



# Benefits Guide



IAFF

2023





## How to use this guide?

The City of Boulder recognizes the importance of providing employees with a comprehensive benefits package. These benefits help provide you and your family with the resources to maintain your health and wellbeing. We encourage you to review and select benefits that best suit your needs.

### **This Benefits Guide provides you with:**

- Eligibility criteria and qualified life events
- Descriptions of benefits that are available
- Information on open enrollment dates
- Important phone numbers and websites to help you enroll in and manage your benefits

You can read through this benefits guide by using the tabs on the left-hand side to navigate to the pages of interest.

More information regarding employee and family benefits, including annual plan notices, is available on the **City of Boulder Human Resources Benefits page**.

This guide is intended to be a brief summary of employee benefits and is not an official policy document. If there is a discrepancy between information in this guide and official documents (such as benefit plan documents, policies or collective bargaining agreements) then official documents prevail.



## Overview

# Your 2023 Benefits



## Medical Benefits

Cigna Preferred Provider Organization Plan (PPO)  
Cigna High Deductible Health Plan (HDHP)



## Pre-Tax Spending Accounts

Alerus Health Savings Account (HSA)  
Alerus Flexible Spending Account (FSA)



## Dental Benefits

Delta Dental High Plan  
Delta Dental Low Plan



## Vision Benefits

VSP Base Plan  
VSP Buy Up Plan



## Additional Benefits

Aflac Supplemental Policies  
Life Insurance and Disability  
Legal and ID Shield  
Employee Wellness Program  
Employee Assistance Program (EAP)  
EcoPass  
Recreation Pass



## Retirement

IAFF Employee Pension Plan  
Voluntary Retirement Plans (457, IRA Roth)



## Eligibility

### Who is eligible?

#### City of Boulder IAFF Employees

Fire (IAFF) employees who work **20 hours or more** per week are eligible for all benefits listed in this guide.

#### Dependents

If you are eligible to elect coverage for yourself, you may also elect coverage for eligible dependents.

- Your spouse or partner
- Child(ren) under the age of 26 (your children, your spouse or partner's children, and children in your legal custody)

### What am I eligible for?

Use the table below to determine what you are eligible for:

Employee Type	
Benefit	IAFF Employees (20+ Hours)
Medical	✓
Dental	✓
Vision	✓
Aflac Plans	✓
City Paid Life Insurance	✓
Voluntary Life Insurance	✓
Legal & ID Plans	✓
Wellness Program	✓
EAP	✓
EcoPass	✓
Recreation Pass	✓
Retirement Benefits	✓
Vacation	✓
Sick	✓
Floating Holidays	✓





## Enrollment

### When can I enroll?

#### When You Are Hired

For newly hired employees, benefit enrollment must be completed within 31 days from your date of hire. You will enroll using the city's Workday platform. Benefits offered within this guide are effective on the 1st of the month following your date of hire. Supplemental Aflac coverage is effective on the 1st of the month following completion of your application.

#### During Open Enrollment

Existing employees will make next year's elections for themselves and eligible dependents during Open Enrollment, using the Workday platform.

### 2023 Open Enrollment

Open Enrollment for the 2023 plan year runs from November 14 to November 27, 2022. During this time, you must enroll in and/or decline coverage for the coming year. The effective date of benefits selected is January 1, 2023.

#### How Do I Enroll?

2023 benefits enrollment is to be completed via the city's Workday platform.

#### Can I Change My Benefits?

After the Open Enrollment period ends on November 27, 2022, the benefits you chose will be in place from January 1 to December 31 of the following year. You cannot change your benefits during this time unless you have a **qualifying life event**.

#### Examples of Qualifying Life Events include:

- Marriage, civil union, legal separation, or divorce
- Birth or adoption of a child
- Death of your spouse, civil union partner, or dependent child
- Spouse, civil union partner, or dependent children losing or gaining coverage
- Change in employment status for you or your spouse/civil union partner
- Change in residence (only if our current coverage isn't available in the new location)

### Questions?

We encourage you to submit questions to the Benefits Team through **Service Depot**. It is the quickest way to ensure questions and issues are addressed.

Once Workday launches on November 14, 2022, many of our forms will become obsolete. So instead of emailing most forms, you will complete processes through Workday.



## Medical

### What medical plans are available?

The City of Boulder offers two distinct medical plans, both through Cigna. One is the Preferred Provider Organization Plan (PPO or “Copay”) plan and the other is the High Deductible Health Plan (HDHP) plan. The plan designs differ based on a variety of factors including: deductibles, out-of-pocket maximums, and cost sharing with Cigna. The plan designs have no effect on the quality of care you receive.

The medical plan options are as follows:

- Cigna Preferred Provider Organization Plan (PPO or “Copay”)
- Cigna High Deductible Health Plan (HDHP)

### What you can expect

#### 100% Coverage for Your Preventive Care.

All of our medical plans pay 100% for preventive care when you use in-network providers, even before you meet your annual deductible.

#### Employer HSA Contribution

- Our high deductible health plan (HDHP) is eligible for a health savings account (HSA), which lets you save money for medical expenses.
- The City of Boulder will contribute up to **\$500 for individuals** and up to **\$1,000 for families** if you enroll in the city HDHP and meet the qualifications to have an HSA.





## PPO (“Copay”) Plan

### How it Works

**Copay:** A copay is the fixed dollar amount you pay when you use medical services. For example, your plan could require you to pay \$25 for primary care doctors, \$50 for specialists, and \$15 for generic prescription drugs. When you go to the doctor or fill a prescription, this is the amount you’ll pay.

**Deductible:** The city’s copay plan has a deductible. For medical services for which a deductible applies, you will be required to pay the full cost of services until you meet your deductible. For example, if you visit your primary care physician, you pay a \$25 copay for the visit. If you receive services during the visit, such as lab work or diagnostic testing, the cost of service is subject to your deductible. Copays do not count toward your deductible.

**Coinsurance:** The copay plan has coinsurance (the cost sharing with Cigna). Once you meet your deductible, you pay coinsurance for medical services received until you satisfy your annual out-of-pocket maximum.

**Annual Out-of-Pocket Maximum:** The copay plan has an annual out-of-pocket maximum. Copays, deductible, and coinsurance count toward your out-of-pocket maximum. If you reach your out-of-pocket maximum, the insurance company pays 100% of covered medical services for the remainder of the plan year.

### Advantages

- You’ll have a set dollar amount, or copay, when you visit the doctor and pharmacy
- Works well for people who do not want to pay the full cost of a medical bill or prescription out-of-pocket and prefer the predictability of copays
- Makes sense for people who are willing to pay a higher premium each month for the security of knowing how much they will pay when they visit the doctor
- 100% coverage for preventive care when you use in-network providers
- Telehealth, Dispatch Health, Behavioral Health coverage, and other comprehensive options are available with this plan



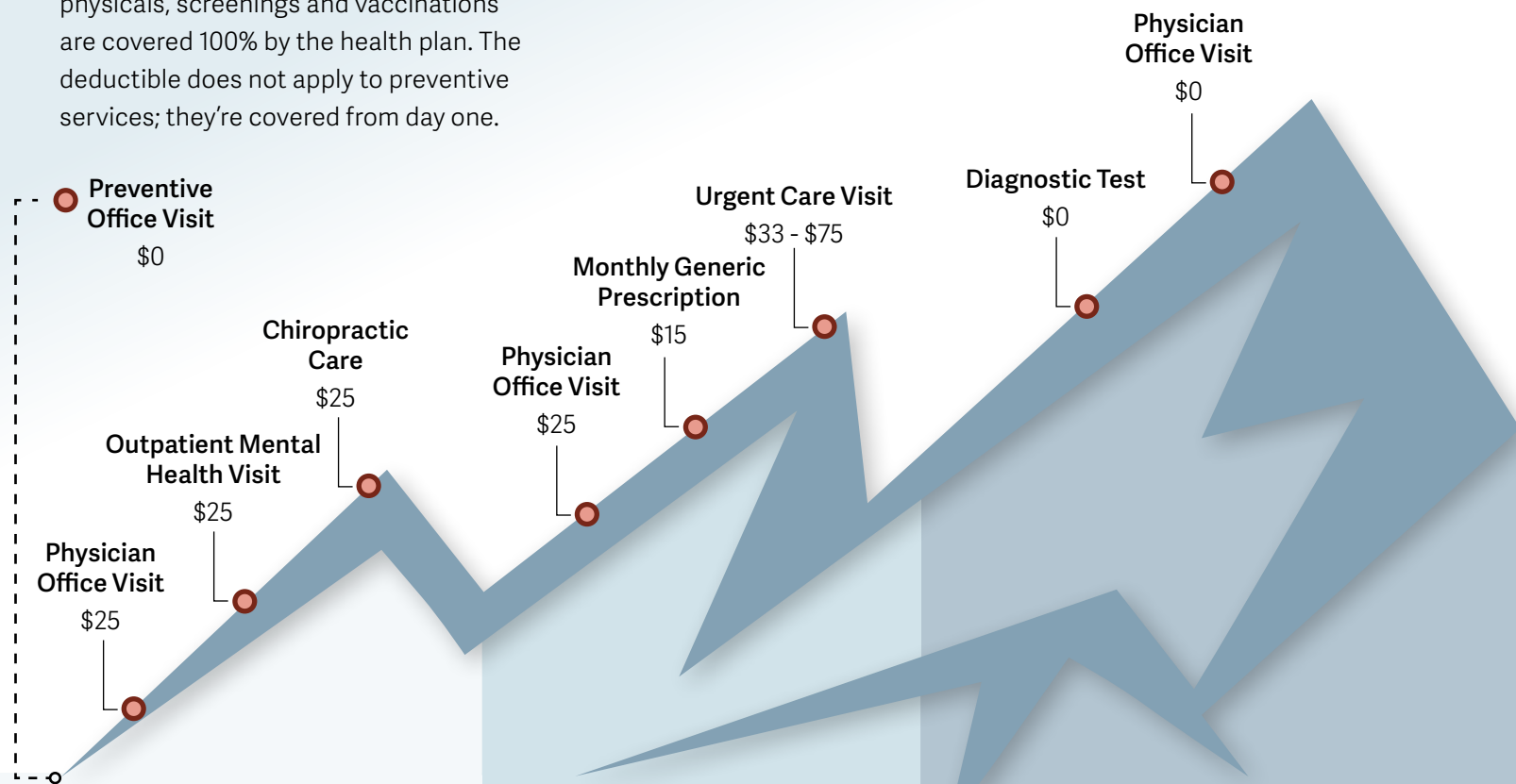




## How Deductible Copay Plans Work

### Free Preventive Care

Preventive Services, such as routine physicals, screenings and vaccinations are covered 100% by the health plan. The deductible does not apply to preventive services; they're covered from day one.



