



**PERFECT GAME**

# Employee Benefits Plan Overview

(Effective January 1, 2025 through December 31, 2025)

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## **PG Health Plan**

Eligible employees may elect coverage for themselves and their spouses and/or dependents under one of three available PG sponsored health plans primarily insured by Wellmark Blue Cross/Blue Shield. Perfect Game buys down the deductible, co-insurance and out-of-pocket maximum on the Wellmark plan to offer employees three plans that provide lower annual deductibles, co-insurance share and out-of-pocket maximums than the stand alone Wellmark plan. The self-insured portion of the PG health plans (buydown) administered by Auxiant. Full-time employees of Perfect Game are eligible for coverage on the first day of the month immediately following sixty (60) consecutive days of employment. Upon continued employment, employees may update their elections for coverage during the annual open enrollment period or if experiencing a qualifying event.

## **PG Dental Plan**

Eligible employees may elect coverage for themselves and their spouses and/or dependents under the PG sponsored dental plan insured by Wellmark Blue Dental. Full-time employees of Perfect Game are eligible for coverage on the first day of the month immediately following sixty (60) consecutive days of employment. Upon continued employment, employees may update their elections for coverage during the annual open enrollment period or if experiencing a qualifying event.

## **PG Vision Plan**

Eligible employees may elect coverage for themselves and their spouses and/or dependents under the PG sponsored vision plan administered by Principal Financial - VSP Network. Full-time employees of Perfect Game are eligible for coverage on the first day of the month immediately following sixty (60) consecutive days of employment. Upon continued employment, employees may update their elections for coverage during the annual open enrollment period or if experiencing a qualifying event.

## **Life, Accidental Death and Disability**

Eligible employees will be provided with life/accidental death/dismemberment insurance and short/long-term disability income insurance which replaces a percentage of regular income, under certain circumstances, if you become ill, injured or unable to work while you are an active, eligible employee of Perfect Game. The terms of coverage under these plans are the discretion of the company as premiums are paid in full by Perfect Game. As of January 1, 2024, eligible employees can supplement their life/accidental death/dismemberment insurance by electing additional coverage as a buy-up option. Employees may elect for themselves, spouses and/or dependent children. This is paid by the eligible employee through post-tax payroll deductions. Full-time employees of Perfect Game are eligible for coverage on the first day of the month immediately following sixty (60) consecutive days of employment. Coverage will continue while an individual is an active, full-time employee of Perfect Game.

## **Flexible Spending Account (FSA)**

Eligible employees may select pre-tax payroll deductions to be set aside for reimbursement of eligible medical and/or dependent care expenses. Perfect Game flex spending accounts are administered by TASC. Employee elected contributions are withheld from regular, bi-weekly payroll beginning with the first payroll on schedule to occur on or after the first day of the month immediately following the first sixty (60) consecutive days of employment. Please note that elections made in the midst of the calendar year will be divided among the remaining payroll periods left in that year. Upon continued employment, employees may update their annual election for flex spending during the annual benefits open enrollment period.

## **Aflac Supplemental Plans**

Eligible employees may elect coverage under the following Aflac supplemental plans: Accident Advantage, Hospital Choice, and Lump Sum Critical Illness. These plans are guarantee issue and do not require individual underwriting. Eligible employees of Perfect Game are eligible for coverage on the first day of the month immediately following sixty (60) consecutive days of employment. Upon continued employment, employees may make changes to their Aflac plans as applicable, during the annual benefits open enrollment period.

## **401(k) Retirement Savings Plan (after one-year of service)**

Eligible employees must be 21 years of age, completed one (1) full year of service with the company and have worked a minimum of 1,000 total hours in order to be able to make and receive contributions in the Perfect Game 401(k) Plan. Once eligible, employees may enter the plan on the first of the month immediately following their one year anniversary date. The plan is administered by Avantax. Enrollment is completed online via the administrator's website. Please refer to the attached enrollment documents for additional information.

## **First-Time Enrollment for New Hires**

New employees of Perfect Game will receive an e-mail from Human Resources prior to benefits coverage eligibility or when it is time to enroll. Enrollment for all PG benefit plans, with the exception of the 401(k) retirement plan is completed online within the iSolved Employee Self-Service portal at <https://newtek.mysolved.com/>.

All eligible employees must complete the initial benefits enrollment process even if they do not want coverage under the offered benefit plans. Eligible employees must also complete enrollment during the annual open enrollment period held once each year prior to the January 1st renewal date.

*\*This document is provided as a source of information only and does not constitute legal, tax, or other professional advice. If legal, tax, or professional advice is required, you should seek the services of a legal, tax, or financial professional. Benefits described in this document are subject to change, modification, or elimination at the discretion of the company. Complete information on all current benefit plans may be obtained directly from Human Resources. If there are any differences between the information contained in this document and the official plan documents, the plan documents will govern. Receipt of this document is not a promise or guarantee of employment and/or coverage. Please contact Stacy Ruter in Human Resources at (336) 558-5444 or email [sruter@perfectgame.org](mailto:sruter@perfectgame.org) to request benefit documents. Perfect Game Inc is an Equal Opportunity Employer.*



# New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved  
OMB No. 1210-0149  
(expires 11-30-2023)

## PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

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

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

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

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.<sup>1</sup>

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

### How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact Human Resources or Newtek Insurance Agency Employee Benefits Team at (855)-763-9835 or by e-mail at [groupbenefits@newtekemail.com](mailto:groupbenefits@newtekemail.com).

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

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<sup>1</sup> An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

## PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name Perfect Game Incorporated		4. Employer Identification Number (EIN) 42-1443338	
5. Employer address 667 Progress Way		6. Employer phone number 319-298-2923	
7. City Sanford	8. State FL	9. ZIP code 32771	
10. Who can we contact about employee health coverage at this job? Stacy Ruter – Director of Human Resources			
11. Phone number (if different from above) (336) 558-5444		12. Email address sruter@perfectgame.org	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:

☐ All employees. Eligible employees are:

☒ Some employees. Eligible employees are:

Full-time employees - A full-time employee is an individual reasonably expected to work a minimum of 30 hours per week. For this purpose, "hours" include each hour for which the employee is paid to work or entitled to pay, such as paid holidays. Employees with variable hours may be considered full-time if they work an average of 30 hours per week or more during the 12-month look-back measurement period established by Perfect Game.

- With respect to dependents:

☒ We do offer coverage. Eligible dependents are:

Employee's legal spouse, domestic partner (with requirements met) and dependent children through the end of month in which they become 26 years of age.

☐ We do not offer coverage.

☒ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

\*\* Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

**PERFECT GAME HEALTH BENEFIT PLANS (Effective 01/01/2025 through 12/31/2025)**

	<b><u>OPTION 1</u></b> Wellmark – Alliance Select Primary 750 (PSF/Buydown Plan)		<b><u>OPTION 2</u></b> Wellmark – Alliance Select Primary 1500 (PSF/Buydown Plan)		<b><u>OPTION 3</u></b> Wellmark – Alliance Select Primary 2500 (PSF/Buydown Plan)	
<b>Deductible (Annual)</b>	\$750 Individual/\$1,500 Family (In or Out-of-Network)		\$1,500 Individual/\$3,000 Family (In or Out-of-Network)		\$2,500 Individual/\$5,000 Family (In or Out-of-Network)	
<b>Co-Insurance</b>	70%/30% In-Network 50%/50% Out-of-Network		70%/30% In-Network 50%/50% Out-of-Network		70%/30% In-Network 50%/50% Out-of-Network	
<b>Out-of-Pocket Maximum</b>	\$1,500 Individual/\$3,000 Family (In or Out-of-Network)		\$3,000 Individual/\$6,000 Family (In or Out-of-Network)		\$4,600 Individual/\$9,200 Family (In or Out-of-Network)	
<b>Office Visits</b>	\$35 Co-pay for Office/Chiro (In-network) \$70 Co-pay for Specialist (In-network) 50% Co-insurance (Out-of-network)		\$35 Co-pay for Office/Chiro (In-network) \$70 Co-pay for Specialist (In-network) 50% Co-insurance (Out-of-network)		\$35 Co-pay for Office/Chiro (In-network) \$70 Co-pay for Specialist (In-network) 50% Co-insurance (Out-of-network)	
<b>Laboratory &amp; X-Ray</b>	Deductible/Co-Insurance (in or out)		Deductible/Co-Insurance (in or out)		Deductible/Co-Insurance (in or out)	
<b>Preventative Care</b>	\$0 Co-pay (in)/50% Co-insurance (out)		\$0 Co-pay (in)/50% Co-insurance (out)		\$0 Co-pay (in)/50% Co-insurance (out)	
<b>Emergency Room Visit</b>	\$500 Co-pay (in or out)		\$500 Co-pay (in or out)		\$500 Co-pay (in or out)	
<b>Hospital (Inpatient &amp; Outpatient)</b>	Deductible/Co-Insurance (in or out)		Deductible/Co-Insurance (in or out)		Deductible/Co-Insurance (in or out)	
<b>Prescription Drugs</b>	Generic Preferred Brand Non-Preferred Brand Speciality Brand Deductible	\$8 Co-pay \$35 Co-pay \$50 Co-pay \$85 Co-pay \$100 Annual	Generic Preferred Brand Non-Preferred Brand Speciality Brand Deductible	\$8 Co-pay \$35 Co-pay \$50 Co-pay \$85 Co-pay \$100 Annual	Generic Preferred Brand Non-Preferred Brand Speciality Brand Deductible	\$8 Co-pay \$35 Co-pay \$50 Co-pay \$85 Co-pay \$100 Annual
<b>Monthly Cost by Plan</b>	<b>Monthly Premium</b>	<b>Employee Share of Monthly Premium</b>	<b>Monthly Premium</b>	<b>Employee Share of Monthly Premium</b>	<b>Monthly Premium</b>	<b>Employee Share of Monthly Premium</b>
Employee Only	\$950.61	\$ 464.31	\$ 747.95	\$ 288.25	\$ 711.65	\$ 256.71
Employee/Spouse	\$1,986.48	\$ 1,364.28	\$ 1,532.94	\$ 970.25	\$ 1,472.72	\$ 917.94
Employee/Children	\$1,797.28	\$ 1,199.91	\$ 1,386.94	\$ 843.40	\$ 1,332.45	\$ 796.07
Family	\$2,743.21	\$ 1,864.04	\$ 2,116.91	\$ 1,363.41	\$ 2,033.73	\$ 1,236.56
<b>Deduction from Employee Bi-Weekly Pay</b>	Employee Only Employee/Spouse Employee/Children Family	\$ 214.31 \$ 629.67 \$ 553.80 \$ 860.33	Employee Only Employee/Spouse Employee/Children Family	\$ 133.04 \$ 447.81 \$ 389.26 \$ 629.27	Employee Only Employee/Spouse Employee/Children Family	\$ 118.48 \$ 423.66 \$ 367.41 \$ 570.72

PLEASE NOTE: Benefits described in this document are subject to change, modification, or elimination. Complete information on benefit plans may be obtained from Perfect Game Inc. Human Resources. If there are any differences between the information contained in this document and the official plan documents, the official plan documents will govern. Receipt of this document is not a promise or guarantee of employment and/or benefits coverage/eligibility.

