are illustrated and paid on a monthly basis.

What you need to know about your Group Educator Disability Benefits

Elimination Period: This is a period of consecutive days of disability before benefits may become payable under the contract.

Maximum Benefit Duration: This is the length of time that you may be paid benefits if continuously disabled as outlined in the contract.

Group Educator Disability Options

You may select a benefit percentage of 45%, 55% or 65% of your earnings, up to a maximum monthly benefit of $7,500.

Elimination Period	Maximum Benefit Duration	Pre-Existing Condition Period
Option 1: 0 days / 7 days **Option 2:** 14 days / 14 days **Option 3:** 30 days / 30 days **Option 4:** 90 days /90 days **Option 5:** 180 days/180 days	**65/5/70**	3 months / 12 months

Rates Per $100 of Monthly Benefit

Elimination Period	45%	55%	65%
0/7	$ 1.61	$ 1.78	$ 2.06
14/14	$ 1.37	$ 1.53	$ 1.76
30/30	$ 1.21	$ 1.34	$ 1.55
60/60	$ 1.00	$ 1.11	$ 1.28
90/90	$ 0 .58	$ 0.65	$ 0.75
180/180	$ 0.43	$ 0.48	$ 0.55

ONEAMERICA®

What you need to know about your One Lump Sum Disability Benefits

About Your Benefit — It is a single, one-time benefit amount payable to you if you become permanently and totally disabled according to the provisions of the contract.

Guaranteed Issue: — $30,000

Elimination Period: — This is a period of consecutive days of disability before benefits may become payable under the contract.

Benefit Eligibility Period: — This is the period of consecutive days of disability beginning the first day following the elimination period.

Pre-Existing Condition Period: — Certain disabilities are not covered if the cause of the disability is traceable to a condition existing prior to your effective date of coverage.

Reduction Schedule: — Upon reaching certain ages, your original benefit amount will reduce to the percentage shown in the following schedule.

Age:	70
Reduces To:	50%

One Lump Sum Disability

You may select a minimum benefit of $10,000 up to a maximum amount of $30,000, in increments of $10,000.

Elimination Period	Benefit Eligibility Period	Pre-Existing Condition Period
90 days	24 months	3 months / 12 months

Payroll Deduction Illustration: 2 Times Per Month

Lump Sum Options	0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
$10,000	$.30	$.30	$.40	$.60	$.95	$1.50	$2.40	$3.80	$5.70	$10.40	$10.40	$10.40	$10.40
$20,000	$.60	$.60	$.80	$1.20	$1.90	$3.00	$4.80	$7.60	$11.40	$20.80	$20.80	$20.80	$20.80
$30,000	$.90	$.90	$1.20	$1.80	$2.85	$4.50	$7.20	$11.40	$17.10	$31.20	$31.20	$31.20	$31.20

Note: Premiums are based on your age as of 01/01.

OneAmerica® is the marketing name for the companies of OneAmerica.

LIFE INSURANCE YOU CAN KEEP!

PURELIFE-PLUS

Life insurance can be an ideal way to provide money for your family when they need it most. PURELIFE-PLUS offers permanent insurance with a high death benefit and long guarantees[1] that can provide financial peace of mind for you and your loved ones. PURELIFE-PLUS is an ideal complement to any group term and optional term life insurance your employer might provide and has the following features:

- YOU OWN IT
- YOU CAN TAKE IT WITH YOU WHEN YOU CHANGE JOBS OR RETIRE
- YOU PAY FOR IT THROUGH CONVENIENT PAYROLL DEDUCTIONS
- YOU CAN COVER YOUR SPOUSE, CHILDREN AND GRANDCHILDREN, TOO[2]
- YOU CAN GET A LIVING BENEFIT IF YOU BECOME TERMINALLY ILL[3]
- IT'S AFFORDABLE

3 QUICK QUESTIONS

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

DURING THE LAST SIX MONTHS, HAS THE PROPOSED INSURED:

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

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

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

19M016-C 1092 (exp0321)

TEXASLIFE INSURANCE COMPANY
Since 1901 | 900 WASHINGTON | POST OFFICE BOX 830 | WACO, TEXAS 76703-0830

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

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

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

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

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

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

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

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

Accelerated Death Benefit Due to Terminal Illness Rider This policy includes, at no additional premium, an Accelerated Death Benefit Due to Terminal Illness Rider (Form ICC07-ULABR-07). See details on next page.

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

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

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

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

TEXASLIFE INSURANCE COMPANY

MONTHLY PREMIUMS

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

Issue Age (ALB)	Monthly Premiums for Life Insurance Face Amounts Shown									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
	$10,000	$15,000	$25,000	$40,000	$50,000	$75,000	$100,000	$125,000	$150,000	
15D-1			9.25							81
2-4			9.50							80
5-8			9.75							79
9-10			10.00							79
11-16			10.25							77
17-20			10.25	15.05	18.25	26.25	34.25	42.25	50.25	75
21-22			10.50	15.45	18.75	27.00	35.25	43.50	51.75	74
23			10.75	15.85	19.25	27.75	36.25	44.75	53.25	75
24-25			11.00	16.25	19.75	28.50	37.25	46.00	54.75	74
26			11.50	17.05	20.75	30.00	39.25	48.50	57.75	75
27-28			11.75	17.45	21.25	30.75	40.25	49.75	59.25	74
29			12.00	17.85	21.75	31.50	41.25	51.00	60.75	74
30-31			12.25	18.25	22.25	32.25	42.25	52.25	62.25	73
32			13.00	19.45	23.75	34.50	45.25	56.00	66.75	74
33			13.50	20.25	24.75	36.00	47.25	58.50	69.75	74
34			14.25	21.45	26.25	38.25	50.25	62.25	74.25	75
35		10.05	15.25	23.05	28.25	41.25	54.25	67.25	80.25	76
36		10.35	15.75	23.85	29.25	42.75	56.25	69.75	83.25	76
37		10.80	16.50	25.05	30.75	45.00	59.25	73.50	87.75	77
38		11.25	17.25	26.25	32.25	47.25	62.25	77.25	92.25	77
39		12.00	18.50	28.25	34.75	51.00	67.25	83.50	99.75	78
40	9.25	12.75	19.75	30.25	37.25	54.75	72.25	89.75	107.25	79
41	9.95	13.80	21.50	33.05	40.75	60.00	79.25	98.50	117.75	80
42	10.75	15.00	23.50	36.25	44.75	66.00	87.25	108.50	129.75	81
43	11.45	16.05	25.25	39.05	48.25	71.25	94.25	117.25	140.25	82
44	12.15	17.10	27.00	41.85	51.75	76.50	101.25	126.00	150.75	83
45	12.85	18.15	28.75	44.65	55.25	81.75	108.25	134.75	161.25	83
46	13.65	19.35	30.75	47.85	59.25	87.75	116.25	144.75	173.25	84
47	14.35	20.40	32.50	50.65	62.75	93.00	123.25	153.50	183.75	84
48	15.05	21.45	34.25	53.45	66.25	98.25	130.25	162.25	194.25	85
49	15.95	22.80	36.50	57.05	70.75	105.00	139.25	173.50	207.75	85
50	16.95	24.30	39.00	61.05	75.75	112.50				86
51	18.15	26.10	42.00	65.85	81.75	121.50				87
52	19.45	28.05	45.25	71.05	88.25	131.25				88
53	20.45	29.55	47.75	75.05	93.25	138.75				88
54	21.45	31.05	50.25	79.05	98.25	146.25				88
55	22.55	32.70	53.00	83.45	103.75	154.50				89
56	23.55	34.20	55.50	87.45	108.75	162.00				89
57	24.75	36.00	58.50	92.25	114.75	171.00				89
58	25.85	37.65	61.25	96.65	120.25	179.25				89
59	27.05	39.45	64.25	101.45	126.25	188.25				89
60	28.55	41.70	68.00	107.45	133.75	199.50				90
61	29.85	43.65	71.25	112.65	140.25	209.25				90
62	31.45	46.05	75.25	119.05	148.25	221.25				90
63	33.05	48.45	79.25	125.45	156.25	233.25				90
64	34.75	51.00	83.50	132.25	164.75	246.00				90
65	36.65	53.85	88.25	139.85	174.25	260.25				90
66	38.75									90
67	41.05									91
68	43.55									91
69	46.05									91
70	48.65									91