### Annual Deductible

Most diagnostic services are billed on top of your copay and are applied to your annual deductible. Your copays are not subject to deductible but go toward your out-of-pocket maximum. Until your out-of-pocket maximum is met, you will pay set copays determined by your health plan.

### Coinsurance

Once your deductible has been met, you pay 20% while Cigna pays 80% for in-network medical services. Each covered individual is subject to an individual deductible limit.

### Out-of-Pocket Maximum

When you have reached your out-of-pocket maximum, your health plan pays 100% of any additional health cost. Cigna's out-of-pocket maximums are \$4,500 individual/\$9,000 family.





## High Deductible Health Plan (HDHP)

### How it Works

High deductible health plans are designed to help keep premium costs low for you and your family. How much you pay out-of-pocket depends on two things: your deductible and out-of-pocket maximum.

**Deductible:** You are expected to pay the full charges for services until you meet the deductible.

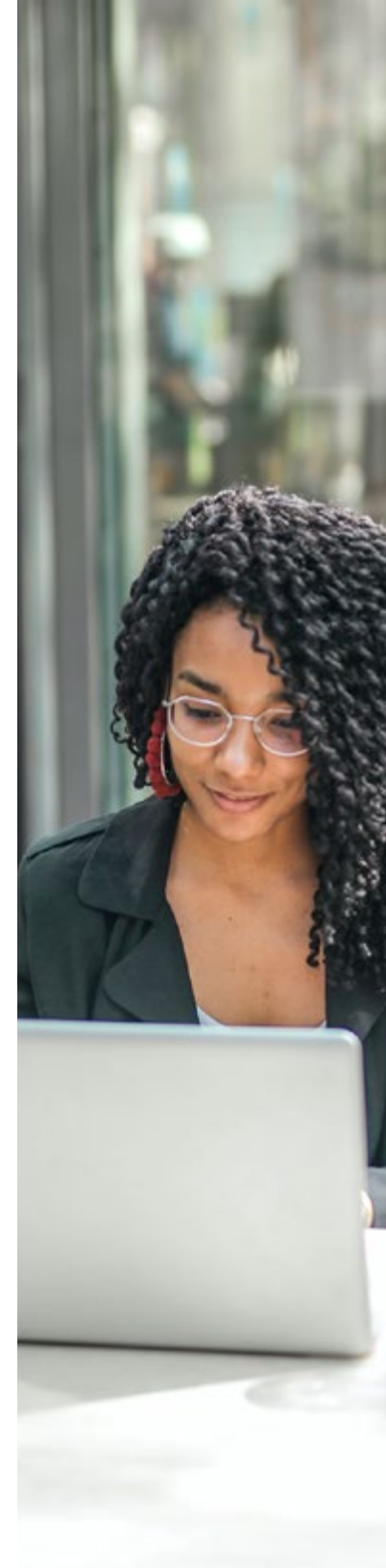
**HSA Helps You Pay Your Deductible:** Your HDHP with the City of Boulder is HSA qualified and eligible for an employer contribution of up to \$500 per year for employee only coverage or up to \$1,000 per year for family coverage. You can use your HSA to cover eligible medical expenses.

**Coinsurance:** Once you meet your deductible, you share in coinsurance with Cigna, meaning, Cigna will pay 80% of your in-network medical costs and 60% of your out-of-network costs.

**Annual Out-of-Pocket Maximum:** You'll continue to pay coinsurance until you meet your out-of-pocket maximum. If you reach your out-of-pocket maximum, the insurance company pays 100% of medical services.

### Advantages

- The monthly premiums are lower than the PPO plan
- If you enroll in the HDHP, you're eligible for an HSA to help pay for eligible medical expenses while also lowering your taxable income
- HSA funds roll over from year-to-year and are portable
- Works well for those who are not anticipating frequent or significant medical expenses for the upcoming year
- 100% coverage for preventive care when you use in-network providers
- Telehealth, Dispatch Health, Behavioral Health coverage, and other comprehensive options are available with this plan

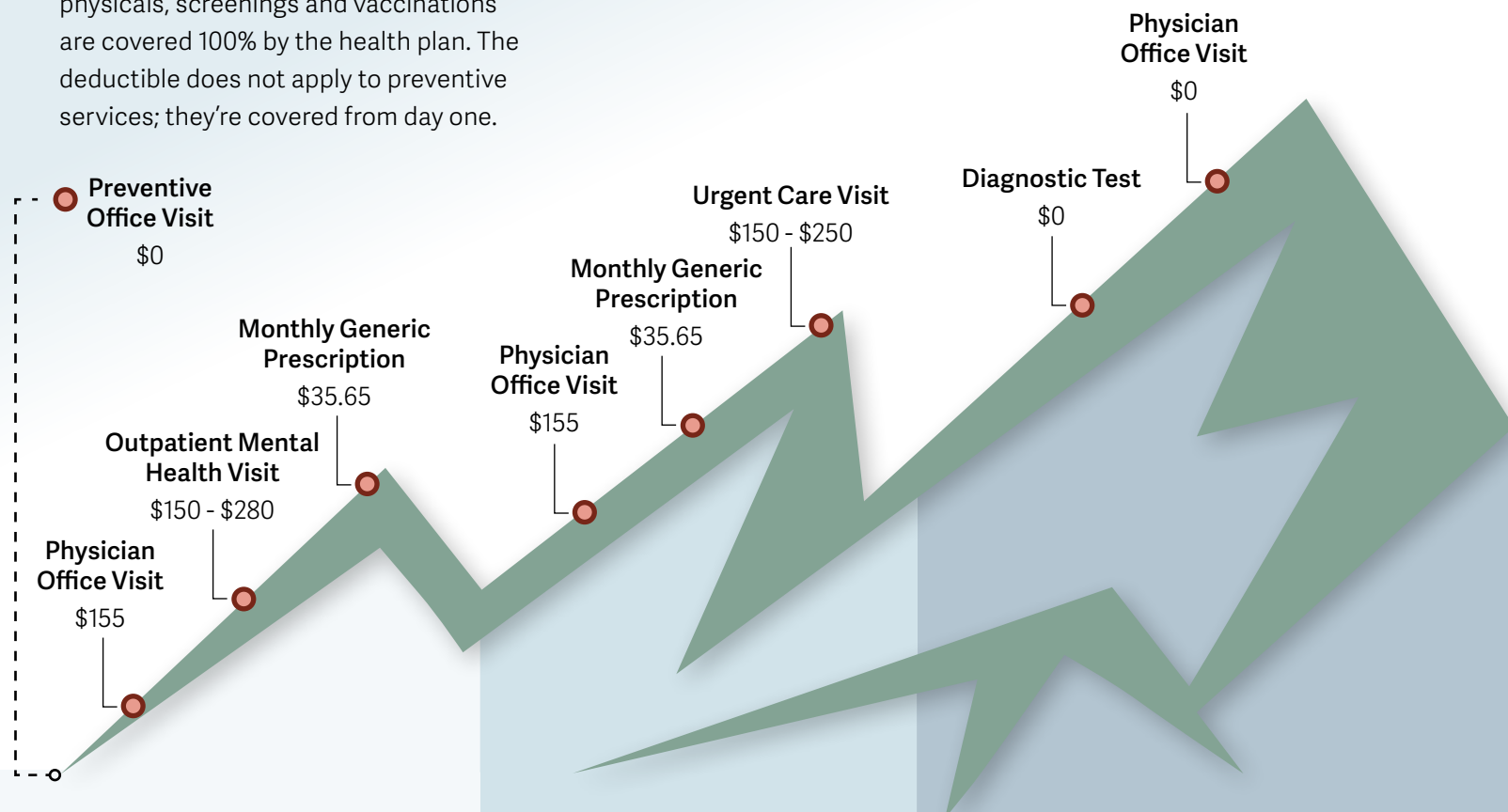




## How High Deductible Health Plans Work

### Free Preventive Care

Preventive Services, such as routine physicals, screenings and vaccinations are covered 100% by the health plan. The deductible does not apply to preventive services; they're covered from day one.



### Annual Deductible

For services other than preventive care, you are responsible for the full cost of services until your deductible is met.

### Coinsurance

Once your deductible has been met, you pay 20% while Cigna pays 80% for in-network medical services. For those with family coverage, the full family deductible must be met before any individual coinsurance applies.

### Out-of-Pocket Maximum

When you have reached your out-of-pocket maximum, your health plan pays 100% of any additional health cost. Cigna's out-of-pocket maximums are \$5,000 individual/\$10,000 family.





## A Little Help to Make the Decision Easier

Please note that these examples below are for illustrative purposes only and that cost of care can vary based on procedure, physician billing, and location of services.



### Meet Mary

**Employee only coverage  
with low utilization**

Mary is relatively healthy with no chronic conditions. Mary does not have a partner or dependents to cover and is looking for the most cost-effective medical plan with low monthly payments that still provides coverage in case unexpected health incidents occur. During the year, Mary receives the following care:

Type of Cost	PPO "Copay" Plan	HDHP
Yearly Premium	\$1,622.92	\$1,369.94
<b>Medical Expenses</b>		
Preventive Care Visit	\$0	\$0
Sick Visit to Primary Care Physician	\$25 copay	~\$155
Monthly Generic Tier 1 Birth Control Prescription	\$15 copay x 12 = \$180.00	\$13.63 x 12 = \$163.56
<b>Savings</b>		
City of Boulder Wellness Premium Credit	\$360	\$360
City of Boulder HSA Contribution	N/A	\$500
<b>Total Cost to Mary:</b>	<b>\$1,467.92</b>	<b>\$828.50</b>



### Meet Jacob

**Employee plus partner  
with moderate utilization**

Jacob is seeking medical coverage for himself and a spouse. Jacob has asthma and is on routine care with a prescription. His partner seeks mental health support in addition to using the city's EAP. Their yearly care is as follows:

Type of Cost	PPO "Copay" Plan	HDHP
Yearly Premium	\$3,495.18	\$2,950.48
<b>Medical Expenses</b>		
Preventive Care Visit	\$0	\$0
Three Outpatient Mental Health Visits	\$25 copay x 3 = \$75	\$215 x 3 = \$645
Monthly Tier 2 Asthma Prescription	\$45 copay x 12 = \$540.00	\$310.73 x 12 = \$3,728.76
<b>Savings</b>		
City of Boulder Wellness Premium Credit	\$360	\$360
City of Boulder HSA Contribution	N/A	\$1,000
<b>Total Cost to Jacob:</b>	<b>\$3,750.18</b>	<b>\$5,964.24</b>



## Meet Sophia

Employee plus family coverage  
with high utilization

Sophia covers her spouse and son on her plan and is expecting a second child. Sophia is experiencing high blood pressure with this pregnancy which is being treated with a prescription. They are anticipating more medical expenses this year:

Type of Cost	PPO "Copay" Plan	HDHP
Yearly Premium	\$4,881.50	\$4,120.48
<b>Medical Expenses</b>		
Preventive Care Visit	\$0	\$0
6 Specialist OBGYN Office Visits	\$50 copay x 6 = \$300	~\$175 x 6 = \$1,050
Monthly Non-Formulary Brand/Tier 3 Blood Pressure/Heart Prescription	\$60 copay x 12 = \$720	\$9.90 x 12 = \$118.80
Hospital Stay for Labor & Delivery (\$11,000)	\$3,480*	\$8,831.20*
<b>Savings</b>		
City of Boulder Wellness Premium Credit	\$360	\$360
City of Boulder HSA Contribution	N/A	\$1,000
<b>Total Cost to Sophia:</b>	<b>\$9,021.50</b>	<b>\$7,760.48</b>

**\*Note:** With this high utilization, the maximum out-of-pocket is reached under both plans. Under both the PPO Plan and HDHP Plan, only the individual maximum out of pocket needs to be reached before additional in-network care is covered at 100%.