**PERFECT GAME DENTAL AND VISION BENEFIT PLANS (Effective 01/01/2025 through 12/31/2025)**

Wellmark Blue Dental				Principal Financial - VSP Network - Vision Plan			
Annual Deductible	\$25 per covered individual /\$75 per family			Well Vision Exam	\$10 Co-Pay in network (Eligible every 12 months)		
Benefit Year Maximum	\$2,000 per covered individual			Prescription Glasses	\$25 Co-Pay in network (See Frame/Lenses information below)		
Oral Evaluations	Deductible Waived 0% Co-insurance			Frames	\$150 general allowance; 20% Off Balance (Eligible every 24 months)		
Cavity Repair	Annual Deductible + 20% Co-insurance			Lenses	Single vision, lined bifocal and lined trifocal lenses Polycarbonate lenses for dependent children (Included with prescription glasses co-pay above) (Eligible every 12 months)		
Root Canals, Endodontic, Gum/Bone Disease, Restorations/Bridges, Dentures & Orthodontics	Annual Deductible + 50% Co-insurance			Lens Enhancements	Standard Progressive lenses = \$0		
Orthodontic Lifetime Maximum	\$1,000 per covered individual			Contact Lenses (instead of glasses)	\$150 allowance for contacts; Co-Pay does not apply Includes contact lens exam (fitting and evaluation) Maximum \$60 Co-Pay for Exam (Eligible every 12 months)		
<b>COST OF COVERAGE</b>	<b>Monthly Premium</b>			<b>COST OF COVERAGE</b>	<b>Monthly Premium</b>		
Employee Only	\$ 36.00			Employee Only	\$ 6.51		
Employee/Spouse	\$ 73.22			Employee/Spouse	\$ 14.32		
Employee/Children	\$ 70.16			Employee/Children	\$ 15.88		
Family	\$ 122.44			Family	\$ 25.56		
<b>Deduction From Employee Bi-Weekly Pay</b>	<b>Employee</b>	Employee Share of Monthly Premium	Deduction from Employee Bi-Weekly Pay	<b>Deduction From Employee Bi-Weekly Pay</b>	<b>Employee</b>	Employee Share of Monthly Premium	Deduction from Employee Bi-Weekly Pay
	Emp/Spouse	\$ 10.80	\$ 4.98		Emp/Spouse	\$ 1.95	\$ 0.90
	Emp/Children	\$ 21.97	\$ 10.14		Emp/Children	\$ 4.30	\$ 1.98
	Family	\$ 21.05	\$ 9.71		Family	\$ 4.76	\$ 2.20
		\$ 36.73	\$ 16.95			\$ 7.67	\$ 3.54

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# RETIREMENT PLAN SUMMARY

## Perfect Game, Inc. 401(k) Plan



### Eligibility

All eligible employees will need to complete 1 year of service and have attained age 21 to be eligible to make and receive contributions in the plan. You will enter the plan on the 1<sup>st</sup> of the month after reaching 21 and completing a year of service.

### Employee Contributions

You may defer from 1% to 100% of compensation on a pre-tax basis or as Roth contributions however they are subject to an IRS combined maximum of \$23,500 in 2025 as indexed each year by the IRS. All employees who turn 50 in 2025 or are 50 years or older are eligible to defer an additional \$7,500 as indexed each year by the IRS in the form of a Catch-Up contribution. You may obtain a copy of the current year limits by logging into your account at <https://www.benefitwebaccess.com/hkfs/> and clicking on "Forms" and viewing the COLA document, or by contacting your Plan Administrator.

### Company Contributions

The Employer will make a safe harbor matching contribution equal to 100% of your salary deferrals that do not exceed 3% of your compensation plus 50% of your next 2% of salary deferrals. The Employer may elect to make a discretionary nonelective contribution. In order to be eligible for the nonelective contribution you must have worked 1,000 hours during the plan year and be employed on the last day of the plan year.

### Change Dates

Permitted at any time and will be effective as soon as administratively feasible.

### Vesting

You are always 100% vested in your employee deferral account (both pre-tax and Roth) and your safe harbor nonelective contributions. Your additional discretionary nonelective contributions are subject to the following vesting schedule:

<i>Years of Service</i>	<i>Percentage Vested</i>
1 but less than 2	0%
2 but less than 3	20%
3 but less than 4	40%
4 but less than 5	60%
5 but less than 6	80%
6 or more years	100%

### Rollovers

Rollovers from all qualified retirement plans are permitted.

### Participant Loans

Loans are permitted however only 2 loan may be outstanding at a time and loans must be made for at least \$1,000. Loan repayments will be deducted from your paycheck and shall be charged an interest rate of prime plus 1%. Refinancing is not permitted.

Loans must be repaid within 5 years except for loans used to purchase a primary residence. Loans used to purchase a primary residence must be repaid in 20 years. For more information on loan parameters please see your plan's loan policy.

## Hardship Distributions

Hardship distributions are allowed regardless of your age. Hardship distributions are based on financial need and are available from all sources except for rollover balances. Hardship distributions are limited to the following events: medical expenses, home purchase costs, to prevent eviction or foreclosure, college tuition, funeral expenses, expenses for federally declared disasters under FEMA if your residence or place of business was in an area FEMA declared as a disaster and home repairs due to a casualty loss. There is no limit on the number of hardship distributions you may request in a year.

## In-Service Distributions

Distributions are allowed from your employee deferrals (both pre-tax and Roth), nonelective contributions and safe harbor matching contributions while you're still employed when you have attained age 59 1/2. **However**, you must be 100% vested in the contribution source to be eligible for a distribution. Dollars that you roll over into our plan are available for distribution at any time.

## Termination Distributions

Distributions will be made as soon as possible following a participant's termination of employment. If your vested account balance is less than \$1,000, you will receive a distribution package and if you do not complete the paperwork indicating that you want to roll your money to another institution within 45 days your money will be distributed to you in a lump sum payment. If your balance is greater than \$1,000, you may elect a lump-sum distribution, direct rollover, or you may postpone distribution to a later date. Most distributions may be rolled over to an IRA or another Plan.

## Investments

All employee and employer contributions are invested as directed by the 401(k) participant, in either the Avantax Planning Partners<sup>SM</sup> managed model portfolios or among a menu of individual mutual funds. If you do not select a portfolio and funds are contributed on your behalf, your funds will be invested in the Moderate portfolio option.

Investment earnings are credited to participant accounts daily, and participants may view their accounts and make changes to their investment fund allocations on the website.

## Summary Plan Description

You may obtain a copy of your plan's Summary Plan Description by logging onto your account at: <https://www.benefitwebaccess.com/hkfs/> and clicking on "Forms" or by contacting your Plan Administrator.





The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **NOTE: Information about the cost of this plan (called the premium) will be provided separately.**

**This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, [www.Auxiant.com](http://www.Auxiant.com) or call 1-800-245-0533. For general definitions of common terms, such as allowed amount, balance billing, Coinsurance, Co-Payment, Deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at [www.Auxiant.com](http://www.Auxiant.com) or call 1-800-475-2232 to request a copy.

Important Questions	Answers	Why This Matters:
<b>What is the overall <u>Deductible</u>?</b>	<p>The insurance <u>plan</u> starts at:  <u>Network: \$5,000/Individual</u> per Calendar Year or <b>\$15,000/Family</b> per Calendar Year</p> <p><u>Out-of-network: \$5,000/Individual</u> per Calendar Year or <b>\$15,000/Family</b> per Calendar Year.</p> <p>The employer then “buys down” the <u>Deductible</u>, so your actual <u>Deductible</u> becomes <b>\$750</b> per individual for a Calendar Year and <b>\$1,500</b> for a family per Calendar Year.</p>	<p>This benefit is in addition to the Wellmark Blue Cross BlueShield <u>plan</u> already in place. Refer to the Wellmark Blue Cross Blue Shield of Iowa Summary of Benefits and Coverage for covered services for your particular <u>plan</u>.</p> <p>Generally, you must pay all of the costs from <u>providers</u> up to the <u>Deductible</u> amount before this <u>plan</u> begins to pay. This buy down benefit will then be paid as reimbursement to the covered service <u>provider</u>. Check your policy or <u>plan</u> document to see when the <u>Deductible</u> starts over.</p>
<b>Are there other <u>Deductibles</u> for specific services?</b>	<b>Yes. \$100/Individual</b> or <b>\$200/Family</b> for prescriptions. Deductible is waived for Tier 1 drugs.	You must pay all of the costs for these services up to the specific prescription <u>Deductible</u> amount before this <u>plan</u> begins to pay for these services.
<b>What is the <u>out-of-pocket limit</u> for this <u>plan</u>?</b>	<p><u>Network: \$8,550/Individual</u> per Calendar Year or <b>\$17,100/Family</b> per Calendar Year</p> <p><u>Out-of-network: \$8,550/Individual</u> per Calendar Year or <b>\$17,100/Family</b> per Calendar Year.</p>	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. This limit helps you plan for health care expenses. The <u>Deductible</u> , prescription <u>Deductible</u> , prescription <u>Co-Payments</u> and medical network <u>Co-Payments</u> are included in the <u>out-of-pocket limit</u> .

Important Questions	Answers	Why This Matters:
	The employer then “buys down” the out-of-pocket, so your actual <u>out-of-pocket</u> becomes <b>\$1,500</b> per individual for a Calendar Year, and <b>\$3,000</b> for a family per Calendar Year.	
<b>What is not included in the <u>out-of-pocket limit</u>?</b>	Benefits not covered under the Wellmark Blue Cross and Blue Shield <u>Plan</u> .	See your Wellmark Blue Cross Blue Shield <u>Plan</u> for covered benefits and limitations or exclusions. Even though you pay these expenses, they don’t count toward the <u>out-of-pocket limit</u> .
<b>What is the <u>Coinsurance</u> benefit?</b>	In-network: <b>30%</b> <u>Out-of-network: 50%</u>	<u>Coinsurance</u> is your share of the costs of a covered service, calculated as a percent of the <u>allowed amount</u> for the service. For example, if the plan’s <u>allowed amount</u> for an overnight hospital stay is \$1,000, your <u>Coinsurance</u> payment of 10% would be \$100. This may change if you haven’t met your <u>Deductible</u> .
<b>What is the Preventive Care <u>Co-Payment</u> benefit?</b>	<u>In-network: \$0</u> <u>Out-of-network: 50% coinsurance</u>	<u>Co-Payments</u> are fixed dollar amounts (for example, \$10) you pay for covered health care, usually when you receive the service. Member is responsible for full <u>Co-Payment</u> at time of service; Auxiant will reimburse the member the difference. <u>Co-Payments</u> apply to the “buy down” portion of the <u>out-of-pocket limit</u> .
<b>What is the Primary Care Physician visit <u>Co-Payment</u> benefit?</b>	<u>In-network: \$35</u> <u>Out-of-network: 50% coinsurance</u>	
<b>What is the Chiropractor visit <u>Co-Payment</u> benefit?</b>	<u>In-network: \$35</u> <u>Out-of-network: 50% coinsurance</u>	
<b>What is the Specialist visit <u>Co-Payment</u> benefit?</b>	<u>In-network: \$70</u> <u>Out-of-network: 50% coinsurance</u>	
<b>What is the Emergency Room visit <u>Co-Payment</u>?</b>	<b>\$500</b>	
<b>What are the Prescription <u>Co-Payment</u> amounts?</b>	Generic: <b>\$8</b>	
	Preferred Brand: <b>\$35</b>	
	Non-Preferred Brand: <b>\$50</b>	
	Preferred Specialty: <b>\$85</b>	
	Non-Preferred Specialty: <b>\$85</b>	



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **NOTE: Information about the cost of this plan (called the premium) will be provided separately.**

**This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, [www.Auxiant.com](http://www.Auxiant.com) or call 1-800-245-0533. For general definitions of common terms, such as allowed amount, balance billing, Coinsurance, Co-Payment, Deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at [www.Auxiant.com](http://www.Auxiant.com) or call 1-800-475-2232 to request a copy.