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

NON-TOBACCO

TEXASLIFE INSURANCE COMPANY

MONTHLY PREMIUMS

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

Issue Age (ALB)	Monthly Premiums for Life Insurance Face Amounts Shown									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
	$10,000	$15,000	$25,000	$40,000	$50,000	$75,000	$100,000	$125,000	$150,000	
15D-1										81
2-4										80
5-8										79
9-10										79
11-16										77
17-20			15.25	23.05	28.25	41.25	54.25	67.25	80.25	71
21-22			16.00	24.25	29.75	43.50	57.25	71.00	84.75	71
23			16.75	25.45	31.25	45.75	60.25	74.75	89.25	72
24-25			17.25	26.25	32.25	47.25	62.25	77.25	92.25	71
26			17.75	27.05	33.25	48.75	64.25	79.75	95.25	72
27-28			18.25	27.85	34.25	50.25	66.25	82.25	98.25	71
29			18.50	28.25	34.75	51.00	67.25	83.50	99.75	71
30-31			21.00	32.25	39.75	58.50	77.25	96.00	114.75	72
32			21.75	33.45	41.25	60.75	80.25	99.75	119.25	72
33			22.00	33.85	41.75	61.50	81.25	101.00	120.75	72
34			22.25	34.25	42.25	62.25	82.25	102.25	122.25	71
35		15.30	24.00	37.05	45.75	67.50	89.25	111.00	132.75	72
36		15.75	24.75	38.25	47.25	69.75	92.25	114.75	137.25	72
37		16.80	26.50	41.05	50.75	75.00	99.25	123.50	147.75	73
38		17.25	27.25	42.25	52.25	77.25	102.25	127.25	152.25	73
39		18.45	29.25	45.45	56.25	83.25	110.25	137.25	164.25	74
40	14.15	20.10	32.00	49.85	61.75	91.50	121.25	151.00	180.75	76
41	15.05	21.45	34.25	53.45	66.25	98.25	130.25	162.25	194.25	77
42	16.15	23.10	37.00	57.85	71.75	106.50	141.25	176.00	210.75	78
43	17.55	25.20	40.50	63.45	78.75	117.00	155.25	193.50	231.75	80
44	18.25	26.25	42.25	66.25	82.25	122.25	162.25	202.25	242.25	80
45	19.25	27.75	44.75	70.25	87.25	129.75	172.25	214.75	257.25	81
46	20.05	28.95	46.75	73.45	91.25	135.75	180.25	224.75	269.25	81
47	21.05	30.45	49.25	77.45	96.25	143.25	190.25	237.25	284.25	82
48	21.95	31.80	51.50	81.05	100.75	150.00	199.25	248.50	297.75	82
49	23.25	33.75	54.75	86.25	107.25	159.75	212.25	264.75	317.25	83
50	24.35	35.40	57.50	90.65	112.75	168.00				83
51	25.45	37.05	60.25	95.05	118.25	176.25				83
52	27.05	39.45	64.25	101.45	126.25	188.25				84
53	28.45	41.55	67.75	107.05	133.25	198.75				85
54	29.75	43.50	71.00	112.25	139.75	208.50				85
55	31.15	45.60	74.50	117.85	146.75	219.00				85
56	32.75	48.00	78.50	124.25	154.75	231.00				85
57	34.35	50.40	82.50	130.65	162.75	243.00				86
58	36.05	52.95	86.75	137.45	171.25	255.75				86
59	37.75	55.50	91.00	144.25	179.75	268.50				86
60	39.55	58.20	95.50	151.45	188.75	282.00				86
61	41.85	61.65	101.25	160.65	200.25	299.25				86
62	44.05	64.95	106.75	169.45	211.25	315.75				87
63	46.25	68.25	112.25	178.25	222.25	332.25				87
64	48.45	71.55	117.75	187.05	233.25	348.75				87
65	50.85	75.15	123.75	196.65	245.25	366.75				87
66	53.45									88
67	56.25									88
68	59.15									88
69	62.25									88
70	65.55									89

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

Tobacco

THE NEED FOR LIFE INSURANCE

Protecting the ones you care about most

"How will my loved ones be taken care of when I'm gone?" This question isn't something anyone wants to think about, but if someone depends on you for financial support, then life insurance is your answer.

Income protection for your loved ones

No matter what your current situation is: single, married, with or without children; life insurance helps replace your income, and will assist your family in paying final expenses. It will also allow your loved ones to continue any future plans, such as college education or savings.

Why you need it

There are several reasons you need life insurance. In addition to paying for burial expenses, consider life insurance an option to pay for the mortgage, medical expenses and fund college education. If you work or have savings, then you have the income to pay these bills. However, consider what happens when your loved ones no longer have your financial support.

How much is enough

Figuring out how much life insurance you need is hard to decide. You want to make sure you have enough to protect your family. To help you answer this question, use the calculator to estimate your expenses to think about which bills would need income protection.

Estimate your expenses below

Income and possessions	Amount
Annual income	
Number of years until retirement	
Subtotal *(annual income x years)*	
Debt and final expenses	
Mortgage/rent	
Credit card(s), car payment(s), etc.	
Funeral and burial expenses ($7,000 is a good estimate)	
Subtotal *(debt)*	
Educational costs	
College expenses *(Approximately $32,405/year for private, $9,410 for state residents at public schools and $23,893 for out-of-state residents attending public universities)*	
Subtotal *(education)*	
Total needed for your life insurance	**$**

Typically, life insurance offered through work is less expensive than if you purchased it on your own. Consider purchasing life insurance today.

© 2016 OneAmerica Financial Partners, Inc. All rights reserved.

ONEAMERICA®

What you need to know about your Voluntary Term Life and AD&D Benefits

Flexible Options: Employee: $10,000 to $500,000, in $10,000 increments, not to exceed 5 times your annual salary
Spouse: $10,000 to $250,000, in $5,000 increments, not to exceed 50% of the employee's amount

Guaranteed Issue: Employee: $200,000 Spouse: $50,000 Child: $10,000 During New Employee Enrollment Period Only

Dependent Life Coverage: Optional dependent life coverage is available to eligible employees. You must select employee coverage in order to cover your spouse and/or child(ren).

Accidental Death and Dismemberment (AD&D): You must select Life coverage in order to select any AD&D coverage. Additional life insurance benefits may be payable in the event of an accident which results in death or dismemberment as defined in the contract.

Accelerated Life Benefit: If diagnosed with a terminal illness and have less than 12 months to live, you may apply to receive 25%, 50% or 75% of your life insurance benefit to use for whatever you choose.

Guaranteed Increase In Benefit: You may be eligible to increase your coverage annually until you reach your maximum amount without providing evidence of insurability.

Reductions: Upon reaching certain ages, your original benefit amount will reduce to the percentage shown in the following schedule. The amounts of dependent life insurance and dependent AD&D principal sum will reduce according to the employee's reduction schedule.

Age:	70	75
Reduces To:	67%	34%

Payroll Deduction Illustration: 2 Times Per Month

Employee Options

Life & AD&D	0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
$10,000	$.23	$.23	$.23	$.37	$.58	$.84	$1.31	$2.05	$3.14	$4.71	$7.98	$14.21	$14.21
$20,000	$.46	$.46	$.46	$.73	$1.15	$1.67	$2.62	$4.10	$6.27	$9.42	$15.95	$28.42	$28.42
$30,000	$.69	$.69	$.69	$1.10	$1.73	$2.51	$3.93	$6.15	$9.41	$14.13	$23.93	$42.63	$42.63
$50,000	$1.15	$1.15	$1.15	$1.83	$2.88	$4.18	$6.55	$10.25	$15.68	$23.55	$39.88	$71.05	$71.05
$80,000	$1.84	$1.84	$1.84	$2.92	$4.60	$6.68	$10.48	$16.40	$25.08	$37.68	$63.80	$113.68	$113.68
$100,000	$2.30	$2.30	$2.30	$3.65	$5.75	$8.35	$13.10	$20.50	$31.35	$47.10	$79.75	$142.10	$142.10
$120,000	$2.76	$2.76	$2.76	$4.38	$6.90	$10.02	$15.72	$24.60	$37.62	$56.52	$95.70	$170.52	$170.52
$150,000	$3.45	$3.45	$3.45	$5.48	$8.63	$12.53	$19.65	$30.75	$47.03	$70.65	$119.63	$213.15	$213.15
$180,000	$4.14	$4.14	$4.14	$6.57	$10.35	$15.03	$23.58	$36.90	$56.43	$84.78	$143.55	$255.78	$255.78
$200,000	$4.60	$4.60	$4.60	$7.30	$11.50	$16.70	$26.20	$41.00	$62.70	$94.20	$159.50	$284.20	$284.20

Spouse Options

Life & AD&D	0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
$10,000	$.47	$.47	$.47	$.65	$.84	$1.24	$1.93	$3.05	$4.76	$8.36	$14.63	$14.63	$14.63
$20,000	$.94	$.94	$.94	$1.30	$1.67	$2.47	$3.86	$6.10	$9.51	$16.71	$29.26	$29.26	$29.26
$30,000	$1.41	$1.41	$1.41	$1.95	$2.51	$3.71	$5.79	$9.15	$14.27	$25.07	$43.89	$43.89	$43.89
$40,000	$1.88	$1.88	$1.88	$2.60	$3.34	$4.94	$7.72	$12.20	$19.02	$33.42	$58.52	$58.52	$58.52
$50,000	$2.35	$2.35	$2.35	$3.25	$4.18	$6.18	$9.65	$15.25	$23.78	$41.78	$73.15	$73.15	$73.15

Child Options

Life & AD&D	Child(ren) 6 months to age 26	Child(ren) live birth to 6 months	Deduction amount Child(ren)
Option 1:	$2,500	$1,000	$0.42
Option 2:	$5,000	$1,000	$0.84
Option 3:	$10,000	$1,000	$1.68

Note: Employee and Spouse premiums are based on your age as of 01/01 and amount of coverage chosen. Child premiums are for all eligible children combined.

OneAmerica® is the marketing name for the companies of OneAmerica.

G 00616448-0000-000 Citrus County School Board Class: 1

Personal Accident Insurance

Developed for the Employees of

Citrus County School Board

Who Needs Personal Accident Insurance?

You do. Accident insurance can help you pay expenses if you or your spouse is seriously injured or killed in a covered accident. This coverage can help ensure that tragedy doesn't take both an emotional and a financial toll on your family.

By purchasing this insurance product through your employer, you benefit from:

- Affordable group rates
- Convenient payroll deduction

Who Is Eligible For Coverage?

You — You are eligible for coverage if you are a full-time, active employee of the sponsoring employer.

Your Spouse — You may elect coverage for a lawful spouse under age 70.

Your Children — You may elect coverage for your unmarried dependent children who are at least 14 days old and under age 19 (or under age 25 if they are full-time students). Children must be dependent upon you for support and maintenance.

No one may be covered more than once under this plan. If covered as an employee, you cannot also be covered as a dependent.

How Much Coverage Can You Buy?

You — You may select from $25,000 to $250,000 of coverage, at affordable group rates.

Your Spouse — You may elect spouse coverage of either 100% or 50% of the benefit amount you choose for yourself.

Your Children — Each covered child's benefit will be equal to 10% of your benefit amount. The premium is the same regardless of the number of children covered.

You may need to request changes to your existing coverage if, in the future, you no longer have dependents who qualify for coverage. We will refund premium if you do not notify us of this and it is determined at the time of a claim that premium has been overpaid.

No one may be covered more than once under this plan. If covered as an employee, you cannot also be covered as a dependent.

Your Monthly Cost

Select the benefit amount and family coverage most appropriate for your needs and budget. The chart to the right shows the most common benefit amounts. Other amounts are available, subject to the maximums indicated.

