



U.S. COTTON™



Your 2018 Benefits





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Medical – Cigna/GPA

New for 2018!

U.S. Cotton is excited to announce that beginning January 1, 2018, our new medical plan claims administrator is **Group & Pension Administrators, Inc. (GPA)** and we will be using the **Cigna PPO Network**.

THERE WILL BE NO CHANGES TO THE BENEFIT PLAN

– Deductibles, coinsurance, and copays will all stay the same.

CLAIM QUESTIONS or BENEFIT INQUIRIES

Phone: 972-238-7900 or 800-827-7223

E-mail: gpacustomerservice@gpatpa.com

Website: <http://www.gpatpa.com>

Hours: 9:00 AM – 8:00 PM Monday through Thursday

9:00 AM – 6:00 PM Friday

All Times Eastern



FIND A HEALTH CARE PROFESSIONAL

Better value. Better together.

With a growing nationwide PPO network of more than 840,000 health care professionals and more than 6,000 facilities, Cigna offers you a range of quality choices to help you stay healthy.

Three ways to find what you need

There are three ways to find a network health care professional:

- If you're already enrolled, visit **myCigna.com** and log in using your User ID and Password.
- Visit **Cigna.com** and click "Find a Doctor." Be sure to select the "PPO, Choice Fund PPO" network.
- Call your Third Party Administrator during business hours.

Features on **myCigna.com** allow you to:

- Narrow your results by distance, specialty and more.
- Email a copy of your search results.
- Find doctors in 22 different medical specialties, who meet certain quality and cost-efficiency measures and have been awarded the Cigna Care Designation.
- Estimate procedure costs based on Cigna's historical data.

Cigna's extensive PPO Network gives you access to qualified health care professionals. Your good health is important, and we're here to help.

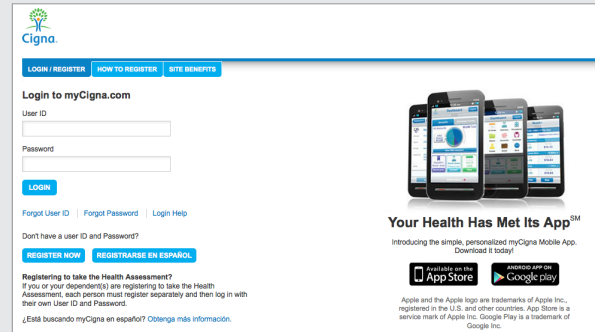
If you're looking for a mental health or substance abuse professional, visit **CignaBehavioral.com**. On the "Members" page, select "Find a Therapist/Psychiatrist". You do not need to type in an "Employer ID."

Together, all the way.®

"Cigna OAP Network" refers to the health care professionals (doctors, hospitals, specialists) contracted as part of the Cigna Open Access Plus Network for Shared Administration. To search this directory online, be sure to log-on to myCigna.com or visit <http://sarhpcdir.cigna.com/mcoop>. Quality designations, cost-efficiency and other ratings reflect a partial assessment of quality and cost-efficiency and should not be the sole basis for decision-making. They are not a guarantee of the quality of care that will be provided to individual patients. You are encouraged to consider all relevant factors and consult with your physician when selecting a health care professional or facility. Health care professionals and facilities that participate in the Cigna network are independent contractors solely responsible for the care and services provided to their patients. They are not agents of Cigna.

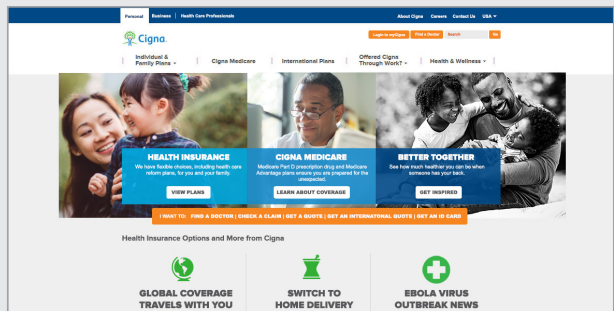
Option 1

Log in to myCigna.com



Option 2

1. Visit Cigna.com - click on "Find a Doctor" (upper right).
2. On the next page, click on "If your insurance plan is offered through work or school..." (large orange box)
3. Click "Pick" (small pink box)
4. Click "PPO, Choice Fund PPO" in the pop-up box.





MAXIMIZE YOUR HEALTH PLAN **Whenever And Wherever You Are**

The new GPA Mobile App, offered through your health plan, puts our most popular online features at your fingertips.

THE GPA MOBILE APP ALLOWS YOU TO:



CHECK
CLAIM STATUS



ACCESS YOUR
ELIGIBILITY
INFORMATION



VIEW AND
EMAIL YOUR
ID CARD



REVIEW YOUR
ACCOUNT SUMMARY
AND BENEFITS

Have a question regarding your health plan? You can send a secure message to our Customer Service Department through the new "Message Center" or for more general inquiries, visit our Frequently Asked Questions page.