Important Questions	Answers	Why This Matters:
<b>What is the overall <u>Deductible</u>?</b>	<p>The insurance <u>plan</u> starts at:  <u>Network</u>: <b>\$5,000</b>/Individual per Calendar Year or <b>\$15,000</b>/Family per Calendar Year.</p> <p><u>Out-of-network</u>: <b>\$5,000</b>/Individual per Calendar Year or <b>\$15,000</b>/Family per Calendar Year.</p> <p>The employer then “buys down” the <u>Deductible</u>, so your actual <u>Deductible</u> becomes <b>\$1,500</b> per individual for a Calendar Year and <b>\$3,000</b> for a family per Calendar Year.</p>	<p>This benefit is in addition to the Wellmark Blue Cross BlueShield <u>plan</u> already in place. Refer to the Wellmark Blue Cross Blue Shield of Iowa Summary of Benefits and Coverage for covered services for your particular <u>plan</u>.</p> <p>Generally, you must pay all of the costs from <u>providers</u> up to the <u>Deductible</u> amount before this <u>plan</u> begins to pay. This buy down benefit will then be paid as reimbursement to the covered service <u>provider</u>. Check your policy or <u>plan</u> document to see when the <u>Deductible</u> starts over.</p>
<b>Are there other <u>Deductibles</u> for specific services?</b>	<b>Yes. \$100</b> /Individual or <b>\$200</b> /Family for prescriptions. Deductible is waived for Tier 1 drugs.	You must pay all of the costs for these services up to the specific prescription <u>Deductible</u> amount before this <u>plan</u> begins to pay for these services.
<b>What is the <u>out-of-pocket limit</u> for this <u>plan</u>?</b>	<p><u>Network</u>: <b>\$8,550</b>/Individual per Calendar Year or <b>\$17,100</b>/Family per Calendar Year.</p> <p><u>Out-of-network</u>: <b>\$8,550</b>/Individual per Calendar Year or <b>\$17,100</b>/Family per Calendar Year.</p>	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. This limit helps you plan for health care expenses. The <u>Deductible</u> , prescription <u>Deductible</u> , prescription <u>Co-Payments</u> and medical network <u>Co-Payments</u> are included in the <u>out-of-pocket limit</u> .

Important Questions	Answers	Why This Matters:
	The employer then “buys down” the <u>out-of-pocket</u> , so your actual <u>out-of-pocket</u> becomes <b>\$3,000</b> per individual for a Calendar Year, and <b>\$6,000</b> for a family per Calendar Year.	
<b>What is not included in the <u>out-of-pocket limit</u>?</b>	Benefits not covered under the Wellmark Blue Cross and Blue Shield <u>Plan</u> .	See your Wellmark Blue Cross Blue Shield <u>Plan</u> for covered benefits and limitations or exclusions. Even though you pay these expenses, they don’t count toward the <u>out-of-pocket limit</u> .
<b>What is the <u>Coinsurance</u> benefit?</b>	<u>In-network</u> : <b>30%</b> <u>Out-of-network</u> : <b>50%</b>	<u>Coinsurance</u> is your share of the costs of a covered service, calculated as a percent of the <u>allowed amount</u> for the service. For example, if the plan’s <u>allowed amount</u> for an overnight hospital stay is \$1,000, your <u>Coinsurance</u> payment of 10% would be \$100. This may change if you haven’t met your <u>Deductible</u> .
<b>What is the Preventive Care visit <u>Co-Payment</u> benefit?</b>	<u>In-network</u> : <b>\$0</b> <u>Out-of-network</u> : <b>50% coinsurance</b>	<u>Co-Payments</u> are fixed dollar amounts (for example, \$10) you pay for covered health care, usually when you receive the service. Member is responsible for full <u>Co-Payment</u> at time of service; Auxiant will reimburse the member the difference. <u>Co-Payments</u> apply to the “buy down” portion of the <u>out-of-pocket limit</u> .
<b>What is the Primary Care Physician visit <u>Co-Payment</u> benefit?</b>	<u>In-network</u> : <b>\$35</b> <u>Out-of-network</u> : <b>50% coinsurance</b>	
<b>What is the Chiropractor visit <u>Co-Payment</u> benefit?</b>	<u>In-network</u> : <b>\$35</b> <u>Out-of-network</u> : <b>50% coinsurance</b>	
<b>What is the Specialist visit <u>Co-Payment</u> benefit?</b>	<u>In-network</u> : <b>\$70</b> <u>Out-of-network</u> : <b>50% coinsurance</b>	
<b>What is the Emergency Room visit <u>Co-Payment</u>?</b>	<b>\$500</b>	
<b>What are the Prescription <u>Co-Payment</u> amounts?</b>	Generic: <b>\$8</b>	
	Preferred Brand: <b>\$35</b>	
	Non-Preferred Brand: <b>\$50</b>	
	Preferred Specialty: <b>\$85</b>	
	Non-Preferred Specialty: <b>\$85</b>	



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **NOTE: Information about the cost of this plan (called the premium) will be provided separately.**

**This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, [www.Auxiant.com](http://www.Auxiant.com) or call 1-800-245-0533. For general definitions of common terms, such as allowed amount, balance billing, Coinsurance, Co-Payment, Deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at [www.Auxiant.com](http://www.Auxiant.com) or call 1-800-475-2232 to request a copy.

Important Questions	Answers	Why This Matters:
<b>What is the overall <u>Deductible</u>?</b>	<p>The insurance <u>plan</u> starts at:  <u>Network</u>: <b>\$5,000</b>/Individual per Calendar Year or <b>\$15,000</b>/Family per Calendar Year.</p> <p><u>Out-of-network</u>: <b>\$5,000</b>/Individual per Calendar Year or <b>\$15,000</b>/Family per Calendar Year.</p> <p>The employer then “buys down” the <u>Deductible</u>, so your actual <u>Deductible</u> becomes <b>\$2,500</b> per individual for a Calendar Year and <b>\$5,000</b> for a family per Calendar Year.</p>	<p>This benefit is in addition to the Wellmark Blue Cross BlueShield <u>plan</u> already in place. Refer to the Wellmark Blue Cross Blue Shield of Iowa Summary of Benefits and Coverage for covered services for your particular <u>plan</u>.</p> <p>Generally, you must pay all of the costs from <u>providers</u> up to the <u>Deductible</u> amount before this <u>plan</u> begins to pay. This buy down benefit will then be paid as reimbursement to the covered service <u>provider</u>. Check your policy or <u>plan</u> document to see when the <u>Deductible</u> starts over.</p>
<b>Are there other <u>Deductibles</u> for specific services?</b>	<b>Yes. \$100</b> /Individual or <b>\$200</b> /Family for prescriptions. Deductible is waived for Tier 1 drugs.	You must pay all of the costs for these services up to the specific prescription <u>Deductible</u> amount before this <u>plan</u> begins to pay for these services.
<b>What is the <u>out-of-pocket limit</u> for this <u>plan</u>?</b>	<p><u>Network</u>: <b>\$8,550</b>/Individual per Calendar Year or <b>\$17,100</b>/Family per Calendar Year.</p> <p><u>Out-of-network</u>: <b>\$8,550</b>/Individual per Calendar Year or <b>\$17,100</b>/Family per Calendar Year.</p>	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. This limit helps you plan for health care expenses. The <u>Deductible</u> , prescription <u>Deductible</u> , prescription <u>Co-Payments</u> and medical network <u>Co-Payments</u> are included in the <u>out-of-pocket limit</u> .

Important Questions	Answers	Why This Matters:
	The employer then “buys down” the <u>out-of-pocket</u> , so your actual <u>out-of-pocket</u> becomes <b>\$4,600</b> per individual for a Calendar Year, and <b>\$9,200</b> for a family per Calendar Year.	
<b>What is not included in the <u>out-of-pocket limit</u>?</b>	Benefits not covered under the Wellmark Blue Cross and Blue Shield <u>Plan</u> .	See your Wellmark Blue Cross Blue Shield <u>Plan</u> for covered benefits and limitations or exclusions. Even though you pay these expenses, they don’t count toward the <u>out-of-pocket limit</u> .
<b>What is the <u>Coinsurance</u> benefit?</b>	In-network: <b>30%</b> Out-of-network: <b>50%</b>	<u>Coinsurance</u> is your share of the costs of a covered service, calculated as a percent of the <u>allowed amount</u> for the service. For example, if the plan’s <u>allowed amount</u> for an overnight hospital stay is \$1,000, your <u>Coinsurance</u> payment of 10% would be \$100. This may change if you haven’t met your <u>Deductible</u> .
<b>What is the Preventive Care visit <u>Co-Payment</u> benefit?</b>	In-network: <b>\$0</b> Out-of-network: <b>50% coinsurance</b>	<u>Co-Payments</u> are fixed dollar amounts (for example, \$10) you pay for covered health care, usually when you receive the service. Member is responsible for full <u>Co-Payment</u> at time of service; Auxiant will reimburse the member the difference. <u>Co-Payments</u> apply to the “buy down” portion of the <u>out-of-pocket limit</u> .
<b>What is the Primary Care Physician visit <u>Co-Payment</u> benefit?</b>	In-network: <b>\$35</b> Out-of-network: <b>50% coinsurance</b>	
<b>What is the Chiropractor visit <u>Co-Payment</u> benefit?</b>	In-network: <b>\$35</b> Out-of-network: <b>50% coinsurance</b>	
<b>What is the Specialist visit <u>Co-Payment</u> benefit?</b>	In-network: <b>\$70</b> Out-of-network: <b>50% coinsurance</b>	
<b>What is the Emergency Room visit <u>Co-Payment</u>?</b>	<b>\$500</b>	
<b>What are the Prescription <u>Co-Payment</u> amounts?</b>	Generic: <b>\$8</b>	
	Preferred Brand: <b>\$35</b>	
	Non-Preferred Brand: <b>\$50</b>	
	Preferred Specialty: <b>\$85</b>	
	Non-Preferred Specialty: <b>\$85</b>	

## BENEFIT SUMMARY

### Plan 206

This is a general description of coverage. It is not a statement of contract. Actual coverage is subject to terms and conditions specified in the benefits certificate or coverage manual you will receive after you enroll and the enrollment regulations in force when the certificate or manual becomes effective. Certain exclusions and limitations apply.

DENTAL PLAN BASICS	
<b>Benefit year deductible</b> single/family <i>The fixed amount you pay for covered services before Wellmark makes a benefit payment; maximum of three deductibles per family per year.</i>	\$25/\$75  No deductible for diagnostic and preventive care
<b>Benefit year maximum</b> <i>The maximum amount each covered family member is eligible to receive under this plan for covered services in one benefit year.</i>	\$2,000
<b>Lifetime orthodontics maximum</b> <i>The maximum amount each unmarried dependent child under age 19 is eligible to receive for covered orthodontia services.</i>	\$1,000
COVERED SERVICES	YOU PAY AFTER DEDUCTIBLE
<b>Diagnostic and preventive</b> Cleaning <sup>1</sup> (prophylaxis and periodontal maintenance), fluoride (under age 19), X-rays, topical sealant (under age 15) and space maintainers (under age 15)	0% covered in full; deductible does not apply
<b>Basic restorative</b> Cavity repair <sup>2</sup> , general anesthesia/sedation, emergency pain/infection relief	20%
<b>Endodontics</b> Root canals, retrograde fillings, apicoectomy/periradicular, direct pulp caps	50%
<b>Periodontics</b> Gum & bone disease, non-surgical and complex surgical procedures	50%
<b>Major restorative</b> Crowns, posterior composites, onlays, inlays, posts and cores	50%
<b>Prosthodontics</b> Dentures, partials, bridges, implants, repairs and adjustments	50%
<b>Orthodontics</b> Braces for unmarried dependent children under age 19	50%

<sup>1</sup> Extra cleanings are available for diabetic and/or pregnant members. Forms must be submitted in advance, and can be found at Wellmark.com.

<sup>2</sup> Tooth colored (composite) filling performed on a posterior tooth will be alternated to an amalgam (silver) filling.

Deductible waived for diagnostic and preventive services. Maximum of three deductibles per family per calendar year.

Benefits and general provisions described are subject to plan selected, and terms of the actual policy and coverage manual.





# Policyholder: PERFECT GAME, INC



## Group voluntary vision

### Benefit summary for all members

Effective date: 01/01/2025

#### What's available to me?

Vision insurance is offered through Principal® and VSP® Vision Care. It provides choice, flexibility and savings through a VSP doctor.

If you buy this coverage, an established network of VSP doctors will provide quality care for you and your dependents.

