



Employee Benefit Guide

January - December 2025

Benefit Option Organizer

Line of Coverage	Insurance Carrier	Contribution	Premium tax Treatment
Medical Insurance	Prevea	employer employee	pre-tax
Health Reimbursement Account (HRA)	Diversified Benefit Service (DBS)	employer	n / a
Health Savings Account (HSA)	Associated Bank	employee	pre-tax
Dental Insurance	Delta	employee	post-tax
Vision Insurance	Delta	employee	post-tax
Short-term Disability	Kansas City Life	employer employee (buy-up)	n / a pret-tax
Long-term Disability	Kansas City Life	employee	pre-tax
Voluntary Life/AD&D	Kansas City Life	employee	post-tax
Accident	Allstate	employee	pre-tax
Critical Illness w/ Cancer	Allstate	employee	pre-tax
Whole Life w/ LTC Rider	Allstate	employee	post-tax
ID Theft	Allstate	employee	post-tax

Did you know?

Pre-tax vs. Post-tax Deductions

Pre-tax Deductions:
Costs of benefit elections are taken from your paycheck before any applicable taxes are deducted.

Post-tax Deductions:
Taken from your paycheck after any applicable taxes are deducted.

Benefit Eligibility & Enrollment

Who is eligible...

Full-time employees working 30+ hours per week with McDermid Corporations are eligible to enroll in the benefits outlined in this guide. In addition, dependents (spouse, domestic partner, natural or adopted child, grandchild, or child for whom you have legal guardianship) may be eligible for these benefits.

How to enroll...

The first step in determining which benefits to elect is reviewing existing lines of coverage. Evaluate life changes - did you move or recently get married? Are you expecting a child?

Verify all personal demographic information is accurate and make applicable changes.

Once the above is complete, evaluate the benefit options available and make your elections for the upcoming year. Benefit decisions made when first eligible or during annual enrollment have a significant impact on your life (and finances) so weigh the options carefully.

When to enroll...

All benefits must be selected for you and eligible dependents within **30 days** of being newly eligible, or during the designated annual enrollment period.

Benefits elected now will be in effect until the next annual enrollment, unless you experience an IRS qualified event.

How to make changes...

Unless you experience an IRS qualified event, you are not able to make changes to benefit elections until the next annual enrollment period.

An IRS qualified event would include:

- A loss of eligibility for other health coverage
- Termination of eligibility for Medicaid or a state Children's Health Insurance Program (CHIP)
- Acquisition of a dependent - marriage, birth, adoption or placement for adoption
- Becoming eligible for a premium assistance subsidy under Medicaid or a state CHIP

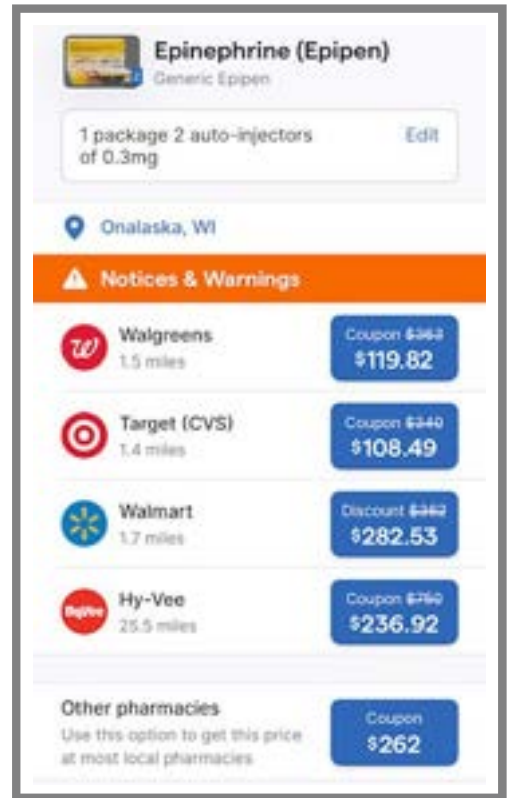
In the case of a qualified event, you have **30 days** to make changes to benefit elections.

Prescription Drug Savings Tips



Why we pay so much for our prescriptions

Prices for prescription drugs vary widely between pharmacies. U.S. drug prices are neither fixed, nor regulated.

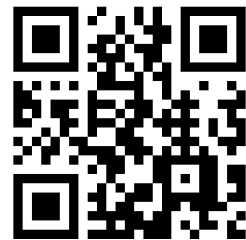


How can GoodRx help me?

Every week, GoodRx collects millions of prices and discounts from pharmacies and drug manufacturers, which allows users to find the lowest cost for their prescriptions.

How does it work?

GoodRX allows users to search for prescriptions at pharmacies nearby and compare prices. If choosing to proceed with GoodRX, notify the pharmacist when picking up your prescription to apply the applicable discount.



www.GoodRx.com

No cost!

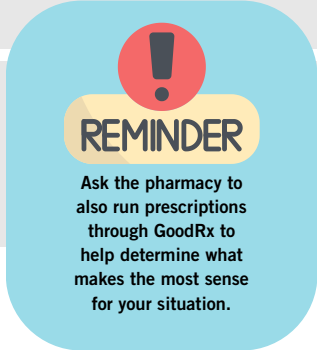
GoodRx is 100% free. Discounts are available for every family member, even if not covered by insurance. Pets included! No quantity limits.



NOTE: Using the GoodRx coupon bypasses your health insurance. Money spent on prescriptions using GoodRX does not apply to your deductible and/or out-of-pocket maximum; however, may still be considered an HSA eligible expense.

Medical Insurance

Prevea: HMO

	In-Network	Out-of-Network
Deductible *deductible is embedded	\$7,500 / individual \$15,000 / family	not covered
Coinsurance	100%	not covered
Maximum Out-of-Pocket	\$7,500 / individual \$15,000 / family	not covered
Preventive Care	paid at 100% *must be billed as preventive care	not covered
Primary Care Visit	deductible + coinsurance	not covered
Specialist Visit	deductible + coinsurance	not covered
Urgent Care	deductible + coinsurance	not covered
Emergency Room	deductible + coinsurance	
Prescription Drug Advantage Prescription Drug List (PDL)	Tier 1: deductible + coinsurance Tier 2: deductible + coinsurance Tier 3: deductible + coinsurance Tier 4: deductible + coinsurance	 <p>REMINDER Ask the pharmacy to also run prescriptions through GoodRx to help determine what makes the most sense for your situation.</p>

Website = www.prevea.com

Customer Service = 866.277.3832

or scan
the QR code!



Utilizing in-network providers maximizes the benefits available on the medical plan and protects members from balance billing. Contact the carrier directly for verification of in-network providers.

Employee cost per paycheck:

Employee Only
\$ 39.39 / weekly
\$ 85.34 / bimonthly

Employee + Spouse
\$ 94.08 / weekly
\$ 203.85 / bimonthly


Employee + Child(ren)
\$ 76.98 / weekly
\$ 166.78 / bimonthly

Family
\$ 141.12 / weekly
\$ 305.77 / bimonthly

Medical Insurance

Prevea: POS

*See Human Resources with inquiries related to this plan design option.

	In-Network	Out-of-Network
Deductible *non-embedded	\$7,500 / individual \$15,000 / family	\$15,000 / individual \$30,000 / family
Coinsurance	100%	80%
Maximum Out of Pocket *non-embedded	\$7,500 / individual \$15,000 / family	\$20,000 / individual \$40,000 / family
Preventive Care	paid at 100% *must be billed as preventive care	deductible + coinsurance
Primary Care Visit	deductible + coinsurance	deductible + coinsurance
Specialist Visit	deductible + coinsurance	deductible + coinsurance
Urgent Care	deductible + coinsurance	deductible + coinsurance
Emergency Room	deductible + coinsurance	
Prescription Drug Advantage Prescription Drug List (PDL)	Tier 1: deductible + coinsurance Tier 2: deductible + coinsurance Tier 3: deductible + coinsurance Tier 4: deductible + coinsurance	

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Employee cost per paycheck:

Employee Only
\$ 49.33 / weekly
\$ 106.88 / bimonthly

Employee + Spouse
\$ 115.95 / weekly
\$ 251.23 / bimonthly

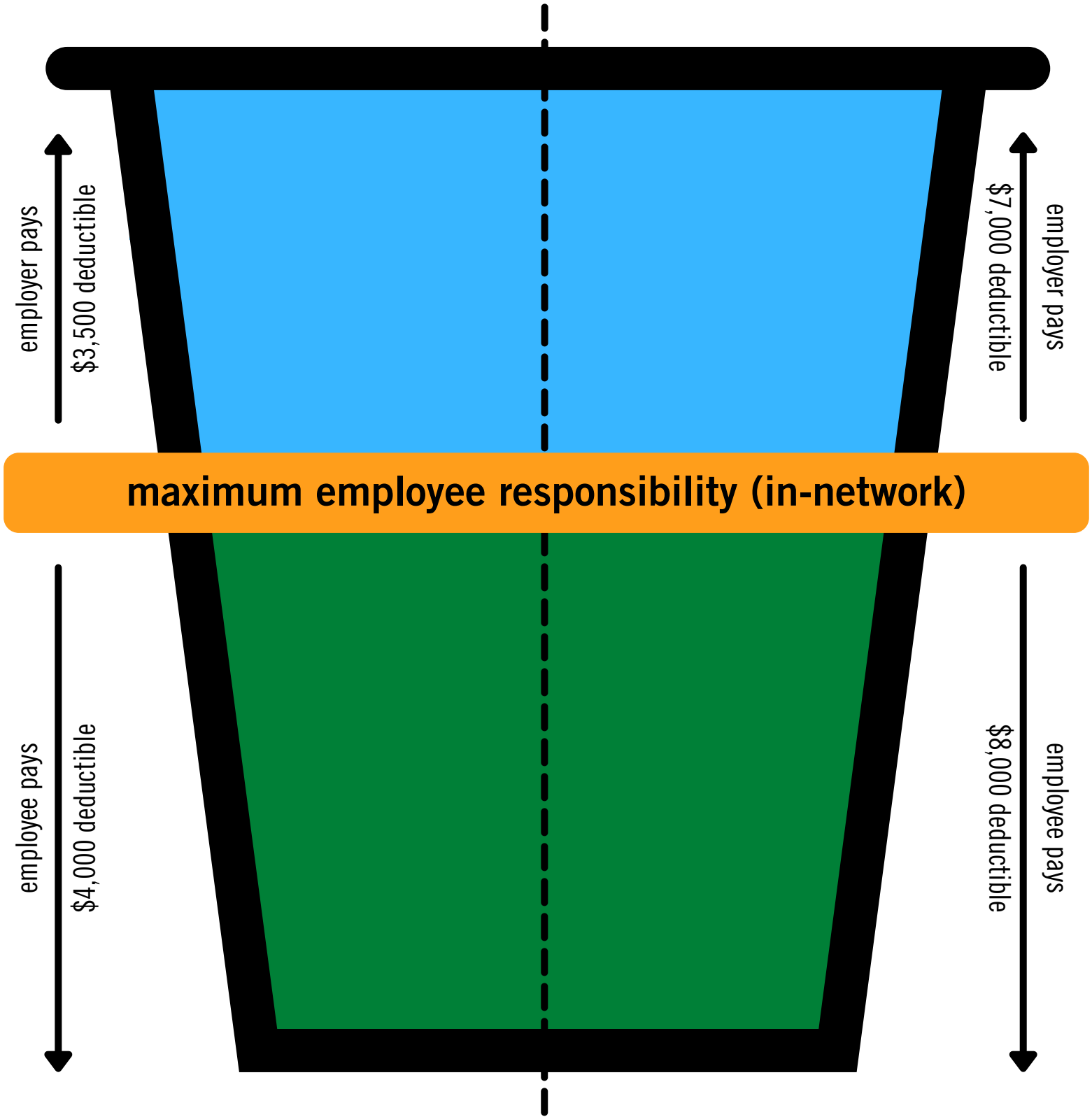
Employee + Child(ren)
\$ 94.87 / weekly
\$ 205.54 / bimonthly

Family
\$ 173.92 / weekly
\$ 376.83 / bimonthly

Health Reimbursement Account (HRA)

Diversified Benefits Solution (DBS)

A Health Reimbursement Account (HRA) is an employer-funded, medical reimbursement plan to help pay for healthcare expenses.