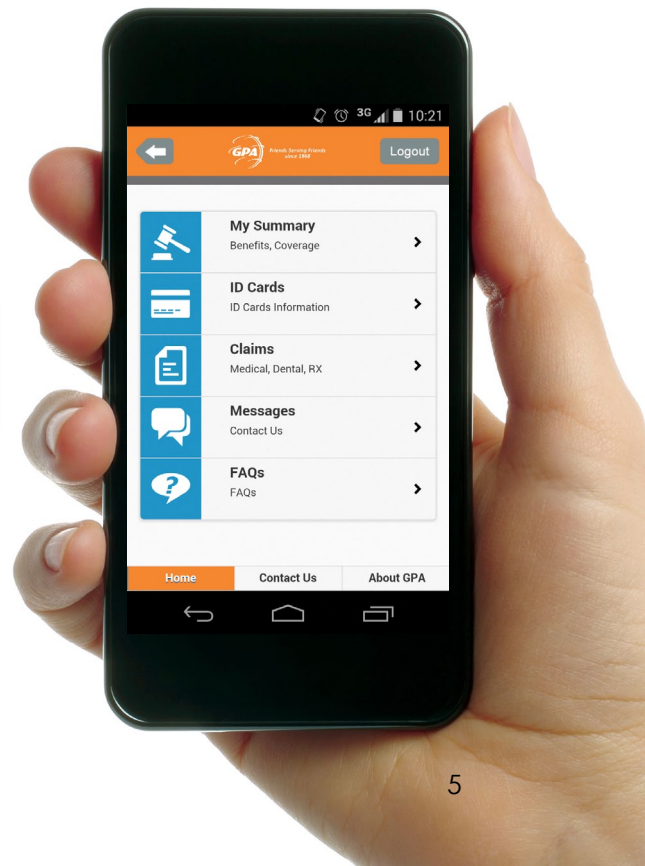
DOWNLOAD THE GPA MOBILE APP TODAY THROUGH THE GOOGLE PLAY STORE OR THE APPLE APP STORE!

 [CLICK HERE for Apple](#)

 [CLICK HERE for Android](#)

Available on Android and Apple devices, search for "Group Pension Mobile", download the app for free, register and set up a user ID and password. It's that simple!

www.gpatpa.com



Medical – Cigna/GPA

Benefits	IN-NETWORK	OUT-OF-NETWORK						
LIFETIME MAXIMUM, Deductible, and OUT-OF-POCKET LIMIT								
<p>The following deductibles and maximums apply to the services listed above in the "Summary of Benefits" unless otherwise noted.</p>								
<p>LIFETIME MAXIMUM</p> <p>Unlimited for all services, except orthotic devices for POSITIONAL PLAGIOCEPHALY, INFERTILITY, and INFERTILITY drugs. If you exceed any LIFETIME MAXIMUM, additional services of that type are not covered. In this case, you may be responsible for the entire amount of the PROVIDER'S billed charge.</p>	<p>Unlimited</p>	<p>Unlimited</p>						
<p>Deductible</p> <table border="0"> <tr> <td data-bbox="54 738 684 772">Individual, per BENEFIT PERIOD</td> <td data-bbox="686 738 1036 772">\$250</td> <td data-bbox="1039 738 1373 772">\$500</td> </tr> <tr> <td data-bbox="54 776 684 811">Family, per BENEFIT PERIOD</td> <td data-bbox="686 776 1036 811">\$750</td> <td data-bbox="1039 776 1373 811">\$1,500</td> </tr> </table> <p>Charges for the following do not apply to the BENEFIT PERIOD deductible:</p> <ul style="list-style-type: none"> inpatient newborn care for well baby PRESCRIPTION DRUGS 			Individual, per BENEFIT PERIOD	\$250	\$500	Family, per BENEFIT PERIOD	\$750	\$1,500
Individual, per BENEFIT PERIOD	\$250	\$500						
Family, per BENEFIT PERIOD	\$750	\$1,500						
<p>OUT-OF-POCKET LIMIT</p> <table border="0"> <tr> <td data-bbox="54 1047 684 1081">Individual, per BENEFIT PERIOD</td> <td data-bbox="686 1047 1036 1081">\$1,500</td> <td data-bbox="1039 1047 1373 1081">\$3,000</td> </tr> <tr> <td data-bbox="54 1085 684 1120">Family, per BENEFIT PERIOD</td> <td data-bbox="686 1085 1036 1120">\$3,000</td> <td data-bbox="1039 1085 1373 1120">\$6,000</td> </tr> </table> <p>Charges for PRESCRIPTION DRUGS do not apply to the OUT-OF-POCKET LIMIT:</p>			Individual, per BENEFIT PERIOD	\$1,500	\$3,000	Family, per BENEFIT PERIOD	\$3,000	\$6,000
Individual, per BENEFIT PERIOD	\$1,500	\$3,000						
Family, per BENEFIT PERIOD	\$3,000	\$6,000						
CERTIFICATION Requirements								
<p>Certain services require PRIOR REVIEW and CERTIFICATION by the PLAN in order to receive benefits. See "COVERED SERVICES" and "PRIOR REVIEW (Pre-Service)" in "UTILIZATION MANAGEMENT" for additional information.</p>								