Your Benefit Amount	Monthly Cost for:			
		Your Spouse		Children
	You	100%	50%	10%
$250,000	$9.00	$9.00	$4.50	$1.80
200,000	7.20	7.20	3.60	1.44
150,000	5.40	5.40	2.70	1.08
100,000	3.60	3.60	1.80	.72
25,000	.90	.90	.45	.18

*See **Benefit Reductions.** Costs are subject to change. Spouse and children coverages are a percentage of your benefit amount.*

The rate per $1,000 of coverage is $.036 for Employee, $.036 for Spouse, and $.072 for Children. To calculate your cost, divide the amount you select by 1,000 and multiply that number by the appropriate cost. For example, if you select $250,000 of coverage:

$250,000 ÷ 1,000 = 250
250 x $.036 = $9.00 Your Monthly Cost

To determine the cost for child coverage at 10%, or for spouse coverage when selecting the 50% plan, multiply the coverage amount selected by .10 (10% child coverage) or .50 (50% spouse coverage), then divide by $1,000 and multiply by the appropriate cost. Add the individual costs together to get your total cost.

Benefit Reductions

When you reach age 70, your benefits will be reduced to 70% of the benefit amount selected; at age 75, 45%; at age 80, 30%, and at age 85, 15%. If you elect coverage for your family members, Accidental Death & Dismemberment benefits for your insured family members will be based on your selected benefit amount. Other plan benefits based on your selected benefit amount will be determined by this reduction schedule. Coverage for your spouse ends when he or she reaches age 70. These reductions also apply if you elect coverage after age 69.

A Valuable Combination of Benefits

Personal Accident Insurance helps protect you against losses due to accidents. A covered accident is a sudden unforeseeable event that results in injury or death and that occurs while coverage is in force. We will pay the full benefit amount for accidental loss of life. To help survivors of severe accidents adjust to new living circumstances, we will pay benefits for paralysis, dismemberment and loss of eyesight, speech or hearing according to the chart below.

If, within 365 days of a covered accident, bodily injuries result in:	We will pay this % of the benefit amount:	
	You or Your Spouse	Your Children
Loss of life	100%	100%
Total paralysis of both upper and lower limbs Loss of any two: hand, foot or eyesight Loss of speech and hearing in both ears	100%	200%
Loss of one hand or foot, or sight in one eye Loss of speech or loss of hearing in both ears Total paralysis of both legs Total paralysis of arm and leg on one side of the body	50%	100%
Loss of thumb and index finger of the same hand	25%	50%

If the same accident causes more than one of these losses, we will pay only one amount, but it will be the largest amount that applies. ***Loss of a hand or foot*** *means complete severance through or above the wrist or ankle joint.* ***Loss of sight*** *means the total, permanent loss of sight of the eye. The loss of sight must be irrecoverable by natural, surgical or artificial means.* ***Loss of speech*** *means total, permanent and irrecoverable loss of audible communication.* ***Loss of hearing*** *means total and permanent loss of hearing in both ears which cannot be corrected by any hearing aid or device.* ***Loss of a thumb and index finger*** *means complete severance through or above the metacarpophalangeal joints (the joints between the fingers and the hand). California Residents:* ***Loss of a thumb and index finger*** *means complete severance of at least one whole phalanx (a bone of the finger) of each. South Carolina Residents:* ***Loss of four whole fingers from one hand*** *means the loss of one hand.* ***Paralysis*** *means loss of use, without severance, of a limb. This loss must be determined by a doctor to be complete and not reversible.* ***Severance*** *means complete separation and dismemberment of the limb from the body.*

Additional Benefits

For Children Requiring Special Care

Personal Accident Insurance helps parents with children who survive severe accidents. If an insured child suffers a covered accidental injury, we will double the benefit amount up to $50,000. If your child subsequently dies within 90 days of the covered accident, then we will pay only the death benefit payable under the plan. The chart shown reflects this additional benefit.

This increased benefit can help parents cope with the ongoing financial obligations associated with caring for children who require continued medical attention, rehabilitation services and a specialized educational environment.

For College Education and Spouse Training

The education benefit provides training or education as follows:

- ***For your children:*** If you or your insured spouse die in a covered accident, we will pay an extra benefit for each insured child who enrolls in college before he or she is 25. To help pay college expenses, we will increase your benefit amount by 5% or $5,000, whichever is less, for each qualifying child. This benefit is payable each year for four consecutive years as long as your child continues his/her college education.
- ***For your spouse:*** If, within one year of your death in a covered accident, your spouse enrolls in an accredited school to gain skills needed for employment, we will pay the actual cost of this education or training program for not more than one year after enrollment begins, up to a maximum of $3,000.

If your spouse does not elect this education program, and if you have no dependent children, we will pay an additional $1,000 to the insured's beneficiary.

For Wearing a Seatbelt

This benefit is payable if an insured person dies as a result of injuries sustained in a covered accident while driving or riding in a private passenger car* equipped with seatbelts. If that person was wearing a properly fastened seatbelt (or if the insured is a child, a child restraint as defined by state law), that person's death benefit will be increased by 10%, but not less than $1,000 nor by more than $10,000.

** A validly registered four-wheel private passenger (or policyholder-owned) car, station wagon, jeep, pickup truck, or van-type car that is not licensed commercially or being used for commercial purposes.*

Cancer Insurance

Limited Benefit Specified Group Cancer Indemnity Insurance (GC-3) with Continuation Rider

APSB-22175(FL)-0919 Citrus County School Board

APL
AMERICAN PUBLIC LIFE
Expanding the Benefits Horizon®

Summary of Policy Benefits by Level*

Benefit Description	Level II	Level III
Radiation Therapy / Chemotherapy / Immunotherapy Benefit	$1,000 per calendar month of treatment, up to $12,000 per 12 month period	$1,500 per calendar month of treatment, up to $18,000 per 12 month period
Hormone Therapy Benefit	$50 per treatment, up to 12 per calendar year	$50 per treatment, up to 12 per calendar year
Surgical Benefit	$3,200 max per operation; $30 per surgical unit	$4,800 max per operation; $45 per surgical unit
Anesthesia Benefit	25% of the amount paid for covered surgery	25% of the amount paid for covered surgery
Outpatient Hospital or Ambulatory Surgical Center Benefit	$400 per day of surgery	$600 per day of surgery
Hospital Confinement Benefit	$200 per day, 1 - 90 days; $200 per day, 91+ days, in lieu of all other benefits	$300 per day, 1 - 90 days; $300 per day, 91+ days, in lieu of all other benefits
U.S. Government / Charity Hospital / HMO Benefit	$200 per day in lieu of most other benefits	$300 per day in lieu of most other benefits
Drugs and Medicine Benefit • Inpatient • Outpatient	$150 per Confinement $50 per prescription, up to $100 per calendar month per Covered Person	$150 per Confinement $50 per prescription, up to $150 per calendar month per Covered Person
Blood, Plasma and Platelets Benefit	$200 per day, up to $10,000 per calendar year	$250 per day, up to $12,500 per calendar year
Transportation and Outpatient Lodging Benefit • Transportation • Lodging	$.40 per mile per round trip. $50.00 per day up to 50 days per calendar year	$.40 per mile per round trip. $50.00 per day up to 50 days per calendar year
Family Member Transportation and Lodging Benefit • Transportation • Lodging	$.40 per mile per round trip. $50.00 per day up to 50 days per calendar year	$.40 per mile per round trip. $50.00 per day up to 50 days per calendar year
Bone Marrow / Stem Cell Transplant Benefit	Autologous - $1,000 per calendar year Non-Autologous - $3,000 per calendar year	Autologous - $1,500 per calendar year Non-Autologous - $4,500 per calendar year
Attending Physician Benefit	$40 per day of Confinement	$50 per day of Confinement
Prosthesis Benefit • Surgical Implantation • Hair Prosthesis	$2,000 per device, (includes surgical fee); max. 1 device per site, 2 lifetime max $50 per hair prosthetic; 2 lifetime max.	$3,000 per device, (includes surgical fee); max. 1 device per site, 2 lifetime max $50 per hair prosthetic; 2 lifetime max.
Second and Third Surgical Opinion Benefit	$300 per diagnosis; additional $300 if third opinion	$300 per diagnosis; additional $300 if third opinion
Ambulance Benefit • Ground • Air	$200 per ground trip $2,000 per air trip; up to 2 trips per Hospital Confinement (any combination of ground/ air)	$200 per ground trip $2,000 per air trip; up to 2 trips per Hospital Confinement (any combination of ground/ air)
Extended Care Benefit	$200 per day	$300 per day
Home Health Care Benefit	$200 per day	$300 per day
Hospice Care Benefit	$75 per day, $13,500 lifetime max	$100 per day, $18,000 lifetime max
Physical / Speech Therapy Benefit	$25 per visit, up to 4 visits per calendar month, $1,000 lifetime max	$25 per visit, up to 4 visits per calendar month, $1,000 lifetime max
Dread Disease Benefit	$200 per day, 1 - 90 days of Hospital Confinement	$300 per day, 1 - 90 days of Hospital Confinement
Experimental Treatment Benefit	Pays as any non-experimental benefit	Pays as any non-experimental benefit
Inpatient Special Nursing Services Benefit	$150 per day of Confinement	$150 per day of Confinement
Donor Benefit	$1,000 per donation	$1,000 per donation
Waiver of Premium Benefit	Premium waived after 90 days of Primary Insured continuous total disability due to Cancer	Premium waived after 90 days of Primary Insured continuous total disability due to Cancer

Refer to Benefit Highlights for more complete Benefit Descriptions and limits on the Group Cancer Indemnity Plan. ***The premium and amount of benefits provided vary dependent upon the Level selected at time of application.**

Optional Riders

Diagnostic Testing Benefit Rider

For a Covered Person:

- Pays an indemnity amount for one medically recognized screening test per calendar year to detect internal Cancer.
- Payable without a diagnosis of Cancer.

Diagnostic Testing Benefit
$75
per covered person, per calendar year

Critical Illness Rider

For a Covered Person:

- Pays when diagnosed after the 30-day Critical Illness Waiting Period with Internal Cancer or Heart Attack/ Stroke depending upon the Critical Illness coverage elected at time of application.
- Pays up to the specified Maximum Benefit Amount per Covered Critical Illness, as shown in the certificate policy schedule.
- Each benefit is a one time paid benefit.
- All Critical Illness benefit amounts reduce by 50% at age 70.