VSP choice network	
<b>Exams</b>	Every 12 months, one exam is covered in full after \$10 copay
<b>Prescription glasses</b> Lenses - 1 pair covered every 12 months  Frames - covered up to \$150 every 24 months; 20% off amount over allowance <sup>1</sup>	\$25 copay <ul style="list-style-type: none"><li>• Single lenses</li><li>• Lined bifocal lenses</li><li>• Lined trifocal lenses</li><li>• Lenticular lenses</li><li>• Polycarbonate lenses for dependent children under age 18</li></ul>
<b>Lens enhancements</b>	Standard progressive lenses covered once every 12 months with a \$0 copay <sup>1</sup>  Most other popular lens enhancements are covered after a copay, saving our members an average of 30% <sup>1</sup>
<b>Elective contacts</b>	Covered up to \$150 every 12 months. Contact lenses can be chosen instead of glasses.
<b>Contact fitting and evaluation</b>	Up to \$60 copay
<b>Necessary contacts</b>	Covered in full after \$25 copay every 12 months  Contact lenses can be chosen instead of glasses.

<sup>1</sup>This can vary based on state laws and provider location Savings may not apply at participating retail chains.

### Who can buy coverage?

- You may buy coverage if you're an active, full-time employee. Seasonal, temporary, or contract employees can't purchase.
  - If you're on regularly scheduled day off, holiday, vacation day, jury duty, funeral leave, or personal time off, you're still considered actively at work, as long as you're fulfilling your regular duties and were working the day immediately prior to your time off.
  - You must enroll within 31 days of being eligible. If you don't, you'll have to wait until the next open enrollment period.
- If you're covered, you may buy coverage for your dependents.

Additional eligibility requirements may apply.

### What's the difference between elective and necessary contacts?

- Elective - when vision can be corrected by glasses, but contacts are worn.
- Necessary - when vision can't be corrected with glasses due to extreme vision problems.

### Why am I charged an additional copay for contact fitting and evaluation?

- Contact lens wearers require an additional evaluation of the eyes' measurements, and possible follow-up appointments, for fitting and training on proper use of contact lenses.
- For these additional services, you won't pay more than \$60 at in-network providers.

### Are benefits the same for all VSP doctors?

- Yes, with the exception of Costco®, Walmart®, and Sam's Club®. The frame allowance at these locations is \$80 which is equivalent to a \$150 allowance at other VSP doctor locations. Not all providers at participating retail chains are in-network for exam services.
- Benefits may also vary by location due to state law.

### How do I find a VSP doctor?

- Visit [vsp.com](https://vsp.com) to locate VSP doctors close to you -- or to see if your current eye care professional is in the VSP network.
  - You'll need to choose the "Choice" doctor network to view the VSP doctors for your coverage.
- Call 800-877-7195.

### Will I get an ID card?

- Yes, your card will have a unique member ID that your doctor will use to verify benefits.

### Will my doctor submit my claim?

- If you're seeing a VSP doctor, they'll submit the claim for you.
- If you're seeing someone outside the VSP network, you're responsible for submitting your own claim. You can get that form from [vsp.com](https://vsp.com) after logging in as a member using your member ID. Or call 800-877-7195.

Are there any additional savings with VSP?

- Glasses and sunglasses - you can save an average of 20-25% off glasses or sunglasses from any VSP doctor within 12 months of your last covered vision exam.
- Laser vision correction - you pay an average of 15% off the regular price and 5% off the promotional price. You'll only receive these discounts from contracted clinics. Go to VSP.com and register using your member ID to see the laser vision promotions and find a contracted clinic.

These savings can vary based on state laws and provider location.

What benefits do I receive if my doctor is outside VSP's network?

Covered charges	Benefit	Frequency
Exams	Up to \$45	Once every 12 months
Single lenses	Up to \$30	One pair every 12 months
Lined bifocal lenses	Up to \$50	One pair every 12 months
Lined trifocal lenses	Up to \$65	One pair every 12 months
Lenticular lenses	Up to \$100	One pair every 12 months
Frames	Up to \$70	One set every 24 months
Elective contacts	Up to \$105	Contacts are instead of frames and lenses
Necessary contacts	Up to \$210	Contacts are instead of frames and lenses

What are the limitations of my benefits?

- Visual analysis or vision aids that aren't medically necessary aren't covered.
- No benefits will be paid for:
  - Non-prescription glasses
  - Medical or surgical treatment of the eyes
  - Claims submitted by a doctor who is part of your family

Once enrolled, you'll receive a booklet with more details regarding your plan limitations and exclusions.



[principal.com](https://principal.com)



This is a summary of vision coverage insured by or with administrative services provided by Principal Life Insurance Company. This outline is a brief description of your coverage. It is not an insurance contract or a complete statement of the rights, benefits, limitations and exclusions of the coverage. If there is a discrepancy between the policy and this document, the actual policy provision prevails. For complete coverage details, refer to the booklet.

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Insurance issued by Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392

# Policyholder: PERFECT GAME INC



## Group short-term disability insurance

### Benefit summary for all members

Effective date: 01/01/2025

Eligibility	
Eligible employees	All active, full-time employees working at least 30 hours a week
Benefits	
Primary weekly benefit	60% of your earnings up to \$1,000
Benefit amount	Your primary weekly benefit minus other income sources
Elimination period	1st day for accidents and 8th day for sickness
Benefit payment period	Up to 13 weeks
Maternity	Pregnancy and childbirth are treated the same as any other disability

### What's available to me?

Help protect one of your most valuable assets - the ability to earn an income. If you're temporarily disabled and can't work for a short amount of time, you can rely on short-term disability insurance to replace a portion of your weekly income.

Your primary weekly benefit is 60% of your earnings prior to your disability up to \$1,000 minus other income sources. Other income sources could include but aren't limited to Social Security, other earnings, worker's compensation, and state disability (if applicable).

Your benefits are determined by your base wage with bonus. This is your definition of earnings and is outlined further in the booklet you'll receive following enrollment.

Compensation for business owners covers business profits plus salaries averaged over the prior two years.

### Who receives coverage?

- You'll receive coverage if you're an active, full-time employee working at least 30 hours a week. Seasonal, temporary, or contract employees aren't eligible.
  - If you're on regularly scheduled day off, holiday, vacation day, jury duty, funeral leave, or personal time off, you're still considered actively at work, as long as you're fulfilling your regular duties and were working the day immediately prior to your time off.
  - You must enroll within 31 days of being eligible. If you don't, you'll need to provide health information for us to review for approval, or if you have a qualifying event.

Additional eligibility requirements may apply.

Insurance issued by Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392

## When do I begin receiving disability benefits?

Your elimination period is completed on the 1st day for accidents and the 8th day for sickness. The elimination period is the amount of time before you start receiving benefits.

## Once I start receiving benefits, how long will they continue?

Short-term disability benefits can continue up to 13 weeks.

## What types of conditions may qualify as a disability?

You'll be considered disabled due to sickness or injury, or pregnancy.

During your elimination period and your benefit payment period (how long benefit is paid), one of the following must apply:

- You're unable to perform the majority of substantial duties of your own job; or
- You're unable to earn 80% of your income prior to your disability while working in a modified capacity.

## Additional benefits:

<b>Work incentive benefit</b>	If you're working on a limited or part-time basis, you can keep your work earnings and may still receive your disability benefit. You can't receive more than 100% of your earnings prior to your disability.
<b>Rehabilitation plan</b>	<p>If you're disabled, our staff may work with you, your physician and employer to create an individual rehabilitation plan to help you return to work.</p> <p>You may also receive this benefit if you're not disabled but have a condition that prevents you from working.</p>
<b>Rehabilitation incentive benefit</b>	If you're totally disabled and satisfy the requirements of an individual rehabilitation plan, your benefit percentage may increase by 5%.
<b>Mandatory rehabilitation</b>	You may be paid for any expenses associated with an approved rehabilitation plan.



This is a summary of short-term disability coverage insured by or with administrative services provided by Principal Life Insurance Company. This outline is a brief description of your coverage. It is not an insurance contract or a complete statement of the rights, benefits, limitations and exclusions of the coverage. If there is a discrepancy between the policy and this document, the actual policy provision prevails. For complete coverage details, refer to the booklet.

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Insurance issued by Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392



# Policyholder: PERFECT GAME INC



## Group long-term disability insurance

### Benefit summary for all members

Effective date: 01/01/2024

Eligibility	
Eligible employees	All active, full-time employees working at least 30 hours a week
Benefits	
Primary monthly benefit	60% of your earnings up to \$10,000
Benefit amount	Your primary monthly benefit minus other income sources
Elimination period	90 days
Own occupation period	2 year
Benefit payment period	Varies based on your age when you become disabled, see chart below
Limitations & exclusions	
Pre-existing conditions	6 months prior / 12 months insured
Other limitations	A complete list is included in your booklet

### What's available to me?

Your income is important - you depend on it for almost everything. If you're too sick or hurt to work for a long period of time, you can rely on long-term disability insurance to replace a portion of your monthly income.

Your primary monthly benefit is 60% of your earnings prior to your disability up to \$10,000 minus other income sources. Other income sources could include but aren't limited to Social Security for you and your dependents, other earnings, worker's compensation, state disability (if applicable) and salary continuance.

Your benefits are determined by your base wage with bonus. This is your definition of earnings and is outlined further in the booklet you'll receive following enrollment.

Compensation for business owners covers business profits plus salaries averaged over the prior two years.

### Who receives coverage?

- You'll receive coverage if you're an active, full-time employee working at least 30 hours a week. Seasonal, temporary, or contract employees aren't eligible.
  - If you're on regularly scheduled day off, holiday, vacation day, jury duty, funeral leave, or personal time off, you're still considered actively at work, as long as you're fulfilling your regular duties and were working the day immediately prior to your time off.
  - You must enroll within 31 days of being eligible. If you don't, you'll need to provide health information for us to review for approval, or if you have a qualifying event.

Additional eligibility requirements may apply.

**When do I begin receiving disability benefits?**

Your elimination period is 90 days. The elimination period is the amount of time before you start receiving benefits.

If you recover and return to work during your elimination period and become disabled again, you may not have to satisfy a new elimination period. If you qualify for this, your elimination period will pick up at the point where it was left off when you recovered.

**Once I start receiving benefits, how long will they continue?**

Age disability occurs	Benefits are payable until the later of:
Under age 65	Social Security Normal Retirement Age (SSNRA) or 36 months
Age 65-67	SSNRA or 24 months
Age 68-69	SSNRA or 18 months
Age 70-71	SSNRA or 15 months
Age 72 and over	SSNRA or 12 months

**What types of conditions may qualify as a disability?**

You'll be considered disabled due to sickness or injury, or pregnancy.

During the first 2 years of receiving benefits, your disability is based on your own occupation, known as the own occupation period. This is the occupation you're routinely performing at the time of disability. After 2 years, we'll evaluate for any occupation based on education, training or experience.

During your elimination period and your own occupation period, one of the following must apply:

- You're unable to perform the majority of the substantial and material duties of your own occupation; or
- You're unable to earn 80% of your indexed income prior to your disability while working in a modified capacity.

After completing the own occupation period, one of the following must apply:

- You're unable to perform the majority of the substantial and material duties of any occupation for which you are or may reasonably become qualified based on education, training, or experience.
- You're performing the substantial and material duties of your own occupation or any occupation on a modified basis and are unable to earn more than 60% of your indexed income prior to your disability.

**Do I qualify if I have a preexisting condition?**

- You may. If you haven't been seen by a doctor or prescribed medication for an injury or sickness in the last 6 months or if your disability happens after 12 consecutive months of coverage, you may qualify.

**Are mental nervous, drug/alcohol and special conditions covered?**

- It'll be considered a disability if it's caused by:
  - A mental health condition for up to a lifetime maximum of 24 months
  - Abuse, dependency, or addiction to alcohol, drug, or chemicals for up to a lifetime maximum of 24 months
  - A special condition such as (but not limited to) chronic fatigue syndrome, musculoskeletal or connective tissue disorders for up to a lifetime maximum of 24 months
- The amount of time you receive benefits for these covered conditions will be limited to a combined lifetime maximum of 24 months.