Medical – Cigna/GPA

Benefits	IN-NETWORK	OUT-OF-NETWORK
PREVENTIVE CARE		
Routine Exams		
PRIMARY CARE PROVIDER	No Charge	Benefits not available
SPECIALIST	No Charge	Benefits not available
This includes: routine physical exams, well-baby care, well-child care, and immunizations.		
Screenings		
PRIMARY CARE PROVIDER	No Charge	40% after deductible
SPECIALIST	No Charge	40% after deductible
This includes: gynecological exams, cervical cancer screening, ovarian cancer screening, screening mammograms, colorectal screening, bone mass measurement, newborn hearing screening, and prostate-specific antigen tests.		
Fluoride Varnish for MEMBERS up to age 5	No Charge	40% after deductible
Nutritional Counseling	No Charge	40% after deductible

Medical – Cigna/GPA

PROVIDER'S Office

See Outpatient for OUTPATIENT CLINIC or HOSPITAL-based services. OFFICE VISITS for the evaluation and treatment of obesity are limited to a combined IN- and OUT-OF-NETWORK maximum of four visits per BENEFIT PERIOD. Any visits in excess of these BENEFIT PERIOD MAXIMUMS are not COVERED SERVICES.

OFFICE VISIT Services

PRIMARY CARE PROVIDER
SPECIALIST

\$20 copayment

40% after deductible

\$35 copayment

40% after deductible

This includes: office SURGERY, x-rays and lab tests.

CT scans, MRIs, MRAs and PET scans

15% after deductible

40% after deductible

Colonoscopies (regardless of place of service and regardless of diagnosis)

No Charge

40% after deductible

Therapy Services

REHABILITATIVE and HABILITATIVE THERAPIES

\$35 copayment

40% after deductible

Combined IN- and OUT-OF-NETWORK BENEFIT PERIOD MAXIMUMS apply to home, office and outpatient settings. 30 visits per BENEFIT PERIOD for physical/occupational therapy, including chiropractic services. 30 visits per BENEFIT PERIOD for speech therapy. Any visits in excess of these BENEFIT PERIOD MAXIMUMS are not COVERED SERVICES.

OTHER THERAPIES

No Charge

40% after deductible

Includes chemotherapy, dialysis and cardiac rehabilitation provided in the office. See Outpatient for OTHER THERAPIES provided in an outpatient setting.

INFERTILITY Services

PRIMARY CARE PROVIDER
SPECIALIST

\$20 copayment

40% after deductible

\$35 copayment

40% after deductible

Combined IN- and OUT-OF-NETWORK LIFETIME MAXIMUM for INFERTILITY services of three ovulation induction cycles with or without insemination per MEMBER provided in all places of service. See "INFERTILITY Services" and "PRESCRIPTION DRUG Benefits" for additional information. Any services in excess of this LIFETIME MAXIMUM are not COVERED SERVICES.

Medical – Cigna/GPA

Benefits	IN-NETWORK	OUT-OF-NETWORK
Inpatient		
Physician Services HOSPITAL and HOSPITAL-based Services Includes maternity delivery, prenatal and post-delivery care. If you are in a HOSPITAL as an inpatient at the time you begin a new BENEFIT PERIOD, you may have to meet a new deductible for COVERED SERVICES from DOCTORS or OTHER PROFESSIONAL PROVIDERS.	15% after deductible 15% after deductible	40% after deductible 40% after deductible
SKILLED NURSING FACILITY		
Combined IN- and OUT-OF-NETWORK maximum of 60 days per BENEFIT PERIOD. Services applied to the deductible count towards this day maximum. Any services in excess of these BENEFIT PERIOD MAXIMUMS are not COVERED SERVICES.	15% after deductible	40% after deductible
Other Services		
Includes DURABLE MEDICAL EQUIPMENT, HOSPICE services, impacted wisdom teeth, MEDICAL SUPPLIES, orthotic devices, PROSTHETIC APPLIANCES, and home health care. Orthotic devices for correction of POSITIONAL PLAGIOCEPHALY are limited to one device per MEMBER per lifetime. Any services in excess of these BENEFIT PERIOD or LIFETIME MAXIMUMS are not COVERED SERVICES.	15% after deductible	40% after deductible
Transplants (No charge, no deductible at Blue Distinction Center)	15% after deductible	40% after deductible
Private Duty Nursing	15% after deductible	15% after deductible

Medical – Cigna/GPA

Benefits	IN-NETWORK	OUT-OF-NETWORK
Mental Health and Substance Abuse Services		
Mental Health Office Services	\$35 copayment	40% after deductible
Mental Health Inpatient Services		
Physician Services	15% after deductible	40% after deductible
HOSPITAL and HOSPITAL-based Services	15% after deductible	40% after deductible
Mental Health Outpatient Services		
Physician Services	15% after deductible	40% after deductible
HOSPITAL and HOSPITAL-based Services	15% after deductible	40% after deductible
Substance Abuse Office Services	\$35 copayment	40% after deductible
Substance Abuse Inpatient Services		
Physician Services	15% after deductible	40% after deductible
HOSPITAL and HOSPITAL-based Services	15% after deductible	40% after deductible
Substance Abuse Outpatient Services		
Physician Services	15% after deductible	40% after deductible
HOSPITAL and HOSPITAL-based Services	15% after deductible	40% after deductible