LEVEL I	LEVEL II
Cancer Benefit $2,500 lump sum benefit per lifetime, per covered person	Cancer Benefit $5,000 lump sum benefit per lifetime, per covered person

Hospital Intensive Care Unit Rider

For a Covered Person:

- Confinement must be due to accident or sickness and begin after the effective date of coverage under this rider.
- A day is defined as a 24-hour period.
- If confined to an ICU for a portion of a day, a pro rata share of the daily benefit will be paid.

Pays $600 per day up to 30 days per confinement in an ICU.	Pays $100 in Ambulance expenses per admission in an ICU.

Policy Benefit Highlights

Radiation Therapy/Chemotherapy/Immunotherapy Benefit

Pays the indemnity amount when a Covered Person receives treatment and incurs a charge for covered therapy or covered drugs for Radiation Therapy, Chemotherapy, or Immunotherapy as defined in the policy/certificate. We will pay only one Radiation Therapy/Chemotherapy/Immunotherapy benefit per calendar month regardless of the number of treatments received during the month. Anti-nausea drugs are not covered under this benefit. This benefit does not include any drugs/medicines covered under the Drugs and Medicine Benefit or the Hormone Therapy Benefit.

Hormone Therapy Benefit

Pays the indemnity amount for hormone therapy treatments as defined in the policy/certificate, prescribed by a Physician. This benefit does not include drugs/medicines covered under the Radiation Therapy/Chemotherapy/Immunotherapy Benefit or the Drugs and Medicine Benefit.

Surgical Benefit

Pays an indemnity benefit up to the Maximum Per Operation amount shown in the Schedule of Benefits in the policy/certificate when a surgical operation is performed on a Covered Person for covered diagnosed Cancer, Skin Cancer, or reconstructive surgery due to Cancer. Benefits will be calculated by multiplying the surgical unit value assigned to the procedure, as shown in the most current Physician's Relative Value Table, by the Unit Dollar Amount shown in the Schedule of Benefits. Two or more surgical procedures performed through the same incision will be considered one operation and benefits will be limited to the most expensive procedure. Diagnostic surgeries that result in a negative diagnosis of Cancer are not covered under this benefit. Bone marrow surgeries are paid under the Bone Marrow /Stem Cell Transplant Benefit. Surgeries required to implant a permanent prosthetic device are covered under the Prosthesis Benefit.

Anesthesia Benefit

The Anesthesia benefit pays 25% of the amount paid for a covered surgery for the services of an anesthesiologist. Services of an anesthesiologist for bone marrow transplants, Skin Cancer, or surgical prosthesis implantation are not covered under this benefit.

Outpatient Hospital or Ambulatory Surgical Center Benefit

Pays the indemnity amount shown towards the facility fee charges of an Ambulatory Surgical Center or Hospital for an outpatient surgical procedure of a diagnosed Cancer. Surgical procedures for Skin Cancer are not covered under this benefit.

Hospital Confinement Benefit

Pays the indemnity amount shown for a Covered Person while confined to a Hospital for at least 18 continuous hours for the treatment of a covered Cancer or the treatment of a condition or disease directly caused by Cancer or the treatment of Cancer. When the Covered Person's Hospital Confinement continues for more than 90 days, this benefit will be paid in lieu of all other benefits payable for the Covered Person during such Hospital Confinement beginning on the 91st day. A Hospital is not an institution, or part thereof, used as: a hospice unit, including any bed designated as a hospice or a swing bed; a convalescent home; a rest or nursing facility; a rehabilitative facility; an extended-care facility; a skilled nursing facility; or a facility primarily affording custodial, educational care, or care or treatment for persons suffering from mental diseases or disorders, or care for the aged, or drug or alcohol addiction.

U.S. Government / Charity Hospital / HMO Benefit

If an itemized list of services is not available because a Covered Person is: confined in a charity Hospital or U.S. Government owned Hospital; or covered under a Health Maintenance Organization (HMO) or a Diagnostic Related Group (D.R.G.) where no charges are made to the Covered Person. This benefit will be paid in lieu of most benefits under the policy/certificate.

Drugs and Medicines Benefit

Pays the indemnity amount for anti-nausea and pain medication prescribed by a Physician for a Covered Person for treatment of Cancer, who is also receiving Radiation Therapy / Chemotherapy/ Immunotherapy, a covered surgery, or a Bone Marrow/Stem Cell Transplant. This benefit does not cover associated administrative charges. This benefit does not include drugs/medicines covered under the Radiation Therapy/Chemotherapy/Immunotherapy Benefit or Hormone Therapy Benefit.

Blood, Plasma & Platelets Benefit

Pays the indemnity amount for blood, plasma and platelets. This does not include any laboratory processes. Colony stimulating factors are not covered under this benefit. Benefits for Blood, Plasma and Platelets are ONLY provided under this benefit.

Transportation and Outpatient Lodging Benefit

Pays for transportation of a Covered Person, who has been diagnosed as having Cancer, to receive covered Radiation Therapy, Chemotherapy, Immunotherapy treatment, Bone Marrow/Stem Cell Transplant, or surgery in a Hospital that is at least 50 miles away from the Covered Person's residence, using the most direct route. Such Hospital must be prescribed by a Physician and be the nearest Hospital which offers the specialized treatment. If treatment is received on an outpatient basis, we will also pay the amount shown in the Schedule of Benefits for the Covered Person's lodging in a single room in a motel, hotel or other accommodation acceptable to us while the Covered Person is receiving the specialized treatment. Travel must be by scheduled bus, plane or train, or by car and be within the United States or its Territories. Travel will be paid at the stated rate shown in the Schedule of Benefits. Benefits will be provided for only one mode of transportation per round trip. If the Covered Person receives treatment while Hospital Confined, benefits for transportation will be paid once per Hospital Confinement. Benefits for lodging will be paid only on those days the Covered Person received outpatient treatment.

Family Member Transportation and Lodging Benefit

Pays for one adult family member to be near a Covered Person who is receiving covered Radiation Therapy, Chemotherapy, Immunotherapy treatment, Bone Marrow/Stem Cell Transplant, or surgery due to Cancer in a non-local Hospital. Non-local means the Hospital is at least 50 miles away from the Covered Person's residence, using the most direct route. We will pay the amount shown in the Schedule of Benefits for the family member's:

(1) lodging in a single room in a motel, hotel or other accommodation acceptable to us; and
(2) travel by scheduled bus, plane or train, or by car.

Travel will be paid at the stated rate per mile shown in the Schedule of Benefits. If the family member and the Covered Person who is receiving treatment travel in the same car or lodge in the same room, benefits for travel and lodging will only be paid under the Transportation and Lodging Benefit. Benefits will be provided for only one mode of transportation per round trip. Travel must be within the United States or its Territories. If the Covered Person receives treatment while Hospital Confined, benefits for travel and/or lodging will be paid once per Hospital Confinement. If treatment is received on an outpatient basis, benefits for travel and/or lodging will be paid only on those days the Covered Person received outpatient treatment.

Bone Marrow Benefit / Stem Cell Transplant Benefit

Pays the indemnity amount when a bone marrow transplant or peripheral blood stem cell transplant is performed on a Covered Person as treatment for a diagnosed Cancer. This benefit will not be paid for the harvest of bone marrow or stem cells from a donor. This benefit is payable in or out of the Hospital.

Attending Physician Benefit

Pays the indemnity amount for one Physician's visit per day when a Covered Person requires the services of a Physician, other than a surgeon while Hospital Confined for the treatment of Cancer.

Prosthesis Benefit and Hair Prosthesis Benefit
Pays the indemnity amount for a surgically implanted prosthetic device received due to Cancer that manifested after the 30th day following the Effective Date, provided it was prescribed by a Physician as a direct result of surgery for Cancer. This benefit does not cover prosthetic related supplies. Temporary prosthetic devices used as tissue expanders are covered under the Surgical Benefit. Hair Prosthesis benefit pays the indemnity amount for a Covered Person's hair prosthesis needed as a direct result of Cancer or the treatment of Cancer.

Second & Third Surgical Opinion Benefit
Pays the indemnity amount once per diagnosis for a Covered Person's second surgical opinion and if the second disagrees with the first, we will pay a third opinion, when the attending Physician recommends surgery for the treatment of Cancer. Surgical opinions for reconstructive, Skin Cancer, or prosthesis surgeries are not covered under this benefit.

Ambulance Benefit
Pays the indemnity amount per trip for either licensed air or ground ambulance transportation of a Covered Person to a Hospital or from one medical facility to another where the Covered Person is admitted as an Inpatient and Hospital confined for at least 18 consecutive hours for treatment of Cancer.

Extended Care Facility Benefit
Pays the indemnity amount for each day room and board charges are incurred while a Covered Person is confined in an Extended Care Facility due to Cancer at the direction of a Physician that begins within 14 days after a covered Hospital Confinement. Paid for up to the same number of days benefits were paid for the Covered Person's preceding Hospital Confinement.

Home Health Care Benefit
Pays the indemnity amount for a Covered Person's Home Health Care, as described in the policy/certificate, required due to Cancer when prescribed by a Physician in lieu of Hospital Confinement. This benefit does not include physical therapy or speech therapy. This benefit does not include: nutrition counseling; medical social services; medical supplies; prosthesis or orthopedic appliances; rental or purchase of durable medical equipment; drugs or medicines; child care; meals or house-keeping services. This benefit will be paid for up to the same number of days benefits were paid for the Covered Person's preceding Hospital Confinement. If the Covered Person qualifies for coverage under the Hospice Care Benefit, the Hospice Care Benefit will be paid in lieu of this benefit.

Hospice Care Benefit
Pays the indemnity amount for Hospice Care directed by a licensed Hospice organization, as defined in the policy/certificate, of a Covered Person expected to live six months or less due to Cancer. This benefit does not include: well baby care; volunteer services; meals; housekeeping services; or family support after the death of the Covered Person.

Physical or Speech Therapy Benefit
Pays the indemnity amount if a Physician advises a Covered Person to seek physical therapy or speech therapy. Physical or speech therapy must be performed by a caregiver licensed in physical or speech therapy and be needed as a result of Cancer or the treatment of Cancer. We will pay for one treatment per day up to four treatments per calendar month per Covered Person for any combination of physical or speech therapy up to a lifetime maximum of $1,000 per covered person.