**Additional benefits:**

<b>Work incentive benefit</b>	If you're working on a limited or part-time basis, you can keep your work earnings and may still receive your disability benefit for 12 months. You can't receive more than 100% of your earnings prior to your disability.
<b>Rehabilitation plan</b>	If you're disabled, our staff may work with you, your physician and employer to create an individual rehabilitation plan to help you return to work.  You may also receive this benefit if you're not disabled but have a condition that prevents you from working.
<b>Rehabilitation incentive benefit</b>	If you're totally disabled and satisfy the requirements of an individual rehabilitation plan, your benefit percentage may increase by 5%.
<b>Mandatory rehabilitation</b>	You may be paid for any expenses associated with an approved rehabilitation plan.
<b>Survivor benefit</b>	If you haven't been paid an accelerated survivor benefit, your survivors will receive 3 times your primary monthly benefit.

**What are the limitations and exclusions of my coverage?**

<b>Preexisting conditions</b>	<p>A preexisting condition is an injury or sickness (including pregnancy) and all related conditions and complications, in the six months prior to your effective date under this policy, for which you:</p> <ul style="list-style-type: none"><li>• Received medical treatment, consultation, care or service; or</li><li>• Were prescribed or took prescription medications</li></ul> <p>Benefits will not be paid for disabilities resulting from preexisting conditions unless, when you become disabled, you have been actively at work for one full day after being covered under the policy for 12 consecutive months.</p> <p>Preexisting condition exclusions also apply to benefit increases due to policy amendments and changes in earnings of 25% or greater.</p>
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**Treatment of mental health conditions, drug and alcohol abuse conditions and special conditions**

A disability is considered due to alcohol, drug or chemical abuse, dependency or addiction or a mental health condition or a special condition if the disability is caused by one of these condition(s) and not by other disabling conditions.

Maximum benefit payment periods for:

Mental health conditions – 24 months

Alcohol, drug or chemical abuse conditions – 24 months

Special conditions – 24 months

The benefit payment period listed above is a lifetime maximum for all periods of disability. All disabilities from conditions with the same maximum benefit payment period contribute towards one lifetime maximum.

However, if at the end of the benefit payment period, you are confined in a hospital or any other type of facility providing treatment for any of these conditions, the benefit payment period may be extended to include the time period you are confined for treatment.

Special conditions are considered to be Thoracic outlet syndrome / Headaches, such as functional, migraine, organic, sinus and tension / Chronic fatigue syndrome / Fibromyalgia/ Temporomandibular joint (TMJ) / Cumulative trauma disorder, overuse syndrome, or repetitive stress disorder including carpal tunnel and ulnar tunnel syndrome / Environmental allergies and multiple chemical sensitivity / Musculoskeletal and connective tissue disorders of the neck and back, including any disease or disorder of the cervical, thoracic and lumbosacral back and surrounding soft tissue, including sprains and strains of joints and adjacent muscles.



This is a summary of long-term disability coverage insured by or with administrative services provided by Principal Life Insurance Company. This outline is a brief description of your coverage. It is not an insurance contract or a complete statement of the rights, benefits, limitations and exclusions of the coverage. If there is a discrepancy between the policy and this document, the actual policy provision prevails. For complete coverage details, refer to the booklet.

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Insurance issued by Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392

# Policyholder: PERFECT GAME INC



## Group term life insurance

### Benefit summary for all members

Effective date: 01/01/2024

#### What's available to me?

Protect what means the most to you – the people you love. If something were to happen to you, your life insurance proceeds would go to the people you've designated as your beneficiaries.

	Benefit	Guaranteed issue <sup>1</sup>	Benefit reduction <sup>2</sup>
You	\$50,000	If you're under 70: \$50,000  If you're 70 or older: The lesser of \$50,000 or the amount with the prior carrier	Check your booklet/policy for age reductions

<sup>1</sup>Amount of coverage you may buy without answering medical questions.

<sup>2</sup>As you get older, your life insurance benefit amount decreases. Age reductions apply to the benefit amount after providing health information.

#### Who receives coverage?

- You'll receive coverage if you're an active, full-time employee. Seasonal, temporary, or contract employees aren't eligible.
  - If you're on a regularly scheduled day off, holiday, vacation day, jury duty, funeral leave, or personal time off, you're still considered actively at work, as long as you're fulfilling your regular duties and were working the day immediately prior to your time off.
- If you were covered as an employee, you may be eligible as a retiree.

Additional eligibility requirements may apply.

#### Do I need to provide health information?

Benefit amounts over the guaranteed issue shown in the table above will require health information.

#### What benefits does Accidental Death and Dismemberment (AD&D) provide?

If you're accidentally injured on or off the job, you may receive a benefit equal to your life benefit.

Loss	AD&D Benefit
Loss of life, loss of both hands or both feet or one hand and one foot, or loss of sight of both eyes	100%
Loss of one hand, or one foot, or sight of one eye	50%
Loss of thumb and index finger on the same hand	25%
Seatbelt / airbag - If you die in a car accident while wearing a seat belt or protected by an airbag	\$10,000

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Repatriation - If you die at least 100 miles from your home	Up to \$2,000
Education - If your children are enrolled in an accredited post-secondary school at the time of your death	\$3,000/year for up to 4 years
Public transportation - If you die while you're a passenger on public or commercial transportation	100%
Helmet - If you die while operating or riding as a passenger on a motorcycle while wearing a helmet	\$10,000
<b>Loss of use or paralysis - total loss of movement for 12 consecutive months or permanent paralysis</b>	
Quadriplegia	100%
Paraplegia, hemiplegia, or loss of use of both hands or both feet or one hand and one foot.	50%
Loss of use of one arm, one leg, one hand or one foot	25%
<b>Loss of speech and/or hearing - total loss for 12 consecutive months</b>	
Loss of speech and hearing in both ears	100%
Loss of speech or hearing in both ears	50%
Loss of hearing in one ear	25%

#### Additional benefits:

<b>Accelerated death benefit</b>	If you're terminally ill, you may be able to receive a portion of your life benefit.
<b>Coverage during disability</b>	If you're disabled, you may be able to continue your coverage and not pay premium.
<b>Conversion of terminated coverage</b>	If coverage terminates, you may be able to convert coverage to an individual policy.

The benefit summary is a summary only. For a complete list of benefit restrictions, please refer to your booklet.



This is a summary of group term life coverage insured by or with administrative services provided by Principal Life Insurance Company. This outline is a brief description of your coverage. It is not an insurance contract or a complete statement of the rights, benefits, limitations and exclusions of the coverage. If there is a discrepancy between the policy and this document, the actual policy provision prevails. For complete coverage details, refer to the booklet.

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Insurance issued by Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392

## Policyholder: PERFECT GAME, INC

### Group voluntary term life insurance

#### Benefit summary for all members

Effective date: 01/01/2024

#### What's available to me?

Protect what means the most to you – the people you love. If you passed away, your life insurance proceeds would go to the people you've designated as your beneficiaries.

	Benefit	Minimum	Guaranteed issue <sup>1</sup>	Maximum	Benefit reduction <sup>2</sup>
You	Select a benefit in increments of \$10,000	\$10,000	If you're under 70: \$150,000  If you're 70 or older: \$10,000	\$500,000	35% reduction at age 65, with an additional 15% reduction at age 70
Your spouse <sup>3</sup>	Select a benefit in increments of \$5,000	\$5,000	If your spouse is under 70: \$30,000  If your spouse is 70 or older: \$10,000	\$200,000	35% reduction at age 65, with an additional 15% reduction at age 70
Your child(ren) <sup>3</sup>	Options <sup>4</sup> : • \$5,000, or • \$10,000, or • \$15,000, or • \$20,000				

<sup>1</sup>Amount of coverage you may buy within 31 days of initial eligibility for coverage without providing health information.

<sup>2</sup>As you get older, your life insurance benefit amount decreases.

<sup>3</sup>Amount of coverage may not exceed 100% of your benefit.

<sup>4</sup>Dependent children under 14 days old receive a \$1,000 benefit.



### Who can buy coverage?

- You may buy coverage if you're an active, full-time employee working 30 hours a week. Seasonal, temporary, or contract employees can't purchase.
  - If you're on a regularly scheduled day off, holiday, vacation day, jury duty, funeral leave, or personal time off, you're still considered actively at work, as long as you're fulfilling your regular duties and were working the day immediately prior to your time off.
  - You must enroll within 31 days of being eligible. If you don't, you may need to provide health information for review, or if you have a qualifying event.
  - If you and your spouse are both employed at PERFECT GAME, INC and are eligible for benefits, you're not eligible to have benefits as both an employee and a spouse.
- If you're covered, you may buy coverage for your dependents, if they're not confined at home, in a hospital or skilled nursing facility (this is referred to as Period of Limited Activity).

Additional eligibility requirements may apply.

### Do I need to provide health information?

Benefit amounts over the guaranteed issue shown in the table above for you and your spouse may require you to provide health information.

### May I increase my benefit later?

- You may be able to enroll for or increase your benefit and your dependent's benefit two increments per year during your open enrollment period without providing health information.
- If you have a qualifying life event (marriage, birth of a child, etc.), you may enroll or increase your benefit up to the guaranteed issue amount within 31 days without having to provide health information.

### What benefits does Accidental Death and Dismemberment (AD&D) provide?

If you or your spouse are accidentally injured on or off the job, you may receive a benefit equal to your life benefit.

Loss	AD&D Benefit
Loss of life, loss of both hands or both feet or one hand and one foot, or loss of sight of both eyes	100%
Loss of one hand, or one foot, or sight of one eye	50%
Loss of thumb and index finger on the same hand	25%
Seatbelt / airbag - If you die in a car accident while wearing a seat belt or protected by an airbag	\$10,000
Repatriation - If you die at least 100 miles from your home	Up to \$2,000
Education - If your children are enrolled in an accredited post-secondary school at the time of your death	\$3,000/year for up to 4 years
<b>Loss of use or paralysis - total loss of movement for 12 consecutive months or permanent paralysis</b>	
Quadriplegia	100%
Paraplegia, hemiplegia, or loss of use of both hands or both feet or one hand and one foot.	50%

Loss of use of one arm, one leg, one hand or one foot	25%
<b>Loss of speech and/or hearing - total loss for 12 consecutive months</b>	
Loss of speech and hearing in both ears	100%
Loss of speech or hearing in both ears	50%
Loss of hearing in one ear	25%

#### Additional benefits:

<b>Accelerated death benefit</b>	If you're terminally ill, you may be able to receive a portion of your life benefit.
<b>Coverage during disability</b>	If you're disabled, you may be able to continue your coverage and not pay premium.
<b>Portability</b>	If you no longer qualify for coverage, you may be able to continue coverage for yourself and your covered dependents.
<b>Conversion of terminated coverage</b>	If you terminate employment, you may be able to convert coverage to an individual policy.

#### What are the limitations and exclusions of my coverage?

This benefit summary is a summary only. For a complete list of benefit restrictions, please refer to your booklet.



[principal.com](https://principal.com)

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# Help handling life's ups and downs

Get resources when you need them through your employee assistance program (EAP)

**Life can be unpredictable.**  
And it's not always easy.  
So it's a big deal to know  
there's help available when  
you need it.

That's what the employee assistance program (EAP), provided by Magellan Healthcare, is all about. With an EAP, you and your family have access to **free, confidential** resources to help handle life's everyday—and not so everyday—challenges. Use of the program isn't reported to your employer.

Your EAP offers these services to help you and your family deal with the big and little things:

- **LifeMart Discount Center**, with savings on a variety of products and services
- Health and wellness articles, **guides, webinars, and podcasts**
- Online assistance with elder care, child care, and other **family life resources**
- Help with **teen and adolescent issues**
- Tips on **parenting and grandparenting**
- **24/7 consultation** with licensed mental health professionals and referrals to supportive resources\*
- **Digital solutions** to support **emotional well-being** for depression, anxiety, sleep, substance misuse, chronic pain, stress, mindfulness and meditation, and more

\* You're responsible for any fees resulting from referrals outside the EAP, including those associated with medical benefits.

**How could your EAP help you?** Let's look at some examples.



Jan's mom moved in with her when she wasn't able to live on her own. But she needed care during the day while Jan worked. Jan used her EAP to research senior centers in her area, and found a place where her mom could be around friends and enjoy events and activities. A win-win for Jan and her mom.