## Cigna Medical Plans

Open Access Plus Network



	Copay PPO Plan		HDHP/HSA Plan	
NETWORK:	In Network	Out-of-Network	In Network	Out-of-Network
<b>Calendar Year Deductible</b>	\$1,250 Individual \$2,500 Family	\$2,500 Individual \$5,000 Family	\$2,000 Individual \$4,000 Family	\$4,000 Individual \$8,000 Family
<b>Deductible Basis</b>	Each covered individual is subject to individual deductible limit		Full family deductible must be met before any individual coinsurance applies	
<b>Coinsurance Split</b> (after deductible - Plan Pays/You Pay)	80% / 20%	60% / 40%	80% / 20%	60% / 40%
<b>Calendar Year Out-of-Pocket Max</b>	\$4,500 Individual \$9,000 Family	\$10,000 Individual \$20,000 Family	\$5,000 Individual \$10,000 Family	\$10,000 Individual \$20,000 Family
<b>Out-of-Pocket Basis</b>	Each covered individual is subject to individual out-of-pocket limit		Each covered individual is subject to individual out-of-pocket limit	
<b>Physician Office Visit</b>	\$25 Copay/\$50 Copay	40% Coinsurance	20% Coinsurance	40% Coinsurance
<b>Preventive Visit</b>	100% Covered	40% Coinsurance	100% Covered	40% Coinsurance
<b>Inpatient Hospital</b>	20% Coinsurance	40% Coinsurance	20% Coinsurance	40% Coinsurance
<b>Emergency Room</b>	20% Coinsurance		20% Coinsurance	
<b>Urgent Care</b>	20% Coinsurance	40% Coinsurance	20% Coinsurance	40% Coinsurance
<b>Ambulance</b>	20% Coinsurance		20% Coinsurance	
<b>X-Ray</b>	20% Coinsurance	40% Coinsurance	20% Coinsurance	40% Coinsurance
<b>Laboratory</b>	20% Coinsurance	40% Coinsurance	20% Coinsurance	40% Coinsurance
<b>Maternity</b>	20% Coinsurance	40% Coinsurance	20% Coinsurance	40% Coinsurance
<b>Outpatient Physical Therapy</b>	\$25 Copay	40% Coinsurance	20% Coinsurance	40% Coinsurance
<b>Speech, Hearing, and Occupational Therapy</b>	\$25 Copay	40% Coinsurance	20% Coinsurance	40% Coinsurance
<b>Durable medical equipment</b>	20% Coinsurance	40% Coinsurance	20% Coinsurance	40% Coinsurance
<b>Home health care</b>	20% Coinsurance	40% Coinsurance	20% Coinsurance	40% Coinsurance
<b>Hospice</b>	20% Coinsurance	40% Coinsurance	20% Coinsurance	40% Coinsurance
<b>Skilled nursing</b>	20% Coinsurance	40% Coinsurance	20% Coinsurance	40% Coinsurance
<b>Hearing aids (testing &amp; fitting)</b>	20% Coinsurance	40% Coinsurance	20% Coinsurance	40% Coinsurance
<b>Chiropractic care (20 Days)</b>	\$25 Copay	40% Coinsurance	20% Coinsurance	40% Coinsurance
<b>Mental health/substance</b> (inpatient)	20% Coinsurance	40% Coinsurance	20% Coinsurance	40% Coinsurance
<b>Mental health/substance</b> (outpatient)	\$25 Copay	40% Coinsurance	20% Coinsurance	40% Coinsurance
<b>Prescription Drugs Administered by Cigna</b>				
<b>Generic Brand/Tier 1</b>	\$15 Copay	Not Covered	20% Coinsurance	Not Covered
<b>Formulary Brand/Tier 2</b>	\$45 Copay		20% Coinsurance	
<b>Non-Formulary Brand/Tier 3</b>	\$60 Copay		20% Coinsurance	
<b>Mail Order (90 day supply)</b>	\$37 / \$112 / \$150		20% Coinsurance	
<b>Preventive Maintenance Medication</b>	\$0		\$0	



## Dental

### Delta Dental

The city's Delta Dental plans allow you to use an extensive network of providers and offer flexibility based upon where you choose to access care. The city offers two dental plans:

- High Plan
- Low Plan

The table below summarizes the benefits of each dental plan. For detailed plan information, visit the [Dental Plan page](#) on Boulder@Work.

Delta Dental Benefits					DELTA DENTAL	
Delta PPO plus Delta Premier Network						
NETWORK:	Low Plan		High Plan			
	PPO Provider	Premier or Non-Network Provider	PPO Provider	Premier or Non-Network Provider		
Calendar Year Deductible	\$50 / Individual \$150 / Family		\$50 / Individual \$150 / Family			
Calendar Year Maximum Benefit	\$1,000 per Individual		\$2,000 per Individual			
Diagnostic/Preventive Care (X-ray/Oral Exams/Cleanings)	100% Covered, no deductible	80% Covered after deductible	100% Covered, no deductible	100% Covered, no deductible		
Restorative Services (Fillings/Extractions)	80% Covered after deductible	50% Covered after deductible	80% Covered after deductible	80% Covered after deductible		
Endodontics (Root Canal Therapy)	80% Covered after deductible	50% Covered after deductible	80% Covered after deductible	80% Covered after deductible		
Periodontics (Treatment of the gums)	80% Covered after deductible	50% Covered after deductible	80% Covered after deductible	80% Covered after deductible		
Oral Surgery (Extracts)	80% Covered after deductible	50% Covered after deductible	80% Covered after deductible	80% Covered after deductible		
Major Services (Dentures/Partials/Crowns)	50% Covered after deductible	50% Covered after deductible	50% Covered after deductible	50% Covered after deductible		
Orthodontic Treatment (Dependents up to age 19)	Not Covered	Not Covered	50% Coinsurance	50% Coinsurance		
Orthodontic Lifetime Maximum	Not Covered		\$2,000 per Individual Age 19 or Younger			

To find a network provider and download your ID cards, visit [deltadentalco.com](http://deltadentalco.com) or call 800-610-0201





## Vision

### VSP

Regular eye examinations can not only determine your need for corrective eyewear, but also may detect general health problems in their earliest stages. The VSP vision plan operates much like a PPO - see any vision care provider and receive the greatest benefits if you choose a provider within the network.

The table on the following page summarizes the benefits of each vision plan. For detailed plan information, visit the [Vision Plan page](#) on Boulder@Work.





## Vision Service Plan (VSP) Vision Benefits

VSP Choice Network



	Base Plan		Buy-Up Plan	
NETWORK:	In Network	Out-of-Network	In Network	Out-of-Network
<b>Eye Exam</b>	\$20	Up to \$45 reimbursement	\$20	Up to \$45 reimbursement
<b>Lenses</b> Single Vision Bifocal Trifocal	100% after \$20 Copay	Reimbursement: Up to \$30 Up to \$50 Up to \$65	100% after \$20 Copay	Reimbursement: Up to \$30 Up to \$50 Up to \$65
<b>Frames</b>	100% up to \$130 allowance for wide selection of frames 100% up to \$150 allowance for featured frames 20% discount on the amount over the allowance	Up to \$70 reimbursement	100% up to \$150 allowance for wide selection of frames 100% up to \$170 allowance for featured frames 20% discount on the amount over the allowance	Up to \$70 reimbursement
<b>Contact Lenses</b> (instead of glasses)	\$130 allowance; copay does not apply	Up to \$105 reimbursement	\$150 allowance; copay does not apply	Up to \$105 reimbursement
<b>Diabetic Eyecare Plus Program</b>	\$20 Copay	N/A	\$20 Copay	N/A
<b>Additional Glasses and Sunglasses</b>	Extra \$20 to spend on featured frames 20% savings on additional glasses and sunglasses, including lens enhancements	N/A	Extra \$20 to spend on featured frames 20% savings on additional glasses and sunglasses, including lens enhancements	N/A
<b>Retinal Screening</b>	No more than a \$39 copay on routine screening as an enhancement to a WellVision Exam	N/A	No more than a \$39 copay on routine screening as an enhancement to a WellVision Exam	N/A
<b>Laser Vision Correction</b>	15% off the regular price or 5% off the promotional price	N/A	15% off the regular price or 5% off the promotional price	N/A
<b>Benefit Frequency</b> Examinations/ eyeglass lenses/ contacts  Frames	Once every 12 months  Once every 24 months		Once every 12 months  Once every 12 months	

To find a network provider and download your ID cards, visit [vsp.com](https://vsp.com) or call 800-877-7195





## HSA

### How does the HSA work?

A Health Savings Account (HSA) is a type of member-owned savings account that allows you to set aside money on a pre-tax basis to pay for qualified medical expenses. HSA funds roll over year-to-year if you do not spend them and are portable.

You can find a complete list of eligible expenses [here](#).

### Eligibility

- You must be enrolled in the City's High Deductible Health Plan (HDHP)
- You cannot have any other first-dollar coverage
  - Military, Medicare, or Tricare coverage
  - A spouse's or parent's PPO plan
- You cannot be claimed as a dependent on someone else's tax return

### Your Contribution

Per IRS regulations, the maximum amount you can contribute for 2023 is as follows:

- \$3,850 if you are enrolled in Employee Only (Single) coverage
- \$7,750 if you are enrolled in Family (Two Person or Family) coverage
- **Catch-up contributions:** Employees who turn 55 during the plan year may contribute an additional \$1,000 per year until enrollment into Medicare

Please note that contribution limits reflect the TOTAL amount that may be contributed by both the employee AND the employer.