Dread Disease Benefit
Pays the indemnity amount for each period of Hospital Confinement of a Covered Person for treatment of Dread Disease, as defined in the policy/certificate. Benefits for Dread Disease are ONLY provided under this provision of the policy/certificate.

Experimental Treatment Benefit
Pays benefits for Experimental Treatment, as defined in the policy/certificate, the same as any other non-experimental treatment covered under this policy/certificate. This benefit does not provide coverage for treatments received outside of the United States or its Territories.

Inpatient Special Nursing Services Benefit
Pays the indemnity amount shown in the schedule of benefits for full-time special nursing care (other than that regularly furnished by a Hospital) while a Covered Person is Hospital Confined for treatment of Cancer. "Full-time" means at least eight consecutive hours during a 24-hour period. Care must be provided by a Nurse, as defined in this policy/certificate; be prescribed by a Physician; and be Medically Necessary for the treatment of Cancer.

Donor Benefit
Pays the indemnity amount shown for a covered surgery if expenses are incurred by a donor on behalf of a Covered Person due to a Bone Marrow Transplant or Stem Cell Transplant. This benefit will be paid regardless of where the surgery is performed. Blood donor expenses are not covered under this benefit.

Waiver of Premium Benefit
If the Primary Insured becomes disabled due to Cancer and remains so for 90 continuous days, we will pay all premiums due after the 90th day so long as the Primary Insured remains disabled. "Disabled" means for the first 12 months of disability the Primary Insured's inability because of Cancer is: unable to perform the material and substantial duties of your regular occupation; and under the care of a Physician for the treatment of Cancer. After the first 12 months of continuous disability, the term "disabled" means that the Primary Insured due to Cancer is: unable to work at any job for which the Primary Insured is qualified by education, training, or experience; and under the care of a Physician for the treatment of Cancer. This policy/certificate must be in force at the time disability begins and the Primary Insured must be under age 65.

Continuation Rider

Continuation
Coverage is continued when the Insured (You) cease employment with the employer through whom You originally became insured under the Policy. You will have the option to continue this Certificate (including any Riders, if applicable) by paying the premiums directly to Us at Our home office. Premiums must be paid within thirty-one (31) days after employment with your employer terminates. Premium rates required under this Continuation provision will be the same rates as those charged under the Employer's Policy as if You had continued employment. We will bill You for these premiums after You notify Us to continue this coverage. Coverage will continue until the earlier of: (1) the Policy under which You originally became insured ends; or (2) You stop paying premiums under this option (subject to the terms of the Grace Period).

Conversion
If the Employer's Policy is terminated, this Certificate will terminate. Upon termination of the Employer's Policy, the employee (You) will be entitled to convert to an individual policy of insurance issued by Us without evidence of insurability provided the required premiums have been paid on your behalf and You notified Us in writing within thirty-one (31) days of the Employer's Policy termination. Premiums for the individual policy of insurance will be figured from the premium rate table in effect on the date of conversion.

Subject to the terms of this provision, a covered child who ceases to be eligible may convert to an individual policy of insurance and a covered spouse who ceases to be eligible for coverage because of divorce or annulment may convert to an individual policy.

Terms of this provision include: (1) Application for the individual policy and payment of the first premium must be made within 60 days after coverage ceases under the Policy/Certificate. Premiums will be figured from the premium rate table in effect on the date of conversion. (2) The individual policy will be issued without proof of insurability. It will provide benefits that most nearly approximate those of the Policy/Certificate. (3) The individual policy will take effect the day after coverage ceases under the Policy/Certificate. However, no benefits will be payable under the individual policy for any loss for which benefits are payable under the Policy/Certificate. (4) The Pre-Existing Condition Limitation and provisions for the individual policy will be figured from the Covered Person's Effective Date of coverage under the Policy/Certificate. (5) Any benefit maximums will be figured from the Effective Date of the Policy/Certificate.

This rider is subject to all the provisions of the Policy and Certificate to which it is attached that are not in conflict with this rider.

Limitations and Exclusions

Eligibility

This policy/certificate will be issued only to those persons who meet American Public Life Insurance Company's insurability requirements. The policy/certificate and the Internal Cancer coverage under the Critical Illness Rider will not be issued to anyone who has been diagnosed or treated for Cancer in the previous ten years. The Heart Attack or Stroke coverage under the Critical Illness Rider will not be issued to anyone who has been diagnosed or treated for any heart or stroke related conditions. The Hospital Intensive Care Unit Rider will not cover heart conditions for a period of two years following the Effective Date of coverage for anyone who has been diagnosed or treated for any heart related condition prior to the 30th day following the Covered Person's Effective Date of coverage.

If You are working either under contract to or as a Full Time Employee for the Policyholder, or You are a member in or employed by the association, You are eligible for insurance provided You qualify for coverage as defined in the Master Application. You must apply for insurance within thirty (30) days of the Policy Effective Date or the date that You become eligible for coverage. If You do not apply within thirty (30) days of the Policy Effective Date or the date You become eligible for coverage, You may be subject to additional underwriting by Us.

Cancer means a disease which is manifested by autonomous growth (malignancy) in which there is uncontrolled growth, function, or spread (local or distant) of cells in any part of the body. This includes Cancer in situ and malignant tumors. It does not include other conditions which may be considered precancerous or having malignant potential such as: leukoplakia; hyperplasia; acquired immune deficiency syndrome (AIDS) polycythemia; actinic keratosis; myelodysplastic and non-malignant myeloproliferative disorders; aplastic anemia; atypia; non-malignant monoclonal gamopathy; carcinoid; or pre-malignant lesions, benign tumors or polyps.

Dependent means your married spouse who lives with you; or your eligible child(ren) who is not eligible for coverage as an Insured under the policy.

Base Policy

All diagnosis of Cancer must be positively diagnosed by a legally licensed doctor of medicine certified by the American Board of Pathology or American Board of Osteopathic Pathology. This policy/certificate pays only for loss resulting from definitive cancer treatment including direct extension, metastatic spread or recurrence. Proof must be submitted to support each claim. This policy/certificate also covers other conditions or diseases directly caused by Cancer or the treatment of Cancer. This policy/certificate does not cover any other disease, sickness or incapacity, which existed prior to the diagnosis of Cancer, even though after contracting Cancer it may have been complicated, aggravated or affected by Cancer or the treatment of Cancer except for conditions specifically stated in the Dread Disease Benefit.

No benefits are payable for any Covered Person for any loss incurred during the first year of this policy/certificate as a result of a Pre-Existing Condition. A Pre-Existing Condition is a Specified Disease for which, within 6 months prior to the Covered Person's Effective Date of coverage, medical advice, or treatment, including prescribed medications, was recommended by or received from a member of the medical profession, or for which conditions manifested in such a manner as would cause an ordinarily prudent person to seek diagnosis, medical advice or treatment. No benefits are payable for any loss incurred during the first year of the policy as a result of a Pre-Existing Condition. Routine follow-up care to determine whether a breast cancer has recurred in a person who has been previously determined to be free of breast cancer does not constitute medical advice, diagnosis, care, or treatment for purposes of determining preexisting conditions unless evidence of breast cancer is found during or as a result of the follow-up care. Pre-Existing Conditions specifically named or described as excluded in a waiver rider attached to this contract are never covered. This policy/certificate contains a 30-day waiting period during which no benefits will be paid under this policy/certificate. If any Covered Person has a Specified Disease diagnosed before the end of the 30-day period immediately following the Covered Person's Effective Date, coverage for that person will apply only to loss that is incurred after one year from the Effective Date of such person's coverage. If any Covered Person is diagnosed as having a Specified Disease during the

30-day period immediately following the Effective Date, you may elect to void the policy/certificate from the beginning and receive a full refund of premium. All benefits payable only up to the maximum amount listed in the Schedule of Benefits in the policy/certificate.

Diagnostic Testing Benefit Rider

We will pay the indemnity amount for one generally medically recognized internal Cancer screening test per Covered Person per Calendar Year. Screening test include, but are not limited to: mammogram; breast ultrasound; breast thermography; breast cancer blood test (CA 15-3); colon cancer blood test (CEA); prostate-specific antigen blood test (PSA); flexible sigmoidoscopy; colonoscopy; virtual colonoscopy; ovarian cancer blood test (CA-125); pap smear (lab test required); chest x-ray; hemocult stool specimen; serum protein electrophoresis (blood test for myeloma); Thin Prep Pap test. Screening tests payable under this benefit will ONLY be paid under this benefit. Benefits will only be paid for tests performed after the 30-day period following the Covered Person's effective date of coverage.

Critical Illness Rider

Benefits will only be paid for a Covered Critical Illness as shown on the Policy/Certificate Schedule page in the policy. No benefits will be provided for any loss caused by or resulting from: intentionally self-inflicted bodily injury, suicide or attempted suicide, whether sane or insane; or alcoholism or drug addiction; or any act of war, whether declared or undeclared; or any act related to war; or military service for any country at war; or a Pre-Existing Condition; or a Covered Critical Illness when the Date of Diagnosis occurs during the Waiting Period, if applicable; or participation in any activity or event while intoxicated or under the influence of any narcotic unless administered by a Physician or taken according to the Physician's instructions; or participation in, or attempting to participate in a felony, riot or insurrection (A felony is as defined by the law of the jurisdiction in which the activity takes place). Internal Cancer does not include: other conditions that may be considered pre-cancerous or having malignant potential such as: acquired immune deficiency syndrome (AIDS); or actinic keratosis; or myelodysplastic and non-malignant myeloproliferative disorders; or aplastic anemia; or atypia; or non-malignant monoclonal gamopathy; or Leukoplakia; or Hyperplasia; or Carcinoid; or Polycythemia; or carcinoma in situ or any skin cancer other than invasive malignant melanoma into the dermis or deeper. For a Pre-Existing Condition no benefits are payable. Pre-Existing Condition, as used in this rider means any sickness or condition for which prior to the Effective Date of coverage, medical advice, consultation or treatment, including prescribed medications, was recommended by or received from a member of the medical profession, or for which symptoms manifested in such a manner as would cause an ordinarily prudent person to seek diagnosis, medical advice or treatment. Routine follow-up care to determine whether a breast cancer has recurred in a person who has been previously determined to be free of breast cancer does not constitute medical advice, diagnosis, care, or treatment for purposes of determining preexisting conditions unless evidence of breast cancer is found during or as a result of the follow-up care.