Miguel and Molly brought their families together when they got married a year ago. Their children—Miguel's son and Molly's two daughters—were having trouble adjusting to the situation. Miguel's EAP referred them to counseling services, which helped them adjust and begin to thrive as a family.



Jack had always been an easygoing guy, letting the little things roll off his back. But lately, he'd been having trouble dealing with day-to-day issues, and it was affecting his ability to get all his projects done. After doing a self-assessment provided by his EAP, he knew it was time to get professional help. Now, Jack has a better handle on how to manage his everyday challenges.



**Looking for help with life's everyday—and not so everyday—challenges?**  
Visit [MagellanAscend.com](https://MagellanAscend.com) for valuable information and resources.  
When you create an account, use **Principal Core** for the company name.  
Your EAP is available to you and your family 24/7 by phone or online.



**Help is just a click or call away**  
**Online:** [MagellanAscend.com](https://MagellanAscend.com)  
Enter **Principal Core** for the company name  
**Call:** 800-450-1327  
**International:** 800-662-4504  
**TTY:** 711



[principal.com](https://principal.com)

Insurance products issued by Principal Life Insurance Company®, a member of the Principal Financial Group®, Des Moines, IA 50392.

Principal® has arranged with Magellan Healthcare to make its employee assistance program (EAP) available to employees with select group coverage insured by Principal Life Insurance Company. EAP isn't part of the insurance contract or policy and may be changed or canceled at any time. Magellan is responsible for all EAP services provided through this program. EAP services in California are provided through Magellan Health Services of California, Inc. – Employer Services. Magellan is not a member of the Principal Financial Group®.

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## Save up to 30% on eligible expenses

Enroll in a TASC Flexible Spending Account (FSA) so you can use pretax dollars to pay for common, everyday expenses and reduce your taxable income.

Below is a partial list of reimbursable expenses that may be incurred by you, your spouse, or qualified dependents.

**NOTE:** If you (or your spouse) enroll in an HSA Plan, you may only enroll in a Limited-Purpose Healthcare FSA (LPHSA). The eligible expenses under an LPHSA are limited to Dental and Vision expenses only.

### Eligible Medical Expenses

- Acupuncture
- Artificial limbs
- Bandages & dressings
- Birth control, contraceptive devices
- Birthing classes/Lamaze – only the mother's portion (not the coach/spouse) and the class must be only for birthing instruction, not child rearing
- Blood pressure monitor
- Chiropractic therapy/exams/adjustments
- Contact lens and contact lens solutions
- Co-payments
- Crutches (purchased or rented)
- Deductibles & co-insurance
- Diabetic care & supplies
- **Feminine care products** (tampons, pads, etc)
- Eye exams
- Eyeglasses, contacts, or safety glasses (prescription)
- First aid kits & supplies
- Hearing aids & hearing aid batteries
- Heating pad
- Incontinence supplies
- Infertility treatments
- Insulin
- Lactation expenses (breast pumps, etc.)
- Laser eye surgery; LASIK
- Legal sterilization
- Medical supplies to treat an injury or illness
- Mileage to and from doctor appointments
- Optometrist's or ophthalmologist's fees
- Orthopedic inserts
- **Personal Protection Equipment (PPE)** (facial masks, hand sanitizer, sanitizing wipes)\*

- Physical exams
- Physical therapy (as medical treatment)
- Physician's fee and hospital services
- Pregnancy tests
- Prescription drugs and medications
- Psychotherapy, psychiatric and psychological service
- Sales tax on eligible expenses
- Sleep apnea services/products (as prescribed)
- Smoking cessation programs & deterrents (gum, patch)
- Treatment for alcoholism or drug dependency
- Vaccinations & Flu Shots
- X-ray fees

### Eligible OTC Medicines and Drugs

**Over-the-counter (OTC) medicines and drugs are reimbursable via FSA, HRA, and HSA without a prescription or physician's note if purchased on or after 01/01/2020.**

Eligible OTC products include items that are primarily for a medical purpose, and are compliant with federal tax rules under IRS Code Section 213(d).

- Allergy, cough, cold, flu & sinus medications
- Anti-diarrheals, anti-gas medications & digestive aids
- Canker/cold sore relievers & lip care
- Family planning items (contraceptives, pregnancy tests, etc.)
- Foot care (corn/wart medication, antifungal treatments, etc.)
- Hemorrhoid creams & treatments
- Itch relief (calamine lotion, Cortizone cream, etc.)
- Oral care (denture cream, pain reliever, teething gel, etc.)
- Pain relievers - internal/external (Tylenol, Advil, Bengay, etc.)
- Skin care (sunscreen w/SPF15+, acne medication, etc.)
- Sleep aids & stimulants (nasal strips, etc.)
- Stomach & nausea remedies (antacids, Dramamine, etc)
- Wound Treatments/Washes (Hydrogen Peroxide, Iodine)

\*PPE expenses must be used for the purpose of preventing the spread of coronavirus; eligible purchases made on or after 1/1/20 are available for reimbursement.

*Continued on next page...*



Use your TASC Card® to pay for eligible expenses at the point of purchase instead of paying out-of-pocket and requesting a reimbursement.

## Eligible Dental Expenses

- Braces and orthodontic services
- Cleanings
- Crowns
- Deductibles, co-insurance
- Dental implants
- Dentures, adhesives
- Fillings

## Eligible Dependent Care Expenses

- Fees for licensed day care or adult care facilities
- Before and after school care programs for dependents under age 13
- Amounts paid for services (including babysitters or nursery school) provided in or outside of your home
- Nanny expenses attributed to dependent care
- Nursery school (preschool) fees
- Summer Day Camp – primary purpose must be custodial care and not educational in nature
- Late pick-up fees
- Does not cover medical costs; use Healthcare FSA for medical expenses incurred by you or your dependents

For more information regarding eligible expenses, please review IRS Publication 502/503 at [irs.gov](https://www.irs.gov) or ask your employer for a copy of your Summary Plan Description (SPD).

## Eligible Disability Expenses

- Automobile equipment and installation costs for a disabled person in excess of the cost of an ordinary automobile; device for lifting a mobility impaired person into an automobile
- Braille books/magazines in excess of cost of regular editions
- Note-taker for a hearing impaired child in school
- Seeing eye dog (buying, training, and maintaining)
- Special devices, such as a tape recorder or typewriter for a visually impaired person
- Visual alert system in the home or other items such as a special phone required for a hearing impaired person
- Wheelchair or autoette (cost of operating/maintaining)

## Requiring Additional Documentation

The following expenses are eligible only when incurred to treat a diagnosed medical condition. Such expenses require a **Letter of Medical Necessity** from your physician, containing the medical necessity of the expense, diagnosed condition, onset of condition, and physician's signature.

- Ear plugs
- Massage treatments
- Nursing services for care of a special medical ailment
- Orthopedic shoes (excess cost of ordinary shoes)
- Oxygen equipment and oxygen
- Support hose (non-compression)
- Varicose vein treatment
- Veneers
- Vitamins & dietary supplements
- Wigs (for mental health condition of individual who loses hair because of a disease)

# Child & Dependent Care Eligible Expenses

Here is a list of the most common dependent care expenses. Every family situation is different so we recommend consulting with a tax advisor if your specific expense does not fit into one of these categories.



**KEY =** Eligible expenses occur when you and your spouse are working, looking for work or attending school full-time.

CHILD CARE EXPENSE	ELIGIBLE?
Activity Fees (Piano Lessons, Dance Class)	✗
Au pair	✓
Babysitting, in your home or someone else's	✓
Babysitting by your relative who is not a tax dependent	✓
Babysitting while you or your spouse are NOT working, looking for work, or attending school	✗
Babysitting by your tax dependent	✗
Before or after school program	✓
Child care	✓
Child care supplies (diapers, formula, clothing)	✗
Child Care Provider discount or coupon	✗
Day Camp	✓
Educational, learning or study skills services	✗
Extended care that is a supervised program before or after regular school hours	✓
Field trips	✗
Household services (housekeeper, maid, cook, etc.)	✗
Housekeeper who cares for child (only portion of payment attributable to work-related child care)	✓
Kindergarten tuition	✗
Language classes	✗
Late payment fees	✗
Meals, food or snacks	✗
Medical care	✗
Nanny	✓
Nursery School	✓
Incidental Fees (eligible only when incidental to and inseparable from the fee for care)	✓
Indirect Fees (may be eligible when the expense is required to obtain care and the care has been received such as agency fee, application fee, hold-the-spot fee, placement fee or deposit)	✓
Late pickup fees when attributed to care of a child	✓
Preschool	✓
Private school tuition for kindergarten and up	✗
Registration fees (required for eligible care, after actual services are received)	✓
Registration fees (required for eligible care, prior to actual services being received)	✗
Summer Day Camp	✓
School tuition	✗
Sick child care	✓
Transportation to and from eligible care provided by your care provider	✓
Tutoring	✗



# AFLAC GROUP HOSPITAL INDEMNITY

Policy Series C80000



## The plan that can help with expenses and protect your savings.

Does your major medical insurance cover all of your bills?

Even a minor trip to the hospital can present you with unexpected expenses and medical bills. And even with major medical insurance, your plan may only pay a portion of your entire stay.

### That's how the Aflac Group Hospital Indemnity plan can help.

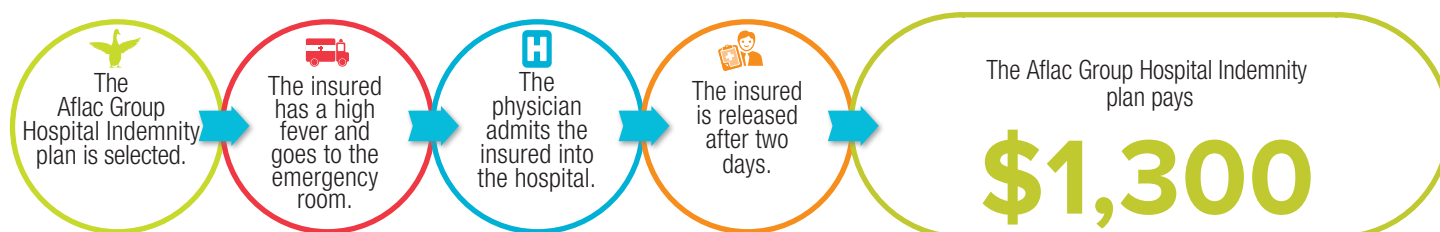
It provides financial assistance to enhance your current coverage. It may help avoid dipping into savings or having to borrow to address out-of-pocket-expenses major medical insurance was never intended to cover. Like transportation and meals for family members, help with child care, or time away from work, for instance.

### The Aflac Group Hospital Indemnity plan benefits include the following:

- Hospital Confinement Benefit
- Hospital Admission Benefit
- Hospital Intensive Care Benefit
- Intermediate Intensive Care Step-Down Unit
- Successor Insured Benefit



### How it works



Amount payable was generated based on benefit amounts for: Hospital Admission (\$1,000), and Hospital Confinement (\$150 per day).

The plan has limitations and exclusions that may affect benefits payable. This brochure is for illustrative purposes only. Refer to your certificate for complete details, definitions, limitations, and exclusions.



# Group Hospital Indemnity Insurance

## Plan Description

The Aflac Group Hospital Indemnity Plan provides cash benefits **directly to your employees** (unless otherwise assigned) that help pay for some of the costs - medical and nonmedical - associated with a covered hospital stay due to a sickness or accidental injury.