### City of Boulder Contribution

The City of Boulder will also contribute funds into your HSA. Initial deposits from the city will be made after the first pay period in which you have met all the requirements listed in this section. Please note, if you and a spouse are both employed by the city, you are only eligible for an HSA contribution from the city up to \$1,000 annually or prorated if applicable.

### City Contribution Schedule

HSA contributions will be made evenly over 26 pay periods. Once your medical coverage begins and your HSA account has been opened and verified, you will begin receiving monthly employer HSA contributions.

- **Employee Only (Single) Coverage:** up to \$500 deposit per year
- **Family Coverage (Two Person, Family):** up to \$1,000 deposit per year

To receive the City's contribution, you must:

- Be enrolled in the city's High Deductible Health Plan (HDHP) with Cigna
- Open and maintain an HSA account with Alerus

## Setting up your HSA account

Starting November 14, employees wishing to enroll in an HSA will do so through Workday.

Once the account has been established with Alerus, you will receive a welcome email to your City of Boulder email address, containing instructions on registering your online profile. This will allow you to authorize how you will be reimbursed. Registration must be completed within 30 days of HSA enrollment.

After your account is active, HSA debit cards will be mailed to your address on file.

Questions? Contact Alerus directly: [alrusrb.com](mailto:alrusrb.com), [info@alrus.com](mailto:info@alrus.com) or 877-661-4727.





## FSA

### How does the FSA work?

A Flexible Spending Account (FSA) allows you to set aside pre-tax money from your paycheck to pay for eligible out-of-pocket expenses for healthcare and dependent care.

#### Healthcare Flexible Spending Account (HCFSA)

Contribute up to \$3,050 per employee (per calendar year) for reimbursement of health-related expenses you may need to pay for out-of-pocket. Expenses can be incurred from January 1, 2023 to March 15, 2024, as long as you are an active participant in the plan. You have access to your full plan year election amount of FSA funds immediately. This plan is a “use it or lose it” as any funds not used in the plan year will be forfeited. There is a grace period to submit for reimbursement through March 31, 2024.

##### Examples of Eligible Expenses:

- Copays, coinsurance, and deductibles
- Dental and orthodontia expenses
- Contact lenses, eyeglasses, vision surgery
- Hearing aids
- Chiropractic care
- Over the counter medications, with a prescription

You can find a complete list of eligible expenses [here](#).

#### Dependent Care Flexible Spending Account (DCFSA)

Contribute up to \$5,000 per household (per calendar year) towards out-of-pocket dependent care expenses for children under age 13 and disabled dependents of any age. Expenses can be incurred from January 1, 2023 to March 15, 2024, as long as you are an active participant in the plan. Dependent care expenses are only reimbursable up to what has been deducted from payroll and deposited to your account.

##### Examples of Eligible Expenses:

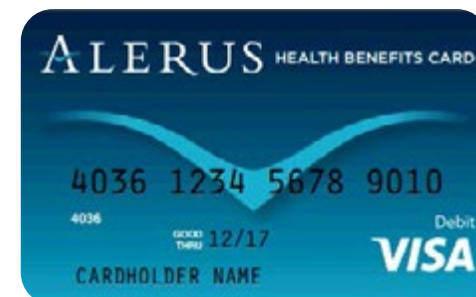
- Licensed day care centers for children and disabled dependents
- Costs for family or adult day care facilities
- Babysitters outside or inside your home while you are working
- Day camp expenses (but not overnight camp)

You can find a complete list of eligible expenses [here](#).

### How the Alerus Health Benefits Card Works

The Alerus Health Benefits Card draws funds directly from your account to pay for eligible expenses. It can only be used at places where you might obtain medical, dental, vision, or dependent care services with providers accepting Visa. You will use your debit card for the life of your Healthcare Flexible Spending Account. If you lose or misplace your debit card, you will need to contact Alerus at 800-837-4817 to be issued a new card.

For more information, refer to the [FSA Tab](#) on Boulder@Work.





# HSA — vs — FSA

An employer-sponsored Alerus HSA account



An employer-sponsored FSA Alerus account

The City of Boulder contributes \$500 individual/\$1,000 family to an HSA through your Alerus account. Remember that Boulder's contributions are calculated as part of the total allowed IRS contributions (see below).



City of Boulder does not contribute to an FSA.

Must be paired with an HDHP. If you have an HSA, you cannot have a Healthcare FSA. You may have a Dependent Care FSA with an HSA.



Compatible with PPO "copay" plan and HDHP. (The Healthcare FSA cannot be paired with an HSA. You may have a Dependent Care FSA with an HSA).

Unused money will be rolled over into the next year. You can invest HSA funds and use earned interest for medical health expenses.



Funds not used by the end of the year are forfeited.

IRS Employee Contribution Limits:  
\$3,850 individual  
\$7,750 family  
\$1,000 55+ Catch-Up



IRS Employee Contribution Limits:  
\$3,050 individual/family  
\$5,000 Dependent Care

**Shared benefits:** Health Savings Accounts (HSA) and Healthcare Flexible Spending Accounts (FSA) are tax-advantaged accounts that can be used to pay for qualified out-of-pocket medical expenses.

For all Alerus HSA and FSA resources, please visit the Health Plan section on the [Benefits Hub](#).





## Life & Disability

Life & Disability insurance provides loss of income protection to employees and their families in the event of a serious injury, illness, or death.

### Fire & Police Pension Association (FPPA)

IAFF employees have Death and Disability through the Fire & Police Pension Association (FPPA) up to the age of 55. IAFF employees over the age of 55 are eligible for City-paid LTD provided they meet the provisions of the plan.

### City-Paid Long Term Disability Benefits (LTD)

This coverage can provide security after an employee is no longer eligible for FPPA (employees age 55+). The employee is required to exhaust all accrued unused sick time before the city coverage provides a benefit for them (50% for LTD for IAFF). Additional information can be found on the [City's Leave Benefits](#) website.

### City Paid Life & Accidental Death & Dismemberment (AD&D) Coverage

IAFF employees are offered a \$25,000 Basic Life and AD&D benefit through the age of 69 and a \$12,500 Basic Life and AD&D benefit for employees who are age 70 and over. The city will pay 1/3 of the premium and coverage in this plan is optional. All Basic Life and Accidental Death & Dismemberment benefits will reduce to 50% at the age of 70.

You can change your beneficiary for your city Paid Life & Disability benefit at any time in Workday.

### Voluntary Life Insurance

You may elect to purchase up to \$300,000 in additional Voluntary Life Insurance coverage.

- New employees may enroll into Voluntary Life Insurance within 30 days of their hire date to receive the guaranteed issue amount without submitting additional medical underwriting
- Existing employees may also enroll anytime throughout the year or during open enrollment, but you will be required to complete an [Evidence of Insurability \(EOI\)](#) medical underwriting form to be approved for additional insurance coverage

Please refer to the [Voluntary Life Rates and Plan Details](#) for more information.



## Additional Voluntary Benefits

### What voluntary benefits are available?

Voluntary Benefits can be elected at the time of hire or during open enrollment. Detailed information on our Voluntary Benefits can be found by clicking the following link: [City of Boulder 2023 Voluntary Benefits Brochure Booklet](#).

The City of Boulder provides the following:

- Aflac Critical Illness
- Aflac Accident
- Aflac Hospital Indemnity
- LegalShield
- IDShield

### Additional Benefits



#### Critical Illness Insurance

Critical Illness Insurance is designed to help offset costs associated with the initial occurrence of a heart attack, stroke, cancer, or other serious illness as outlined in the policy.

#### Accident Insurance

Whether you experience an accident at home or at work, this benefit allows you to receive funds to help pay for medical bills, replace income while you may be away from work, or help cover the mortgage or energy bill.

#### Hospital Indemnity Insurance

The Hospital Indemnity plan is meant to help offset any costs associated with a hospital stay.

#### IDShield



IDShield will monitor your Social Security number, credit cards, bank accounts, and more. Specialists are available 24/7 to answer your questions and walk you through the steps you can take to protect yourself. If any change in your status or compromise occurs, you receive an e-mail update immediately.

#### LegalShield



LegalShield provides legal advice and representation in the event you have need for an attorney. Services include:

- Name Changes
- Bankruptcy
- Foreclosure
- Landlord/Tenant Issues
- Driver's License Restoration
- Traffic Ticket Violations
- Living Wills
- Power of Attorney
- and more

**NOTE:** If you elect any of these voluntary benefits, premiums will be paid through convenient payroll deductions.



## Wellness Program



### Well-Being@Work

The Well-Being@Work program offers a wide range of benefits and wellness initiatives to help you maintain or achieve optimal health and well-being. Your well-being is vital to the success of the city and its service to the community, and we encourage you to take advantage of all the programs and benefits Well-Being@Work has to offer, including monthly wellness challenges, well-being Wednesday events, health improvement programs, personal health coaching, and more.

### How Do I Earn Wellness Incentives?

All benefits eligible employees can earn up to \$150 in gift card incentives each year by participating in City-wide wellness challenges and events, meeting and achieving personal wellness goals, and more via the **Wellness Portal**.

### Wellness Premium Credit

You are eligible to receive an insurance premium credit of \$30 credit per month (\$360 per year) if you are an existing employee or a new hire with the City and enrolled in the Cigna PPO or HDHP medical plan. Beginning in 2023, the credit will be paid evenly over 26 pay periods (\$13.85 per pay period).

### Premium Credit Requirements:

You can receive the wellness premium credit if you:

- Are enrolled in a medical plan through the City of Boulder
- Complete ONE of the following actions by October 31 of each plan year:
  - 1) Annual preventative exam with your primary care provider
  - 2) MDLive wellness visit
  - 3) Lab work at Quest Diagnostics Center

New hires should complete a Health Assessment on **MyCigna.com** to begin receiving their premium credit in the year in which they are hired.







## Employee Recreation Pass

Standard non-union employees, including existing staff and new hires, are eligible for a free Well-Being@Work Rec Pass! This pass provides access to all three (3) of Boulder's Recreation Centers, as well as Scott Carpenter Pool, Spruce Pool, and Boulder Reservoir. You can elect this benefit at time of hire or at any time during the year through Workday.

Please keep in mind that although this is a free benefit, it is taxable. If you elect the Pass, you will be taxed on the value of \$10.62 per pay period. The amount of tax you pay depends on your tax bracket.

You can also register a family member to participate in your Rec Pass for a discounted rate of \$100 per person. The amount is pro-rated based on time of purchase. Please complete a Family Add-On Form and submit it at a Recreation Center to get started.

It takes approximately seven (7) days for your Rec Pass to become active after enrollment. You will receive an e-mail from Parks & Recreation to advise you when your pass is active. For more information, visit the [Well-Being@Work page](#) and select the Employee Recreation Pass tab.