Hospital Intensive Care Unit Rider

No benefits will be provided during the first two years of this rider for Hospital Intensive Care Unit confinement caused by any heart condition when any heart condition was diagnosed or treated prior to the 30th day following the Covered Person's Effective Date of this rider. The heart condition causing the confinement need not be the same condition diagnosed or treated prior to the Effective Date. No benefits will be provided if the loss results from: attempted suicide, whether sane or insane; or intentional self-injury; or alcoholism or drug addiction; or any act of war, whether declared or undeclared; or any act related to war; or military service for any country at war. No benefits will be paid for confinements in units such as: Surgical Recovery Rooms, Progressive Care, Burn Units, Intermediate Care, Private Monitored Rooms, Observation Units, Telemetry Units or Psychiatric Units not involving intensive medical.

Limitations and Exclusions *continued*

Conditionally Renewable

This policy/certificate is conditionally renewable at the option of the Policyholder. We must give the Policyholder at least 60 days written notice prior to cancellation. We cannot cancel Your coverage because of a change in Your age or health. We can, however, change Your premiums if We change premiums for all similar Certificates issued to the Policyholder. We must give the Policyholder at least 60 days written notice before We change Your premiums.

Termination of Coverage

Your Insurance coverage will end on the earliest of these dates: (a) the date You no longer qualify as an Insured; (b) the last day of the period for which a premium has been paid, subject to the Grace Period; (c) the date the Policy terminates (See Conversion provision); (d) the date You retire; (e) the date You cease employment, or terminate Your contract with the employer through whom You originally became insured under the Policy (See Conversion provision); or (f) the date We receive Your written request for termination, or upon the date specified in the written request. Termination of Dependent(s) Insurance coverage on Your Dependent(s) will end on the earliest of these dates: (a) the date the coverage under the Certificate terminates; (b) the date the Dependent no longer meets the definition of Dependent, as defined in the Policy/Certificate (See Conversion provision); (c) the date We receive Your written request for termination, or upon the date specified in the written request.

Termination of Rider Coverage

This rider terminates: (a) when Your coverage terminates under the Policy/Certificate to which this Rider is attached; or, (b) when any premium for this rider is not paid before the end of the Grace Period; or, (c) when You give Us a written request to do so. Coverage on a Dependent terminates under this rider when such person ceases to meet the definition of Dependent, as defined in the Policy.

GC-3 Group Cancer Indemnity Insurance

Group Cancer Semi-Monthly Premiums By Level*

Level II (includes Diagnostic Testing Benefit & Critical Illness Riders)

Level II without Intensive Care Unit Rider		
Individual	1 Parent	Family
$11.90	$16.60	$21.15

Level II with Intensive Care Unit Rider		
Individual	1 Parent	Family
$13.55	$18.85	$24.60

Level III (includes Diagnostic Testing Benefit & Critical Illness Riders)

Level III without Intensive Care Unit Rider		
Individual	1 Parent	Family
$17.10	$23.70	$30.20

Level III with Intensive Care Unit Rider		
Individual	1 Parent	Family
$18.75	$25.95	$33.65

Accident Insurance

Because Life Is Anything But Predictable

American Public Life Insurance Company

A member of the American Fidelity Group

SECURITY PLUS PLAN BENEFITS

A3, Accident Expense Policy

Benefits	2 Units
Accidental Injury We will pay the actual charges per accident (not to exceed maximum benefits for units se-lected) for physician's treatment, surgery, x-rays, reduction of fractures and dislocations or other emergency treatment expenses. In no case will the benefit exceed actual charges. There is a $50 deductible for emergency room expenses, per occurrence. Expenses must commence within 60 days of the covered accident.	$1,000
Ambulance Benefit We will pay the actual charges per accident (not to exceed maximum benefits for units se-lected) for emergency transportation for covered treatment (ground or air)	$2,500
Hospital Confinement We will pay the daily hospital benefit, based upon the number of units selected, when a cov-ered insured is confined to a hospital due to accident or injury. This benefit begins the first day of confinement and pays up to 30 days per any one accident	$150
Hospital Admission Benefit We will pay for the benefit shown, based on the number of units selected , upon admission to a hospital due to a covered accident	$400
Accidental Death Benefit We will pay the benefit shown for accidental death based upon the number of units selected	$10,000
Dismemberment We will pay the following benefit, based upon the number of units selected , for dismember-ment (dismemberment benefits are subject to a $5,000 per unit cumulative maximum per accident).	
Single Finger or Toe	$ 500
Multiple Fingers or Toes	$ 1,000
Single Hand, Arm, Foot or Leg	$ 5,000
Multiple Hands, Arms, Feet or Legs	$10,000
Loss of Sight Benefit We will pay the benefit, based upon the number of units selected , shown for the loss of sight due to an accidental injury	
Loss of sight in one eye	$ 5,000
Loss of sight in both eyes	$10,000
Premiums (Per Pay Period)	
Individual	$ 4.13
Individual and Spouse	$ 7.06
Individual and Children	$ 8.30
Family (2 Parents and Children	$ 11.23

Underwritten By: **American Public Life Insurance Company** PO Box 925 Jackson, MS 39205-0925

EXCLUSIONS AND LIMITATIONS

Benefits otherwise provided by this policy will not be payable for services or expenses or any such loss resulting from or in connection with:

1. sickness, illness or bodily infirmity; except as covered by the Sickness Disability Rider;
2. suicide, attempted suicide or intentional self-inflicted injury, whether sane or insane;
3. dental care or treatment due to accidental injury to natural teeth;
4. war or any act of war (whether declared or undeclared) or participating in a riot or felony;
5. alcoholism or drug addiction;
6. travel or flight in or descent from any aircraft or device which can fly above the earth's surface in any capacity other than as a fare-paying passenger on a regularly scheduled airline;
7. injury originating prior to the effective date of the policy;
8. injury occurring while intoxicated (intoxication means that which is determined and defined by the laws and jurisdiction of the geographical area in which the loss or cause of loss is incurred);
9. voluntary inhalation of gas or fumes or taking of poison or asphyxiation from;
10. voluntary ingestion or injection of any drug, narcotic or sedative, unless administered on the advice and taken in such doses as prescribed by a physician;
11. injury sustained or sickness which manifests itself while on full-time duty in the armed forces. Upon notice, the company will refund the proportion of unearned premium while in such forces;
12. injury incurred while engaged in an illegal occupation;
13. injury incurred while attempting to commit a felony or an assault;
14. mental or emotional disorders;
15. injury to a covered person while practicing for or being a part of organized or competitive football;
16. injury to a covered person while practicing for or being a part of organized or competitive rodeo, sky diving, hang gliding parachuting or scuba diving;
17. driving in any race or speed test or while testing an automobile or vehicle on any racetrack or speedway;
18. charges incurred outside the U.S. if an insured traveled to the location for the purpose of receiving medical services, drugs or supplies;
19. hernia, carpal tunnel syndrome or any complication therefrom;
20. any bacterial infection (except pyogenic infections which shall occur with and through an accidental cut or wound).

If you are entitled to benefits under this policy, as a result of sprained or lame back, or any intervertebral disk conditions, such benefits shall be payable for a maximum period of time, not exceeding in the aggregate three (3) months for any injury.

These exclusions and limitations are not applicable for all states. Please refer to your policy or outline for applicable exclusions and limitations.

This coverage should be viewed as a supplement to other health insurance. This is not the insurance contract, and only the actual policy provisions will apply. It is therefore important that you read your policy carefully. All products are not available in all states.

American Public Life Insurance Company offers a wide variety of supplemental insurance plans.
Most are available on an individual basis or as part of an employer-sponsored voluntary benefit program.
Each plan has total flexibility and can be tailored to fit each individual's need.

Available Products:
Dental • Accident Intensive Care • Medical Supplement • Hospital Indemnity
Cancer • Whole Life • Term Life • Disability Income • Heart Disease/Attack/Stroke • Section 125 Plans
For more information on any of these plans call your APL representative, or you may contact APL's home office at (800) 256-6736.

All products are not available in all states.

American Public Life Insurance Company
P.O. Box 925
Jackson, Mississippi 39205-0925
(601) 936-6600 or (800) 256-6736

Critical Illness insurance

Citrus County School Board | All Eligible Employees | 919914

Protect your savings in case of a serious illness

An illness can lead to unexpected costs not covered by your health plan. Deductibles and copays, or other costs like travel and child care can reduce your savings. Critical illness insurance provides a cash benefit when you or a person on your plan is diagnosed with a covered condition, like a heart attack or stroke. The benefit is paid directly to you, to use however you want.

How it works

Your employer is offering you and your coworkers this coverage as a group, at a group rate. You are responsible for paying a portion or all of the cost.

Benefits

For you	You can choose from **$5,000 to $25,000** of coverage—in increments of $5,000—with no medical questions asked.
For your spouse**	If you elect coverage for yourself, you can choose from **$2,500 to $12,500** of coverage—in increments of $2,500—with no medical questions asked (Not to exceed 50% of your coverage amount.) The benefit may be reduced when the employee benefit amount is reduced.
For your child(ren)	If you elect coverage for yourself, you can choose (for each eligible child) from **$2,500 to $5,000** of coverage—in increments of $2,500—with no medical questions asked. (The coverage you select for your child(ren) cannot exceed 50% of your coverage amount.) The benefit may be reduced when the employee benefit amount is reduced. An eligible child is defined as your child from birth to age 26.

Sun Life Financial®

What did Critical Illness insurance mean for Denise?

Denise had a heart attack in her mid-40s. Her medical expenses piled up at the worst possible time.