Features and Plan Provisions (specific benefit provisions may vary by situs state)	
Benefit Amounts	See Premium Rates and Plan Benefits for available options
Coverage	Available for all family members Spouse-only and Child-only coverage is not available
Guaranteed Issue Amounts	Guaranteed-issue coverage is offered to all eligible applicants during the initial enrollment and for new hires thereafter. At the group's first anniversary, late enrollees are eligible to enroll on a guaranteed-issue basis.
Enrollment Assumptions	Enrollments take place once each 12-month period. Late enrollees cannot enroll outside of an annual enrollment period.
Requirement for Group Billing	To establish group billing, 25 distinct individuals must be paying premiums
Payment Method	Payroll Deducted
Pre-existing Condition Exclusion	None
Pregnancy Limitation	None
Waiting Period	There is no waiting period
Benefit Reductions	No reduction at any age
Rate Guarantee	2 Years
Portability/Continuation	2019 Portability
Eligibility	Employees must be actively-at-work on the application date and the effective date. They must work at least 16 hours per week. Seasonal and temporary employees are not eligible. Dependents are eligible, but only if the employee is eligible and participates.
Successor Insured	Included
Successor Insured Waiver of Premium	Not Included
Issue Ages	<b>Employee:</b> 18+ <b>Spouse:</b> 18+ <b>Children:</b> Under age 26
Termination Age	None
Certificate Effective Date	Coverage is effective on the billing effective date

# Group Hospital Indemnity Insurance

## Plan Benefits

*(Benefit provisions may vary by situs state)*

Hospitalization Benefits - Mid	
<b>Hospital Admission (per confinement)</b> Once per covered sickness or accident per calendar year	<b>\$1,000</b>
<b>Hospital Confinement (per day)</b> Maximum confinement period: 31 days per covered sickness or covered accident	<b>\$150</b>
<b>Hospital Intensive Care (per day)</b> Maximum confinement period: 10 days per covered sickness or covered accident	<b>\$150</b>
<b>Intermediate Intensive Care Step-Down Unit (per day)</b> Maximum confinement period: 10 days per covered sickness or covered accident	<b>\$75</b>

Please request a sample policy for full benefit provisions and definitions.

# Group Hospital Indemnity Insurance

## Premium Rates

Monthly Premiums	
Coverage	Premium
Employee	\$22.10
Employee and Spouse	\$40.32
Employee and Child(ren)	\$32.86
Family	\$51.08

The rates and product availability indicated in this proposal are subject to change as a result of final underwriting.

## Just because an accident can change your health, doesn't mean it should change your lifestyle too.

Accidents can happen in an instant affecting you or a loved one. Aflac is designed to help families plan for the health care bumps ahead and take some of the uncertainty and financial insecurity out of getting better.

### Protection for the unexpected, that's the benefit of the Aflac Group Accident Plan.

After an accident, you may have expenses you've never thought about. Can your finances handle them? It's reassuring to know that an accident insurance plan can be there for you in your time of need to help cover expenses such as:

- Ambulance rides
- Emergency room visits
- Surgery and anesthesia
- Prescriptions
- Major Diagnostic Testing
- Burns

### Plan Features

- Benefits are paid directly to you, unless otherwise assigned.
- Coverage is guaranteed-issue (which means you may qualify for coverage without having to answer health questions).
- Benefits are paid regardless of any other medical insurance.

## What you need, when you need it.

Group accident insurance pays cash benefits that you can use any way you see fit.



# Group Accident Insurance

## Plan Description

The Aflac Group Accident plan provides cash benefits **directly to your employees** (unless otherwise assigned) that help with out-of-pocket expenses - medical and nonmedical - associated with treatment in the event of a covered accident.

Features and Plan Provisions (specific benefit provisions may vary by situs state)	
Benefit Amounts	See Premium Rates and Plan Benefits for available options
Coverage	24 Hour
Covered Insureds	Available for all family members Spouse-only and Child-only coverage is not available
Guaranteed-Issue	The base accident product is always offered on a guaranteed-issue basis
Enrollment Assumptions	Enrollments take place once each 12-month period. Late enrollees cannot enroll outside of an annual enrollment period.
Requirement for Group Billing	To establish group billing, 25 distinct individuals must be paying premiums
Payment Method	Payroll Deducted
Waiting Period	There is no waiting period
Benefit Reductions	No reduction at any age
Rate Guarantee	2 Years
Portability	2019 Portability
Eligibility	Employees must be actively-at-work on the application date and the effective date. They must work at least 16 hours per week and have been continuously employed for the duration set by the employer. Seasonal and temporary employees are not eligible. Dependents are eligible, but only if the employee is eligible and participates.
Successor Insured	Included
Successor Insured Waiver of Premium	Not Included
Issue Ages	Employee: 18+ Spouse: 18+ Children: Under age 26
Termination Age	None
Certificate Effective Date	Coverage is effective on the billing effective date Note: Benefits are not payable for accidents that occurred prior to the effective date of coverage

# Group Accident Insurance

## Plan Benefits

(Benefit provisions may vary by situs state)

Initial Accident Treatment Category - Mid				Employee	Spouse	Child
<b>Initial Treatment</b> - once per accident, within 7 days of the accident						
ER/Urgent Care				\$150	\$150	\$150
ER/Urgent Care with X-Ray				\$200	\$200	\$200
Doctor's Office				\$75	\$75	\$75
Doctor's Office with X-Ray				\$100	\$100	\$100
<b>Ambulance</b> - once per day, within 90 days of the accident						
Maximum number of payments per covered accident: No Maximum						
Ground				\$300	\$300	\$300
Air				\$900	\$900	\$900
<b>Major Diagnostic Testing</b> - within six months of the accident				\$150	\$150	\$150
Maximum number of diagnostic tests per covered accident: 1						
<b>Emergency Room Observation</b> - within 7 days of the accident						
Maximum number of 24-hour periods of observation per covered accident: No Maximum						
Short Observation Period (4-24 Hours)				\$35	\$35	\$35
Long Observation Period (24+ Hours)				\$70	\$70	\$70
<b>Prescriptions</b> - within six months of the accident				\$5	\$5	\$5
Maximum number of filled prescriptions per covered accident: 2						
<b>Pain Management</b> - within six months of the accident				\$75	\$75	\$75
Maximum number of payments per covered accident: 1						
<b>Blood/Plasma/Platelets</b> - within six months of the accident				\$200	\$200	\$200
Maximum number of days per covered accident: 3						
<b>Concussion</b> - once per accident, within six months of the accident				\$350	\$350	\$350
<b>Traumatic Brain Injury</b> - once per accident, within six months of the accident				\$3,500	\$3,500	\$3,500
<b>Coma</b> - once per accident						
We will pay the amount shown if the insured is in a coma lasting 30 days or more as a result of a covered accident				\$7,500	\$7,500	\$7,500
<b>Burns</b> - once per accident, within six months of the accident						
<u>Second Degree Burns</u>						
Less than 10%				\$75	\$75	\$75
At least 10%, but less than 25%				\$150	\$150	\$150
At least 25%, but less than 35%				\$375	\$375	\$375
35% or more				\$750	\$750	\$750
<u>Third Degree Burns</u>						
Less than 10%				\$750	\$750	\$750
At least 10%, but less than 25%				\$3,750	\$3,750	\$3,750
At least 25%, but less than 35%				\$7,500	\$7,500	\$7,500
35% or more				\$15,000	\$15,000	\$15,000
<b>Emergency Dental Work</b> - once per accident, within six months of the accident						
Repair with Crown				\$120	\$120	\$120
Extraction				\$30	\$30	\$30
<b>Eye Injury</b> - removal of a foreign body				\$175	\$175	\$175
<b>Dislocations</b> - once per accident, within 90 days of the accident						
Dislocation Schedule	Open Reduction			Closed Reduction		
	Employee	Spouse	Child	Employee	Spouse	Child
Hip	\$4,500	\$4,500	\$4,500	\$2,250	\$2,250	\$2,250
Knee	\$2,925	\$2,925	\$2,925	\$1,462.50	\$1,462.50	\$1,462.50
Shoulder	\$2,250	\$2,250	\$2,250	\$1,125	\$1,125	\$1,125
Foot/Ankle	\$1,800	\$1,800	\$1,800	\$900	\$900	\$900
Hand	\$1,575	\$1,575	\$1,575	\$787.50	\$787.50	\$787.50
Lower Jaw	\$1,350	\$1,350	\$1,350	\$675	\$675	\$675
Wrist	\$1,125	\$1,125	\$1,125	\$562.50	\$562.50	\$562.50
Elbow	\$900	\$900	\$900	\$450	\$450	\$450
Finger/Toe	\$360	\$360	\$360	\$180	\$180	\$180
<b>Lacerations</b> - once per accident, within 7 days of the accident						
<u>Lacerations requiring stitches</u>						
Under 5 centimeters				\$75	\$75	\$75
5 to 15 centimeters				\$300	\$300	\$300
Over 15 centimeters				\$600	\$600	\$600
<u>Lacerations not requiring stitches</u>				\$37.50	\$37.50	\$37.50

# Group Accident Insurance

**Fracture** - once per covered accident, within 90 days of the accident

Fracture Schedule	Open Reduction			Closed Reduction		
	Employee	Spouse	Child	Employee	Spouse	Child
Hip/Thigh	\$6,000	\$6,000	\$6,000	\$3,000	\$3,000	\$3,000
Vertebrae/Sternum	\$5,400	\$5,400	\$5,400	\$2,700	\$2,700	\$2,700
Pelvis	\$4,800	\$4,800	\$4,800	\$2,400	\$2,400	\$2,400
Skull (Depressed)	\$4,500	\$4,500	\$4,500	\$2,250	\$2,250	\$2,250
Leg	\$3,600	\$3,600	\$3,600	\$1,800	\$1,800	\$1,800
Forearm/Hand/Wrist	\$3,000	\$3,000	\$3,000	\$1,500	\$1,500	\$1,500
Foot/Ankle/Kneecap	\$3,000	\$3,000	\$3,000	\$1,500	\$1,500	\$1,500
Shoulder Blade/Collar Bone	\$2,400	\$2,400	\$2,400	\$1,200	\$1,200	\$1,200
Lower Jaw	\$2,400	\$2,400	\$2,400	\$1,200	\$1,200	\$1,200
Skull (Simple)	\$2,100	\$2,100	\$2,100	\$1,050	\$1,050	\$1,050
Upper Arm/Upper Jaw	\$2,100	\$2,100	\$2,100	\$1,050	\$1,050	\$1,050
Facial Bones (except teeth)	\$1,800	\$1,800	\$1,800	\$900	\$900	\$900
Vertebral Processes/Sacrum	\$1,200	\$1,200	\$1,200	\$600	\$600	\$600
Coccyx/Rib/Finger/Toe	\$480	\$480	\$480	\$240	\$240	\$240

**Outpatient Surgery and Anesthesia** (per day) - within one year of the accident

Performed in a Hospital or Ambulatory Surgical Center

\$300 \$300 \$300

Maximum number of payments per covered accident: No Maximum

Performed in a Doctor's Office, Urgent Care Facility or Emergency Room

\$35 \$35 \$35

Maximum number of payments per covered accident: 2

**Facilities Fee for Outpatient Surgery** - within one year of the accident

Payable once per each Outpatient Surgery and Anesthesia Benefit (in a hospital or ambulatory surgical center).

\$75 \$75 \$75

**Inpatient Surgery and Anesthesia** (per day) - within one year of the accident

Maximum number of payments per covered accident: No Maximum

\$750 \$750 \$750

**Transportation** - within six months of the accident

Maximum number of payments per covered accident: 3

Minimum Required Distance (miles): 100

Plane \$350 \$350 \$350

Any ground transportation \$150 \$150 \$150

(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.)

