






Supplemental Benefits


For Information or enrollment contact:
Diane Crisafi dianecrisafi@houze.org 404-259-7646


Below is an illustrative summary of supplemental benefits available to full-time and part-time, non seasonal employees. Cobb County employees should consult the actual certificate of each plan for the exact specifications and limitations. For additional information refer to www.houze-benefits.org/cobb or [iCOBB/Benefits Compensation/Benefits](#)


 **Vision Insurance-** Employees may enroll in a Vision Plan, which includes in-network and out-of-network benefits. Coverage includes eye examination, frames, lenses or contacts, and discounted laser vision correction. Please refer to the summary or benefits website for an exact breakdown of benefits for in-network and out-of-network services and for a provider locator.


 **Short Term Disability -** This plan provides a choice of monthly benefit (\$500 to \$6,000), up to a maximum of 60%, as income protection from a disabling Illness/Sickness or Off-the-Job Injury. The Benefit Period is a max of 6 months. Employees can choose between 2 Elimination Periods: 0/7-Day or 0/14-Day. Disability due to Pregnancy/Childbirth is covered as an illness/sickness. Coverage is subject to pre-existing limitations, a 30-day waiting period on Illness/sickness and a pregnancy/childbirth limitation. This benefit is available to employees working 19+ hours per week with at least an annual salary of \$9,000. Rates are based on elimination period, monthly benefit and age when applying for coverage.


 **Cancer Insurance-** Employees can choose between 2 plans: Option 1 or Option 2. Each plan includes the same benefits but with varying levels. Both plans include an Annual Cancer Screening/Wellness Benefit (per covered person/per calendar year) and a Building Benefit Rider. Plans also include benefits for initial diagnosis, additional opinion, nonsurgical treatment, skin cancer surgery, prophylactic surgery, reconstructive surgery, prosthesis, hospitalization, stem cell/bone marrow transplant, lodging, transportation and many more.

 **Accident Insurance-** This Plan is a 24-Hour plan (On or Off-the-Job). The Plan includes benefits for an Annual Wellness (per policy/per calendar year), emergency treatment, follow-up doctor visits, therapy, initial hospitalization, hospital confinement & intensive care, major diagnostic and imaging exam, ambulance

and many more.  **Hospital Indemnity-** Employees can choose between 2 plans: Base with Extended Benefit Rider is Guarantee Issue (no medical underwriting) or Preferred with Extended Benefit Rider and Hospital Stay & Surgical Care Rider (requires medical underwriting to be completed and approved). Some benefits include hospital confinement, physician visits, medical diagnostic imaging, emergency room, and more. Coverage is subject to pre-existing limitations, a 30-day waiting period on Illness/sickness and a pregnancy/childbirth limitation.

 **Critical Care Protection- Specified Health Event-** This plan covers the following specified health events: heart attack, stroke, end-stage renal failure, major organ transplant, 3rd degree burns, persistent vegetative state, coma, paralysis, coronary artery bypass graft surgery and sudden cardiac arrest. The plan includes a Building Benefit Rider, First and Subsequent occurrence benefit, benefits for angioplasty, hospital confinement, continuing care, transportation, ambulance and lodging. Coverage is subject to pre-existing limitations.

 **Legal Plan-** This plan covers full service legal assistance with local in office attorneys and offers telephone advice and office consultations on an unlimited number of personal legal matters. Trials for covered matters are covered from beginning to end, regardless of length, when using a Network Attorney. For non-covered matters that are not otherwise excluded, a supplemental coverage benefit provides four hours of network attorney time and services per year. Choose between a high option and low option

 **Pet Healthcare-** Employees receive discounts on Pet Health Plans.

This summary is for informational purposes only.

2023-2024 Plan Years



Vision Benefit Summary

Customer Service and Provider Locator: (800) 638-3120
myuhcvision.com

UnitedHealthcare vision has been trusted for more than 50 years to deliver affordable, innovative vision care solutions to the nation's leading employers through experienced, customer-focused people and the nation's most accessible, diversified vision care network.

In-network, covered-in-full benefits (up to the plan allowance and after applicable copay) include a comprehensive exam, eyeglasses with standard single vision, lined bifocal, lined trifocal, or lenticular lenses, standard scratch-resistant coating¹ and the frame, or contact lenses in lieu of eyeglasses.

Exam with Materials	
Benefit Frequency	
Comprehensive Exam(s)	Once every Calendar Year(s)
Spectacle Lenses	Once every Calendar Year(s)
Frames	Once every Two Calendar Year(s)
Contact Lenses in Lieu of Eyeglasses	Once every Calendar Year(s)
In-Network Services	
Copays	
Exam(s)	\$ 10.00
Materials	\$ 10.00
Frame Benefit (for frames that exceed the allowance, an additional 30% discount may be applied to the overage)²	
Private Practice Provider	\$150.00 retail frame allowance
Retail Chain Provider	\$150.00 retail frame allowance
Lens Options	
Standard Scratch-resistant Coating, Polycarbonate Lenses - covered in full. Other optional lens upgrades may be offered at a discount (discount varies by provider).	
Contact Lens Benefit³	
Selection contact lenses The fitting/evaluation fees, contact lenses, and up to two follow-up visits are covered in full after copay (if applicable).	If you choose disposable contacts, up to 4 boxes are included when obtained from an in-network provider.
Non-selection contact lenses An allowance is applied toward the fitting/evaluation fees and purchase of contact lenses outside the selection. Materials copay (if applicable) is waived.	\$125.00
Necessary contact lenses⁴	Covered in full after copay (if applicable).
Out-of-Network Reimbursements (Copays do not apply)	
Exam(s)	Up to \$40.00
Frames	Up to \$45.00
Single Vision Lenses	Up to \$40.00
Lined Bifocal Lenses	Up to \$60.00
Lined Trifocal Lenses	Up to \$80.00
Lenticular Lenses	Up to \$80.00
Elective Contacts in Lieu of Eyeglasses ³	Up to \$125.00
Necessary Contacts in Lieu of Eyeglasses ⁴	Up to \$210.00

Biweekly Rates:

Employee Only	\$3.85
Employee & Family	\$8.94

Discounts

Laser vision UnitedHealthcare vision has partnered with the Laser Vision Network of America (LVNA) to provide our members with access to discounted laser vision correction providers. Members receive 15% off standard or 5% off promotional pricing at more than 550 network provider locations and even greater discounts through set pricing at Lasik <i>Plus</i> ® locations. For more information, call 1-888-563-4497 or visit us at www.uhclasik.com .
Additional Material At a participating in-network provider you will receive up to a 20% discount on an additional pair of eyeglasses or contact lenses. This program is available after your vision benefits have been exhausted. Please note that this discount shall not be considered insurance, and that UnitedHealthcare shall neither pay nor reimburse the provider or member for any funds owed or spent. Additional materials do not have to be purchased at the time of initial material purchase.
Hearing Aids As a UnitedHealthcare vision plan member, you can save on high-quality hearing aids when you buy them from hi HealthInnovations™. To find out more go to hiHealthInnovations.com . When placing your order use promo code myVision to get the special price discount.

¹On all orders processed through a company owned and contracted lab network.

²30% discount available at most participating in-network provider locations. May exclude certain frame manufacturers. Please verify all discounts with your provider.

³Contact lenses are in lieu of eyeglass lenses and/or eyeglass frames. Coverage for Selection contact lenses does not apply at Costco, Walmart or Sam's Club locations. The allowance for Non-selection contact lenses will be applied toward the fitting/evaluation fee and purchase of all contacts.

⁴Necessary contact lenses are determined at the provider's discretion for one or more of the following conditions: Following cataract surgery without intraocular lens implant; to correct extreme vision problems that cannot be corrected with eyeglass lenses and/or frames; with certain conditions such as anisometropia, keratoconus, irregular corneal/astigmatism, aphakia, facial deformity; or corneal deformity. If your provider considers your contacts necessary, you should ask your provider to contact UnitedHealthcare vision confirming the reimbursement that UnitedHealthcare will make before you purchase such contacts.

Important to Remember:

In-Network

- Always identify yourself as a UnitedHealthcare vision member when making your appointment. This will assist the provider in obtaining your benefit information.
- Your participating provider will help you determine which contact lenses are available in the UnitedHealthcare selection.
- Your \$125.00 contact lens allowance is applied to the fitting/evaluation fees as well as the purchase of non-selection contact lenses. For example, if your allowance is \$125.00 and the fitting/evaluation fee is \$35.00, you will have \$90.00 toward the purchase of contact lenses. The allowance may be separated at some retail chain locations between the examining physician and the optical store. Evaluation and fitting fees may vary among providers and type of fitting required. Your material copay is waived when purchasing non-selection contacts.
- Patient options such as UV coating, progressive lenses, etc., which are not covered-in-full, may be available at a discount at participating providers.

Choice and Access of Vision Care Providers

UnitedHealthcare offers its vision program through a national network including both private practice and retail chain providers. To access the Provider Locator service, visit our website myuhcvision.com or call (800) 638-3120, 24 hours a day, seven days a week. You may also view your benefits, search for a provider or print an ID card online at myuhcvision.com.

Retain this UnitedHealthcare vision benefit summary which includes detailed benefit information and instructions on how to use the program. Please refer to your Certificate of Coverage for a full explanation of benefits.

In-Network Provider - Copays and non-covered patient options are paid to provider by program participant at the time of service.

Out-of-Network Provider - Participant pays full fee to the provider, and UnitedHealthcare reimburses the participant for services rendered up to the maximum allowance. Copays do not apply to out-of-network benefits. All receipts must be submitted at the same time to the following address: UnitedHealthcare Vision, Attn. Claims Department, P.O. Box 30978, Salt Lake City, UT 84130. Written proof of loss should be given to the Company within 90 days after the date of loss. If it was not reasonably possible to give written proof in the time required, the Company will not reduce or deny the claim for this reason. However, proof must be filed as soon as reasonably possible, but no later than 1 year after the date of service unless the Covered Person was legally incapacitated.

Customer Service is available toll-free at (800) 638-3120 from 8:00 a.m. to 11:00 p.m. Eastern Time Monday through Friday, and 9:00 a.m. to 6:30 p.m. Eastern Time on Saturday.

This Benefit Summary is intended only to highlight your benefits and should not be relied upon to fully determine coverage. This benefit plan may not cover all of your healthcare expenses. More complete descriptions of benefits and the terms under which they are provided are contained in the certificate of coverage that you will receive upon enrolling in the plan. If this Benefit Summary conflicts in any way with the Policy issued to your employer, the Policy shall prevail.

UnitedHealthcare vision coverage provided by or through UnitedHealthcare Insurance Company, located in Hartford, Connecticut, UnitedHealthcare Insurance Company of New York, located in Islandia, New York, or its affiliates. Administrative services provided by Spectera, Inc., United HealthCare Services, Inc. or their affiliates. Plans sold in Texas use policy form number VPOL.06.TX or VPOL.13TX and associated COC form number VCOC.INT.06.TX or VCOC.CER.13.TX. Plans sold in Virginia use policy form number VPOL.06.VA or VPOL.13.VA and associated COC form number VCOC.INT.06.VA or VCOC.CER.13.VA.



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1-4Y2U-3990

VH274

904360-5-1-3-R-S

01/01/2020

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01/01/2020 - 12/31/2023

NCA-03C (v3.2)