Medical – Cigna/GPA

Benefits	IN-NETWORK	OUT-OF-NETWORK
Obesity Treatment/Weight Management		
<p>PRIMARY CARE PROVIDER</p> <p>SPECIALIST</p> <p>Outpatient Physician Services</p> <p>Outpatient HOSPITAL and HOSPITAL-based Services</p> <p>Inpatient Physician Services</p> <p>Inpatient HOSPITAL and HOSPITAL-based Services</p> <p>OFFICE VISITS for the evaluation and treatment of obesity are limited to a combined IN- and OUT-OF-NETWORK maximum of four visits per BENEFIT PERIOD. Any visits in excess of these BENEFIT PERIOD MAXIMUMS are not COVERED SERVICES.</p>	<p>\$20 copayment</p> <p>\$35 copayment</p> <p>15% after deductible</p> <p>15% after deductible</p> <p>15% after deductible</p> <p>15% after deductible</p>	<p>40% after deductible</p> <p>40% after deductible</p> <p>40% after deductible</p> <p>40% after deductible</p> <p>40% after deductible</p>
URGENT CARE Centers, Emergency Room, and Ambulance		
<p>URGENT CARE Centers</p> <p>Emergency Room Visit</p> <p>If admitted to the HOSPITAL from the emergency room, the emergency room copayment does not apply; instead, inpatient HOSPITAL benefits apply to all COVERED SERVICES provided in both the emergency room and during inpatient hospitalization. If held for observation, the emergency room copayment does not apply; instead, outpatient benefits apply to all COVERED SERVICES provided in both the emergency room and during observation. If you are sent to the emergency room from an URGENT CARE center, you may be responsible for both the emergency room copayment and the URGENT CARE copayment.</p>	<p>\$50 copayment</p> <p>\$250 copayment</p>	<p>\$50 copayment</p> <p>\$250 copayment</p>
Ambulance Services	15% after deductible	15% after deductible

Pharmacy – Express Scripts

New for 2018!

U.S. Cotton is excited to announce that beginning January 1, 2018, our new Pharmacy Benefit Manager is **Express Scripts, Inc. (ESI)**.

THERE WILL BE NO CHANGES TO THE BENEFIT PLAN – Copays and coinsurance will stay the same.



CLAIM QUESTIONS or BENEFIT INQUIRIES

Phone: 800-334-8134

Website: <http://www.express-scripts.com>

RxBin: 610014

RxGrp: RXBUSCT



Benefits	IN-NETWORK	OUT-OF-NETWORK
PRESCRIPTION DRUGS		
Tier 1 - GENERIC Drugs	\$5 copayment	\$5 copayment
Tier 2 - Preferred BRAND-NAME Drugs	\$35 copayment	\$35 copayment
Tier 3 - Non-preferred BRAND-NAME Drugs and SPECIALTY DRUGS	\$40 copayment	\$40 copayment
Diabetic Supplies, Spacers and Peak Flow Meters	25%	25%
<p>One copayment for up to a 30-day supply. 31-60-day supply is two copayments, and 61-90-day supply is three copayments. Any OUT-OF-NETWORK charges over the ALLOWED AMOUNT are not included in this maximum. Limits apply to INFERTILITY drugs, see "PRESCRIPTION DRUG Benefits" for a detailed description. Any services in excess of this LIFETIME MAXIMUM are not COVERED SERVICES.</p>		