## EcoPass Program

The city provides an RTD EcoPass to all standard employees and paid interns free-of-charge. The EcoPass provides unlimited, free rides on most RTD transit services, including the "N" to Eldora Mountain Ski Resort and the Skyride Service to Denver International Airport.

Please request your EcoPass through [Service Depot](#).





## New EAP Vendor for 2023: Cigna

Beginning January 1, 2023, the city is pleased to announce Cigna as its new Employee Assistance Program (EAP) vendor! Cigna offers much more robust EAP and additional resources to managers, employees and employee household family members. EAP services through Magellan will be discontinued on December 31, 2022.

EAP is a 24/7/365 program to support employees with issues they may be facing. This program is provided at no cost. Services available include:

- 10 face-to-face or video-based sessions with a counselor in your area for topics such as family and relationships, grief and loss, emotional health, stress management and job/career support
- 30-minute legal assistance with an attorney face-to-face or by phone
- 30-minute financial phone consultation (debt, financial planning, retirement, etc.)
- 60-minute identity theft consultation with a fraud resolution specialist
- Resources and referrals for
  - Parenting: childcare providers, before/after school programs, camps, adoption organization, child development and prenatal care
  - Eldercare: home health agencies, assisted living facilities, social/recreation programs and long-distance caregiving
  - Pet care: pet sitting, obedience training, veterinarians and pet stores

Cigna's EAP network of licensed therapists includes psychologists, counselors, marriage/family therapists and social workers. These providers can evaluate and treat mental health and substance use needs, as well as facilitate referrals to other type of care.

**Remember: EAP is completely confidential.** The city does not receive information about who accesses which services through EAP. It is as confidential and personal as visiting your family doctor.

Cigna surpassed all the city's program requirements in evaluating EAP vendors, because they:

- Provide on-site services for employees, such as group and individual sessions when needed, including office hours and critical incident debriefing.
- Have a robust network in the Boulder area so that plan members can quickly access care.
- Have demonstrated experience with First Responders.
- Offer specialized care for LGBTQIA+ and other groups employees identify with.
- Provide customized programming for peer support leaders in Fire, currently working with the Building Warriors program.

Cigna also provides easy continuity of care for those employees that need to transition services from EAP to a medical provider.

Learn more about Cigna's forthcoming EAP offering for City of Boulder employees by clicking [here](#).

### How to Access EAP Services

In 2023, contact Cigna any day, anytime:

Call: 1-877-622-4327 or

Login to **myCigna.com** (website or app)

**Employee ID:** cityofboulder

If you are already registered on **myCigna.com**, simply login and visit the EAP link under the "Coverage" tab





## Retirement

### IAFF Employee Pension Plan

IAFF employees, including non-union command staff, participate in the Fire & Police Money Purchase Pension Plan (Defined Contribution Retirement Plan). Both the city and the employee contribute into this plan.

### Supplemental Retirement Savings Plan

The city also encourages employees to participate in voluntary retirement savings plans. The city offers one type of supplemental plan:

- 457 Plan- Administered by **MissionSquare**
  - Available to all employees
- IRA Roth- Administered by **MissionSquare**
  - Available to all employees

For more detailed information, visit the **Retirement Resources** page on Boulder@Work.







## Leave Benefits

### City (Observed) Holidays

All IAFF 24-hour shift employees are granted 7.39 hours per pay period of paid time off for not observing the holiday schedule.

40-hour IAFF employees are granted paid holidays including the ten (10) full and two (2) half days of holidays listed below:

- New Year's Eve (½ day)
- New Year's Day
- Martin Luther King Jr. Day
- President's Day
- Memorial Day
- Juneteenth Day
- Independence Day
- Labor Day
- Veterans Day
- Thanksgiving Day
- Christmas Eve (½ day)
- Christmas Day

### Floating Holidays

40-hour IAFF employees receive three (3) Floating Holidays annually to be taken independently by each employee. Current employees accrue Floating Holiday hours in Pay Period (PP) 1. New hires accrue prorated hours at time of hire. Employees can use this time for any purpose. Floating Holiday hours must be used by the end of the payroll year during which hours are granted; this is generally PP26 but could be PP27. Hours are "use it or lose it" and cannot be carried over.

Floating Holiday Accrual	
Pay Period (PP)	40 hrs.
Before PP #1	24
PP #1 - #7	18
PP #8 - #13	12
PP #14 - #20	6
PP #21 - #26	Not eligible for floating holidays in that year





## Vacation Leave

IAFF members who have been on active payroll continuously for six (6) months or who are current in their phase training are eligible to take vacation. Vacation Leave accrues each pay period and is based on years of continuous service and weekly scheduled hours. For both 40-hour and 24-hour employees, vacation accrual shall not exceed 40 days into Pay Period (PP) 1 of the following year. Please refer to the IAFF CBA for additional information.

Vacation Leave Accrual		
Years of Service	40-Hour Employees	24-Hour Employees
At least 5.0 years	4.00	5.54
At least 5.0 & less than 6.0 years	4.31	6.47
At least 6.0 & less than 7.0 years	4.62	7.39
At least 7.0 & less than 8.0 years	4.93	8.31
At least 8.0 & less than 9.0 years	5.54	9.23
At least 9.0 & less than 15 years	7.06	9.23
At least 15 & less than 16 years	7.70	10.16
At least 16 & less than 17 years	8.00	11.08
At least 17 & less than 18 years	8.31	12.00
At least 18 & less than 19 years	8.62	12.93
19 or more years	8.93	12.93
Maximum carryover balance: 40 days		

## Sick Leave

Standard, full-time employees accrue Sick Leave accrues each pay period, which can roll over into each subsequent year without limit. Please refer to the IAFF CBA for additional information.

Sick Leave Accrual		
Years of Service	40-Hour Employees	24-Hour Employees
Hours Earned	4.0	7.38

## Additional Leave Benefits Available

IAFF members may be eligible for additional leave benefits such as Paid Parental Leave, Family Medical Leave Act (FMLA), Emergency Leave and Long-Term Disability (for those age 55+). IAFF members are also eligible for statewide Death & Disability coverage through FFPA up to age 55. Visit the [Benefits Hub](#) on Boulder@Work for more information.



## Glossary

### Coinsurance

The percentage of costs of a covered health care service you pay after you've paid your deductible. For example, after the deductible is met, the plan may be 80% and you may pay 20% until the Out-of-Pocket Max is reached.

### Copayment (Copay)

A copay is a flat dollar amount you pay for specific covered services upon each visit to the provider. It is not impacted by the plan deductible, coinsurance, or out-of-pocket maximum.

### Deductible

The amount you must pay out of pocket for covered expenses before the insurance company starts to pay.

### Embedded Deductible (PPO Plan)

In an embedded deductible health plan, the policy will have two deductibles: the individual deductible for each family member and the family deductible. When one family member accrues enough medical expenses to meet the individual deductible, coinsurance and cost-sharing will be provided by the insurer for that specific family member. Once multiple family members' medical expenses surpass the family deductible, the insurer begins to provide cost sharing for all members of the family.

### Evidence of Insurability (EOI)

This is documentation that provides a record of a person's past and current health events; it is used by insurance companies to verify whether a person meets the definition of good health. It is only required in certain circumstances.

### Explanation of Benefits (EOB)

After you receive medical services, your insurance will provide you with an EOB. It will outline details regarding how your insurance processed your medical claim, including what portion of the charges your insurance paid and what portion, if any, you are responsible for paying.

### Flexible Spending Account (FSA)

An FSA is a tax-advantaged account that lets you put money aside on a pre-tax basis to pay for a wide range of health and/or dependent care expenses (as defined by the IRS). Unlike the HSA, any unused funds remaining after the plan year ends will be forfeited.

### Formulary

A formulary is a list of drugs (both generic and brand name) selected by the health plan as the drugs preferred to treat certain health conditions.

### Health Savings Account (HSA)

An HSA is a tax-advantaged medical savings account available to enrollees in a Qualified High Deductible Health Plan (HDHP). Pre-tax contributions are made to the member's account and can be used for a variety of IRS qualifying medical, dental, vision, and prescription expenses. The HSA is a member-owned account and funds roll over from year to year. The HSA is subject to the IRS contribution limits.

### In- and Out-of-Network Providers

Benefit plans develop networks by contracting with doctors, hospitals, labs, etc., who have agreed to provide health care services to members at negotiated rates. You generally pay less out of pocket when you use in-network providers.

### Non-Embedded Deductible (HDHP Plan)

There is no individual deductible. This means that the overall family deductible must be reached, either by an individual or by the family, in order for the insurance carrier to begin paying benefits.

### Out-of-Pocket Maximum

The maximum amount you will pay out of pocket for covered medical expenses per calendar year, including your deductible. After your share of covered expenses reaches this annual limit, the plan pays 100 percent for eligible network services for the remainder of the calendar year.





## Resources

For Questions About...	Contact	Phone #	Web/E-Mail
<b>Medical &amp; Prescription Plan</b> Group # 3338899	Cigna	800-244-6224	www.mycigna.com
<b>TeleHealth</b>	MDLive	888-726-3171	www.mdlive.com/COB
<b>DispatchHealth</b>		303-500-1518	www.dispatchhealth.com
<b>Healthcare Exchange</b>	Connect for Health Colorado	855-752-6749	www.ConnectforHealthCO.com
<b>Medicaid</b>	Colorado Medicaid	800-221-3943	www.colorado.gov/peak
<b>Employee Assistance Program (EAP)</b>	Cigna	1-877-622-4327	www.mycigna.com
<b>Dental Plan</b> Group #W2274	Delta Dental	800-610-0201	www.deltadentalco.com
<b>Vision Plan</b> Group #12106494	Vision Service Plan (VSP)	800-877-7195	www.vsp.com
<b>Health Savings and Flexible Spending Accounts</b>	Alerus	800-837-4817	www.alerusrb.com
<b>Life / AD&amp;D and Supplemental Life Insurance Plan</b> Group #645601-A	The Standard	877-276-6616	www.standard.com
<b>Short Term Disability</b> Group #645601-C <b>Long Term Disability</b> Group #645601-B	The Standard	877-276-6616	www.standard.com
<b>Death &amp; Disability</b>	Fire & Police Pension Association	303-770-3772	www.fppaco.org
<b>Retirement</b>	Fire Pension Plan	Jeff Martinez 303-441-3366	www.fppaco.org
	Supplemental MissionSquare 457	800-669-7400	www.icmarc.org/missionsquare-retirement
<b>Well-Being@Work</b>	WisemanH@bouldercolorado.gov	303-441-3559	www.mywell.site/active/CityofBoulder
<b>Identity Theft Protection</b> Group # 203798	IDShield	888-807-0407	www.idshield.com
<b>Accident / Critical Illness / Hospital Indemnity</b> Group # 24628	Aflac	720-207-2391	jennifer.foss@hubinternational.com
<b>Legal Services</b> Group # 203798	LegalShield	888-807-0407	www.legalshield.com
<b>Human Resources</b>		303-441-3070	HRBenefits@bouldercolorado.gov
<b>Additional Questions or Escalated Claims Issues</b>	HUB Advocacy	888-795-0300	boulderadvocacy@hubinternational.com