CANCER PROTECTION ASSURANCE PLANS
Supplemental Cancer Indemnity Insurance

Benefit Description	Option 1	Option 2
Cancer Screening Wellness Benefit	\$25 *	\$75 *
Prophylactic Surgery (Due to Positive Genetic Testing Results)	\$125/Once per Lifetime	\$250/Once per Lifetime
Initial Diagnosis Initial Diagnosis Building Benefit Rider & Dependent Child Rider	Insured/Spouse: \$1,250; Child: \$2,500 Includes \$500 building benefit rider and an additional \$10,000 child rider	Insured/Spouse: \$5,000; Child: \$10,000 Includes \$500 building benefit rider and an additional \$10,000 child rider
Annual Care Benefit	\$250/ Anniversary date of Cancer Diagnosis Lifetime Max - 5 Years	\$500/ Anniversary date of Cancer Diagnosis Lifetime Max - 5 Years
Nonsurgical Treatment Benefit (Chemotherapy, Immunotherapy, Radiation or Experimental)	\$150/mo (Self-Administered) and \$800/mo (Physician-Administered)	\$375/mo (Self-Administered) and \$1,600/mo (Physician-Administered)
Hormonal Oral Chemotherapy	\$15/mo- Self-Administered (prescribed, receives and incurs a charge)	\$25/mo- Self-Administered (prescribed, receives and incurs a charge)
Topical Chemotherapy	\$100/mo (prescribed, receives and incurs a charge)	\$150/mo (prescribed, receives and incurs a charge)
Anti-Nausea	\$50/mo.	\$100/mo.
Stem Cell & Bone Marrow Transplantation (Combined)	\$3,500-Lifetime Max / \$50-Stem Cell Donor / \$500-Bone Marrow Donor	\$7,000-Lifetime Max / \$100-Stem Cell Donor / \$750-Bone Marrow Donor
Blood and Plasma	Inpatient: \$50x/Days Confined Outpatient: \$140/day	Inpatient: \$50x/Days Confined Outpatient: \$175/day
Surgical/Anesthesia Benefit	\$50-\$1,700 / 25% of surgical benefit	\$100-\$3,400 / 25% of surgical benefit
Skin Cancer Surgery	\$20 to \$200	\$35 to \$400
Additional Opinion Benefit	\$150 Lifetime Max	\$300 Lifetime Max
Prophylactic Surgery	(With Correlating Internal Cancer Diagnosis) \$125/Once per Lifetime	(With Correlating Internal Cancer Diagnosis) \$250/Once per Lifetime
Hospital Confinement < 30 days	Insured/Spouse: \$100/day; Child: \$125/day	Insured/Spouse: \$200/day; Child: \$250/day
Hospital Confinement 31 st day +	Insured/Spouse: \$200/day; Child: \$250/day	Insured/Spouse: \$400/day; Child: \$500/day
Outpatient Hospital Surgical Room	\$100/Day	\$200/Day
Extended-Care Facility	\$75/day – up to 30 days/calendar year	\$100/day – up to 30 days/calendar year
Home Health Care	\$50/day (10 days per hospital confinement) – Limit: 30 days/Calendar Yr.	\$100/day (10 days per hospital confinement) – Limit: 30 days/Calendar Yr.
Hospice	\$1,000/1st day, \$50/day thereafter, \$12,000/Lifetime Max	\$1,000/1st day, \$50/day thereafter, \$12,000/Lifetime Max
Nursing Services	\$50/day	\$100/day
Surgical Prosthesis	\$1,000 - Lifetime Max \$2,000	\$2,000 - Lifetime Max \$4,000
Non Surgical Prosthesis	\$90/Occurrence - Lifetime Max \$180	\$175/Occurrence - Lifetime Max \$350
Reconstructive Surgery/Anesthesia	\$50-\$1,000 (Breast) - \$250(Other) / 25% of Surgery Benefit	\$100-\$2,000 (Breast) - \$500 (Other) / 25% of Surgery Benefit
Egg Harvesting and Storage (Cryopreservation) Benefit	\$500/ \$100 (storage) - \$100 (Embryo transfer) \$700 Lifetime Max	\$1,000/\$200 (storage) - \$200 (Embryo transfer) - \$1,400 Lifetime Max
Ambulance	\$250 Ground and \$2000 Air	\$250 Ground and \$2000 Air
Transportation	\$.35/mile - Max: \$1,050	\$.40/mile - Max: \$1,200
Lodging	\$50/day – Max: 90 days/Calendar Year	\$65/day – Max: 90 days/Calendar Year
Bi-Weekly Payroll Premium:	Option 1	Option 2
Individual	\$10.40	\$18.21
One Parent Family	\$10.82	\$18.63
Insured/Spouse	\$18.65	\$33.09
Two Parent Family	\$19.07	\$33.51

**Payable up to 3/yr with a Positive Medical Diagnosis of Internal Cancer or an Associated Cancerous Condition*
This outline is for illustrative purposes only. Refer to the policy for complete details, limitations and exclusions.



ACCIDENT ADVANTAGE PLAN (Option 3)
 Supplemental 24-Hour (On or Off the Job) Accident Indemnity Insurance