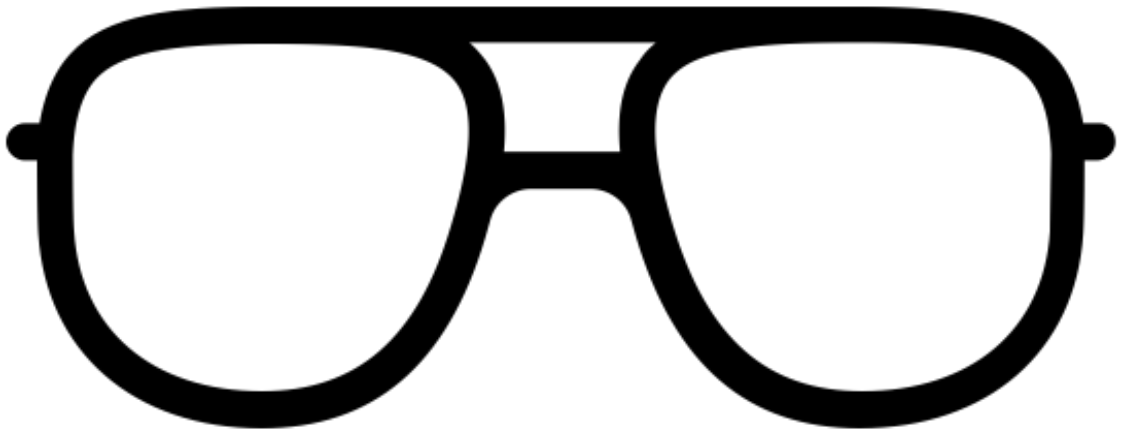
Dental – BC/BS

DENTAL SERVICES	Your Cost
Diagnostic and Preventive Services	0%
Basic Services	20% after dental deductible
Major Services	50% after dental deductible
Dental Deductible per BENEFIT PERIOD, includes basic and major services	\$50 per person
Dental BENEFIT PERIOD MAXIMUM per individual, includes basic and major services	\$1,000
Orthodontic Services	50%
Orthodontic LIFETIME MAXIMUM	\$1,000

Service Type	Includes	Covered at
Preventive	Evaluations, Consultations, Cleanings, X-Rays, Pulp Testing, Topical Fluoride, Palliative Emergency Treatment, Sealants, Diagnostic Casts	100%
Basic	Routine Fillings, Simple Extractions, Surgical Removal, Periapical X-ray, Space Maintainers, Complex Oral Surgery, Anesthesia, Stainless Steel Crowns, Endodontics, Pin Retention, Crown Lengthening, Root Plaining, Periodontal Scaling, Periodontal Maintenance	80%
Major	Inlays/Onlays/Crowns, Labial Anterior Veneers, Dentures, (Complete & Partial), Tissue Conditioning, Denture Repair, Occlusal Guard, Recementing of Inlays/Onlays/Crowns, Replacement of Broken Teeth on a Denture	50%
Orthodontics	Diagnosis, Appliance, Treatment (may include Phase I or Phase II)	50%, to \$1,000 max

Vision – BC/BS

	In-Network	Out-of-Network
Routine Eye Exam	\$20 Copayment	Benefits Not Available
Covered up to \$80, then 90%		
Lenses and Frames	The plan will pay for either one pair of prescription eyeglasses, one pair of hard or soft contact lenses, or a one-year supply of disposable contact lenses per year. Any services in excess of this benefit period maximum are not covered services.	



Short Term Disability

Benefit Highlights	
Availability	All full-time employees working at least 30 hours per week
Benefit Percentage	60%
Maximum Payment Amount	\$2,000/week
Minimum Payment Amount	\$25/week
Elimination Period: Injury	0 Days
Elimination Period: Illness	7 days
Maximum Payment Duration	26 weeks

CLAIM QUESTIONS or BENEFIT INQUIRIES

Phone: 877-657-5028

Website: <http://www.nationwide.com>

Long Term Disability

Benefit Highlights	
Availability	All full-time salaried and hourly employees
Benefit Percentage	60%
Maximum Payment Amount	\$6,000/month
Minimum Payment Amount	\$100/month
Elimination Period	The later of 180 after the date disability begins or the date short term disability payments to you end
Waiting Period	The day following 90 days of continuous employment

Maximum Payment Duration	
Disability Begins...	
Less than age 60	To Social Security Normal Retirement Age (SSNRA)
60	60 months or to SSNRA, whichever is greater
61	48 months or to SSNRA, whichever is greater
62	42 months or to SSNRA, whichever is greater
63	36 months or to SSNRA, whichever is greater
64	30 months or to SSNRA, whichever is greater
65	24 months
66	21 months
67	18 months
68	15 months
69 and over	12 months

CLAIM QUESTIONS or BENEFIT INQUIRIES

Phone: 888-883-5969

Website: <http://www.symetra.com>

Basic Life/AD&D

Benefit Highlights	
Basic Life	2x your annual income, rounded to the next higher \$1,000 if not already a multiple thereof, to a maximum of \$350,000
Basic AD&D	2x your annual income, rounded to the next higher \$1,000 if not already a multiple thereof, to a maximum of \$350,000
Guaranteed Issue Amount	\$350,000
Beneficiaries	Please be sure to update your beneficiary information during your enrollment session.
Benefit Reduction	Coverage reduces to 35% at Age 75

CLAIM QUESTIONS or BENEFIT INQUIRIES

Phone: 877-657-5028

Website: <http://www.nationwide.com>

Supplemental Term Life/AD&D

Benefit Highlights – Supplemental Employee Term Life/AD&D

Benefit Amount Options <i>Life/AD&D</i>	\$10,000 - \$250,000 (in \$10,000 increments)
Guaranteed Issue Amount	\$150,000
Proof of Insurability	Required for all amounts in excess of \$150,000
Health Questions	New enrollment or increases of more than \$10,000 require health questions, and approval is not guaranteed
Benefit Reduction	Coverage reduces to 35% at Age 75

Benefit Highlights – Supplemental Dependent Term Life/AD&D

Benefit Amount Options <i>Life/AD&D</i>	Spouse: \$10,000 or 50% of the EE's elected coverage, whichever is less Children: \$5,000
Guaranteed Issue Amount	Spouse: \$10,000 Children: \$5,000
Proof of Insurability	Not required
Health Questions	New enrollment for dependent coverage require health questions to be answered by each of the dependents requesting coverage, and approval is not guaranteed
Benefit Reduction	Coverage reduces to 35% at Age 75