## 2023 Rates

Medical Rates					
Health Plan	Coverage	Total Pay Period Premium	City Pay Period Cost	Employee Pay Period Cost	
				With NO Wellness Credit	With Wellness Credit - \$13.85 per Pay Period
Full-Time Employees					
PPO	Employee	\$312.09	\$249.67	\$62.42	\$48.57
	Employee +1	\$672.15	\$537.72	\$134.43	\$120.58
	Family	\$938.74	\$750.99	\$187.75	\$173.90
HDHP	Employee	\$263.45	\$210.76	\$52.69	\$38.84
	Employee +1	\$567.38	\$453.90	\$113.48	\$99.63
	Family	\$792.41	\$633.92	\$158.48	\$144.64
Part-Time Employees					
PPO	Employee	\$312.09	\$124.84	\$187.26	\$173.41
	Employee +1	\$672.15	\$268.86	\$403.29	\$389.44
	Family	\$938.74	\$375.49	\$563.24	\$549.40
HDHP	Employee	\$263.45	\$105.38	\$158.07	\$144.22
	Employee +1	\$567.38	\$226.95	\$340.43	\$326.58
	Family	\$792.41	\$316.96	\$475.44	\$461.60



Dental Rates				
Dental Plan	Coverage	Total Pay Period Premium	City Pay Period Cost	Employee Pay Period Cost
Full-Time Employees				
Low PPO	Employee	\$11.71	\$9.37	\$2.34
	Employee +1	\$23.43	\$18.75	\$4.68
	Family	\$40.22	\$32.17	\$8.04
High PPO	Employee	\$19.93	\$15.94	\$3.99
	Employee +1	\$40.35	\$32.28	\$8.07
	Family	\$69.03	\$55.23	\$13.80
Part-Time Employees				
Low PPO	Employee	\$11.71	\$4.68	\$7.03
	Employee +1	\$23.43	\$9.37	\$14.06
	Family	\$40.22	\$16.09	\$24.13
High PPO	Employee	\$19.93	\$7.97	\$11.96
	Employee +1	\$40.35	\$16.14	\$24.21
	Family	\$69.03	\$27.61	\$41.42

Vision Rates				
Vision Plan	Coverage	Total Pay Period Premium	City Pay Period Cost	Employee Pay Period Cost
Full-Time Employees				
Base	Employee	\$3.76	\$-	\$3.76
	Employee +1	\$5.34	\$-	\$5.34
	Family	\$9.59	\$-	\$9.59
Buy-Up	Employee	\$7.92	\$-	\$7.92
	Employee +1	\$11.28	\$-	\$11.28
	Family	\$20.23	\$-	\$20.23
Part-Time Employees				
Base	Employee	\$3.76	\$-	\$3.76
	Employee +1	\$5.34	\$-	\$5.34
	Family	\$9.59	\$-	\$9.59
Buy-Up	Employee	\$7.92	\$-	\$7.92
	Employee +1	\$11.28	\$-	\$11.28
	Family	\$20.23	\$-	\$20.23





City of  
Boulder

# Voluntary Benefits Guide 2023



*Accident Coverage*

*Critical Illness*

*Hospital Indemnity*



# GROUP ACCIDENT INSURANCE

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

# GROUP ACCIDENT INSURANCE

## Benefit Amount

### INITIAL TREATMENT BENEFIT EMPLOYEE / SPOUSE & CHILD

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

Hip / Thigh	\$6,000 / \$3,000
Vertebrae (except processes	\$5,400 / \$2,700
Pelvis	\$4,800 / \$2,400
Skull (depressed	\$4,500 / \$2,250
Sternum	\$4,050 / \$2,025
Leg	\$3,600 / \$1,800
Forearm / Hand / Wrist / Foot / Ankle / Kneecap	\$3,000 / \$1,500
Shoulder Blade / Collar Bone / Lower Jaw (mandible)	\$2,400 / \$1,200
Skull (simple) / Upper Arm / Upper Jaw	\$2,100 / \$1,050
Facial Bones (except teeth)	\$1,800 / \$900
Vertebral Processes	\$1,200 / \$600
Sacral / Sacrum	\$900 / \$450
Coccyx / Rib / Finger / Toe	\$480 / \$240

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

Hip	\$2,000
Knee	\$1,300
Shoulder	\$1,000
Foot / Ankle	\$800
Hand	\$700
Lower Jaw	\$600
Wrist	\$500
Elbow	\$400
Finger / Toe	\$160

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

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

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

\$100  
per day

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

\$300 Plane  
\$150 Any ground  
transportation



# GROUP ACCIDENT INSURANCE

## Benefit Amount

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

\$400

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

\$25

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

\$750

**APPLIANCES** (within 6 months after the accident)

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

Cane, Ankle Brace, Cervical Collar

Walking Boot, Knee Scooter, Body Jacket

Wheelchair, Back Brace, Walker, Crutches, Leg Brace

\$20

\$50

\$100

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

\$50

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

\$50

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

\$50 Extraction  
\$150  
Repair with a crown

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

\$5,000

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

\$100

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

\$100

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

### Second Degree

Less than 10%

At least 10% but less than 25%

At least 25% but less than 35%

35% or more

\$100

\$200

\$500

\$1,000

### Third Degree

Less than 10%

At least 10% but less than 25%

At least 25% but less than 35%

35% or more

\$1,000

\$5,000

\$10,000

\$20,000

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

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

\$500

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

# GROUP ACCIDENT INSURANCE

Benefit Amount

<p><b>PROSTHESIS</b> (once per accident, up to 2 prosthetic devices and one replacement per device per insured)* Payable when an insured receives a prosthetic device, prescribed by a doctor, as a result of a covered accidental injury. Prosthetic Device/Prosthesis means an artificial device designed to replace a missing part of the body. This benefit is not payable for hearing aids, wigs, or dental aids (to include false teeth), repair or replacement of prosthetic devices* and/or joint replacements. * We will pay this benefit again once to cover the replacement of a prosthesis for which a benefit has been paid, provided the replacement takes place within three years of the initial benefit payment.</p>	\$500
<p><b>PARALYSIS</b> (once per accident, diagnosed by a doctor within six months after the accident) Payable if an insured has permanent loss of movement of two or more limbs for more than 90 days (in Utah, 30 days) as the result of a covered accidental injury. Paraplegia Quadriplegia</p>	<p>\$2,500 \$5,000</p>
<p><b>SUCCESSOR INSURED BENEFIT</b> If spouse coverage is in force at the time of the employee's death, the surviving spouse may elect to continue coverage. Coverage would continue according to the existing plan and would also include any dependent child coverage in force at the time.</p> <p>Surgical Procedures may include, but are not limited to, surgical repair of: ruptured disc, tendons/ligaments, hernia, rotator cuff, torn knee cartilage, skin grafts, joint replacement, internal injuries requiring open abdominal or thoracic surgery, exploratory surgery (with or without repair), etc., unless otherwise noted due to an accidental injury.</p>	
<p><b>ACCIDENTAL DEATH BENEFIT</b> (within 90 days after the accident*) Payable if a covered accidental injury causes the insured to die.</p>	\$25,000
<p><b>ACCIDENTAL COMMON-CARRIER DEATH BENEFIT</b> Payable if the insured:  <ul style="list-style-type: none"> <li>• Is a fare-paying passenger on a common carrier;</li> <li>• Is injured in a covered accident; and</li> <li>• Dies within 90 days* after the covered accident.</li> </ul> </p>	\$50,000
<p>The spouse benefit is 50% of the employee benefit shown. The child benefit is 10% of the employee benefit shown. (Applicable to both the Accidental Death Benefit and Accidental Common-Carrier Death Benefit.)</p>	
<p><b>DISMEMBERMENT</b> (once per accident, within 6 months after the accident)</p> <p>Payable if an insured loses a hand or foot or experiences loss of sight as the result of a covered accident. Dismemberment means:  <ul style="list-style-type: none"> <li>• Loss of a hand -The hand is removed at or above the wrist joint;</li> <li>• Loss of a foot -The foot is removed at or above the ankle;</li> <li>• Loss of a finger/toe - The finger or toe is removed at or above the joint where it is attached to the hand or foot; or</li> <li>• Loss of sight - At least 80% of the vision in one eye is lost (such loss of sight must be permanent and irrecoverable).</li> </ul> </p> <p>If the Dismemberment Benefit is paid and the insured later dies as a result of the same covered accident, we will pay the appropriate death benefit (if available), less any amounts paid under this benefit.</p>	LIFE CHANGING EVENTS BENEFITS
<p><b>SINGLE LOSS</b> (the loss of one hand, one foot, or the sight of one eye)</p>	
Employee	\$12,500
Spouse	\$5,000
Child(ren)	\$2,500
<p><b>DOUBLE LOSS</b> (the loss of both hands, both feet, the sight of both eyes, or a combination of any two)</p>	
Employee	\$25,000
Spouse	\$10,000
Child(ren)	\$5,000
<p><b>LOSS OF ONE OR MORE FINGERS OR TOES</b></p>	
Employee	\$1,250
Spouse	\$500
Child(ren)	\$250
<p><b>PARTIAL DISMEMBERMENT</b> (INCLUDES AT LEAST ONE JOINT OF A FINGER OR A TOE)</p>	
Employee	\$100
Spouse	\$100
Child(ren)	\$100
<p><b>WELLNESS BENEFIT</b> (once per calendar year) Payable for the following wellness tests performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations: Annual physical exams, Flexible Sigmoidoscopy, Mammograms, PSA Tests, Pap Smears, Ultrasounds, Eye Examinations, Blood Screening, Immunizations. THE AMOUNT PAID WILL BE BASED ON WHEN THE WELLNESS TEST WAS PERFORMED: First year of certificate and thereafter</p>	\$50