Wellness Benefit	\$90 once per policy, per Calendar Year (Annual physical exams, dental exams, mammograms, pap smears, eye exams, immunizations, flexible sigmoidoscopies, ultrasounds, PSAs and blood screenings) There is No Waiting Period for this Benefit, after the Effective Date		
Initial Accident Hospitalization Benefit	\$1,000 when admitted for a hospital confinement of at least 18 hours or \$2,000 when admitted directly to an intensive care unit of a hospital for a covered accident, per calendar year, per covered person		
Hospital Confinement	\$250 per day, up to 365 days per covered accident, per covered person		
Intensive Care Confinement	Additional \$400 per day for up to 15 days, per covered accident, per covered person		
Accident Treatment Benefit	Payable once per 24-hour period and only once per covered accident, per covered person Hospital emergency room with X-ray: \$200 Hospital emergency room without X-ray: \$200 Office or facility (other than a hospital emergency room) with X-ray: \$200 Office or facility (other than a hospital emergency room) without X-ray: \$200		
Ambulance	\$200 ground ambulance transportation or \$1,500 air ambulance transportation		
Blood/Plasma/Platelets	\$200 once per covered accident, per covered person		
Major Diagnostic & Imaging Exams	\$200 per calendar year, per covered person		
Accident Follow-up	\$35 for one treatment per day (up to a max of 6 treatments), per covered accident, per covered person		
Therapy	\$35 for one treatment per day (up to a max of 10 treatments), per covered accident, per covered person		
Appliances	\$25 to \$300 based on appliance. Payable once per covered accident, per covered person		
Prosthesis	\$800 once per covered accident, per covered person		
Prosthesis Repair/Replacement	\$800 once per covered person, per lifetime		
Rehabilitation Facility	\$150/day		
Home Modification Benefit	\$3,000 once per covered accident, per covered person		
Specific-Sum Injuries	DISLOCATIONS.....\$100-\$3,750 BURNS..... \$125-\$12,500 SKIN GRAFTS..... 50% of the burns benefit amount paid for the burn involved EYE INJURIES Surgical repair..... \$300 Removal of foreign body by a physician... \$65 LACERATIONS Not requiring sutures..... \$35 Less than 5 centimeters..... \$65 At least 5 cm but not more than 15 cm.. \$250 Over 15 centimeters.....\$500 FRACTURES..... \$125-\$3,500 CONCUSSION (brain)..... \$150	EMERGENCY DENTAL WORK Broken tooth repaired with crown.....\$400 Broken tooth resulting in extraction.....\$130 COMA..... \$12,500 PARALYSIS Quadriplegia..... \$12,500 Paraplegia.....\$6,250 Hemiplegia.....\$4,750 SURGICAL PROCEDURES.....\$200-\$1,250 MISCELLANEOUS SURGICAL PROCEDURES..... \$120-\$300 PAIN MANAGEMENT (NON-SURGICAL) Epidural..... \$100	
Accidental Death	Common-Carrier Insured = \$150,000 Spouse = \$150,000 Child = \$25,000 Other Accidents Insured = \$50,000 Spouse = \$50,000 Child = \$12,500 Hazardous Activity Insured = \$10,000 Spouse = \$10,000 Child = \$5,000 Accidental Dismemberment = \$300-\$40,000		
Family Support Benefit	\$20 per day (up to 30 days), per covered accident		
Organized Sporting Activity Benefit	Additional 25% of the benefits payable, limited to \$1,000 per policy, per calendar year		
Continuation of Coverage	Waives all monthly premiums for up to two months, if conditions are met		
Waiver of Premium	Yes		
Transportation	\$600 per round Trip, up to 3 round trips per calendar year, per covered person		
Family Lodging	\$125 per night, up to 30 days per covered accident		

This outline is for illustrative purposes only. Refer to the policy for complete details, limitations and exclusions.

Accident Class A	Individual	1 Parent Family	Insured & Spouse	2 Parent Family
Bi-Weekly Payroll	\$ 10.14	\$ 17.04	\$ 14.40	\$ 22.08



HOSPITAL CHOICE (Option 1)
Supplemental Hospital Confinement Indemnity Insurance



Eligibility:

Employee actively at work and spouse, if applying, able to perform normal activities/duties of someone like age.

Base Plan - Guarantee Issue (No Medical Questions)	
<p>Required Confinement - 18 or more hours</p> <p><u>Hospital Confinement</u> - \$1,000/Payable Once Per Calendar Year/Per Covered Person</p> <p><u>Mental Illness Facility Confinement</u> - \$1,000/Once Per Period of Confinement/Per Calendar Yr./Per Covered Person (Both benefits are not payable on the same day)</p>	<p><u>Hospital Emergency Room</u> - \$100 /Payable twice per Calendar Year</p> <p><u>Hospital Short Stay (less than 18 hours)</u> - \$100/Payable twice per Calendar Year (Both benefits are not payable on the same day)</p>
<p><u>Rehabilitation Unit Benefit</u> - \$100/Per day (Limited to 15 days per period of hospital confinement and is limited to a Calendar Year maximum of 30 days, per covered person)</p> <p><u>Lab Test and X-Ray Benefit</u> - \$35/ Twice per Calendar Year, per covered person</p>	<p><u>Physician Visit Benefit</u> – Physician/Urgent Care/Psychologist or Telemedicine - \$25/Payable 3-6 times per Policy/per Calendar Year</p> <p><u>Medical Diagnostic or Imaging</u> - \$150/ Twice Per Calendar Year, per covered person</p> <p><u>Ambulance/Transportation</u> - \$200 Ground and \$2,000 Air (Limited to 2 trips per Calendar Year, per covered person)</p>

Preferred Plan – Underwriting Required (Medical Questions) Includes Base Plan Benefits plus the following:	
<p><u>Surgical Benefit</u> (Including vaginal or cesarean delivery) - \$50 to \$1,000 (based on the Schedule of Operations) (Only one benefit is payable per 24-hour period for surgery) (Surgical Benefit & Invasive Diagnostic Exam Benefit – are Not payable on the same day)</p>	<p><u>Invasive Diagnostic Exam</u> - \$100/Payable Once per 24-Hr Period (arthroscopy, bronchoscopy, colonoscopy, cystoscopy, endoscopy, gastroscopy, laparoscopy, laryngoscopy, sigmoidoscopy, or esophagoscopy) (Surgical Benefit & Invasive Diagnostic Exam Benefit – are Not payable on the same day)</p>
<p>Payable in addition to the Hospital/Facility Conf. Benefit</p> <p><u>Daily Hospital Confinement</u> - \$100/Per day (Maximum for one period of confinement is 365 days)</p> <p><u>Daily Mental Illness Facility Confinement</u> - \$100/Per day (Limited to 30 Days/Per Confinement/Per Covered Person) (Both benefits are not payable on the same day)</p>	<p><u>Hospital Intensive Care Confinement</u> - \$500/Per day (Pays in addition to Hospital Confinement & Daily Hospital Benefits) (Maximum of one period of confinement is 30 days)</p>
<p><u>Initial Assistance Benefit</u> - \$100/Per Calendar Yr./per person (When a Covered Person requires a Hospital Admission)</p>	<p><u>Second Surgical Opinion</u> - \$50/Per Calendar Year/Per Person</p>

Under both, the Base and Preferred Plans:

- Pre-Existing-Is an illness, disease, infection, disorder, condition or injury for which, within the 12-month period before the Effective Date of coverage, prescription medication was taken or medical testing, advice, consultation, or treatment was recommended or received, or for which symptoms existed that would ordinarily cause a prudent person to seek diagnosis, care, or treatment. Care or treatment caused by a Pre-existing Condition will not be covered unless it begins more than 12 months after the Effective Date of coverage
- Pregnancy or Childbirth-Aflac will not cover losses caused by or resulting from childbirth within the first ten months of the Effective Date of coverage or Pregnancy in existence prior to the effective Date of coverage.
(Complications of Pregnancy are covered to the same extent as a **Sickness**)
- 30-day Waiting Period for Sickness-Aflac will not pay benefits for an illness, disease, infection (except as a result of injury), disorder or condition that is medically evaluated, diagnosed or treated by a Physician or **Mental Health Provider** before coverage has been in force 30 days, unless the loss begins more than 12 months after the Effective Date of coverage.