Hospitalization Category - Mid	Employee	Spouse	Child
<b>Hospital Admission</b> (per confinement) - once per accident, within six months of the accident	\$900	\$900	\$900
Maximum number of admissions per covered accident: 1			
<b>Hospital Confinement</b> (per day) - within 6 months of the accident	\$225	\$225	\$225
Maximum days of confinement per covered accident: 365			
<b>Hospital Intensive Care</b> (per day) - within 6 months of the accident	\$300	\$300	\$300
Maximum days of confinement per covered accident: 30			
<b>Intermediate Intensive Care Step-Down Unit</b> (per day) - within six months of the accident	\$150	\$150	\$150
Maximum days of confinement per covered accident: 30			
<b>Family Member Lodging</b> (per day) - within six months of the accident	\$150	\$150	\$150
Maximum days of lodging per covered accident: 30			
Minimum Required Distance (miles): 100			

# Group Accident Insurance

After Care Category - Mid	Employee	Spouse	Child
<b>Appliances</b> - within six months of the accident			
Cane	\$30	\$30	\$30
Maximum number of appliances per covered accident: No Maximum			
Ankle Brace	\$30	\$30	\$30
Maximum number of appliances per covered accident: No Maximum			
Walking Boot	\$75	\$75	\$75
Maximum number of appliances per covered accident: No Maximum			
Walker	\$75	\$75	\$75
Maximum number of appliances per covered accident: No Maximum			
Crutches	\$75	\$75	\$75
Maximum number of appliances per covered accident: No Maximum			
Leg Brace	\$75	\$75	\$75
Maximum number of appliances per covered accident: No Maximum			
Cervical Collar	\$75	\$75	\$75
Maximum number of appliances per covered accident: No Maximum			
Wheelchair	\$300	\$300	\$300
Maximum number of appliances per covered accident: No Maximum			
Knee Scooter	\$300	\$300	\$300
Maximum number of appliances per covered accident: No Maximum			
Body Jacket	\$300	\$300	\$300
Maximum number of appliances per covered accident: No Maximum			
Back Brace	\$300	\$300	\$300
Maximum number of appliances per covered accident: No Maximum			
<b>Accident Follow-Up Treatment</b> - within 6 months of the accident			
Initial treatment is received within 7 days of the accident	\$35	\$35	\$35
Maximum number of visits per covered accident: 6			
<b>Post Traumatic Stress Disorder (PTSD)</b> - once per accident, within 6 months of the accident	\$150	\$150	\$150
<b>Rehabilitation Unit</b> (per day)			
Maximum number of days per confinement: 31	\$75	\$75	\$75
No more than 62 days total per calendar year for each insured			
<b>Therapy</b> - beginning within 90 days of the accident			
Initial treatment is received within 7 days of the accident	\$35	\$35	\$35
Maximum number of visits per covered accident: 10			
<b>Chiropractic or Alternative Therapy</b> - beginning within 90 days of the accident			
Initial treatment is received within 7 days of the accident	\$25	\$25	\$25
Maximum number of visits per covered accident: 6			
Life Changing Events Category - Mid	Employee	Spouse	Child
<b>Dismemberment</b> - once per accident, within six months of the accident			
Single Loss	\$8,750	\$3,750	\$1,750
Double Loss	\$17,500	\$7,500	\$3,500
Loss of one or more fingers or toes	\$875	\$375	\$175
Partial Dismemberment (includes at least one joint of a finger or toe)	\$87.50	\$87.50	\$87.50
<b>Paralysis</b> - once per accident, diagnosed by a doctor within six months of the accident			
Paraplegia	\$3,500	\$3,500	\$3,500
Quadriplegia	\$7,500	\$7,500	\$7,500
<b>Prosthesis</b> - once per accident			
Maximum number of prosthetic devices per covered accident: 2	\$2,000	\$2,000	\$2,000
<b>Prosthesis Repair/Replacement</b> - once per prosthetic device, within three years of initial Prosthesis payment	\$2,000	\$2,000	\$2,000
<b>Residence/Vehicle Modification</b> - once per accident, within one year of the accident	\$1,500	\$1,500	\$1,500
Wellness Rider - Mid	Employee	Spouse	Child
Amount paid will be based on the certificate year in which the wellness test was performed:			
Maximum number of payments per calendar year, per insured: 1			
<b>Year 1</b> - Once per calendar year	\$25	\$25	\$25
<b>Year 2</b> - Once per calendar year	\$50	\$50	\$50
<b>Year 3</b> - Once per calendar year	\$50	\$50	\$50
<b>Year 4</b> - Once per calendar year	\$50	\$50	\$50
<b>Year 5</b> - Once per calendar year	\$75	\$75	\$75
<b>Year 6+</b> - Once per calendar year	\$75	\$75	\$75



# Group Accident Insurance

Accidental Death Rider	Employee	Spouse	Child
Accidental Death - within 90 days of the accident			
Accidental Death	\$50,000	\$25,000	\$10,000
Accidental Common-Carrier Death	\$100,000	\$50,000	\$20,000

*Please request a sample policy for full benefit provisions and descriptions.*

# Group Accident Insurance

## Premium Rates

Monthly Premiums	
Coverage	Premium
Employee	\$18.32
Employee and Spouse	\$28.98
Employee and Child(ren)	\$37.19
Family	\$47.85

The premium and product availability indicated in this proposal are subject to change as a result of final underwriting.

# AFLAC GROUP CRITICAL ILLNESS

## Aflac can help ease the financial stress of surviving a critical illness.

Chances are you may know someone who's been diagnosed with a critical illness. You can't help notice the difference in the person's life—both physically and emotionally. What's not so obvious is the impact a critical illness may have on someone's personal finances.

That's because while a major medical plan may pay for a good portion of the costs associated with a critical illness, there are a lot of expenses that may not be covered. And, during recovery, having to worry about out-of-pocket expenses is the last thing anyone needs.

### That's the benefit of an Aflac Group Critical Illness plan.

It can help with the treatment costs of covered critical illnesses, such as a heart attack or stroke.

More importantly, the plan helps you focus on recuperation instead of the distraction of out-of-pocket costs. With the Critical Illness plan, you receive cash benefits directly (unless otherwise assigned)—giving you the flexibility to help pay bills related to treatment or to help with everyday living expenses.

But it doesn't stop there. Having group critical illness insurance from Aflac means that you may have added financial resources to help with medical costs or ongoing living expenses.

### Features:

- Benefits are paid directly to you, unless otherwise assigned.
- Coverage is available for you, your spouse, and dependent children.
- Coverage may be continued (with certain stipulations). That means you can take it with you if you change jobs or retire.

### How It Works:

<b>Aflac Group Critical Illness</b> coverage is selected.	Aflac Group Critical Illness pays an Initial Diagnosis Benefit of:  <b>\$10,000</b>
You experience chest pains and numbness in the left arm.	
You visit the emergency room.	
A physician determines that you have suffered a heart attack.	
Amount payable based on \$10,000 Initial Diagnosis Benefit.	

For more information, ask your insurance agent/producer, call 1.800.433.3036, or visit [aflacgroupinsurance.com](http://aflacgroupinsurance.com).

# Group Critical Illness Insurance

## Plan Description

The Aflac Group Critical Illness Plan provides cash benefits when an insured person is diagnosed with a covered critical illness-and these benefits are paid directly to your employees (unless otherwise assigned). The plan provides a lump-sum benefit to help with out-of-pocket medical expenses and the living expenses that can accompany a covered critical illness. It is also H.S.A.-compatible.

Features and Plan Provisions (specific benefit provisions may vary by situs state)	
<b>Benefit Amounts</b>	See Premium Rates and Plan Benefits for available options
<b>Spouse Coverage</b>	Up to 100% of the face amount elected by the employee
<b>Child Coverage</b>	Up to 50% of the face amount elected by the employee
<b>Guaranteed Issue Amounts</b>	<b>Employee:</b> Up to \$20,000 <b>Spouse:</b> Up to \$20,000 <b>Participation Requirement:</b> 0%
<b>Requirement for Group Billing</b>	To establish group billing, 25 distinct individuals must be paying premiums
<b>Payment Method</b>	Payroll Deducted
<b>Pre-existing Condition Exclusion</b>	None
<b>Waiting Period</b>	There is no waiting period
<b>Benefit Reductions</b>	No reduction at any age
<b>Rate Guarantee</b>	2 Year(s)
<b>Portability/Continuation</b>	Evergreen
<b>Rate Type</b>	Attained Age
<b>Eligibility</b>	<b>Work Week Hours:</b> Employee must work at least 16 hours per week <b>Length of Employment:</b> No minimum requirement; set by employer
<b>Waiver of Premium</b>	After 90 days of total disability for an employee due to a covered critical illness, we will fully waive all premiums for the duration specified in the certificate
<b>Successor Insured Waiver of Premium</b>	Not Included
<b>Separation Period - Additional Diagnosis/ Reoccurrence</b>	<b>Additional Diagnosis:</b> 6 consecutive months <b>Reoccurrence:</b> 6 consecutive months
<b>Successor Insured</b>	Included
<b>Issue Ages</b>	<b>Employee:</b> 18+ <b>Spouse:</b> 18+ <b>Children:</b> Under age 26
<b>Termination Age</b>	None
<b>Certificate Effective Date</b>	Coverage is effective on the billing effective date

# Group Critical Illness Insurance

## Plan Benefits

(Benefit provisions may vary by situs state)

Base Benefits	
Heart Attack (Myocardial Infarction)	100%
Sudden Cardiac Arrest	100%
Coronary Artery Bypass Surgery	100%
Major Organ Transplant*	100%
Bone Marrow Transplant (Stem Cell Transplant)	100%
Kidney Failure (End-Stage Renal Failure)	100%
Stroke (Ischemic or Hemorrhagic)	100%
Type I Diabetes	100%

\*25% of this benefit is payable for Insureds placed on a transplant list for a major organ transplant

Cancer Benefits	
Cancer (Internal or Invasive)	100%
Non-Invasive Cancer	25%
Skin Cancer	\$1000 per calendar year
Metastatic Cancer	25%

Health Screening Benefit	
Health Screening (payable for employee and spouse only)	\$50
Health Screening (payable for dependent children)	100% of the Health Screening Amount
Payable per calendar year	1

Childhood Conditions Rider	
Cystic Fibrosis, Cerebral Palsy, Cleft Lip or Cleft Palate, Down Syndrome, Phenylalanine Hydroxylase Deficiency Disease (PKU), Spina Bifida	50% of employee benefit
Autism Spectrum Disorder	\$3,000

Specified Diseases Rider	
Tier 1 – Adrenal Hypofunction (Addison's Disease), Cerebrospinal Meningitis, Diphtheria, Encephalitis, Huntington's Chorea, Legionnaire's Disease, Lyme Disease, Malaria, Muscular Dystrophy, Myasthenia Gravis, Necrotizing Fasciitis, Osteomyelitis, Poliomyelitis (Polio), Rabies, Sickle Cell Anemia, Systemic Lupus, Systemic Sclerosis (Scleroderma), Tetanus, Tuberculosis	25%
Tier 2 - Human Coronavirus Only	
Hospitalization: 4+days	10%
Hospitalization: 10+days	25%
Hospitalization: Intensive Care Unit (ICU)	40%

Please request a sample policy for full benefit provisions and descriptions.

# Group Critical Illness Insurance

## Premium Rates

### Employee Uni-Tobacco Monthly Premiums

Age	\$5,000	\$10,000	\$15,000	\$20,000
18-25	\$2.19	\$4.39	\$6.58	\$8.77
26-30	\$2.93	\$5.86	\$8.79	\$11.73
31-35	\$3.75	\$7.49	\$11.24	\$14.98
36-40	\$4.85	\$9.70	\$14.54	\$19.39
41-45	\$6.33	\$12.65	\$18.98	\$25.31
46-50	\$8.30	\$16.61	\$24.91	\$33.21
51-55	\$12.83	\$25.66	\$38.49	\$51.32
56-60	\$15.50	\$30.99	\$46.49	\$61.98
61-65	\$25.03	\$50.07	\$75.10	\$100.13
66+	\$39.76	\$79.53	\$119.29	\$159.05

### Spouse Uni-Tobacco Monthly Premiums

Age	\$5,000	\$10,000	\$15,000	\$20,000
18-25	\$2.19	\$4.39	\$6.58	\$8.77
26-30	\$2.93	\$5.86	\$8.79	\$11.73
31-35	\$3.75	\$7.49	\$11.24	\$14.98
36-40	\$4.85	\$9.70	\$14.54	\$19.39
41-45	\$6.33	\$12.65	\$18.98	\$25.31
46-50	\$8.30	\$16.61	\$24.91	\$33.21
51-55	\$12.83	\$25.66	\$38.49	\$51.32
56-60	\$15.50	\$30.99	\$46.49	\$61.98
61-65	\$25.03	\$50.07	\$75.10	\$100.13
66+	\$39.76	\$79.53	\$119.29	\$159.05

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