# Aflac

## Accident Insurance

Benefits At A Glance		Bi-Weekly Premiums	
Initial Doctor Visit at Urgent Care or Doctors Office	\$150 without x-ray \$300 with x-ray	Employee Only	\$6.67
Emergency Room Visit	\$200 without x-ray \$350 with x-ray	Employee & Spouse	\$9.78
Follow Up Treatment	\$50	Employee & Children	\$11.58
Physical Therapy	\$50	Family	\$14.70
Ambulance	Ground: \$200 Air: \$1,000	<b>YOUR WELLNESS EXAM WILL HELP PAY FOR YOUR POLICY!</b>  <b>Wellness Benefit -&gt; \$50</b> (per person per year)	
Blood / Plasma	\$100		
Prosthesis	\$500	<b>Employee Only -&gt; \$6.67 Bi-Weekly</b>  Annual Cost = \$173.40 Pretax 25% = \$129.95 annually Wellness Exam = \$50.00  <b>Adjusted Bi-Weekly Cost = \$3.08</b>	
Appliance	Up to \$100	<b>Employee &amp; Spouse -&gt; \$9.78 Bi-Weekly</b>  Annual Cost = \$254.28 Pretax 25% = \$190.71 annually Wellness Exam x 2 = \$100.00  <b>Adjusted Bi-Weekly Cost = \$3.49</b>	
Injury Specific	\$50-\$13,500 (up to \$9,000 x 200%)		
Family Lodging (100+ miles)	\$100 / night	<b>Employee &amp; Children -&gt; \$ 11.58 Bi-Weekly</b>  Annual Cost = \$301.20 Pretax 25% = \$225.90 annually Wellness Exam x 2 = \$100.00  <b>Adjusted Bi-Weekly Cost = \$4.84</b>	
Transportation (100+ miles)	Ground: \$150 Air: \$300		
Accidental Death	\$25,000/\$12,500/\$2,500	<b>Family -&gt; \$14.70 Bi-Weekly</b>  Annual Cost = \$382.08 Pretax 25% = \$286.56 annually Wellness Exam x 3 = \$150.00  <b>Adjusted Bi-Weekly Cost = \$5.25</b>	
Accidental Dismemberment	\$200 - \$25,000		
Hospital Admission	\$1000		
Regular Room	\$300 / per day		
Intensive Care	\$550 / per day		
<i>*Wellness Benefit examples are figured on minimum amount of participants per plan.</i>			



# AFLAC GROUP CRITICAL

Benefits Overview - Lump Sum Benefit Amount That you Choose	Benefit Amount
<b>COVERED CRITICAL ILLNESSES:</b> <b>CANCER</b> (Internal or Invasive) <b>HEART ATTACK</b> (Myocardial Infarction) <b>STROKE</b> (Ischemic or Hemorrhagic) <b>MAJOR ORGAN TRANSPLANT</b> <b>KIDNEY FAILURE</b> (End-Stage Renal Failure) <b>BONE MARROW TRANSPLANT</b> (Stem Cell Transplant) <b>SUDDEN CARDIAC ARREST</b> <b>SEVERE BURNS*</b> <b>PARALYSIS**</b> <b>COMA**</b> <b>LOSS OF SPEECH / SIGHT / HEARING**</b> <b>NON-INVASIVE CANCER</b> <b>CORONARY ARTERY BYPASS SURGERY</b>	100% 100% 100% 100% 100% 100% 100% 100% 100% 25% 25%
<p>*This benefit is only payable for burns due to, caused by, and attributed to, a covered accident.</p> <p>**These benefits are payable for loss due to a covered underlying disease or a covered accident.</p>	
<b>OPTIONAL BENEFITS RIDER (Included)</b> <b>BENIGN BRAIN TUMOR</b> <b>ADVANCED ALZHEIMER'S DISEASE</b> <b>ADVANCED PARKINSON'S DISEASE</b> <p>These benefits will be paid based on the face amount in effect on the critical illness date of diagnosis. We will pay the optional benefit if the insured is diagnosed with one of the conditions listed in the rider schedule if the date of diagnosis is while the rider is in force.</p>	100% 25% 25%
<b>PROGRESSIVE DISEASES RIDER</b> <b>AMYOTROPHIC LATERAL SCLEROSIS</b> (ALS or Lou Gehrig's Disease) <b>SUSTAINED MULTIPLE SCLEROSIS</b> <p>This benefit is paid based on your selected Progressive Disease Benefit amount. We will pay the benefit shown upon diagnosis of one of the covered diseases if the date of diagnosis is while the rider is in force.</p>	100% 100%
<b>INITIAL DIAGNOSIS</b> <p>We will pay a lump sum benefit upon initial diagnosis of a covered critical illness when such diagnoses is caused by or solely attributed to an underlying disease. Cancer diagnoses are subject to the cancer diagnosis limitation. Benefits will be based on the face amount in effect on the critical illness date of diagnosis.</p>	
<b>ADDITIONAL DIAGNOSIS</b> <p>We will pay benefits for each different critical illness after the first when the two dates of diagnoses are separated by at least 6 consecutive months. Cancer diagnoses are subject to the cancer diagnosis limitation.</p>	

# AFLAC GROUP CRITICAL

	Benefit Amount
<p><b>REOCCURRENCE</b></p> <p>We will pay benefits for the same critical illness after the first when the two dates of diagnoses are separated by at least 6 consecutive months. Cancer diagnoses are subject to the cancer diagnosis limitation.</p>	
<p><b>CHILD COVERAGE AT NO ADDITIONAL COST</b></p> <p>Each dependent child is covered at 50 percent of the primary insured's benefit amount at no additional charge. Children-only coverage is not available.</p>	
<p><b>SKIN CANCER BENEFIT</b></p> <p>We will pay \$250 for the diagnosis of skin cancer. We will pay this benefit once per calendar year.</p>	\$250
<p><b>WAIVER OF PREMIUM</b></p> <p>If you become totally disabled due to a covered critical illness prior to age 65, after 90 continuous days of total disability, we will waive premiums for you and any of your covered dependents. As long as you remain totally disabled, premiums will be waived up to 24 months, subject to the terms of the plan.</p>	
<p><b>SUCCESSOR INSURED BENEFIT</b></p> <p>If spouse coverage is in force at the time of the primary insured's death, the surviving spouse may elect to continue coverage. Coverage would continue at the existing spouse face amount and would also include any dependent child coverage in force at the time.</p>	
<p><b>HEALTH SCREENING BENEFIT (Employee and Spouse only)</b></p> <p>We will pay \$50 for health screening tests performed while an insured's coverage is in force. We will pay this benefit once per calendar year.</p> <p>This benefit is only payable for health screening tests performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations. This benefit is payable for the covered employee and spouse. This benefit is not paid for dependent children.</p> <p>COVERED HEALTH SCREENING TESTS INCLUDE:</p> <ul style="list-style-type: none"> <li>•Blood test for triglycerides •CEA (blood test for colon cancer) •Flexible sigmoidoscopy •Bone marrow testing •Chest X-ray •Hemocult stool analysis •Breast ultrasound •Colonoscopy •Mammography •Spiral CT screening for lung cancer •DNA stool analysis •Pap smear •Thermography •Fasting blood glucose test •Stress test on a bicycle or treadmill •CA 125 (blood test for ovarian cancer) •PSA (blood test for prostate cancer) •CA 15-3 (blood test for breast cancer) •Serum cholesterol test to determine level of HDL and LDL •Serum protein electrophoresis (blood test for myeloma)</li> </ul>	\$50



Bi-Weekly Rates			
NON-TOBACCO -- Employee			
Attained Age	\$10,000	\$15,000	\$20,000
18-25	\$1.89	\$2.84	\$3.78
26-30	\$2.50	\$3.76	\$5.01
31-35	\$2.88	\$4.33	\$5.77
36-40	\$3.73	\$5.60	\$7.47
41-45	\$4.50	\$6.74	\$8.99
46-50	\$5.36	\$8.04	\$10.71
51-55	\$8.29	\$12.44	\$16.59
56-60	\$8.07	\$12.11	\$16.14
61-65	\$16.69	\$25.03	\$33.38
66+	\$29.56	\$44.34	\$59.12
NON-TOBACCO -- Spouse			
Attained Age	\$10,000	\$15,000	\$20,000
18-25	\$1.89	\$2.84	\$3.78
26-30	\$2.50	\$3.76	\$5.01
31-35	\$2.88	\$4.33	\$5.77
36-40	\$3.73	\$5.60	\$7.47
41-45	\$4.50	\$6.74	\$8.99
46-50	\$5.36	\$8.04	\$10.71
51-55	\$8.29	\$12.44	\$16.59
56-60	\$8.07	\$12.11	\$16.14
61-65	\$16.69	\$25.03	\$33.38
66+	\$29.56	\$44.34	\$59.12
TOBACCO -- Employee			
Attained Age	\$10,000	\$15,000	\$20,000
18-25	\$2.52	\$3.78	\$5.05
26-30	\$3.36	\$5.04	\$6.72
31-35	\$4.19	\$6.28	\$8.37
36-40	\$5.65	\$8.48	\$11.31
41-45	\$6.80	\$10.20	\$13.61
46-50	\$8.13	\$12.19	\$16.26
51-55	\$12.84	\$19.26	\$25.68
56-60	\$12.97	\$19.45	\$25.93
61-65	\$26.48	\$39.48	\$52.49
66+	\$44.97	\$67.45	\$89.94
TOBACCO -- Spouse			
Attained Age	\$10,000	\$15,000	\$20,000
18-25	\$2.52	\$3.78	\$5.05
26-30	\$3.36	\$5.04	\$6.72
31-35	\$4.19	\$6.28	\$8.37
36-40	\$5.65	\$8.48	\$11.31
41-45	\$6.80	\$10.20	\$13.61
46-50	\$8.13	\$12.19	\$16.26
51-55	\$12.84	\$19.26	\$25.68
56-60	\$12.97	\$19.45	\$25.93
61-65	\$26.48	\$39.48	\$52.49
66+	\$44.97	\$67.45	\$89.94



# HOSPITAL INDEMNITY

## Benefits Overview

## Benefit Amount

**HOSPITAL ADMISSION BENEFIT** per confinement (once per covered sickness or accident per calendar year for each insured)

Payable when an insured is admitted to a hospital and confined as an in-patient because of a covered accidental injury or covered sickness. We will not pay benefits for confinement to an observation unit, or for emergency room treatment or outpatient treatment.

We will not pay benefits for admission of a newborn child following his birth; however, we will pay for a newborn's admission to a Hospital Intensive Care Unit if, following birth, he is confined as an inpatient as a result of a covered accidental injury or covered sickness (including congenital defects, birth abnormalities, and/or premature birth).

\$500

**HOSPITAL CONFINEMENT** per day (maximum of 31 days per confinement for each covered sickness or accident for each insured)

Payable for each day that an insured is confined to a hospital as an in-patient as the result of a covered accidental injury or covered sickness. If we pay benefits for confinement and the insured becomes confined again within six months because of the same or related condition, we will treat this confinement as the same period of confinement. This benefit is payable for only one hospital confinement at a time even if caused by more than one covered accidental injury, more than one covered sickness, or a covered accidental injury and a covered sickness.