This outline is for illustrative purposes only. Refer to the policy for complete details, limitations and exclusions.

Coverage Tiers Bi-Weekly Payroll	Plan Options	Ages: 18-49	Ages: 50-59	Ages: 60-75
Individual	<u>Base Plan</u>	\$17.88	\$18.84	\$19.26
	<u>Preferred Plan</u>	\$26.40	\$29.76	\$33.48
One Parent Family	<u>Base Plan</u>	\$26.58	\$27.06	\$27.54
	<u>Preferred Plan</u>	\$38.34	\$40.44	\$45.12
Insured & Spouse	<u>Base Plan</u>	\$28.98	\$31.44	\$32.82
	<u>Preferred Plan</u>	\$44.52	\$53.04	\$59.94
Two Parent Family	<u>Base Plan</u>	\$32.52	\$32.94	\$34.86
	<u>Preferred Plan</u>	\$48.36	\$55.20	\$63.84



CRITICAL CARE PROTECTION (Option 1)
Supplemental Specified Health Event Insurance

Specified health events covered by the Critical Care Protection policy include:	
Heart Attack Stoke Coronary Artery Bypass Graft Surgery (CABG) Sudden Cardiac Arrest Third-Degree Burns	Coma Paralysis Major Human Organ Transplant End-Stage Renal Failure Persistent Vegetative State
<u>First-Occurrence Benefit</u> – \$7,500/Per Covered Named Insured or Spouse (Lifetime Max of \$7,500) \$10,000/Per Dependent Covered Child (Lifetime Max of \$10,000)	<u>Subsequent Specified Health Event Benefit</u> - \$3,500/Per Covered Person (No Lifetime Maximum) <u>Coronary Angioplasty Benefit</u> - \$1,000/Per Covered Person (Payable only once per Lifetime) <u>Hospital Confinement Benefit</u> - \$300/Per Day <u>Ambulance Benefit</u> - \$250/Ground or \$2,000/Air
<u>Continuing Care Benefit</u> - \$125/Day when charged for any of the following treatments: Rehabilitation Therapy, Physical Therapy, Speech Therapy, Occupational Therapy, Respiratory Therapy, Dietary Therapy/Consultation, Home Health Care, Dialysis, Hospice Care, Extended Care, Physician Visits, or Nursing Home Care (Limited to 75 days for continuing care received within 180 days following the occurrence of the most recent covered loss)	<u>Transportation Benefit</u> - \$0.50/per mile, per covered person (Limited to \$1,500 per occurrence) <u>Lodging Benefit</u> – up to \$75/Per Day (Limited to 15 Days/Per Occurrence) <u>Waiver of Premium</u> – YES – premium waived, month to month, during total inability (after 180 continuous days) <u>Continuation of Coverage</u> – Waives all monthly premiums, up to 2 months, when all conditions for this benefit are met

- Optional Rider Included - Includes a First-Occurrence Building Benefit Rider of \$500 that accrues every Policy Anniversary date. (Limitations apply-Refer to the Brochure for more details)
- Pre-Existing-Coverage is not provided for any illness, disease, infection, disorder, or Injury for which, within the 12-month period before the Effective Date of coverage, prescription medication was taken or medical testing, medical advice, consultation, or treatment was recommended or received, or for which symptoms existed that would ordinarily cause a prudent person to seek diagnosis, care, or treatment. Benefits will not be payable for any Loss that is caused by a Pre-existing Condition unless the Loss occurs more than 12 months after the Effective Date of coverage.

Critical Care Protection Bi-Weekly Payroll Premiums

AGES:	18-35	36-45	46-55	56-70
Individual Only	\$5.40	\$8.70	\$11.70	\$15.18
One Parent Family	\$5.94	\$9.06	\$12.06	\$15.60
Insured & Spouse	\$8.34	\$14.28	\$20.16	\$27.84
Two Parent Family	\$9.36	\$15.48	\$21.54	\$29.52

*This outline is for illustrative purposes only.
 Refer to the policy for complete details, limitations and exclusions.*



SHORT-TERM DISABILITY
Individual Policy – (Employee Only)

Benefit Period: 6 Months	
Eligible Ages to Apply for Coverage: 18-74	Monthly Benefit Options: \$500 to \$6,000 <i>(subject to Income Requirements)</i>
<p align="center"><u>Choice of Elimination Period</u></p> <p><u>0/7 Days</u> (Pays from 1st day of an <u>Off-the Job</u> Injury/8th day of a Sickness)</p> <p><u>0/14 Days</u> (Pays from 1st day of an <u>Off-the-Job</u> Injury/15th day of a Sickness)</p>	<p align="center">\$500-\$5,000 Monthly Benefit Guarantee Issue - (No Medical Questions)</p> <p align="center">Over \$5,000 Monthly Benefit Approval Needed - (Medical Underwriting Required)</p>
<p align="center"><i>Disability due to pregnancy and childbirth is payable to the same extent as a covered Sickness.</i></p> <p align="center">Maximum Lifetime Disability Period for Mental Illness is 24 Months.</p>	<p align="center">Employee may Increase Monthly Benefit @ Open Enrollment <i>(subject to Income Requirements)</i></p> <p align="center">Guarantee Issue is up to a “combined total” of \$5,000 Monthly Benefit</p>

- **Pre-Existing**-Is an illness, disease, infection, disorder, or injury for which, within the 12-month period before the Effective Date of coverage, medical advice, consultation, or treatment was recommended or received, or for which symptoms existed that would ordinarily cause a prudent person to seek diagnosis, care, or treatment. Disability caused by a Pre-existing Condition or Re-injuries to a Pre-existing Condition will not be covered unless it begins more than 12 months after the Effective Date of coverage.
- **Pregnancy or Childbirth**-Aflac will not pay benefits for a disability that is caused by or occurs as a result of pregnancy or childbirth within the first ten months of the Effective Date of coverage (Complications of Pregnancy will be covered to the same extent as a **Sickness**).
- **30-day waiting period for Sickness**-Aflac will not pay benefits for an illness, disease, infection, or disorder that is diagnosed or treated by a Physician **or Mental Health Provider** within the first 30 days after the Effective Date of coverage, unless the resulting Disability begins more than 12 months after the Effective Date of coverage.
- **Sickness**-An illness, disease, infection, or any other abnormal physical condition, independent of injury, that is first manifested and first treated more than 30 days after the effective date of coverage and while coverage is in force.
- **Mental Illness**-A psychiatric or psychological condition including but not limited to the following: schizophrenia, bipolar disorders, depressive disorders, anxiety disorders, eating disorders, post-traumatic stress, and substance and alcohol use disorders.