CLAIM QUESTIONS or BENEFIT INQUIRIES

Phone: 877-657-5028

Website: <http://www.nationwide.com>

Specified Disease - Unum

Benefit Highlights	
Plan Description	Designed to help employees offset the financial effects of a catastrophic illness with a lump-sum benefit if an insured is diagnosed with a covered specified disease
Type of Plan	Specified Disease with Cancer
Coverage Options	Employee/Child, Spouse
Child Coverage	Automatically included with Employee coverage, issue age to 26
Coverage Reduction	Plan reduces 50% on policy anniversary following insured's 70 th birthday

Specified Disease Coverage	
Covered Conditions	Cancer, Carcinoma in Situ, Heart Attack, Coronary Artery Bypass Surgery, Stroke, End Stage Renal (Kidney) Failure, Major Organ Failure, Permanent Paralysis as the result of a Covered Accident, Coma as the result of Severe Traumatic Brain Injury, Blindness, Benign Brain Tumor, Occupational HIV
Additional Covered Conditions for Dependent Children	Cerebral Palsy, Cleft Lip or Palate, Cystic Fibrosis, Down Syndrome, Spina Bifida

Benefit Options	
Coverage Amount – Employee	\$5,000 - \$30,000 (in \$5,000 increments)
Coverage Amount – Spouse	\$5,000 - \$15,000 (in \$5,000 increments)
Coverage Amount – Child	25% of Employee Coverage Amount
Guaranteed Issue Amount	Employee: \$30,000 Spouse: \$15,000
Evidence of Insurability	Health Questions are not Required
Pre-Existing Condition	12/12
Benefit Waiting Period	None
Wellness Benefit	\$50 per insured per calendar year
Portability	Included

Specified Disease – Unum



Group Specified Disease Insurance
with Wellness Benefit

Could your bank account survive a serious illness?

Get protected with Group Specified Disease Insurance from Unum.

Lisa's story

Lisa was planning her daughter's wedding when a stroke disrupted her plans. Thanks to her Specified Disease coverage, Lisa was able to afford the treatment her medical insurance didn't cover. So she was able to focus on her goal for recovery; to dance at her daughter's wedding.



Who's at risk?

- The odds of developing cancer during a lifetime are one in two for men and one in three for women.¹
- Every 34 seconds someone in America will have a coronary event.²

Key advantage

You can use this coverage more than once. If you receive a full benefit payout for a specified disease, your coverage can be continued for the remaining covered conditions.

How to apply) To learn more, watch for information from your employer.

Three reasons to buy this coverage at work

1. You get affordable rates when you buy this coverage through your employer, and the premiums are conveniently deducted from your paycheck.
2. Coverage is portable. You may take the coverage with you if you leave the company or retire without having to answer new health questions. Unum will bill you directly.
3. Coverage becomes effective on the first day of the month in which payroll deductions begin.

How can Specified Disease insurance help?

Specified Disease Insurance can pay a lump sum benefit at the diagnosis of a specified disease. You can choose the level of coverage from \$5,000 to \$30,000 of coverage — and you can use the money any way you see fit.

Base covered conditions - Category 1	
Heart attack	Coronary artery bypass surgery
Stroke	
Base covered conditions - Category 2	
Benign brain tumor	End stage renal (kidney) failure
Major organ failure	Blindness
Base covered conditions - Category 3	
Coma	Permanent paralysis
Occupational HIV	
Cancer conditions	
Cancer	Carcinoma in situ ¹
Note	
100% of the benefit is payable for each category. Coronary artery bypass surgery and carcinoma in situ are paid at 25% of the purchased benefit amount.	

Please see policy definitions for complete details about these covered conditions.

Group Specified Disease Insurance

The following benefit is automatically included in your plan:

Wellness Benefit

Based on the plan selected by your employer, this benefit can pay \$50 per calendar year per insured individual if a covered health screening test is performed, including:

- Blood tests
- Stress tests
- Colonoscopies
- Chest X-rays
- Mammograms

A full list of covered tests will be provided in your certificate.

Available family coverage

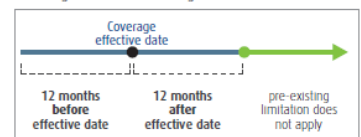
Who can have it?	Benefit
Employees who are actively at work	You can choose to purchase \$5,000, \$10,000, \$15,000, \$20,000, \$25,000 or \$30,000 of coverage.
Dependent children newborn until their 26th birthday, regardless of marital or student status All eligible children are automatically covered at 25% of the employee benefit amount (no additional cost)	Eligible children are covered for the same conditions as employee and the following specific childhood conditions: Category 1: Down syndrome; Category 2: cerebral palsy, cystic fibrosis, and spina bifida; Category 3: cleft lip or palate. Diagnosis must occur after the child's coverage effective date.
Spouse ages 17 through 64 with purchase of employee coverage ⁴	You can choose to purchase \$5,000, \$10,000 or \$15,000 of coverage.