1. Denise filed a claim with Sun Life. We reviewed her medical information, including details from her physician and approved her claim.
2. Denise received her cash benefit which helped her pay her medical deductible and copays, and travel expenses for medical appointments.
3. The insurance allowed Denise to focus on her recovery, and less on her bank account

High blood pressure is a contributing factor to heart attack and stroke. The number of people who have HBP*:

- ***Nearly 1 in 5 people, aged 35-44***
- ***1 in 3 people, aged 45-54***
- ***More than half of people aged 55-64***

Sun Life Assurance Company of Canada
sunlife.com
800-SUN-LIFE (786-5433)

Covered Conditions

Once your coverage goes into effect, you can file a claim for covered conditions diagnosed after your insurance's effective date. The full list of conditions is listed here.

Covered conditions – The plan pays 100% of the benefit amount unless stated otherwise

Core Conditions
Heart Attack Stroke Coronary Artery Bypass Graft (pays 25%)
Other Conditions
Blindness Major organ failure (except heart failure) End stage kidney disease Paralysis (excluding paralysis from stroke) Coma

Additional plan features

- **Wellness screening benefit:** The claims application is easy to fill out and includes common screenings, like certain blood tests; Pap smear; skin cancer screening; Lipid panels; cardiac exercise stress test; Electrocardiogram (ECG); Immunizations and interscholastic sports physical exam. (List may vary by state.)

Critical Illness FAQs

What happens if I get one of the conditions?

If you are diagnosed with a covered condition and your claim is approved, you will receive a lump sum payment.

You cannot collect more than 100% of your elected benefit in any one category unless you qualify for a recurrence benefit.

You can receive benefits from a different procedure category if there is at least 6 consecutive months between the diagnosis or procedure dates.

What happens if I experience a recurrence of a previously diagnosed covered condition?

If, after 18 months of being treatment free from the initial critical illness, you are diagnosed with the same condition or have the same procedure again, we'll pay an additional 25% of the previously paid benefit. The recurrence benefit can only be paid once in each category.

What if I have a pre-existing condition?

If you submit a claim within 12 months of your insurance taking effect, or 12 months following any increase in your amount of insurance, we will not pay any benefit for any pre-existing condition. A pre-existing condition includes anything you have sought or received treatment for in the 12 months prior to your insurance becoming effective. Treatment can include consultation, advice, care, services or a prescription for drugs or medicine.

Do I have to answer health questions to enroll?

You will be required to answer health questions if (1) you do not elect coverage when it's first available to you and you want to elect at a later date; (2) you request an amount higher than the Guaranteed Issue amount noted in the table, if offered; or (3) you want to increase coverage at a later date. You will need to fill out and submit our Evidence of Insurability application which must be approved by Sun Life before the coverage takes effect.

Is my benefit taxable?

If you pay for your coverage all post-tax, your benefit will not be taxable income or tax reported by us to the IRS. If you pay for your coverage all pre-tax, if you pay for part of your coverage post-tax and your employer pays for the rest, or if your employer pays the entire premium, some or all of your benefit amount will be tax reported on a Form 1099 as taxable income. Please consult with a tax advisor or your employer if you have any questions.

Can I take my insurance with me if I leave my employer?

Depending upon state variations and your employer's plan, you may have an option to continue group coverage when your employment terminates. Your employer can advise you about your options.

In some states, "Critical Illness" is referred to as "Specified Disease."

"Critical Illness insurance" is a limited benefit policy. The certificate has exclusions, limitations, and benefit waiting periods for certain conditions that may affect any benefits payable. Benefits payable are subject to all terms and conditions of the certificate.

Read the important plan provisions section for more information including limitations and exclusions.

Rate Sheet

Rates are effective as of January 01, 2021

The chart below shows possible coverage amounts and the corresponding costs per monthly pay period.

Find your age bracket (as of the effective date of coverage) to determine the associated cost for the coverage amount you choose.

Employee Critical Illness - Choice 1 Smoker Rates Age and Cost - Monthly Premium									
Coverage Amounts	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69
$5,000	3.25	5.65	5.65	9.00	9.00	17.55	17.55	23.85	26.00
$10,000	6.50	11.30	11.30	18.00	18.00	35.10	35.10	47.70	52.00
$15,000	9.75	16.95	16.95	27.00	27.00	52.65	52.65	71.55	78.00
$20,000	13.00	22.60	22.60	36.00	36.00	70.20	70.20	95.40	104.00
$25,000	16.25	28.25	28.25	45.00	45.00	87.75	87.75	119.25	130.00

Employee Critical Illness - Choice 1 Non-smoker Rates Age and Cost - Monthly Premium									
Coverage Amounts	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69
$5,000	2.40	3.65	3.65	5.45	5.45	9.80	9.80	14.10	17.05
$10,000	4.80	7.30	7.30	10.90	10.90	19.60	19.60	28.20	34.10
$15,000	7.20	10.95	10.95	16.35	16.35	29.40	29.40	42.30	51.15
$20,000	9.60	14.60	14.60	21.80	21.80	39.20	39.20	56.40	68.20
$25,000	12.00	18.25	18.25	27.25	27.25	49.00	49.00	70.50	85.25

Spouse Critical Illness - Choice 1 Smoker Rates Age and Cost - Monthly Premium									
Coverage Amounts	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69
$2,500	1.75	2.90	2.90	4.50	4.50	8.65	8.65	11.65	12.70
$5,000	3.50	5.80	5.80	9.00	9.00	17.30	17.30	23.30	25.40
$7,500	5.25	8.70	8.70	13.50	13.50	25.95	25.95	34.95	38.10
$10,000	7.00	11.60	11.60	18.00	18.00	34.60	34.60	46.60	50.80
$12,500	8.75	14.50	14.50	22.50	22.50	43.25	43.25	58.25	63.50

Spouse Critical Illness - Choice 1 Non-smoker Rates Age and Cost - Monthly Premium									
Coverage Amounts	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69
$2,500	1.35	1.95	1.95	2.80	2.80	4.88	4.88	6.90	8.30
$5,000	2.70	3.90	3.90	5.60	5.60	9.75	9.75	13.80	16.60
$7,500	4.05	5.85	5.85	8.40	8.40	14.63	14.63	20.70	24.90
$10,000	5.40	7.80	7.80	11.20	11.20	19.50	19.50	27.60	33.20
$12,500	6.75	9.75	9.75	14.00	14.00	24.38	24.38	34.50	41.50

Child Critical Illness - Choice 1	
Coverage Amounts	Cost - Monthly Premium
$2,500	0.13
$5,000	0.25

LifeLock™ with Norton™ | Benefit Plans

Your Employee Benefit Can Help Protect Your Identity and Devices.

Everyday we put our information at risk on the internet.

Everyday activities like online shopping, banking, and even browsing can expose your personal information, making you more vulnerable to cybercrime.

LifeLock with Norton Benefit Plans combine leading identity theft protection and device security against online threats, viruses, ransomware and malware, at home and on-the-go. Let us help protect your identity, your devices and your online privacy, in an always connected world.

Get more value for your money! Enroll through your employer today!

No one can prevent all identity theft or all cybercrime.

Benefit Pricing - Semi Monthly Rates

	LifeLock with Norton | Benefit Essential	LifeLock with Norton | Benefit Premier
Employee Only (18+ Years Old)	$4.25	$7.50
Employee + Family[Δ]	$8.49	$14.99

[Δ] The LifeLock Benefit Junior plan is for minors under the age of 18. LifeLock enrollment is limited to employees and their eligible dependents. Eligible dependents must live within the employee's household, or be financially dependent on employee. 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.

LIFELOCK IDENTITY THEFT PROTECTION	LifeLock Identity Alert™ System[†]	●	●
	• Payday - Online Lending Alerts[†]	●	●
	• Credit Alerts & Social Security Alerts[†]	●	●
	LifeLock Mobile App (Android™ & iOS)[**] Downloading the app does not provide protection.	●	●
	Dark Web Monitoring[**]	●	●
	LifeLock Privacy Monitor™	●	●
	USPS Address Change Verification	●	●
	Lost Wallet Protection	●	●
	Reduced Pre-Approved Credit Card Offers	●	●
	Fictitious Identity Monitoring	●	●
	Data Breach Notifications	●	●
	Credit, Checking & Savings Account Activity Alerts[†**]	●	●
	Checking & Savings Account Application Alerts[†**]		●
	Bank Account Takeover Alerts[†**]		●
	401K & Investment Account Activity Alerts[†**]	●	●
	File Sharing Network Searches	●	●
	Sex Offender Registry Reports	●	●
	Online Account Monitoring[**] Expected availability 2020, subject to change.	●	●
	Prior Identity Theft Remediation[9] This feature is separate from our Million Dollar Protection™ Package and does not provide coverage for lawyers and experts, reimbursement of stolen funds or compensation for personal expenses for events occurring during the 12 months prior to enrollment. See disclaimer for details.	●	●
	U.S.-based Identity Restoration Specialists	●	●
	24/7 Live Member Support[Δ]	●	●
	Million Dollar Protection™ Package[†††] • Stolen Funds Reimbursement • Personal Expense Compensation • Coverage for Lawyers and Experts	Up to $1 Million each	Up to $1 Million each
	Credit Application Alerts[2**]	One-Bureau	One-Bureau
	Credit Monitoring[1**]	One-Bureau	Three-Bureau
	Annual Credit Report & Credit Score[1**] 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.		Three-Bureau
	Monthly Credit Score Tracking[1**] 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.		One-Bureau
NORTON DEVICE SECURITY	Secures PCs, Macs, Smartphones/Tablets[**]	Up to 3 devices (Family gets 6 devices)	Up to 5 devices (Family gets 10 devices)
	Online Threat Protection[**]	●	●
	Password Manager[**]	●	●
	Parental Controls[3**]	●	●
	Smart Firewall[**]	●	●
	Cloud Backup[3**]	10 GB	50 GB
ONLINE PRIVACY	SafeCam[3**]	●	●

844-698-8640

Norton LifeLock

[1] If your 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 plan enrollment. Please note that in order to enjoy all features in your chosen plan, such as bank account alerts, credit monitoring, and credit reports, it may require additional action from you and may not be available until completion.

[2] If your plan includes One Bureau Credit Application Alerts, two requirements must be met to receive said features: (i) your identity must be successfully verified with TransUnion; and (ii) TransUnion 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 ONE BUREAU CREDIT APPLICATION ALERTS. One Bureau Credit Application Alerts will take several days to begin after your successful LifeLock plan enrollment.