***This outline is for illustrative purposes only.
Refer to the policy for complete details, limitations and exclusions.***

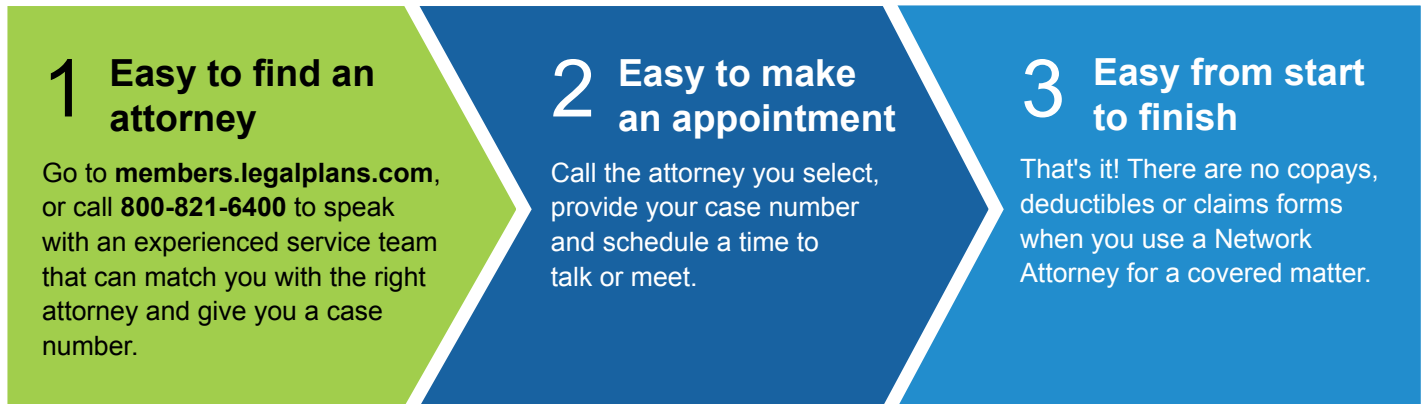
Provided through:



Houze & Associates, Inc.
308 Church Street
LaGrange, Georgia 30241
(800) 523-7135

Legal help made easy

MetLife Legal Plans provides you with access to experienced attorneys and eliminates effort on your end. It's a smart, simple, affordable way to get the legal help you need.



Experience and convenience you can count on.

You'll have all the help you're looking for from our experienced service team, network of attorneys and variety of online resources.



Award-winning service

- Regularly recognized for excellence in customer service¹
- Experienced service team available from 8 am to 8 pm ET



Top-quality attorney network

- Average of 25 years of experience and vetted regularly
- Nationwide network with a range of specialties



Convenient online help

- 24/7 access to our attorney locator and case numbers
- Tools and resources, including an easy-to-use mobile app
- Access to over 300 self-help legal documents in our online library



Ease of use²

- All billing is handled between MetLife and the attorney
- No claims forms, hidden fees or deductibles

¹ Two-time winner of the Silver Stevie in the American Business Awards, 2016 and 2017; Bronze winner in 2018 and 2019.

² When using a network attorney for a covered legal matter

Group legal plans are provided by MetLife Legal Plans, Inc., Cleveland, OH. In certain states, group legal plans are provided through insurance coverage underwritten by Metropolitan Property and Casualty Insurance Company and Affiliates, Warwick, RI. Payroll deduction required for group legal plans. For costs and complete details of the coverage, call or write the company.

Some services not available in all states. No service, including consultations, will be provided for: 1) employment-related matters, including company or statutory benefits; 2) matters involving the employer, MetLife and affiliates and plan attorneys; 3) matters in which there is a conflict of interest between the employee and spouse or dependents in which case services are excluded for the spouse and dependents; 4) appeals and class actions; 5) farm and business matters, including rental issues when the participant is the landlord; 6) patent, trademark and copyright matters; 7) costs and fines; 8) frivolous or unethical matters; 9) matters for which an attorney-client relationship exists prior to the participant becoming eligible for plan benefits. For all other personal legal matters, an advice and consultation benefit is provided. Additional representation is also included for certain matters.

Legal Services

Employee Funded MetLife Legal Plans High /Low Plan:

	LOW PLAN	HIGH PLAN
Money Matters	<ul style="list-style-type: none"> • Identity Theft Defense • Negotiations with Creditors • Promissory Notes • Debt Collection Defense • Tax Collection Defense 	<ul style="list-style-type: none"> • Identity Theft Defense • Negotiations with Creditors • Promissory Notes • Debt Collection Defense • Tax Collection Defense
Home & Real Estate	<ul style="list-style-type: none"> • Deeds • Mortgages • Foreclosure • Tenant Negotiations • Eviction Defense • Security Deposit Assistance 	<ul style="list-style-type: none"> • Deeds • Mortgages • Foreclosure • Tenant Negotiations • Eviction Defense • Security Deposit Assistance • Boundary & Title Disputes
Estate Planning	<ul style="list-style-type: none"> • Simple Wills • Complex Wills • Healthcare Proxies • Living Wills • Codicils • Powers of Attorney (Healthcare, Financial, Childcare, Immigration) 	<ul style="list-style-type: none"> • Simple Wills • Complex Wills • Healthcare Proxies • Living Wills • Codicils • Powers of Attorney (Healthcare, Financial, Childcare, Immigration)
Family & Personal	<ul style="list-style-type: none"> • Guardianship • Conservatorship • Name Change • Review of ANY Personal Legal Document • School Hearings • Demand Letters • Affidavits • Personal Property Issues • Garnishment Defense • Protection from Domestic Violence 	<ul style="list-style-type: none"> • Guardianship • Conservatorship • Name Change • Review of ANY Personal Legal Document • School Hearings • Demand Letters • Affidavits • Personal Property Issues • Garnishment Defense • Protection from Domestic Violence
Civil Lawsuits	<ul style="list-style-type: none"> • Disputes Over Consumer Goods & Services • Administrative Hearings • Incompetency Defense 	<ul style="list-style-type: none"> • Disputes Over Consumer Goods & Services • Administrative Hearings • Incompetency Defense
Elder-Care Issues	Consultation & Document Review for issues related to your parents: <ul style="list-style-type: none"> • Medicare • Medicaid • Prescription Plans • Nursing Home Agreements • Leases • Promissory Notes • Deeds • Wills • Powers of Attorney 	Consultation & Document Review for issues related to your parents: <ul style="list-style-type: none"> • Medicare • Medicaid • Prescription Plans • Nursing Home Agreements • Leases • Promissory Notes • Deeds • Wills • Powers of Attorney
Vehicle & Driving	<ul style="list-style-type: none"> • Repossession • Defense of Traffic Tickets³ • Driving Privileges Restoration • License Suspension Due to DUI 	<ul style="list-style-type: none"> • Repossession • Defense of Traffic Tickets³ • Driving Privileges Restoration • License Suspension Due to DUI

Additional Features:

Telephone advice and office consultations on an unlimited number of personal legal matters. Trials for covered matters are covered from beginning to end, regardless of length, when using a Network Attorney. For non-covered matters that are not otherwise excluded, a supplemental coverage benefit provides four hours of network attorney time and services per year.

MetLife Legal Plans is Affordable through Payroll Deductions
 Cost Per Employee Per Month: Covers Spouse and Dependents

HIGH PLAN:	LOW PLAN:
\$18.00 per month	\$9.00 per month
\$8.30 biweekly	\$4.15 biweekly

Reduced Fees:

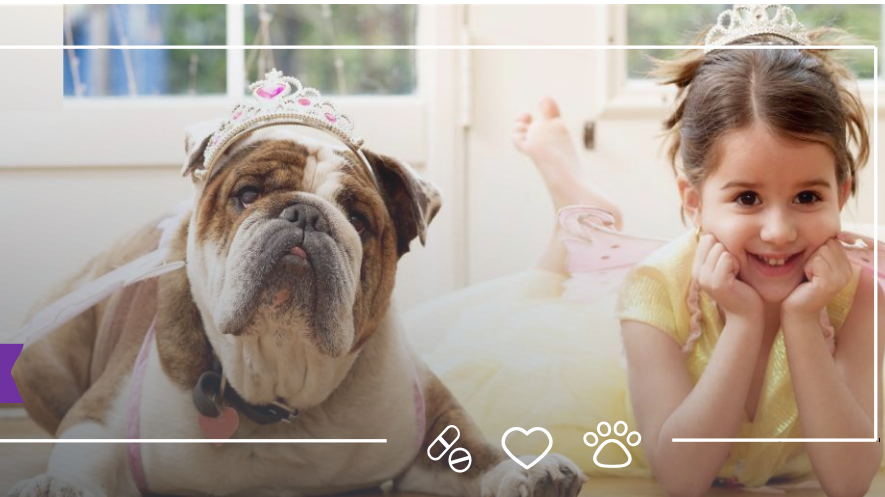
For personal injury, probate & estate administration matters, provided by Network Attorneys.

1. Financial Planning workshops are available through MetLife's PlanSmart Retireewise Workshops program. MetLife administers the PlanSmart Retireewise® Workshops program but has arranged for specially trained third-party financial professionals to offer financial education and, upon request, provide personal guidance to employees and former employees of companies providing PlanSmart Retireewise through MetLife.
2. These benefits provide the Participant with access to LifeStages Identity Management Services provided by CyberScout, LLC. CyberScout is not a corporate affiliate of MetLife Legal Plans
3. Does not cover DUI.

Group legal plans and Family Matters are provided by MetLife Legal Plans, Cleveland, OH. In certain states, group legal plans and Family Matters are provided through insurance coverage underwritten by Metropolitan Property and Casualty Insurance Company, Warwick, RI. L012000562[exp0521] [All States] [DC, GU, MP, PR, VI]

If he's always
down to play
dress up,

he deserves to be insured.



Whether playing the role of sidekick, copilot, or closet companion, pets make our family complete. Help protect them when the unexpected occurs with MetLife Pet Insurance.¹

Q. What is Pet Insurance?

A. Similar to health insurance for you and your family, Pet Insurance is coverage for dogs and cats that can help you be prepared for unexpected vet costs.

Q. Why MetLife Pet Insurance?¹

A. With MetLife, pet parents have the power of choice to customize their Pet Insurance to meet their needs. You can take advantage of benefits like:

- flexible coverage with up to 100% reimbursement²
- the freedom to visit any U.S. vet
- optional Preventive Care coverage³
- 24/7 access to Telehealth Concierge Services
- discounts and offers on pet care⁴
- MetLife Pet mobile app makes it easy to submit and track claims and manage your pet's health and wellness.

Q. How does MetLife Pet Insurance¹ work?

A. Our process is simple and straightforward. Take your pet to the vet and pay the bill, then send your claim documents to us. You can file by using our mobile app, online portal, email, fax or mail, and we'll process your claim within 10 days.⁵ Then, you'll receive reimbursement² by check or direct deposit if the claim expense is covered under the policy.

Q. When does coverage start?

A. MetLife Pet Insurance¹ provides among the shortest wait periods for accident and illness coverage.⁶ Accident coverage and optional Preventive Care coverage begin on the effective date of your policy. Illness coverage begins 14 days later.



Pet parents spend nearly \$4,500 a year on annual care.⁷

Get a quote or enroll today.