\$100

**HOSPITAL INTENSIVE CARE BENEFIT** per day (maximum of 10 days per confinement for each covered sickness or accident for each insured)

Payable for each day when an insured is confined in a Hospital Intensive Care Unit because of a covered accidental injury or covered sickness. We will pay benefits for only one confinement in a Hospital's Intensive Care Unit at a time. Once benefits are paid, if an insured becomes confined to a Hospital's Intensive Care Unit again within six months because of the same or related condition, we will treat this confinement as the same period of confinement.

This benefit is payable in addition to the Hospital Confinement Benefit.

\$100

## HEALTH SCREENING BENEFIT

The Health Screening Benefit is payable once per calendar year for health screening tests performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations. This benefit is payable for each insured.

Residents of Massachusetts are not eligible for the Health Screening Benefit.

\$50  
Per Calendar Year



## Hospital Indemnity Insurance

Bi-Weekly Rates	
\$500 Benefit	
Employee Only	\$4.97
Employee + Spouse	\$9.94
Employee + Child(ren)	\$8.01
Family	\$12.98
Hospital Benefits At A Glance	
Hospital Admission (per confinement)	\$500
Hospital Confinement (per day benefit)	\$100
Maximum Days Payable	Up to 31 Days
Hospital ICU Confinement (per day benefit)	\$100
Maximum Days Payable	Up to 10 Days
Wellness Benefit	
\$50 Health Screening benefit per calendar year!	



# DON'T FORGET!

## To Submit For Your Annual Wellness & Health Screening Benefits

**File All Claims Online At:**  
**[AflacGroupInsurance.com](http://AflacGroupInsurance.com)**

Please remember when filling out a claim on-line you will need the **SSN, DOB, Certificate Number** and **Home Zip Code** of the primary insured person with Aflac Group to register your employee account.



For Claims Escalations:  
**[voluntaryclaims@hubinternational.com](mailto:voluntaryclaims@hubinternational.com)**

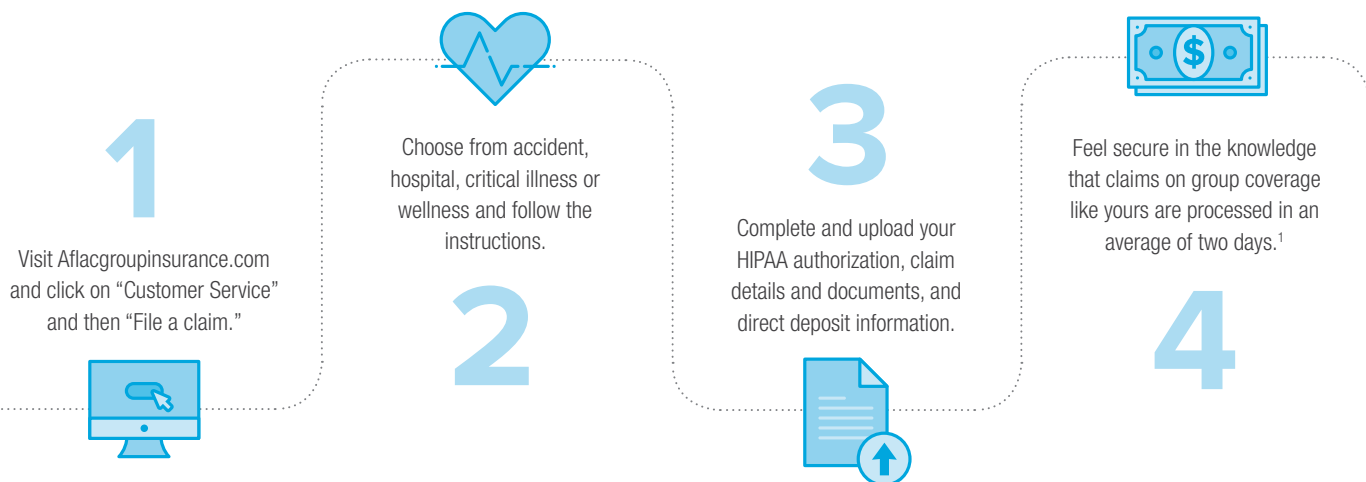




# Aflac's claims process:

## Peace of mind when you need it most

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



**Aflac helps pay expenses health insurance doesn't cover** – and because your medical bills won't wait, we do so promptly and fairly. In fact, we paid 7.1 million claims last year to people just like you: people who trusted us to keep our promises.<sup>2</sup> For all other plans, download the proper forms and follow the instructions for filing by fax or email.



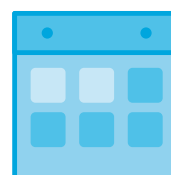
### 1 second

We pay a claim every second between Aflac Individual and Aflac Group\*



### 7.1 million

Aflac Individual and Aflac Group Claims paid in 2018<sup>2</sup>



### 2 days

Average processing of Aflac Group Claims.

**Get to know Aflac.**  
Visit [aflacgroupinsurance.com](http://aflacgroupinsurance.com) to learn more.

<sup>1</sup> Aflac proprietary data, 2019.

<sup>2</sup> Aflac proprietary data, 2018.

\*Based on a 40-hour work week, 52 weeks a year.

Continental American Insurance Company (CAIC), a proud member of the Aflac family of insurers, is a wholly-owned subsidiary of Aflac Incorporated and underwrites group coverage. CAIC is not licensed to solicit business in New York, Guam, Puerto Rico, or the Virgin Islands. For groups situated in California, group coverage is underwritten by Continental American Life Insurance Company. For groups situated in New York, coverage is underwritten by American Family Life Assurance Company of New York. This service available only to Aflac Group customers. Continental American Insurance Company - Columbia, South Carolina



# Affordable Legal Protection AT YOUR FINGERTIPS

**Shielding Over 4 Million People  
With Our Legal Plans.**

LegalShield provides you and your family the legal protection you not only need but deserve.

## The LegalShield plan provides benefits for the following\*:

### ESTATE PLANNING



- Codicils
- Living Wills
- Power of Attorney
- Trusts
- Wills

### FAMILY



- Administrative Hearing
- Adoption
- Conservatorship
- Domestic Violence Protection
- Elder Care Assistance
- Guardianship
- Immigration Assistance
- Incompetency Defense
- Juvenile Court Defense
- Name Change
- Parental Responsibility
- Prenuptial Agreements
- School Hearings

### FINANCIAL



- Affidavits
- Bankruptcy
- Civil Litigation
- Consumer Protection
- Debt Collection
- Identity Theft
- Medicaid/Medicare Disputes
- Personal Property Disputes
- Promissory Notes
- Small Claims Assistance
- Social Security Disputes
- Tax Audit Protection
- Veterans Benefits Disputes

### AUTO



- Driver's License Restoration
- Motor Vehicle Property Damage
- Moving Traffic Violations
- Traffic Tickets

### HOME



- Boundary/Title Disputes
- Contractor Disputes
- Deeds
- Foreclosure
- Home Equity Loans
- Landlord/Tenant Issues
- Mortgages
- Property Tax Assessments
- Purchase/Sale of Home (primary or secondary)
- Refinancing
- Zoning Applications

### GENERAL

- 24/7 Emergency Legal Access
- Document Review
- Legal Forms
- Live Member Support
- Mobile App
- Office Consultation
- Telephone Advice



Affordable legal protection

**\$7.27**

Ind/Family Bi-Weekly Pricing

For more information visit:

[benefits.legalshield.com/cob](https://benefits.legalshield.com/cob)

\*Limitations may apply. This is a general overview of coverage. See a summary plan description for full details. The following items are not covered with any service, including advice and consultation: business or commercial matters; fines, court costs, filing fees, ad litem fees, penalties, expert witness fees, bonds, bail bonds and any out-of-pocket expense; matters or disputes between the participant and/or the employer, and/or Provider Attorney and/or LegalShield; any matter covered by any insurance policy; Native American legal issues; requested service that lacks merit, is frivolous or would violate any ethical rule or law; items related to patent, trademark, or copyright matters. Services outside the United States. For all other personal legal matters, advice and consultation is provided.

Marketed by: Pre-Paid Legal Services, Inc. dba LegalShield® and subsidiaries; Pre-Paid Legal Casualty, Inc.; Pre-Paid Legal Access, Inc.; LS, Inc.; In VA: Legal Service Plans of Virginia; and PPL Legal Care of Canada Corporation.



# Affordable Identity Theft Protection AT YOUR FINGERTIPS

Every year millions of people have their identity stolen.

IDShield provides the identity theft protection and identity restoration services you not only need but deserve.

## The IDShield plan includes the following covered services:

### MONITORED INFORMATION

- Bank Accounts
- Credit/Debit/Retail Cards
- Date of Birth
- Driver's License
- Email Addresses
- Home Address
- Medical ID
- Mother's Maiden Name
- Name
- Passport Number
- Phone Numbers
- Social Security Number
- And More



- Child monitoring (Family Plan Only)
- Internet and Dark Web Monitoring
- Online Chat Rooms and Social Feed Monitoring
- Payday Loan Monitoring
- Local, State and Federal Database Monitoring

### ALERTS

- Hard Credit Inquiry Alerts
- Customizable Social Media Alerts
- Sex Offender Alerts
- Identity and Credit Threat Alerts



### MONITORING AND DETECTION

- High Risk Application Monitoring
- Public Record Monitoring
- Sex Offender Monitoring
- Telecom Monitoring
- Credit Monitoring
- Social Media Monitoring
- Court and Criminal Record Monitoring



### UNLIMITED CONSULTATION

- Assistance in Analyzing and Interpreting Credit Reports
- Assistance in Reviewing Medical Data Reports
- Consultation on Common Trends and Scams
- Data Breach Safeguards
- Identity Theft Consultation



- Lost/Stolen Wallet Assistance

### COMPREHENSIVE IDENTITY RESTORATION

- \$1 Million Protection Policy
- Full Service Restoration by Licensed Private Investigators
- Pre-Existing Identity Theft Restoration



### GENERAL

- 24/7 Emergency Assistance
- Direct Access to Licensed Private Investigators
- Live Member Support
- Mobile App
- Monthly Credit Score Tracker



Affordable identity theft protection

**Employee:** \$3.21

**Family:** \$5.98

Pay Period: Bi-Weekly

For more information visit:

[benefits.legalshield.com/cob](https://benefits.legalshield.com/cob)



**Voluntary Benefits Contact Information**

.....

Carrier	Website / Email	Phone #
Aflac	<a href="http://www.aflacgroupinsurance.com">www.aflacgroupinsurance.com</a>	800-433-3036
LegalShield	<a href="http://www.legalshield.com">www.legalshield.com</a>	800-654-7757
IDShield	<a href="http://www.idshield.com">www.idshield.com</a>	800-654-7757
HUB International Voluntary Benefits Division: Claims Escalations	<a href="mailto:voluntaryclaims@hubinternational.com">voluntaryclaims@hubinternational.com</a>	