[3] Not all features are available on all platforms. Norton Family Parental Controls, Norton Cloud Backup, and PC SafeCam are presently not supported on Mac OS.

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

[†††] Reimbursement and Expense Compensation, each with limits of up to $1 million for LifeLock with Norton Benefit Essential and LifeLock with Norton Benefit Premier and up to $25,000 for Benefit Junior, and up to $1 million for coverage for lawyers and experts if needed, for all plans. Benefits under the Master Policy are issued and covered by United Specialty Insurance Company (State National Insurance Company, Inc. for NY State members). Policy terms, conditions and exclusions at: LifeLock.com/legal.

[**] These features are not enabled upon enrollment. Member must take action to activate this protection.

[9] Subject to eligibility requirements defined in Terms & Conditions at https://www.lifelock.com/legal/prior-id-theft-remediation. Symantec reserves the right to change and/or cease services at any time.

[Δ] English only.

No one can prevent all identity theft or cybercrime.

LifeLock and Norton by Symantec are now Norton LifeLock.

Copyright © 2019 Symantec Corporation. All rights reserved. Symantec, the Symantec Logo, the Checkmark Logo, Norton, Norton by Symantec, LifeLock, and the LockMan Logo are trademarks or registered trademarks of Symantec Corporation or its affiliates in the U.S. and other countries. Other names may be trademarks of their respective owners. Norton LifeLock is the Consumer Division of Symantec.

GPPM8782

What Can I Save with an FSA?

	FSA	No FSA
Annual taxable income	$24,000	$24,000
Health FSA	$1,500	$0
Dependent care FSA	$1,500	$0
Total pre-tax contributions	-$3,000	$0
Taxable income after FSA	$21,000	$24,000
Income taxes	-$6,300	-$7,200
After-tax income	$14,700	$16,800
After-tax health and welfare expenses	$0	-$3,000
Take-home pay	$14,700	$13,800
You saved	**$900**	**$0**

Help Make Medical Costs Painless.

Find out more at
fsa.nbsbenefits.com

nbs national benefit services

8523 South Redwood Road
West Jordan, Utah 84088
800-274-0503
fsa@nbsbenefits.com

What is a Flexible Spending Account (FSA)?

Flexible Spending Account (FSA)

Two types of FSAs

For a health FSA, start by choosing an annual election amount. This amount will be available on day one of your plan year for eligible medical expenses.

Then, payroll deductions will be made throughout the plan year to fund your account.

A dependent care FSA works differently than a health FSA. Money is only available as it is contributed and can only be used for dependent care expenses.

Both are pre-tax benefits your employer offers through a cafeteria plan. Choose one or both —whichever is right for you.

What's a cafeteria plan?

A cafeteria plan enables you to save money on group insurance, healthcare expenses, and dependent care expenses. Your contributions are deducted from your paycheck by your employer before taxes are with withheld. These deductions lower your taxable income which can save you up to 35% on income taxes!

Partial List of Eligible Expenses:

- Medical/Dental/Vision Copays and deductibles
- Prescription Drugs
- Physical Therapy
- Chiropractor
- First-Aid Supplies
- Lab Fees
- Psychiatrist/Psychologist
- Vaccinations
- Dental Work/Orthodontia
- Eye Exams
- Laser Eye Surgery
- Eyeglasses, Contact Lenses, Lens Solution
- Prescribed OTC Medications

Enrollment Considerations

After the enrollment period ends, you may increase, decrease, or stop your contribution only when you experience a qualifying "change of status" (e.g. marriage, divorce, employment change, dependent change).

Be conservative in the total amount you elect to avoid forfeiting money at the end of the plan year.

How to Spend

Spending is easy

Our convenient NBS Benefits Card allows you to avoid out-of-pocket expenses, cumbersome claim forms and reimbursement delays. Or you may also utilize the "pay a provider" option on our web portal.

Account access is easy

Get account information from our easy-to-use online portal and mobile app. See your account balance, contributions and account history in real time.

What if I don't use it all?

Because an FSA is a planning tool with great tax benefits, you must use the account balance in its entirety before the end of the plan year or it will be forfeited. This is known as the "use-it-or-lose-it" rule.

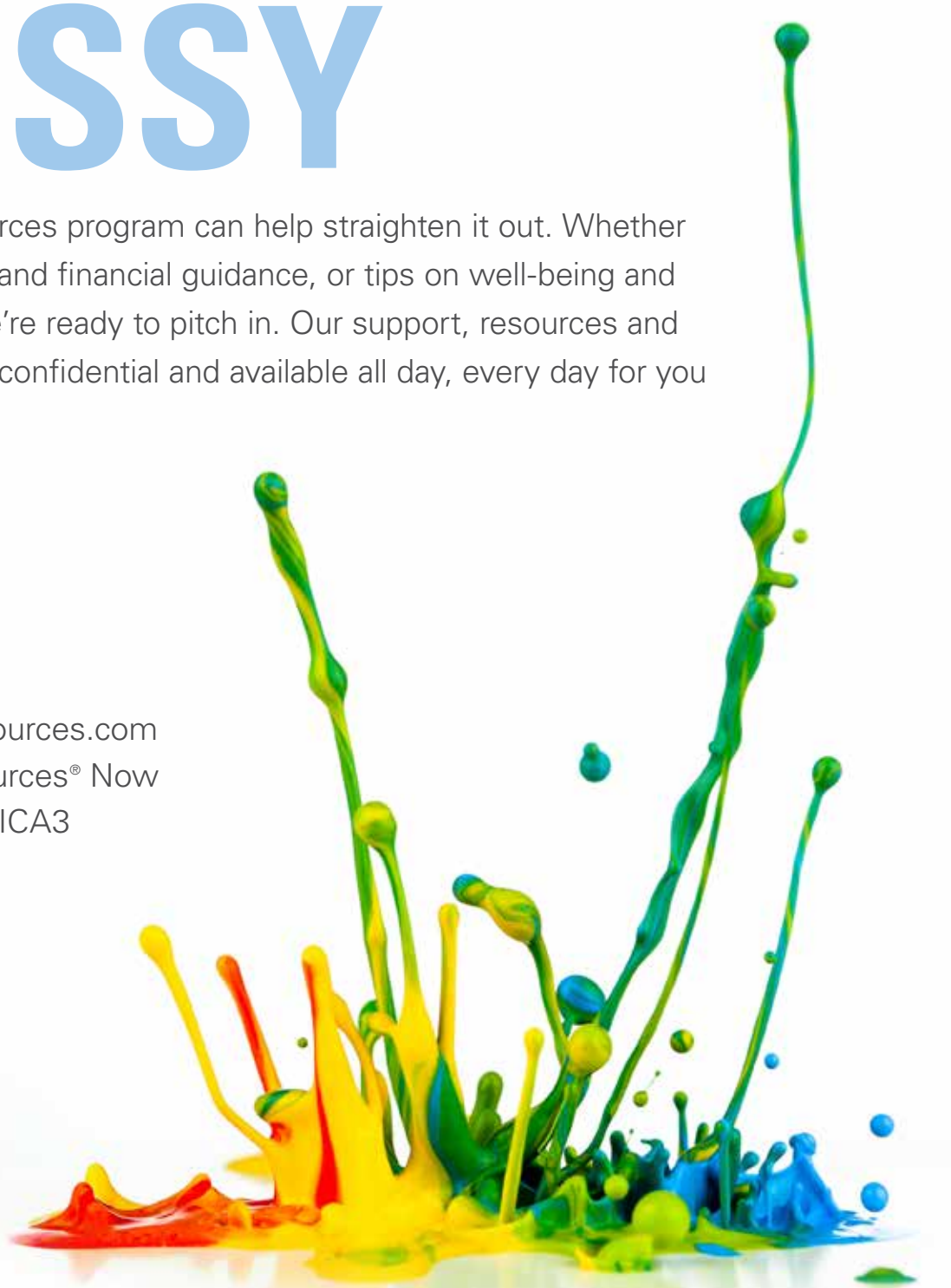
Your employer may offer a grace period or a $500 rollover to help if you miss the mark a little bit. *Just make sure to plan carefully when you enroll.*

GuidanceResources®

ONEAMERICA®

LIFE IS MESSY

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



Call: 855.387.9727
TDD: 800.697.0353
Online: guidanceresources.com
App: GuidanceResources® Now
Web ID: ONEAMERICA3

OneAmerica is the marketing name for American United Life Insurance Company(R) (AUL). AUL markets ComPsych services. ComPsych Corporation is not an affiliate of AUL and is not a OneAmerica company.

Copyright © 2015 ComPsych Corporation. All rights reserved.

Call Your ComPsych® GuidanceResources® program anytime for confidential assistance.

Call: **855.387.9727**
Go online: **guidanceresources.com**
TDD: 800.697.0353
Your company Web ID: **ONEAMERICA3**

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

Confidential Counseling

3 Session Plan

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

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

Financial Information and Resources

Discover your best options.

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

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

Legal Support and Resources

Expert info when you need it.

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

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

Work-Life Solutions

Delegate your "to-do" list.

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

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

GuidanceResources® Online

Knowledge at your fingertips.

GuidanceResources Online is your one stop for expert information on the issues that matter most to you...relationships, work, school, children, wellness, legal, financial, free time and more.

- Timely articles, HelpSheets℠, tutorials, streaming videos and self-assessments
- "Ask the Expert" personal responses to your questions
- Child care, elder care, attorney and financial planner searches

Free Online Will Preparation

Get peace of mind.

EstateGuidance® lets you quickly and easily write a will on your computer. Just go to www.guidanceresources.com and click on the EstateGuidance link. Follow the prompts to create and download your will at no cost. Online support and instructions for executing and filing your will are included. You can:

- Name an executor to manage your estate
- Choose a guardian for your children
- Specify your wishes for your property
- Provide funeral and burial instructions

ONEAMERICA®

Your ComPsych® GuidanceResources® Program

CALL ANYTIME
Call: **855.387.9727**
TDD: 800.697.0353
Online: **guidanceresources.com**
Your company Web ID: **ONEAMERICA3**

Copyright © 2016 ComPsych Corporation. All rights reserved.

CBG
COMBINED BENEFITS GROUP