Visit
www.metlife.com/getpetquote

Call 1-800-GET-MET8

Scan the QR code



**COBB COUNTY
REFERRAL CODE
2100**

Pet Insurance

Pet Insurance can help reimburse you for covered unexpected veterinary expenses for your pet.

Q. What does it cover?

A. Coverage⁸ includes:

- accidental injuries
- illnesses
- exam fees
- surgeries
- medications
- ultrasounds
- hospital stays
- X-rays and diagnostic tests

And our coverage⁸ also includes:

- hip dysplasia
- hereditary conditions
- congenital conditions
- holistic care
- chronic conditions
- alternative therapies
- and much more!

Q. What does it not cover?

- ### A. Pre-existing conditions may not be covered
- to learn more about what's not covered, visit
- metlifepetinsurance.com/coverage-exclusions
- .

Q. Can I still use my vet?

- ### A. You can visit any U.S. licensed vet, emergency clinic or specialist
- and you and your veterinarian of choice can determine the best treatment plan and medical course of action for your pet. Once you've received and paid your bill, send it to us and we will process your claim for reimbursement
- ²
- if the claim expense is covered under the policy.

Q. How much Pet Insurance do I need?

- ### A. We believe that every individual and their pet have unique needs. Hence, we provide the ability to customize your coverage.
- Coverage is flexible and customizable so that you can choose the plan that works for you. Options include:
- levels of coverage from **\$500–unlimited⁹**
 - **\$0–\$2,500** deductible options¹⁰
 - reimbursement percentages from **50%–100%²**

Q. How much will it cost?

- ### A. Each pet's premium will be unique based on the age, breed, location, as well as what coverage amount you select.¹¹
- Plus, if you go claim-free in a policy year, we'll automatically decrease your deductible by \$25 or \$50.
- ¹²

Q. Are there any discounts?

- ### A. Yes, a variety of discounts are available, including:
- Employer Benefit Discount¹³/Affinity Group Discount¹³
 - Internet Purchase Discount¹⁴
 - Military, Veteran & First Responder Discount¹⁵
 - Healthcare Workers Discount¹⁶
 - Animal Care Discount¹⁷

Q. How do I pay for my coverage?

- ### A. You can set up an automatic payment
- from your bank or credit card with us.

Q. How does the MetLife Pet mobile app work?

- ### A. When you download our app, you can manage your Pet Insurance account from anywhere.

Plus, we make it easy to:

- Submit and track claims
- Manage your pet's health records
- Talk to an expert with 24/7 Telehealth Concierge Services
- Find nearby pet services

Q. Is my coverage portable if I leave my employer?

- ### A. Yes. You can take your policy with you.
- If you receive a group discount due to signing up for Pet Insurance through your employer, that discount will not carry over into your next policy renewal.

1. Pet Insurance offered by MetLife Pet Insurance Solutions LLC is underwritten by Independence American Insurance Company ("IAIC"), a Delaware insurance company, headquartered at 485 Madison Avenue, NY, NY 10022, and Metropolitan General Insurance Company ("MetGen"), a Rhode Island insurance company, headquartered at 700 Quaker Lane, Warwick, RI 02886, in those states where MetGen's policies are available. MetLife Pet Insurance Solutions LLC is the policy administrator authorized by IAIC and MetGen to offer and administer pet insurance policies. MetLife Pet Insurance Solutions LLC was previously known as PetFirst Healthcare, LLC and in some states continues to operate under that name pending approval of its application for a name change. The entity may operate under an alternate, assumed, and/or fictitious name in certain jurisdictions as approved, including MetLife Pet Insurance Services LLC (New York and Minnesota), MetLife Pet Insurance Solutions Agency LLC (Illinois), and such other alternate, assumed, or fictitious names approved by certain jurisdictions.

2. Reimbursement options include: 70%, 80%, 90% and 100%. In addition, there is also a 50% option for MetGen underwritten policies only and a 65% option for IAIC underwritten policies only.

3. Can be purchased at an additional cost. For IAIC underwritten policies, optional Preventive Care coverage is based on a Schedule of Benefits. For MetGen underwritten policies, optional Preventive Care coverage is included in the annual limit.

4. May not be available in all states.

5. Approximately 80% of claims are processed within 10 days or less.

6. Based on a January 2022 review of publicly available summary information about competitors' offerings. Competitors did not furnish copies of their policies for review. If you have questions about a particular competitor's policy or coverage, please contact them or their representative directly.

7. 2021 internal survey conducted by OnePoll in partnership with MetLife Pet Insurance.

8. Provided all terms of the policy are met. Application is subject to underwriting review and approval. Like most insurance policies, insurance policies issued by IAIC and MetGen contain certain deductibles, co-insurance, exclusions, exceptions, reductions, limitations, and terms for keeping them in force. For costs, complete details of coverage and exclusions, and a listing of approved states, please contact MetLife Pet Insurance Solutions LLC.

9. Annual limit options range from \$1,000 to \$25,000 in \$1,000 increments. In addition, there is also a \$500 annual limit option for MetGen underwritten policies. Unlimited benefit option subject to availability.

10. Deductible options range include: \$0 - \$750 in \$50 increments and \$1,000, \$1,250, \$1,500, \$2,000 and \$2,500.

11. For IAIC underwritten policies only, premium will also be based upon the pet's gender.

12. Your pet's deductible automatically decreases by \$25 (for IAIC underwritten policies) or \$50 (for MetGen underwritten policies) each policy year that you don't receive a claim reimbursement. May not be available in all states.

13. This discount is not available in MN or TN. This discount is only available to individuals who are eligible members or employees of an entity that has arranged for MetLife to offer pet insurance to its population (For IAIC underwritten policies, the discount is 10% for Groups > 1000 lives and 5% for Groups 51-999 lives. For MetGen underwritten policies, this discount is 10% for Employer Groups of all sizes and 5% for Associations of all sizes).

14. When coverage is purchased on-line, a premium discount will apply during the first year of the policy.

15. For MetGen underwritten policies, a discount is available to serving and retired members of the Armed Forces & First Responders. Discount may not be available in all states.

16. For MetGen underwritten policies, a discount is available to active healthcare workers.

17. A discount is applicable to staff/owners of animal care facilities.