Employees must be a U.S. citizen or legally authorized to work in the United States and actively at work at a U.S. location to receive coverage. Spouses and dependents must reside in the United States to receive coverage.

Provisions

Pre-existing condition limitation

Unum will not pay benefits for a claim that is caused by, contributed to or occurs as a result of a pre-existing condition for which the date of diagnosis is in the first 12 months following the insured's coverage effective date.



Pre-existing condition means a sickness or injury or symptoms of a sickness or injury, whether diagnosed or not, for which the insured received medical treatment, consultation, care or services, including diagnostic measures, took prescribed drugs or medicine or had been prescribed drugs or medicine to be taken during the 12 months just prior to the insured's coverage effective date or effective date of a change in coverage.

Reduction of benefits

The benefit amount for the employee and spouse reduces by 50% on the first policy anniversary date after the insured individual's 70th birthday. Premiums will not be reduced. For coverage purchased after age 70, benefit amounts will not be reduced.

My Specified Disease coverage

Amount I applied for: \$ _____
 Cost per pay period: \$ _____
 Date deductions begin: ____/____/____

(For your records — complete during your enrollment)

Group Accident - Unum

Benefit Highlights	
Plan Description	Designed to help covered employees meet the out-of-pocket expenses and extra bills that can follow an accidental injury, whether minor or catastrophic.
Type of Plan	On/Off job
Benefit Option	Medium Benefit Plan Design (does not include sickness hospital confinement)
Family Coverage Options	Employee, Spouse, and Child
Pre-Existing Condition Rules	None
New Employee Waiting Period	30 days
Wellness benefit	\$50 per insured per calendar year
Portability	Included
Schedule of Benefits	See following schedule for highlights

If you have an accident, will it hurt your bank account too?

Unum's accident insurance gives you something to fall back on.

Life can take a tumble.

With a full-time job and three active kids, Marsha has a lot of demands on her time — and her pocketbook. So if her kids break something other than a window, she doesn't want an injury to break her bank account as well.



Benefits that pay for covered accidents while you are on the road to recovery

Unum's coverage provides a lump sum benefit based on the type of injury (or covered incident) you sustain or the type of treatment you need.

Examples of covered injuries include:

- broken bones
- eye injuries
- burns
- ruptured discs
- torn ligaments
- concussion
- lacerations
- coma due to a covered injury

Some covered expenses include:

- emergency room treatment
- occupational therapy
- outpatient surgery facility
- speech therapy
- doctor office visit
- chiropractic visit
- hospitalization
- physical therapy

See the schedule of benefits for a full list of covered injuries and expenses.

Who's at risk?

- Every 10 minutes, over 750 Americans suffer an injury severe enough to seek medical help.¹
- Nearly three times as many injuries requiring medical attention happen off the job rather than at work.²

An illustrative example of how accident coverage can help you with your expenses

40-year-old claimant

Accident: Fall at home

Injury: Anterior Cruciate Ligament (ACL) tear (knee ligament injury)

Out-of-pocket expenses incurred:

Emergency room copay	\$100
Deductible	1,000
Coinsurance for surgery (\$3,500 x 25%)	875
Copay for six physical therapy visits	120
Total out-of-pocket expenses:	\$2,095

Benefits paid:

Emergency room visit	\$150
Appliance (knee brace)	100
Outpatient surgery facility service	300
Surgical ligament tear repair	800
Physical therapy sessions (6)	150
Total benefit paid under policy:	\$1,500

Costs of treatment and benefit amounts may vary.

Example is based on the level 2 schedule of benefits.

How to apply

To learn more, watch for information from your employer.



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Group Accident – Unum

Be sure to review this schedule of benefits.

It shows the many ways this coverage can pay a benefit if you are injured.

Covered injuries	Benefit amount	Emergency and hospitalization benefits	Benefit amount
Fractures		Ambulance (ground, once per accident)¹	\$400
Open reduction	Up to \$7,500	Air ambulance	\$1,500
Closed reduction	Up to \$3,750	Emergency room treatment	\$150
Chips	25% of closed amount	Emergency treatment in physician office/urgent care facility	\$75
Dislocations		Hospital admission (admission or intensive care admission once per covered accident)	\$1,000
Open reduction	Up to \$6,000	Intensive care admission (same as above)	\$1,500
Closed reduction	Up to \$3,000	Hospital confinement (per day up to 365 days)	\$200
Burns		Intensive care confinement (per day up to 15 days)	\$400
At least 10 square inches, but less than 20 square inches	2nd degree – \$0 3rd degree – \$2,500	Medical imaging test (once per accident)	\$200
At least 20 square inches, but less than 35 square inches	2nd degree – \$0 3rd degree – \$5,000	Outpatient surgery facility service (once per accident)	\$300
35 or more square inches of the body surface	2nd degree – \$1,000 3rd degree – \$10,000	Pain management (epidural, once per accident)	\$100
Skin grafts for 2nd and 3rd degree burns	50% of burn benefit		
Skin graft for any other accidental traumatic loss of skin			
At least 10 square inches, but less than 20 square inches	\$150		
At least 20 square inches, but less than 35 square inches	\$250		
35 or more square inches of the body surface	\$500		
Concussion	\$150		
Coma	\$10,000		
Ruptured disc	\$800		
Knee cartilage			
Torn	\$750		
Exploratory	\$150		
Laceration	\$25 – \$600		
Tendon/ligament and rotator cuff			
Surgical repair of one	\$800		
Surgical repair of two or more	\$1,200		
Exploratory surgery only	\$150		
Dental work, emergency			
Extraction	\$100		
Crown	\$300		
Eye injury	\$300		