Health Reimbursement Account (HRA)

Diversified Benefits Solution (DBS)

As a plan participant, you have access to your account through the DBS online account viewing system known as A.S.A.P. (Advanced Strategic Administration Program). To have the ability to file claims and view your reimbursement information, you will need to register online; see instructions below.

- Go to the DBS website at DBSbenefits.com
- Click "User Login" located on the top-right of your screen
- On the Login screen, click on "Create New Account" and enter your employer PIN



- Enter the New Account Information requested
- When you are finished, click "submit" (you will receive email confirmation of the registration).

Health Savings Account

(HSA)

A Health Savings Account (HSA) is an employee-owned account meant to pay for healthcare expenses. To maximize the tax benefits of this account, HSA funds must be used for qualified medical, pharmaceutical, dental, or vision expenses.

Why an HSA?

- Triple tax benefits:
 - Pre-tax deposits through payroll deductions
 - Interest earned is not taxable
 - Withdraws for eligible expenses are not taxable
- Reduces taxable income up to 28%
- Unused funds are rolled over year to year, potentially accumulating thousands of dollars.
- Funds easily accessible through an HSA debit card
- Employee owned - If there is an employment transition, the account and unused funds remain with the employee.
- At age 65, funds can be withdrawn and used for any type of expense; however, income taxes may apply.

Contributions

Individual Maximum 2024 = \$4,150 / 2025 = \$4,300	Family (2+) Maximum 2024 = \$8,300 / 2025 = \$8,550
Catch Up Contribution additional \$1,000/year can be made for members age 55+	Bank Associated Bank

Savings Example

Annual income = \$40,000 per year

Annual HSA contribution = \$2,400

	Without HSA	With HSA
Annual Earnings	\$3,333 / month	\$3,333 / month
Pre-tax HSA Contributions	\$0 / month	\$200 / month
Taxable Income	\$3,333 / month	\$3,133 / month
Healthcare Expenses	\$2,400 / year	\$2,400 / year
Net Earnings	\$27,600 / year	\$28,200 / year

Your personal income and tax savings may vary based on income, tax rate, and the amount you contribute to your HSA account.

HSA eligibility

- I am not a dependent on someone else's tax return
- I am not receiving Medicare, VEBA, or TRICARE benefits
- I am covered by a high deductible health plan (HDHP) HSA eligible health plan
- I am not covered under any other type of health insurance plan other than a HDHP (except for insurances specific to injuries, accidents, disability, dental, vision, or long-term care)
- The only FSAs I have, if any, are limited purpose, after-tax, or dependent care

Dental Insurance

Delta

	PPO	Premier
Deductible	\$50 / individual \$150 / family	\$50 / individual \$150 / family
Annual Maximum (per person)	\$1,000	\$1,000
Preventive & Diagnostic Services	100%	100%
Basic Restorative Services	80%, after deductible	80%, after deductible
Major Restorative Services	50%, after deductible	50%, after deductible
Orthodontia (up to age 19)	50%, after deductible *\$1,000 lifetime maximum	50%, after deductible *\$1,000 lifetime maximum
Plan Provisions	<p>CheckUp Plus This provision lets you obtain diagnostic and preventive services - including examinations, x-rays, regular cleanings, and other related treatments - without the costs of those services applying to your individual annual maximum.</p> <p>Evidence-Based Integrated Care This provision provides additional benefits for persons with medical conditions that have oral-health implications (ex: diabetes, pregnancy, specific heart conditions that pose a risk of certain types of infection, kidney failure or dialysis, suppressed immune system, cancer therapy, periodontal disease). For more details regarding enrollment, call 800.236.3712</p>	

Website = www.deltadental.com
Customer Service = 800.236.3712

or scan
the QR code!



NOTE: Delta Dental offers two networks; PPO and Premier...BOTH save you money! PPO providers offer the lowest agreed upon fees. Premier providers also agree to discounts, just not as deep as the PPO providers; however, the Premier network of providers is much broader. Seeing either a PPO or Premier provider will ensure no balance billing can occur. Balance billing occurs is when you seek treatment from a provider who chooses not to contract with Delta, meaning they are not willing to offer discounted services. If you visit an out of network provider, you will be responsible for the difference between the provider's charges and the amount your plan pays. 9 out of 10 dentists contract with Delta Dental.

Employee cost per paycheck:

Employee Only
\$8.96/weekly
\$19.41/bimonthly

Employee + Spouse
\$17.74/weekly
\$38.45/bimonthly

Employee + Child(ren)
\$17.91/weekly
\$38.80/bimonthly

Family
\$29.45/weekly
\$63.82/bimonthly

Vision Insurance

Delta

	In-Network	Non-Network Reimbursement
Exam Copayment *every 12 months	\$20	up to \$35
Standard Lenses *every 12 months (in lieu of contact lenses) Single Vision / Bifocal / Trifocal	member pays \$20	up to \$25 / up to \$40 / up to \$55
Standard Frames *every 24 months	\$150 allowance, then 20% off balance	up to \$75
Contact Lenses *every 12 months (in lieu of eyeglass lenses) Conventional Disposable Medically Necessary	\$150 allowance, then 15% off balance \$150 allowance paid in full	up to \$120 up to \$120 up to \$200
Laser Vision Correction	15% off retail price or 5% off promotional price	\$0
Additional Plan Discounts	<p>20% discount on items not covered by the plan at network providers. This discount may not be combined with any other discounts or promotional offers. This discount does not apply to EyeMed provider's professional services (ex: exams) or contact lenses.</p> <p>40% discount on complete eyeglass purchases after your plan benefits have been fully used (includes prescription sunglasses).</p> <p>15% discount on conventional contact lenses after your plan benefits have been fully used.</p> <p>Members can purchase eyeglasses online and apply their in-network eyeglass benefits at www.glasses.com. In addition, members can purchase contact lenses online and apply their in-network contact lenses benefits at www.contactsdirect.com.</p>	

Network = Access

Website = www.deltadentalwi.com/vision

Customer Service (EyeMed) = 844.848.7090

or scan
the QR code!



Employee cost per paycheck:

Employee Only
\$1.52/weekly
\$3.30/bimonthly

Employee + Spouse
\$3.04/weekly
\$6.59/bimonthly

Employee + Child(ren)
\$3.11/weekly
\$6.74/bimonthly

Family
\$4.63/weekly
\$10.03/bimonthly

Short-Term Disability

Kansas City Life

Plan Highlights

Elimination Period

7 days accident
7 days disabling illness

Benefit Payable

60% of pre-disability earnings up to \$700 per week
*excludes bonuses and overtime

Benefit Duration

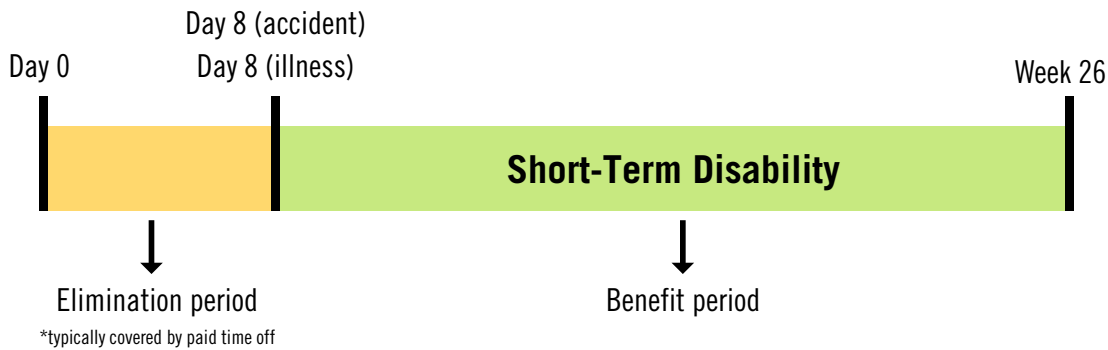
up to 26 weeks



Financial Protection

If you are unable to work due to accident or illness, financial burdens do not take leaves of absences alongside you. Paid time off and short-term disability will help offset loss of income until you're able to return to work or the short-term disability benefit ends.

The plan provides a weekly cash benefit to help maintain expenses such as groceries, utilities, rent/mortgage, vehicle payments, ongoing healthcare, childcare, etc. while you focus on your recovery.



McDermid pays for all benefit eligible employees to receive \$100/week in short-term disability coverage. In addition, there is an option to purchase additional coverage.

Annual Comp: \$20,000 Weekly Benefit: \$230 \$4.41/weekly \$9.56/bimonthly	Annual Comp: \$30,000 Weekly Benefit: \$340 \$6.62/weekly \$14.35/bimonthly	Annual Comp: \$40,000 Weekly Benefit: \$460 \$8.82/weekly \$19.10/bimonthly
Annual Comp: \$50,000 Weekly Benefit: \$575 \$11.02/weekly \$23.86/bimonthly	Annual Comp: \$60,000 Weekly Benefit: \$690 \$13.23/weekly \$28.66/bimonthly	Annual Comp: \$60,000+ Weekly Benefit: \$700 \$13.36/weekly \$28.95/bimonthly

Long-Term Disability

Kansas City Life

Plan Highlights

Elimination Period

180 days

Benefit Payable

60% of pre-disability earnings up to \$3,000 per month

*excludes bonuses and overtime

Benefit Duration

5 year RBD

*see HR for details



Financial Protection

If you are unable to work due to accident or illness, financial burdens do not take leaves of absences alongside you. Long-term disability extends financial assistance beyond the short-term disability benefit duration.

The plan provides a monthly cash benefit to help maintain expenses such as groceries, utilities, rent/mortgage, vehicle payments, ongoing healthcare, childcare, etc. while you focus on your recovery.

Monthly Rates per \$100				0.070	0.110	0.210	0.270	0.280	0.360	0.710	1.080	1.280
Annual Earnings	Monthly Earnings	Monthly Benefit	Employee Premiums	<25	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60+
\$20,000	\$1,667	\$1,000	weekly	\$0.27	\$0.42	\$0.81	\$1.04	\$1.08	\$1.38	\$2.73	\$4.15	\$4.92
			bimonthly	\$0.58	\$0.92	\$1.75	\$2.25	\$2.33	\$3.00	\$5.92	\$9.00	\$10.67
\$25,000	\$2,083	\$1,250	weekly	\$0.34	\$0.53	\$1.01	\$1.30	\$1.35	\$1.73	\$3.41	\$5.19	\$6.15
			bimonthly	\$0.73	\$1.15	\$2.19	\$2.81	\$2.92	\$3.75	\$7.40	\$11.25	\$13.33
\$30,000	\$2,500	\$1,500	weekly	\$0.40	\$0.63	\$1.21	\$1.56	\$1.62	\$2.08	\$4.10	\$6.23	\$7.38
			bimonthly	\$0.88	\$1.38	\$2.63	\$3.38	\$3.50	\$4.50	\$8.88	\$13.50	\$16.00
\$35,000	\$2,917	\$1,750	weekly	\$0.47	\$0.74	\$1.41	\$1.82	\$1.88	\$2.42	\$4.78	\$7.27	\$8.62
			bimonthly	\$1.02	\$1.80	\$3.06	\$3.94	\$4.08	\$5.25	\$10.35	\$15.75	\$18.67
\$40,000	\$3,333	\$2,000	weekly	\$0.54	\$0.85	\$1.62	\$2.08	\$2.15	\$2.77	\$5.46	\$8.31	\$9.85
			bimonthly	\$1.17	\$1.83	\$3.50	\$4.50	\$4.67	\$6.00	\$11.83	\$18.00	\$21.33
\$45,000	\$3,750	\$2,250	weekly	\$0.61	\$0.95	\$1.82	\$2.34	\$2.42	\$3.12	\$6.14	\$9.35	\$11.08
			bimonthly	\$1.31	\$2.06	\$3.94	\$5.06	\$5.25	\$6.75	\$13.31	\$20.25	\$24.00
\$50,000	\$4,167	\$2,500	weekly	\$0.67	\$1.06	\$2.02	\$2.60	\$2.69	\$3.46	\$6.83	\$10.38	\$12.31
			bimonthly	\$1.46	\$2.29	\$4.38	\$5.63	\$5.83	\$7.50	\$14.79	\$22.50	\$26.67
\$55,000	\$4,583	\$2,750	weekly	\$0.74	\$1.16	\$2.22	\$2.86	\$2.96	\$3.81	\$7.51	\$11.42	\$13.54
			bimonthly	\$1.60	\$2.52	\$4.81	\$6.19	\$6.42	\$8.25	\$16.27	\$24.75	\$29.33
\$60,000	\$5,000	\$3,000	weekly	\$0.81	\$1.27	\$2.42	\$3.12	\$3.23	\$4.15	\$8.19	\$12.46	\$14.77
			bimonthly	\$1.75	\$2.75	\$5.25	\$6.75	\$7.00	\$9.00	\$17.75	\$27.00	\$32.00
\$65,000	\$5,417	\$3,250	weekly	\$0.88	\$1.38	\$2.63	\$3.38	\$3.50	\$4.50	\$8.88	\$13.50	\$16.00
			bimonthly	\$1.90	\$2.98	\$5.69	\$7.31	\$7.58	\$9.75	\$19.23	\$29.25	\$34.67
\$70,000	\$5,833	\$3,500	weekly	\$0.94	\$1.48	\$2.83	\$3.63	\$3.77	\$4.85	\$9.56	\$14.54	\$17.23
			bimonthly	\$2.04	\$3.21	\$6.13	\$7.88	\$8.17	\$10.50	\$20.71	\$31.50	\$37.33

Life and AD&D

Kansas City Life

Plan Highlights

	Life and AD&D Benefit	Weekly Premium	Bi-Monthly Premium
	\$15,000	\$1.76	\$3.81
Age 65: 35% benefit reduction	\$9,750.00	\$1.15	\$2.48
Age 70: 55% benefit reduction	\$6,750.00	\$0.79	\$1.71
Age 75: 70% benefit reduction	\$4,500.00	\$0.53	\$1.14
Age 80: 80% benefit reduction	\$3,000.00	\$0.35	\$0.76

Features

Living Care/Accelerated Death Benefit:

A portion of the amount of life insurance benefit is available to you if terminally ill, life expectancy of 12 months or less.

Waiver of Premium:

If you become totally disabled before age 60, coverage will continue and premium will be waived.

Conversion:

If you terminate employment, you may be able to convert coverage to individual life coverage.



Supplemental Insurance - Allstate

Allstate Insurance Products

McDermid Transportation, Inc. offers employees working 30+ hours/week and their dependents the opportunity to enroll in the Allstate supplemental insurance at a low group rate. You do not have to be enrolled in the group health plan to be eligible for these benefits.

If a catastrophic injury or illness unexpectedly occurs, it can leave you in a financial disarray. Allstate's supplemental plans will pay you cash for an injury or illness to help you get back to whole and protect your finances.

Why Allstate:

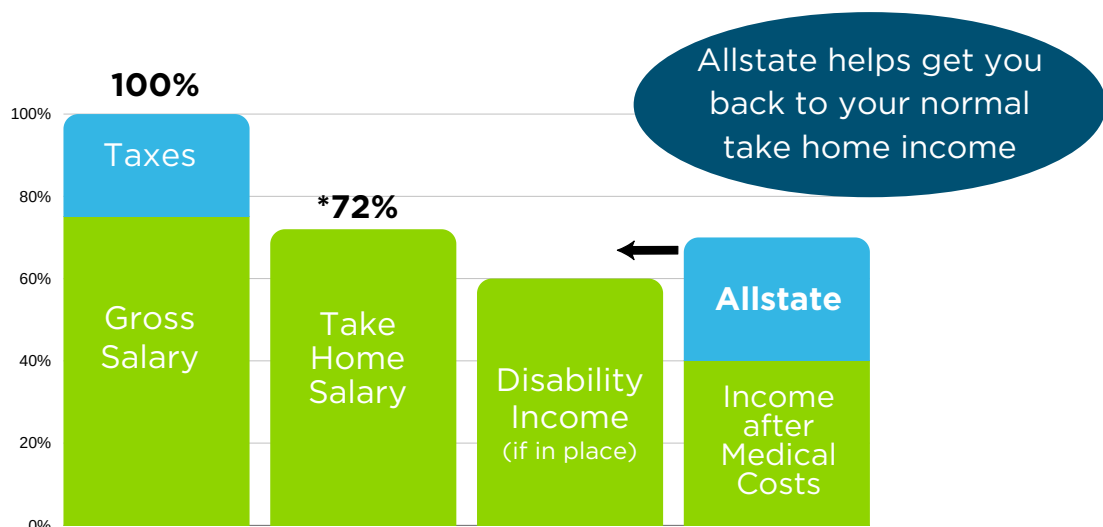
- Cash benefits paid directly to you
- First year offered, guarantee issue
- Hassle free claims processing, and additional support from your TIC team
- Spouses eligible
- Dependents eligible to age 26
- Portable

Having Financial Wellness:

- Supplements deductibles and out-of-pocket medical costs
- Medical bills arrive from the unexpected event
- Caring for a family member is costly
- Disability Insurance covers a portion of employees income, but not spouses or dependents

Allstate's coverage helps with costs:

- Minimize any changes in lifestyle
- Protects savings, 401k funds, and Health Savings Account
- **Removes financial distraction**



*Assumption of taxes equals 28%

ACCIDENT INSURANCE

GVAP6 Benefit Amounts

Benefits are paid once per accident unless otherwise noted here or in the brochure

Base Policy Benefit	Benefit
Initial Hospital Confinement (pays once/year)	\$1,500
Daily Hospital Confinement (pays daily)	\$300
Intensive Care (pays daily)	\$600
Rider Benefit	
Ambulance <u>Ground</u>	\$300
Ambulance <u>Air</u>	\$900
Accident Physician's Treatment	\$150
X-ray	\$300
Urgent Care	\$150
Dislocation/Fracture Rider*	\$6,000
Emergency Room Services Rider	\$300
Outpatient Physician's Treatment for Accident and Preventative Care Benefit Rider	\$50
Accidental Death, Dismemberment, and Functional Loss Rider	\$60,000
Common Carrier (fare-paying passenger)	\$150,000
Benefit Enhancement Rider	
Accident Follow-Up Treatment (pays daily)	\$150
Lacerations	\$150
Burns <u><15% body surface</u>	\$300
Burns <u>15% or more</u>	\$1,500
Skin Graft (% of Burns Benefit)	50%
Brain Injury Diagnosis	\$900
Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI) (pays once/year)	\$150
Paralysis (pays once) <u>Paraplegia</u>	\$22,500
Paralysis (pays once) <u>Quadriplegia</u>	\$45,000
Coma with Respiratory Assistance	\$30,000
Open Abdominal or Thoracic Surgery	\$3,000
Tendon, Ligament, Rotator Cuff, <u>Surgery</u>	\$1,500
or Knee Cartilage Surgery <u>Exploratory</u>	\$450
Ruptured Spinal Disc Surgery	\$1,500
Eye Surgery	\$300
General Anesthesia	\$300
Blood and Plasma	\$900
Appliance	\$375
Medical Supplies	\$15
Medicine	\$15
Prosthesis <u>1 device</u>	\$1,500
Prosthesis <u>2 or more devices</u>	\$3,000
Physical, Occupational, or Speech Therapy (pays daily)	\$90
Rehabilitation Unit (pays daily)	\$300
Non-Local Transportation	\$750
Family Member Lodging (pays daily)	\$300
Post-Accident Transportation (pays once/year)	\$600
Broken Tooth	\$300
Residence/Vehicle Modification	\$1,500
Pain Management (Epidural Injection)	\$150
Miscellaneous Outpatient Surgery	\$300

*Each benefit pays the amount shown. *Up to amount shown; see Injury Benefit Schedule. Multiple losses from same injury pay only up to amount shown above.

ALLSTATE ACCIDENT INSURANCE

An accident can wreak havoc on your savings if you are not prepared. That's why there is accident insurance. It gives you a cushion to help cover medical expenses and living costs when you get hurt unexpectedly.

Because it's a supplemental plan, it works in addition to other insurance you may have in place. You can use this policy on its own or to fill a gap left by other coverage such as deductibles and coinsurance. Benefits are paid directly to you as CASH!

Injury Benefit Schedule

Benefit amounts for coverage and one occurrence are shown below.

Complete Dislocation	Benefit
Hip joint	\$6,000
Knee or ankle joint, bone or bones of the foot	\$2,400
Wrist joint	\$2,100
Elbow joint	\$1,800
Shoulder joint	\$1,200
Bone or bones of the hand, collarbone	\$900
Two or more fingers or toes	\$420
One finger or toe	\$180
Complete, Simple or Closed Fracture	
Hip, thigh (femur), pelvis**	\$6,000
Skull**	\$5,700
Arm, between shoulder and elbow (shaft), shoulder blade (scapula), leg (tibia or fibula)	\$3,300
Ankle, knee cap (patella), forearm (radius or ulna), collarbone (clavicle)	\$2,400
Foot**, hand or wrist**	\$2,100
Lower jaw**	\$1,200
Two or more ribs, fingers or toes, bones of face or nose	\$900
One rib, finger or toe, coccyx	\$420
Loss	
Life, hearing, speech, or both eyes, hands, arms, feet, or legs, or one hand or arm and one foot or leg	\$60,000
One eye, hand, arm, foot, or leg	\$30,000
One or more entire toes or fingers	\$6,000

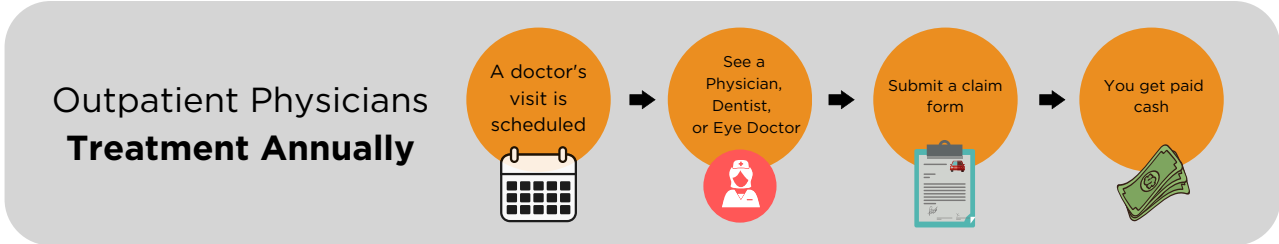
*Knee joint (except patella). Bone or bones of the foot (except toes). Bone or bones of the hand (except fingers). **Pelvis (except coccyx). Skull (except bones of the face or nose). Foot (except toes). Hand or wrist (except fingers). Lower jaw (except alveolar process).

ACCIDENT INSURANCE

Example

Susie's daughter Ella is playing outside and falls off a swing resulting in a broken arm. How would the Accident plan help Susie?

Occurrence/Service	Benefit Payment
Ambulance.....	\$300
ER Visit.....	\$300
Accident Physician's Treatment.....	\$150
X-Ray.....	\$300
Appliance Benefit.....	\$375
Fractured Forearm.....	\$2,400
Medicine Benefit.....	\$15
Medical Supplies Benefit.....	\$15
Accident Follow Up Visit.....	\$150
Physical Therapy Benefit.....	\$90
TOTAL BENEFIT =	\$4,095



OFF-THE-JOB ACCIDENT INSURANCE

DON'T FORGET!

OUTPATIENT PHYSICIAN'S TREATMENT

\$50 benefit will be paid if a covered person has a preventative office visit. That could consist of your annual preventative exam, teeth cleaning and/or annual eye exam.

Reimbursements Pay Out Every Calendar Year

2 visits per person
4 visits per family

Please refer to "How To File A Claim" in the back of your benefit booklet.

Weekly Premium

Per Paycheck Cost	Gross Cost	*Net Cost	Annual *Net Cost	Outpatient Physician** Reimbursement	Annual Cost After Outpatient Reimbursement	Per Paycheck Cost After Reimbursements
Member Only	\$4.86	\$3.50	\$182.00	(\$100)	\$82.00	\$1.58
Member/Spouse	\$8.39	\$6.04	\$314.08	(\$200)	\$114.08	\$2.19
Member/Child(ren)	\$10.37	\$7.47	\$388.44	(\$200)	\$188.44	\$3.62
Family	\$13.46	\$9.69	\$503.88	(\$200)	\$303.88	\$5.84

Bimonthly Premium

Per Paycheck Cost	Gross Cost	*Net Cost	Annual *Net Cost	Outpatient Physician** Reimbursement	Annual Cost After Outpatient Reimbursement	Per Paycheck Cost After Reimbursements
Member Only	\$10.52	\$7.57	\$181.68	(\$100)	\$81.68	\$3.40
Member/Spouse	\$18.18	\$13.09	\$314.16	(\$200)	\$114.16	\$4.76
Member/Child(ren)	\$22.47	\$16.18	\$388.32	(\$200)	\$188.32	\$7.85
Family	\$29.16	\$21.00	\$504.00	(\$200)	\$304.00	\$12.67

*Approximately 28% savings due to Pre-Tax premium

**OUTPATIENT PHYSICIAN'S TREATMENT & PREVENTIVE CARE BENEFIT:

(Office Visits, Dental Office Visits, Vision exams, etc)

Member only: 2 at \$50 = \$100

Member/Spouse/Children: 4 at \$50 = \$200

Your Options For CRITICAL ILLNESS AND CANCER INSURANCE

Benefit:

- \$10,000 or \$20,000 benefit for Employee
- \$5,000 or \$10,000 benefit for Spouse/Dependents
- Recurrence Benefits
- Benefits are paid directly to you
- Supplements and works in addition to your current medical benefits
- Coverage is portable, at the same cost!



INITIAL BENEFITS	Plan 1	Plan 2
Heart Attack (100%)	\$10,000	\$20,000
Stroke (100%)	\$10,000	\$20,000
End Stage Renal Failure (100%)	\$10,000	\$20,000
Major Organ Transplant (100%)	\$10,000	\$20,000
Coronary Artery Bypass Surgery (25%)	\$2,500	\$5,000
Waiver of Premium (employee only)	Yes	Yes

CANCER BENEFITS

Invasive Cancer (100%)	\$10,000	\$20,000
Carcinoma in Situ (25%)	\$2,500	\$5,000

REOCCURRENCE OF CRITICAL ILLNESS BENEFITS

Initial Critical Illness (same amount as Initial Critical Illness Benefit)	Yes	Yes
Cancer Critical Illness (same amount as Cancer Critical Illness Benefit)	Yes	Yes

RIDER BENEFITS

Skin Cancer Rider	\$250	\$250
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Cardiopulmonary Enhancement Rider

Sudden Cardiac Arrest (25%)	\$2,500	\$5,000
Pulmonary Embolism (25%)	\$2,500	\$5,000
Pulmonary Fibrosis (25%)	\$2,500	\$5,000

Reoccurrence: Initial Critical Illness - second diagnosis more than 12 months after the first date of diagnosis for which an Initial Critical Illness benefit was paid.
Cancer Critical Illness - second diagnosis more than 12 months after the last date treatment was received for which a Cancer Critical Illness benefit was paid.

RIDER BENEFITS CONTINUED

	Plan 1	Plan 2
Second Evaluation	\$1,000	\$1,000
Non-Local Transportation Air Fare Personal Vehicle	\$500 or \$0.50/mile	\$500 or \$0.50/mile
Outpatient Lodging (daily)	\$100	\$100
Family Member Lodging	\$100	\$100
Family Member Transportation Air Fare Personal Vehicle	\$500 or \$0.50/mile	\$500 or \$0.50/mile

Supplemental Critical Illness Rider

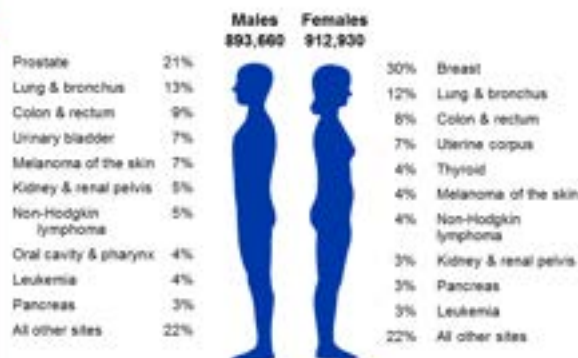
Advanced Alzheimer's Disease (100%)	\$10,000	\$20,000
Advanced Parkinson's Disease (100%)	\$10,000	\$20,000
Benign Brain Tumor (100%)	\$10,000	\$20,000
Coma (100%)	\$10,000	\$20,000
Complete Loss of Hearing (100%)	\$10,000	\$20,000
Complete Loss of Sight (100%)	\$10,000	\$20,000
Complete Loss of Speech (100%)	\$10,000	\$20,000
Paralysis (100%)	\$10,000	\$20,000
Skin Cancer Rider (once per 365 days)	\$250	\$250
Fixed Wellness Rider (per year)	\$100	\$100

1 in 2 men will be diagnosed with Cancer at some point in their life

It is estimated that:

1 in 3 women will be diagnosed with Cancer at some point in their life

Estimated New Cancer Cases* in the US in 2020



Your Options For CRITICAL ILLNESS AND CANCER INSURANCE

DON'T FORGET!

Annual Wellness Benefit

\$100 Benefit will be paid per person, per calendar year, for a specified wellness screening/test.



ELIGIBLE WELLNESS SCREENINGS/TEST

- Lipid Panel
- Blood test for Triglycerides
- Biopsy for Skin Cancer
- Cholesterol
- Mammogram
- Blood test for Breast Cancer
- Blood test for Ovarian Cancer
- Blood test for Colon Cancer
- Blood test for Prostate Cancer (PSA)
- Bone Marrow Testing
- Chest X-Ray
- Colonoscopy
- EKG
- HPV Vaccination
- Pap Smear
- Stress Test
- Echocardiogram
- Serum Protein (Myeloma)
- Thermography

Plan 1- \$10,000 Benefit- Weekly Cost

Employee
&
Employee +
Child(ren)

	Per Paycheck Cost	Net Cost	Annual Net Cost	Wellness Reimbursement	Annual Net Cost After Reimbursements	Per Paycheck Net Cost after Reimbursement
18-29	\$1.88	\$1.35	\$70.39	\$100	-\$29.61	-\$.57
30-39	\$3.08	\$2.22	\$115.32	\$100	\$15.32	\$0.29
40-49	\$5.40	\$3.89	\$202.18	\$100	\$102.18	\$1.96
50-59	\$8.86	\$6.38	\$331.72	\$100	\$231.72	\$4.46
60-64	\$11.59	\$8.34	\$433.93	\$100	\$333.93	\$6.42
65+	\$17.73	\$12.77	\$663.81	\$100	\$563.81	\$10.84

Employee/
Spouse
&
Family

	Per Paycheck Cost	Net Cost	Annual Net Cost	Wellness Reimbursement	Annual Net Cost After Reimbursements	Per Paycheck Net Cost after Reimbursement
18-29	\$3.32	\$2.39	\$124.30	\$100 \$200	\$24.30 -\$75.70	\$.47 -\$1.46
30-39	\$5.16	\$3.72	\$193.19	\$100 \$200	\$93.19 -\$6.81	\$1.79 -\$1.13
40-49	\$8.73	\$6.29	\$326.85	\$100 \$200	\$226.85 \$126.85	\$4.36 \$2.44
50-59	\$14.04	\$10.11	\$525.66	\$100 \$200	\$425.66 \$325.66	\$8.19 \$6.27
60-64	\$18.21	\$13.11	\$681.78	\$100 \$200	\$581.78 \$481.78	\$11.17 \$9.27
65+	\$27.53	\$19.82	\$1030.72	\$100 \$200	\$930.72 \$830.72	\$17.90 \$15.88

Net costs are based on assumption of 28% tax savings. Costs may vary based on taxation. Wellness Reimbursement for E+Sp and Family is illustrating two people in the family filing reimbursements. Net costs will vary depending on how many members in the family file a wellness reimbursement.

Your Options For CRITICAL ILLNESS AND CANCER INSURANCE

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- Blood test for Colon Cancer
- Blood test for Prostate Cancer (PSA)
- Bone Marrow Testing
- Chest X-Ray
- Colonoscopy
- EKG
- HPV Vaccination
- Pap Smear
- Stress Test
- Echocardiogram
- Serum Protein (Myeloma)
- Thermography

Plan 2 - \$20,000 Benefit- Weekly Cost

Employee
&
Employee +
Child(ren)

	Per Paycheck Cost	Net Cost	Annual Net Cost	Wellness Reimbursement	Annual Net Cost After Reimbursements	Per Paycheck Net Cost after Reimbursement
18-29	\$2.78	\$2.00	\$104.00	\$100	\$4.00	\$0.08
30-39	\$5.09	\$3.67	\$190.84	\$100	\$90.84	\$1.75
40-49	\$9.54	\$6.87	\$357.24	\$100	\$257.24	\$4.95
50-59	\$16.24	\$11.69	\$607.88	\$100	\$507.88	\$9.77
60-64	\$21.55	\$15.52	\$807.04	\$100	\$707.04	\$13.60
65+	\$33.60	\$24.49	\$1273.48	\$100	\$1173.48	\$22.57

Employee/
Spouse
&
Family

	Per Paycheck Cost	Net Cost	Annual Net Cost	Wellness Reimbursement	Annual Net Cost After Reimbursements	Per Paycheck Net Cost after Reimbursement
18-29	\$4.66	\$3.36	\$174.72	\$100 \$200	\$74.72 -\$25.28	\$1.44 -\$0.49
30-39	\$8.17	\$5.88	\$305.76	\$100 \$200	\$205.76 \$105.76	\$3.96 \$2.03
40-49	\$14.94	\$10.76	\$559.52	\$100 \$200	\$459.52 \$359.52	\$8.84 \$6.91
50-59	\$25.10	\$18.07	\$939.64	\$100 \$200	\$839.64 \$739.64	\$16.15 \$14.22
60-64	\$33.13	\$23.85	\$1240.20	\$100 \$200	\$1140.20 \$1040.20	\$21.93 \$20.00
65+	\$51.33	\$36.96	\$1921.92	\$100 \$200	\$1821.92 \$1721.92	\$35.04 \$33.11

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- Bone Marrow Testing
- Chest X-Ray
- Colonoscopy
- EKG
- HPV Vaccination
- Pap Smear
- Stress Test
- Echocardiogram
- Serum Protein (Myeloma)
- Thermography

Plan 1- \$10,000 Benefit- Semi-Monthly Cost

Employee
&
Employee +
Child(ren)

	Per Paycheck Cost	Net Cost	Annual Net Cost	Wellness Reimbursement	Annual Net Cost After Reimbursements	Per Paycheck Net Cost after Reimbursement
18-29	\$4.07	\$2.93	\$70.32	\$100	-\$29.68	-\$1.24
30-39	\$6.68	\$4.81	\$115.44	\$100	\$15.44	\$0.64
40-49	\$11.70	\$8.42	\$202.08	\$100	\$102.08	\$4.25
50-59	\$19.19	\$13.82	\$331.68	\$100	\$231.68	\$9.65
60-64	\$25.11	\$18.08	\$433.92	\$100	\$333.92	\$13.91
65+	\$38.41	\$27.66	\$663.84	\$100	\$563.84	\$23.49

Employee/
Spouse
&
Family

	Per Paycheck Cost	Net Cost	Annual Net Cost	Wellness Reimbursement	Annual Net Cost After Reimbursements	Per Paycheck Net Cost after Reimbursement
18-29	\$7.18	\$5.17	\$124.08	\$100 \$200	\$24.08 -\$75.92	\$1.00 -\$3.16
30-39	\$11.18	\$8.05	\$193.20	\$100 \$200	\$93.20 -\$6.80	\$3.88 -\$2.28
40-49	\$18.90	\$13.61	\$326.64	\$100 \$200	\$226.64 \$126.64	\$9.44 \$0.53
50-59	\$30.41	\$21.90	\$525.60	\$100 \$200	\$425.60 \$325.60	\$17.73 \$13.57
60-64	\$39.46	\$28.41	\$681.84	\$100 \$200	\$581.84 \$481.84	\$24.24 \$20.08
65+	\$59.64	\$42.94	\$1030.56	\$100 \$200	\$930.56 \$830.56	\$38.77 \$34.61

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Your Options For CRITICAL ILLNESS AND CANCER INSURANCE

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- Blood test for Colon Cancer
- Blood test for Prostate Cancer (PSA)
- Bone Marrow Testing
- Chest X-Ray
- Colonoscopy
- EKG
- HPV Vaccination
- Pap Smear
- Stress Test
- Echocardiogram
- Serum Protein (Myeloma)
- Thermography

Plan 2 - \$20,000 Benefit- Semi-Monthly Cost

Employee
&
Employee +
Child(ren)

	Per Paycheck Cost	Net Cost	Annual Net Cost	Wellness Reimbursement	Annual Net Cost After Reimbursements	Per Paycheck Net Cost after Reimbursement
18-29	\$6.03	\$4.34	\$104.16	\$100	\$4.16	\$.17
30-39	\$11.02	\$7.93	\$190.32	\$100	\$90.32	\$3.76
40-49	\$20.67	\$14.88	\$357.12	\$100	\$257.12	\$10.71
50-59	\$35.17	\$25.32	\$607.68	\$100	\$507.68	\$21.15
60-64	\$46.68	\$33.61	\$806.64	\$100	\$706.64	\$29.44
65+	\$72.79	\$52.41	\$1257.84	\$100	\$1157.84	\$48.24

Employee/
Spouse
&
Family

	Per Paycheck Cost	Net Cost	Annual Net Cost	Wellness Reimbursement	Annual Net Cost After Reimbursements	Per Paycheck Net Cost after Reimbursement
18-29	\$10.09	\$7.26	\$174.24	\$100 \$200	\$74.24 -\$25.76	\$3.01 -\$1.07
30-39	\$17.69	\$12.74	\$305.76	\$100 \$200	\$205.76 \$105.76	\$8.57 \$4.41
40-49	\$32.36	\$23.30	\$559.20	\$100 \$200	\$459.20 \$359.20	\$19.13 \$14.97
50-59	\$54.37	\$39.15	\$939.60	\$100 \$200	\$839.60 \$739.60	\$34.98 \$30.82
60-64	\$71.78	\$51.69	\$1240.56	\$100 \$200	\$1140.56 \$1040.56	\$47.52 \$43.36
65+	\$110.20	\$79.34	\$1904.16	\$100 \$200	\$1804.16 \$1704.16	\$75.17 \$71.09

Net costs are based on assumption of 28% tax savings. Costs may vary based on taxation.
Wellness Reimbursement for E+Sp and Family is illustrating two people in the family filing reimbursements.
Net costs will vary depending on how many members in the family file a wellness reimbursement.

Allstate How to File a Claim

Accident Preventative & Cancer Wellness



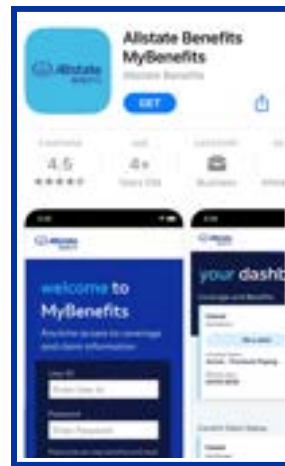
Manage Your Account and File Claims through your MyBenefits portal



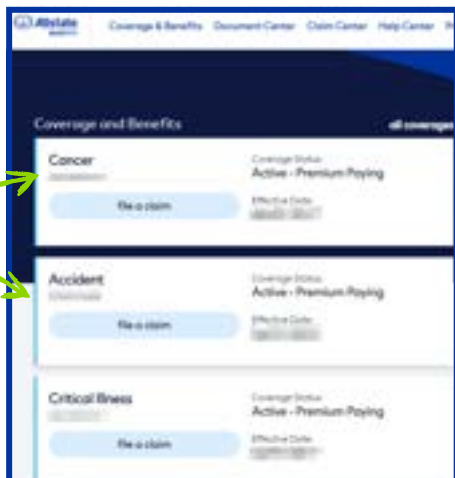
1 Scan the QR code below to access MyBenefits on your computer, mobile device or download the MyBenefits App. Sign up for access using the secure online registration process and create a user ID and password, then Log in.



www.allstatebenefits.com/mybenefits



2 Select the type of claim you want to file: Cancer offers the Wellness screening reimbursement. The Accident plan offers the Outpatient Physician's Treatment/Preventative reimbursement.



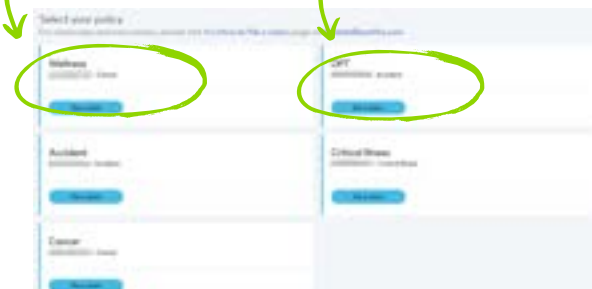
3 Elect which type of claim you are filing

Eligible Wellness Screenings (Tests)

- Lipid Panel
- Cholesterol
- Pap
- Mammogram
- Colonoscopy
- Prostate Exam
- HPV Vaccination
-and many more

Outpatient Physician's Treatment (Preventative Exams)

- Dental Exams
- Preventative Exam (Well Adult, Well Child Visits)
- Annual Preventative Eye Exam



Need more help?

Scan the QR code to watch a short video on how to file a claim by using the **Allstate App**.



For claims tips and instructions, please visit www.allstatebenefits.com/Individuals/HowToFileClaim. If you prefer to file a paper claim or have any other questions, contact HR, The Insurance Center, or Allstate (800) 348-4489. Additional claim forms can be found on Allstate's portal as well.

The Need for WHOLE LIFE INSURANCE

Allstate Whole Life Insurance: Here's How It Works

With Group Whole Life Insurance from Allstate Benefits, you get simplified and straightforward coverage. You decide how much coverage and who to cover. You get guaranteed rates for the life of the policy and guaranteed death benefit to be paid to your beneficiaries. As the policy builds cash value, you can achieve your financial goals or borrow against it should you need to.



Here's How Whole Life Works

Premiums are payable to age 95 and are conveniently payroll deducted. The longer the policy coverage continues and premiums are paid, the more the cash value builds.

Cash values and payments

As premiums are paid, the policy is building cash value over time. Premiums are guaranteed at issue and the coverage becomes fully paid-up at age 95 if all premiums have been paid. If the decision is made to stop paying premiums after the coverage is effective and has developed cash value, various non-forfeiture options are available.

Extended Term Insurance (ETI) is the default non-forfeiture option when premium payments stop and there is no active selection made to continue coverage. ETI reduces the duration of coverage (now a shorter term instead of whole life), but provides the same amount of death benefit.

Using Your Cash Benefits

Cash benefits provide you with options, because you or your beneficiary get to decide how to use them.



Home

Your beneficiary can use the cash benefits to help pay the mortgage, continue rental payments or perform needed home repairs



Finances

Cash benefits can help protect your HSAs, savings, retirement plans and 401Ks from being depleted



Expenses

The cash benefit can be used to help pay for medical and living expenses such as bills, electricity and gas



The Need for WHOLE LIFE INSURANCE

Meeting Your Needs

- You choose a fully-guaranteed death benefit (premiums payable to age 95) to leave behind, or if you live to age 121, a lump-sum maturity benefit is paid
- Coverage for spouse & children is available through a separate certificate or rider
- Premiums are affordable and conveniently payroll deducted cash values (CV) are guaranteed
- Coverage may be continued if you leave employment; refer to your certificate for details

Long-Term Care Rider

- Monthly advance of up to 4% of the death benefit for up to 25 full months while receiving qualified long-term care services
- Refer for brochure on EasyApps online for further details

Guarantee Issue Amounts	
Employee (18-65 Years)	\$75,000
Working Spouses (18-65 Years)	\$25,000
Non-Working Spouses (18-65 Years)	\$10,000
Child (0-18 Years)	\$20,000

The Need for WHOLE LIFE INSURANCE

Non-Tobacco Weekly Rates

Face Amount	\$10,000		\$25,000		\$50,000		\$75,000	
Issue Age	Weekly Premium	CV @ age 65 or 10 years ¹	Weekly Premium	CV @ age 65 or 10 years ¹	Weekly Premium	CV @ age 65 or 10 years ¹	Weekly Premium	CV @ age 65 or 10 years ¹
18	\$1.19	\$3,517	\$2.99	\$8,793	\$5.97	\$17,585	\$8.95	\$26,378
19	1.10	3,498	2.75	8,746	5.48	17,492	8.23	26,237
20	1.13	3,479	2.82	8,697	5.64	17,393	8.46	26,090
21	1.17	3,458	2.92	8,645	5.83	17,290	8.75	25,935
22	1.22	3,436	3.04	8,591	6.07	17,182	9.11	25,772
23	1.27	3,413	3.16	8,533	6.32	17,067	9.48	25,600
24	1.33	3,389	3.31	8,473	6.62	16,946	9.93	25,419
25	1.39	3,364	3.47	8,409	6.94	16,819	10.40	25,228
26	1.45	3,337	3.63	8,342	7.25	16,685	10.88	25,027
27	1.52	3,308	3.79	8,271	7.58	16,542	11.37	24,813
28	1.58	3,278	3.96	8,196	7.91	16,392	11.86	24,588
29	1.66	3,247	4.14	8,117	8.28	16,235	12.42	24,352
30	1.74	3,214	4.34	8,034	8.69	16,069	13.03	24,103
31	1.82	3,179	4.56	7,947	9.11	15,894	13.66	23,840
32	1.92	3,142	4.79	7,855	9.58	15,710	14.37	23,564
33	2.03	3,103	5.06	7,759	10.12	15,517	15.18	23,276
34	2.18	3,063	5.46	7,658	10.91	15,316	16.36	22,973
35	2.34	3,021	5.85	7,553	11.69	15,106	17.54	22,659
36	2.43	2,978	6.07	7,444	12.13	14,888	18.19	22,332
37	2.51	2,932	6.28	7,331	12.56	14,661	18.84	21,992
38	2.66	2,885	6.63	7,212	13.26	14,424	19.89	21,635
39	2.80	2,835	6.98	7,088	13.96	14,175	20.93	21,263
40	2.94	2,782	7.34	6,956	14.69	13,912	22.03	20,868
41	3.10	2,727	7.74	6,817	15.49	13,634	23.22	20,451
42	3.29	2,668	8.22	6,670	16.44	13,340	24.65	20,009
43	3.49	2,605	8.72	6,514	17.44	13,027	26.15	19,541
44	3.70	2,539	9.24	6,347	18.49	12,695	27.72	19,042
45	3.89	2,468	9.73	6,171	19.46	12,341	29.18	18,512
46	4.13	2,393	10.33	5,983	20.65	11,966	30.97	17,948
47	4.40	2,313	10.99	5,783	21.98	11,566	32.98	17,349
48	4.69	2,228	11.72	5,571	23.43	11,141	35.14	16,712
49	4.99	2,138	12.46	5,345	24.92	10,690	37.37	16,034
50	5.30	2,042	13.25	5,105	26.50	10,209	39.75	15,314
51	\$5.64	\$1,940	\$14.10	\$4,849	\$28.20	\$9,699	\$42.29	\$14,548
52	6.07	1,831	15.17	4,578	30.33	9,157	45.50	13,735
53	6.50	1,716	16.25	4,291	32.49	8,582	48.74	12,873
54	6.95	1,594	17.37	3,986	34.74	7,972	52.12	11,958
55	7.49	1,465	18.73	3,663	37.46	7,326	56.18	10,988
56	8.07	1,338	20.17	3,844	40.34	7,688	60.51	11,532
57	8.66	1,614	21.65	4,035	43.29	8,070	64.94	12,104
58	9.32	1,694	23.28	4,235	46.56	8,470	69.84	12,705
59	9.95	1,778	24.86	4,446	49.73	8,892	74.59	13,337
60	10.62	1,867	26.54	4,667	53.08	9,334	79.62	14,000
61	11.49	1,959	28.71	4,898	57.42	9,797	86.12	14,695
62	12.26	2,056	30.64	5,141	61.27	10,282	91.91	15,422
63	13.43	2,158	33.57	5,394	67.14	10,788	100.71	16,181
64	13.57	2,263	33.91	5,657	67.81	11,315	101.72	16,972
65	13.83	2,372	34.58	5,931	69.16	11,861	103.73	17,792
66	16.01	2,486	40.01	6,214	80.02	12,428	120.03	18,641
67	17.28	2,603	43.18	6,507	86.36	13,014	129.54	19,520
68	19.70	2,724	49.26	6,809	98.51	13,618	147.77	20,426
69	20.36	2,848	50.90	7,119	101.80	14,238	152.70	21,356
70	21.93	2,974	54.81	7,434	109.62	14,869	164.43	22,303
W/EOI	Quote Requires EOI		Quote Requires EOI		Quote Requires EOI		Quote Requires EOI	
71	21.77	3,123	54.43	7,808	108.86	15,615	163.29	23,423
72	23.54	3,277	58.84	8,192	117.68	16,384	176.51	24,575
73	25.53	3,438	63.81	8,596	127.62	17,191	191.43	25,787
74	27.73	3,609	69.32	9,022	138.64	18,043	207.96	27,065
75	30.19	3,783	75.47	9,457	150.94	18,914	226.40	28,371
76	32.96	3,961	82.39	9,904	164.77	19,807	247.16	29,711
77	36.07	4,153	90.17	10,382	180.33	20,763	270.50	31,145
78	39.56	4,361	98.89	10,902	197.78	21,805	296.67	32,707
79	43.48	4,594	108.68	11,486	217.36	22,972	326.04	34,458
80	47.86	4,869	119.65	12,173	239.29	24,347	358.94	36,520

The Need for WHOLE LIFE INSURANCE

Non-Tobacco Bimonthly Rates

Face Amount	\$10,000		\$25,000		\$50,000		\$75,000	
Issue Age	Semimonthly Premium	CV @ age 65 or 10 years ¹	Semimonthly Premium	CV @ age 65 or 10 years ¹	Semimonthly Premium	CV @ age 65 or 10 years ¹	Semimonthly Premium	CV @ age 65 or 10 years ¹
18	\$2.58	\$3,517	\$6.46	\$8,793	\$12.92	\$17,585	\$19.38	\$26,378
19	2.38	3,498	5.94	8,746	11.88	17,492	17.82	26,237
20	2.44	3,479	6.11	8,697	12.21	17,393	18.32	26,090
21	2.53	3,458	6.32	8,645	12.63	17,290	18.94	25,935
22	2.63	3,436	6.58	8,591	13.15	17,182	19.72	25,772
23	2.74	3,413	6.85	8,533	13.69	17,067	20.53	25,600
24	2.87	3,389	7.17	8,473	14.34	16,946	21.50	25,419
25	3.01	3,364	7.51	8,409	15.03	16,819	22.54	25,228
26	3.14	3,337	7.86	8,342	15.71	16,685	23.57	25,027
27	3.28	3,308	8.21	8,271	16.42	16,542	24.63	24,813
28	3.43	3,278	8.57	8,196	17.13	16,392	25.69	24,588
29	3.59	3,247	8.97	8,117	17.94	16,235	26.91	24,352
30	3.76	3,214	9.41	8,034	18.82	16,069	28.22	24,103
31	3.95	3,179	9.87	7,947	19.73	15,894	29.60	23,840
32	4.16	3,142	10.38	7,855	20.76	15,710	31.13	23,564
33	4.39	3,103	10.96	7,759	21.92	15,517	32.88	23,276
34	4.73	3,063	11.82	7,658	23.63	15,316	35.44	22,973
35	5.07	3,021	12.67	7,553	25.33	15,106	38.01	22,659
36	5.26	2,978	13.14	7,444	26.27	14,888	39.41	22,332
37	5.44	2,932	13.61	7,331	27.21	14,661	40.82	21,992
38	5.75	2,885	14.37	7,212	28.73	14,424	43.10	21,635
39	6.05	2,835	15.12	7,088	30.23	14,175	45.35	21,263
40	6.37	2,782	15.91	6,956	31.82	13,912	47.72	20,868
41	6.71	2,727	16.77	6,817	33.55	13,634	50.31	20,451
42	7.12	2,668	17.80	6,670	35.61	13,340	53.41	20,009
43	7.56	2,605	18.89	6,514	37.78	13,027	56.66	19,541
44	8.01	2,539	20.02	6,347	40.05	12,695	60.06	19,042
45	8.43	2,468	21.08	6,171	42.15	12,341	63.22	18,512
46	8.95	2,393	22.37	5,983	44.73	11,966	67.10	17,948
47	9.53	2,313	23.81	5,783	47.63	11,566	71.44	17,349
48	10.15	2,228	25.38	5,571	50.75	11,141	76.13	16,712
49	10.80	2,138	26.99	5,345	53.98	10,690	80.97	16,034
50	11.49	2,042	28.71	5,105	57.42	10,209	86.13	15,314
51	\$12.22	\$1,940	\$30.54	\$4,849	\$61.09	\$9,699	\$91.63	\$14,548
52	13.15	1,831	32.86	4,578	65.71	9,157	98.57	13,735
53	14.08	1,716	35.20	4,291	70.40	8,582	105.60	12,873
54	15.06	1,594	37.64	3,986	75.27	7,972	112.91	11,958
55	16.23	1,465	40.58	3,663	81.15	7,326	121.72	10,988
56	17.48	1,538	43.70	3,844	87.40	7,688	131.10	11,532
57	18.76	1,614	46.90	4,035	93.79	8,070	140.69	12,104
58	20.18	1,694	50.44	4,235	100.88	8,470	151.31	12,705
59	21.55	1,778	53.87	4,446	107.73	8,892	161.60	13,337
60	23.00	1,867	57.50	4,667	115.00	9,334	172.50	14,000
61	24.88	1,959	62.20	4,898	124.40	9,797	186.60	14,695
62	26.55	2,056	66.38	5,141	132.75	10,282	199.13	15,422
63	29.09	2,158	72.73	5,394	145.46	10,788	218.19	16,181
64	29.39	2,263	73.46	5,657	146.92	11,315	220.38	16,972
65	29.97	2,372	74.92	5,931	149.84	11,861	224.75	17,792
66	34.68	2,486	86.69	6,214	173.38	12,428	260.07	18,641
67	37.43	2,603	93.56	6,507	187.11	13,014	280.66	19,520
68	42.69	2,724	106.72	6,809	213.44	13,618	320.16	20,426
69	44.11	2,848	110.28	7,119	220.57	14,238	330.85	21,356
70	47.50	2,974	118.75	7,434	237.50	14,869	356.25	22,303
w/EOI	Quote Requires EOI		Quote Requires EOI		Quote Requires EOI		Quote Requires EOI	
71	47.17	3,123	117.93	7,808	235.86	15,615	353.78	23,423
72	50.99	3,277	127.48	8,192	254.96	16,384	382.44	24,575
73	55.30	3,438	138.25	8,596	276.50	17,191	414.75	25,787
74	60.08	3,609	150.19	9,022	300.38	18,043	450.57	27,065
75	65.41	3,783	163.51	9,457	327.02	18,914	490.53	28,371
76	71.40	3,961	178.50	9,904	357.00	19,807	535.50	29,711
77	78.14	4,153	195.36	10,382	390.71	20,763	586.07	31,145
78	85.71	4,361	214.26	10,902	428.52	21,805	642.78	32,707
79	94.19	4,594	235.47	11,486	470.94	22,972	706.41	34,458
80	103.69	4,869	259.23	12,173	518.46	24,347	777.69	36,520

The Need for WHOLE LIFE INSURANCE

Tobacco Weekly Rates

Face Amount	\$10,000		\$25,000		\$50,000		\$75,000	
Issue Age	Weekly Premium	CV @ age 65 or 10 years ¹	Weekly Premium	CV @ age 65 or 10 years ¹	Weekly Premium	CV @ age 65 or 10 years ¹	Weekly Premium	CV @ age 65 or 10 years ¹
19	\$1.82	\$4,397	\$4.54	\$10,993	\$9.07	\$21,986	\$13.61	\$32,979
20	1.83	4,373	4.57	10,932	9.13	21,864	13.69	32,795
21	1.91	4,347	4.78	10,867	9.55	21,735	14.33	32,602
22	2.00	4,320	5.00	10,800	9.99	21,599	14.99	32,399
23	2.09	4,291	5.23	10,728	10.46	21,456	15.68	32,183
24	2.19	4,261	5.47	10,653	10.93	21,306	16.39	31,958
25	2.30	4,230	5.74	10,574	11.48	21,148	17.21	31,721
26	2.40	4,196	5.99	10,491	11.98	20,981	17.96	31,472
27	2.50	4,161	6.25	10,403	12.50	20,805	18.74	31,208
28	2.61	4,124	6.53	10,309	13.05	20,619	19.58	30,928
29	2.72	4,084	6.80	10,211	13.59	20,422	20.38	30,632
30	2.82	4,043	7.04	10,107	14.07	20,213	21.11	30,320
31	2.95	3,999	7.38	9,997	14.75	19,993	22.13	29,990
32	3.10	3,952	7.74	9,881	15.49	19,761	23.23	29,642
33	3.26	3,903	8.15	9,758	16.28	19,516	24.42	29,273
34	3.43	3,852	8.57	9,629	17.14	19,259	25.71	28,888
35	3.59	3,798	8.97	9,495	17.94	18,990	26.90	28,484
36	3.76	3,741	9.39	9,353	18.78	18,707	28.17	28,060
37	3.97	3,682	9.92	9,205	19.83	18,411	29.75	27,616
38	4.19	3,620	10.47	9,051	20.94	18,101	31.40	27,152
39	4.41	3,555	11.02	8,888	22.03	17,776	33.05	26,664
40	4.61	3,487	11.53	8,717	23.05	17,434	34.58	26,151
41	4.88	3,415	12.20	8,537	24.39	17,074	36.58	25,610
42	5.16	3,339	12.90	8,346	25.79	16,693	38.69	25,039
43	5.45	3,258	13.63	8,144	27.26	16,289	40.88	24,433
44	5.77	3,172	14.41	7,930	28.81	15,860	43.22	23,790
45	6.06	3,081	15.14	7,702	30.28	15,404	45.42	23,105
46	6.38	2,984	15.96	7,459	31.91	14,919	47.86	22,378
47	6.75	2,881	16.87	7,202	33.74	14,404	50.61	21,606
48	7.15	2,772	17.85	6,929	35.71	13,858	53.56	20,787
49	7.54	2,656	18.85	6,639	37.70	13,279	56.54	19,918
50	7.97	2,533	19.92	6,331	39.84	12,663	59.76	18,994
51	\$8.46	\$2,401	\$21.14	\$6,004	\$42.28	\$12,007	\$63.42	\$18,011
52	8.97	2,262	22.43	5,655	44.85	11,311	67.27	16,966
53	9.52	2,114	23.78	5,284	47.56	10,569	71.34	15,853
54	10.09	1,956	25.22	4,890	50.44	9,779	75.65	14,669
55	10.66	1,788	26.65	4,469	53.30	8,938	79.95	13,406
56	11.37	1,643	28.42	4,607	56.84	9,214	85.26	13,821
57	12.07	1,898	30.17	4,744	60.34	9,488	90.51	14,232
58	12.83	1,953	32.06	4,882	64.13	9,764	96.19	14,645
59	13.56	2,008	33.90	5,021	67.80	10,042	101.70	15,063
60	14.26	2,065	35.64	5,163	71.28	10,326	106.92	15,489
61	15.09	2,123	37.70	5,307	75.41	10,614	113.11	15,920
62	16.09	2,182	40.22	5,455	80.45	10,910	120.67	16,365
63	17.09	2,244	42.72	5,610	85.44	11,220	128.15	16,830
64	18.16	2,315	45.40	5,788	90.80	11,577	136.20	17,365
65	19.17	2,405	47.92	6,013	95.83	12,027	143.74	18,040
66	20.05	2,501	50.12	6,252	100.24	12,504	150.35	18,756
67	21.49	2,603	53.71	6,508	107.42	13,015	161.12	19,523
68	23.17	2,713	57.92	6,782	115.84	13,564	173.76	20,345
69	24.88	2,831	62.19	7,078	124.37	14,156	186.55	21,233
70	26.61	2,957	66.53	7,393	133.05	14,785	199.58	22,178
<u>W/EOI</u>	Quote Requires EOI		Quote Requires EOI		Quote Requires EOI		Quote Requires EOI	
71	26.64	3,088	66.59	7,719	133.18	15,438	199.76	23,157
72	28.66	3,221	71.63	8,053	143.26	16,105	214.89	24,138
73	30.87	3,355	77.17	8,388	154.34	16,775	231.51	25,163
74	33.34	3,490	83.35	8,724	166.69	17,448	250.03	26,171
75	36.10	3,632	90.25	9,079	180.50	18,158	270.74	27,236
76	39.19	3,778	97.97	9,446	195.95	18,892	293.92	28,337
77	42.64	3,928	106.59	9,820	213.18	19,640	319.76	29,459
78	46.47	4,091	116.16	10,228	232.32	20,457	348.48	30,685
79	50.72	4,279	126.78	10,697	253.56	21,393	380.34	32,090
80	55.42	4,511	138.54	11,277	277.08	22,554	415.62	33,830

The Need for WHOLE LIFE INSURANCE

Tobacco Bimonthly Rates

Face Amount Issue Age	\$10,000		\$25,000		\$50,000		\$75,000	
	Semimonthly Premium	CV @ age 65 or 10 years ¹	Semimonthly Premium	CV @ age 65 or 10 years ¹	Semimonthly Premium	CV @ age 65 or 10 years ¹	Semimonthly Premium	CV @ age 65 or 10 years ¹
19	\$3.93	\$4,397	\$9.83	\$10,993	\$19.65	\$21,986	\$29.47	\$32,979
20	3.96	4,373	9.89	10,932	19.78	21,864	29.66	32,795
21	4.14	4,347	10.35	10,867	20.69	21,735	31.04	32,602
22	4.33	4,320	10.83	10,800	21.65	21,599	32.47	32,399
23	4.53	4,291	11.33	10,728	22.65	21,456	33.97	32,183
24	4.74	4,261	11.84	10,653	23.67	21,306	35.50	31,958
25	4.98	4,230	12.43	10,574	24.86	21,148	37.29	31,721
26	5.19	4,196	12.97	10,491	25.94	20,981	38.91	31,472
27	5.41	4,161	13.53	10,403	27.07	20,805	40.60	31,208
28	5.66	4,124	14.14	10,309	28.27	20,619	42.41	30,928
29	5.89	4,084	14.72	10,211	29.44	20,422	44.16	30,632
30	6.10	4,043	15.24	10,107	30.48	20,213	45.72	30,320
31	6.39	3,999	15.98	9,997	31.96	19,993	47.94	29,990
32	6.71	3,952	16.77	9,881	33.55	19,761	50.32	29,642
33	7.06	3,903	17.64	9,758	35.27	19,516	52.91	29,273
34	7.43	3,852	18.57	9,629	37.13	19,259	55.69	28,888
35	7.78	3,798	19.43	9,495	38.86	18,990	58.29	28,484
36	8.14	3,741	20.35	9,353	40.69	18,707	61.04	28,060
37	8.59	3,682	21.48	9,205	42.96	18,411	64.44	27,616
38	9.07	3,620	22.68	9,051	45.36	18,101	68.03	27,152
39	9.55	3,555	23.87	8,888	47.73	17,776	71.60	26,664
40	9.99	3,487	24.97	8,717	49.94	17,434	74.91	26,151
41	10.57	3,415	26.42	8,537	52.84	17,074	79.25	25,610
42	11.18	3,339	27.94	8,346	55.88	16,693	83.82	25,039
43	11.81	3,258	29.52	8,144	59.05	16,289	88.57	24,433
44	12.49	3,172	31.21	7,930	62.42	15,860	93.63	23,790
45	13.12	3,081	32.80	7,702	65.61	15,404	98.41	23,105
46	13.83	2,984	34.57	7,459	69.13	14,919	103.69	22,378
47	14.62	2,881	36.55	7,202	73.11	14,404	109.66	21,606
48	15.48	2,772	38.68	6,929	77.36	13,858	116.04	20,787
49	16.34	2,656	40.84	6,639	81.67	13,279	122.50	19,918
50	17.27	2,533	43.16	6,331	86.32	12,663	129.47	18,994
51	\$18.32	\$2,401	\$45.80	\$6,004	\$91.61	\$12,007	\$137.41	\$18,011
52	19.44	2,262	48.58	5,655	97.17	11,311	145.75	16,966
53	20.61	2,114	51.53	5,284	103.04	10,569	154.57	15,853
54	21.86	1,956	54.64	4,890	109.27	9,779	163.91	14,669
55	23.10	1,788	57.74	4,469	115.48	8,938	173.22	13,406
56	24.63	1,843	61.57	4,607	123.15	9,214	184.72	13,821
57	26.15	1,898	65.37	4,744	130.73	9,488	196.10	14,232
58	27.79	1,953	69.47	4,882	138.94	9,764	208.41	14,645
59	29.38	2,008	73.45	5,021	146.90	10,042	220.35	15,063
60	30.89	2,065	77.22	5,163	154.44	10,326	231.66	15,489
61	32.68	2,123	81.69	5,307	163.38	10,614	245.07	15,920
62	34.86	2,182	87.15	5,455	174.30	10,910	261.44	16,365
63	37.02	2,244	92.56	5,610	185.11	11,220	277.66	16,830
64	39.35	2,315	98.37	5,788	196.73	11,577	295.10	17,365
65	41.53	2,405	103.81	6,013	207.63	12,027	311.44	18,040
66	43.44	2,501	108.59	6,252	217.17	12,504	325.75	18,756
67	46.55	2,603	116.37	6,508	232.73	13,015	349.10	19,523
68	50.20	2,713	125.49	6,782	250.98	13,564	376.47	20,345
69	53.89	2,831	134.73	7,078	269.46	14,156	404.19	21,233
70	57.66	2,957	144.14	7,393	288.27	14,785	432.41	22,178
W/EOI	Quote Requires EOI	Quote Requires EOI	Quote Requires EOI	Quote Requires EOI	Quote Requires EOI	Quote Requires EOI	Quote Requires EOI	Quote Requires EOI
71	57.71	3,088	144.27	7,719	288.54	15,438	432.82	23,157
72	62.08	3,221	155.20	8,053	310.40	16,105	465.60	24,158
73	66.88	3,355	167.20	8,388	334.40	16,775	501.60	25,163
74	72.23	3,490	180.58	8,724	361.15	17,448	541.72	26,171
75	78.22	3,632	195.53	9,079	391.07	18,158	586.60	27,236
76	84.91	3,778	212.27	9,446	424.54	18,892	636.82	28,337
77	92.38	3,928	230.94	9,820	461.88	19,640	692.82	29,459
78	100.67	4,091	251.68	10,228	503.36	20,457	755.03	30,685
79	109.88	4,279	274.69	10,697	549.38	21,393	824.07	32,090
80	120.07	4,511	300.17	11,277	600.34	22,554	900.50	33,830

Identity Theft Insurance

Allstate Identity Protection (AIP)



with Allstate Identity Protection Pro, you'll be able to:

- Check your identity health score
- View and manage alerts in real time
- Monitor your TransUnion credit score and report for fraud
- Receive alerts for cash withdrawals, balance transfers, and large purchases
- Get reimbursed for fraud-related losses, like stolen 401(k) & HSA funds, with our up to \$1 million identity theft expense reimbursement*
- Protect yourself and your family (everyone that's "under your roof and wallet"†)



Allstate.
IDENTITY PROTECTION

stay connected,
stay protected

Since so much of daily life is now spent online, it's more important than ever to stay connected. But more sharing online means more of your personal data may be at risk. In fact, 1 in 6 Americans were impacted by an identity crime in 2020.¹

Identity theft can happen to anyone. That's why your company is offering you Allstate Identity Protection as a benefit. So you can be prepared and help protect your identity and finances from a growing range of threats.

For over 85 years, Allstate has been protecting what matters most. Prepare for what's next with:

- Financial account and credit monitoring
- 24/7 alerts and fraud recovery
- Up to \$1 million identity theft expense reimbursement*

1. 2021 Identity Fraud Study, Javelin Strategy & Research

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Employee Only
\$2.29/weekly
\$4.98/bimonthly

Family
\$4.14/weekly
\$8.98/bimonthly

To set up your account, visit [MyAIP.com/signup](https://myaip.com/signup).

You will need your Member ID from the Welcome email or letter you receive.

If you need assistance, call Customer Service at 800-789-2720 or email customercare@aip.com which is available 24/7.

Identity Theft Insurance

Allstate Identity Protection (AIP)



Product features



Comprehensive monitoring and alerts

Proactive monitoring helps you stop fraud at its earliest sign and enables quick restoration for minimal damage and stress.



Enhanced identity monitoring

Our proprietary monitoring platform detects high-risk activity to provide rapid alerts at the first sign of fraud.



Dark web monitoring

In-depth monitoring goes beyond just looking out for a participant's Social Security number. Bots and human intelligence scour closed hacker forums for compromised credentials and other personal information. Then we immediately alert participants who have been compromised.



High-risk transaction monitoring

We send alerts for non-credit-based transactions like student loan activity and medical billing.



Account activity

You're alerted when unusual activity on your personal banking accounts could be a sign of account takeover.



Financial activity monitoring

Alerts triggered from sources such as bank accounts, thresholds, credit and debit cards, 401(k)s, and other investment accounts help you take control of your finances.



Social media monitoring

We keep tabs on social accounts for everyone in the family, watching for vulgarity, threats, explicit content, violence, and cyberbullying.



Sex offender notifications

Our monitoring system notifies you if a sex offender is registered in a nearby area.



Mobile app

Access the entire Allstate Identity Protection portal on the go! Available for iOS and Android.



Protect the entire family

We have a generous definition of family, covering those who live in the participant's household and those they take care of financially — everyone that's "under roof and wallet." If they are dependent on you financially or live under your roof, they're covered.



Lost wallet protection

Easily store, access, and replace wallet contents. Our secure vault conveniently holds important information from credit cards, credentials, and documents.



Solicitation reduction

We aid you in opting in or out of the National Do Not Call Registry, credit offers, and junk mail.



Digital exposure reports

You can see and identify where your personal information is publicly available on the internet.



Credit monitoring and alerts

We alert for transactions like new inquiries, accounts in collections, new accounts, and bankruptcy filings.



Data breach notifications

We send alerts every time there's a data breach affecting you directly so you can take action immediately.



Credit assistance

Our in-house experts will help you freeze your credit files with the major credit bureaus. You can even dispute credit report items from your portal.



Full-service case management and resolution

We fully manage your restoration case, helping you save time, money, and stress.



24/7 U.S.-based customer care center

We believe customer care is an essential part of our team. Our support center is located directly in our corporate headquarters, and our customer care team is available 24/7.



\$1 million identity theft insurance

If you fall victim to fraud, we will reimburse your out-of-pocket costs.*

Compliance

2025 Government Notices

GENERAL NOTICE OF COBRA CONTINUATION COVERAGE RIGHTS ** CONTINUATION COVERAGE RIGHTS UNDER COBRA**

Note: Federal COBRA applies to group health plans maintained by private-sector, state, and local government employer *with 20 or more employees*. Group health plans sponsored by the federal government or churches are exempt from COBRA. For Wisconsin employers, State Continuation applies to insured group health plans providing medical/hospital coverage. Dental, vision, and prescription drug benefits are not subject to state continuation if they are offered as separate policies. Employer self-funded plans are not subject to these requirements. Outside of Wisconsin -refer to your state specific laws or carrier for further information.

INTRODUCTION

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA Continuation Coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage may be required to pay for COBRA continuation coverage. Your employer will provide you with the information should you experience a qualifying event.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies.
- Your spouse's hours of employment are reduced.
- Your spouse's employment ends for any reason other than his or her gross misconduct.
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.
- Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:
 - The parent-employee dies.
 - The parent-employees' hours of employment are reduced.
 - The parent-employee's employment ends for any reason other than his or her gross misconduct.
 - The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both).
 - The parents become divorced or legally separated; or
 - The child stops being eligible for coverage under the Plan as a "dependent child."

When is COBRA Continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment.
- Death of the employee.
- Commencement of a proceeding in bankruptcy with respect to the employer; or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs.

How is COBRA Continuation coverage provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children. COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage. There are also ways in which this 18-month period of COBRA continuation coverage can be extended.

Disability Extension of 18-month period of COBRA Continuation coverage:

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

Second Qualifying Event extension of 18-month period of continuation:

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, [Children's Health Insurance Program \(CHIP\)](#), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

Can I enroll in Medicare instead of COBRA Continuation coverage after my group health plan coverage ends?

In general, if you do not enroll in Medicare Part A or B when are you first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period to sign up for Medicare Part A or B, beginning on the earlier of:

- The month after your employment ends; or
- The month after group plan health coverage based on current employment ends

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer), and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare. For more information visit <https://www.medicare.gov/medicare-and-you>.

Questions concerning your Plan, or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.HealthCare.gov.

Keep your Plan informed of Address Changes: To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan Contact Information: Your employer's Human Resource Department or individual in charge of Benefits Administration within your organization.

WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998**Enrollment Notice**

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed.
- Surgery and reconstruction of the other breast to produce a symmetrical appearance.
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call your plan administrator for more information.

GENETIC INFORMATION NONDISCRIMINATION ACT OF 2008

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers from requesting or requiring genetic information of an individual or family member, except as specifically allowed by law. To comply with this law, we are asking that you **not** provide any genetic information when responding to any request for medical information unless it is necessary to comply with enrollment and does not apply to Life, disability or long term. Genetic information is defined as: Information about an individual's and family genetic tests,

- Family medical history.
- Requests for and receipt of genetic services by the individual or family members.
- Genetic information of a fetus carried by an individual or family member or information of any embryo legally held by the individual or family member using assisted reproductive technology.

NOTICE OF PATIENT PROTECTIONS

Under the ACA, group health plans and issuers that require the designation of a participating primary care provider must permit each participant, beneficiary and enrollee to designate any available participating primary care provider (including a pediatrician for children). Additionally, plans and issuers that provide obstetrical/gynecological care and require a designation of a participating primary care provider may not require preauthorization or referral for such care. If a health plan requires participants to designate a participating primary care provider, the plan or issuer must provide a notice of these patient protections whenever the SPD or similar description of benefits is provided to a participant. If your employer's plan is subject to this notice requirement, they will provide this information in the open enrollment materials and/or the Summary Plan Description (SPD).

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2024. Contact your State for more information on eligibility –

IOWA – Medicaid Website: Iowa Medicaid | Health & Human Services Phone: 1-800-338-8366 **CHIP (Hawki):** Hawki - Healthy and Well Kids in Iowa | Health & Human Services Phone: 1-800-257-8563. HPP Website [Health Insurance Premium Payment \(HIPP\) | Health & Human Services \(iowa.gov\)](http://Health Insurance Premium Payment (HIPP) | Health & Human Services (iowa.gov)) HIPP Phone: 1-888-346-9562

WISCONSIN – Medicaid and CHIP Website: <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>
Phone: 1-800-362-3002

MINNESOTA – Medicaid <https://mn.gov/dhs/health-care-coverage> **Phone: 1-800-657-3672**

To see if any other states have added a premium assistance program since July 31, 2024, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137. Expires 01/31/2026

HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS AND YOUR HEALTH COVERAGE:

When key parts of the health care law took effect in 2014, there is a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. The open enrollment period each year for health insurance coverage through the Marketplace runs from Nov. 1 through Dec. 15 of the preceding year. After the open enrollment period ends, you can get coverage through the Marketplace only if you qualify for a special enrollment period or are applying for Medicaid or the Children's Health Insurance Program (CHIP).

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 8.39% (2024) and 9.02% (2025) of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](https://www.healthcare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

HIPAA PRIVACY INFORMATION. YOUR RIGHTS. OUR RESPONSIBILITIES.

This *simplified notice* describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

Your Rights:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated
- You can complain if you feel we have violated your rights by contacting your HR Department
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [ww.hhs.gov/ocr/privacy/hipaa/complaints](https://www.hhs.gov/ocr/privacy/hipaa/complaints)

We will not retaliate against you for filing a complaint.

Our Uses and Disclosures:

Help manage the health care treatment you receive:

We can use your health information and share it with professionals who are treating you. *Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.*

Run Our Organization:

We can use and disclose your information to run our organization and contact you when necessary. We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. *Example: We use health information about you to develop better services and plan design for our company.*

Pay for Your Health Services:

We can use and disclose your health information as we pay for your health services. *Example: We share information about you with your dental plan to coordinate payment for your dental work.*

Administer your Plan:

We may disclose your health information to your health plan sponsor for plan administration. *Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.*

How Else can we use or Share your Health Information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We must meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Our Responsibilities:

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice: We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, or you can request we mail a copy to you. This is a summary of information only.

CONSOLIDATED APPROPRIATIONS ACT DISCLOSURE FOR PLAN MEMBERS

The Consolidated Appropriations Act (CAA) is a comprehensive set of laws that include the No Surprises Act (NSA) and transparency provisions. Plan Sponsors are required to post an NSA Notice in a prominent location in the workplace and/or post a link to the NSA Notice on the searchable home page of their websites. The Department of Labor (DOL) has provided a model notice, which should be used for plan years beginning on or after January 1, 2022.

Your Rights and Protections Against Surprise Medical Bills

When you get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from surprise billing or balance billing.

What is “Balance Billing” (sometimes called “surprise billing”)?

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, such as a copayment, coinsurance, and/or a deductible. You may have other costs or must pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network.

“Out-of-network” describes providers and facilities that haven't signed a contract with your health plan. Out-of-network providers may be permitted to bill you for the difference between what your plan agreed to pay, and the full amount charged for a service. This is called “balance billing.” This amount is likely more than in-network costs for the same service and might not count toward your annual out-of-pocket limit.

“Surprise billing” is an unexpected balance bill. This can happen when you can't control who is involved in your care—like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider.

You are Protected from Balance Billing for:

Emergency Services

If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most the provider or facility may bill you is your plan's in-network cost-sharing amount (such as copayments and coinsurance). You **can't** be balance billed for these emergency services. This includes services you may get after you're in stable condition, unless you give written consent and give up your protections not to be balance billed for these post-stabilization services.

Certain Services at an In-Network Hospital or Ambulatory Surgical Center

When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers may bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers **can't** balance bill you and may **not** ask you to give up your protections not to be balance billed.

If you get other services at these in-network facilities, out-of-network providers **can't** balance bill you, unless you give written consent and give up your protections.

You're never required to give up your protection from balance billing. You also aren't required to get care out-of-network. You can choose a provider or facility in your plan's network.

When Balance Billing isn't Allowed, you also have the Following Protections:

- You are only responsible for paying your share of the cost (like the copayments, coinsurance, and deductibles that you would pay if the provider or facility was in-network). Your health plan will pay out-of-network providers and facilities directly.
- Your health plan generally must:
 - Cover emergency services without requiring you to get approval for services in advance (prior authorization).
 - Cover emergency services by out-of-network providers.
 - Base what you owe the provider or facility (cost-sharing) on what it would pay an in-network provider or facility and show that amount in your explanation of benefits.
 - Count any amount you pay for emergency services or out-of-network services toward your deductible and out-of-pocket limit.

If you believe you've been wrongly billed, you may contact the Department of Health and Human Services to reach the entity responsible for enforcing the federal balance or surprise billing protection laws at 1-800-985-3059. Visit <https://www.cms.gov/nosurprises> for more information about your rights under federal law.

The information in this enrollment guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancies between this guide and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your guide, contact Human Resources.