Treatment and other services	Benefit amount	Accidental death and other covered losses	Benefit amount
Surgery benefit		Accidental death¹	
Open abdominal, thoracic	\$1,500	Employee	\$50,000
Exploratory (without repair)	\$150	Spouse	\$20,000
Hemia repair	\$150	Child	\$10,000
Physician follow-up visit (2 visits per accident)	\$75	¹ The accidental death benefit applies if the insured individual is injured as a fare-paying passenger on a common carrier: Employee – \$150,000; spouse – \$60,000; child – \$30,000	
Chiropractic visit (up to 3 visits per calendar year) ²	\$25	Initial accidental dismemberment – one benefit per accident, not payable with initial accidental loss	
Therapy services (up to 10 per accident)		Loss of both hands or both feet; or	\$15,000
Occupational therapy	\$25	Loss of one hand and one foot; or	\$15,000
Speech therapy	\$25	Loss of one hand or one foot;	\$7,500
Physical therapy	\$25	Loss of two or more fingers, toes or any combination; or	\$1,500
Prosthetic device or artificial limb		Loss of one finger or toe	\$750
One	\$750	Catastrophic accidental dismemberment¹ – once per lifetime, not payable with catastrophic loss²	
More than one	\$1,500	Loss of both hands or both feet; or loss of one hand and one foot	
Appliance (once per accident)	\$100	Employee (prior to age 65)	\$100,000
Blood, plasma and platelets	\$400	- Spouse and child	\$50,000
Travel due to accident		Employee (ages 65-69)	\$50,000
Transportation of more than 50+ miles from residence; 3 trips per accident; max 1,200 miles per round trip ³	\$0.40 per mile	- Spouse and child	\$25,000
Lodging (per night up to 30 days per accident)⁴	\$150	Employee (70+ years old)	\$25,000
Rehabilitation unit confinement (per day up to 15 days; max 30 days per calendar year)	\$100	- Spouse and child	\$12,500
		Accidental loss – paralysis, sight, hearing and speech⁵	
		Initial accidental loss – one benefit per accident; not payable with initial dismemberment	
		Permanent paralysis; or	\$15,000
		Loss of sight of both eyes; or	\$15,000
		Loss of sight of one eye; or	\$7,500
		Loss of the hearing of one ear	\$7,500
		Catastrophic accidental loss¹ – once per lifetime, not payable with catastrophic dismemberment	
		Permanent paralysis; or loss of hearing in both ears; or loss of the ability to speak; or loss of sight of both eyes	
		Employee (prior to age 65)	\$100,000
		- Spouse and child	\$50,000
		Employee (ages 65-69)	\$50,000
		- Spouse and child	\$25,000
		Employee (70+ years old)	\$25,000
		- Spouse and child	\$12,500

Whole Life – Unum

Employee Coverage	
Coverage Amounts	\$10,000 to \$70,000
Minimum Coverage Levels	\$3 weekly minimum for new policies
Issue Ages	Age 15 – 80
Evidence of Insurability	May enter at any level without EOI
Guaranteed Issue	Yes
Pre-Existing Condition Limitation	None
Child Term Rider	Optional \$10,000; EE issue age 15-64; Child issue age is 14 days to 25 th birthday

Spouse Coverage	
Coverage Amounts	\$10,000 to \$30,000
Issue Ages	Age 15 – 80
Evidence of Insurability	May enter at any level without EOI
EE Coverage Requirement	Can have equal to or less than the EE level up to \$30,000
Guaranteed Issue	Conditional GI – must answer knockout question favorable before they are allowed to enroll
Pre-Existing Condition Limitation	None
Note	Spouse cards required in MA, MI, and WA in order to issue coverage

Child Coverage	
Coverage Amounts	\$1 to \$3 weekly premium
Future Coverage	No increases are permitted
EE Coverage Requirement	Employee coverage required
Issue Ages	14 days to 26 years old
Child Term Rider	Employee can have both the Child Term Rider and Child standalone coverage
Guaranteed Issue	Yes
Pre-Existing Condition Limitation	None

Whole Life - Unum



Whole Life Insurance

Get lifetime coverage and useful cash benefits, too.

Whole Life Insurance provides much more than a death benefit — it also offers valuable “living benefits” that you can use during times of need. And you can keep your Whole Life coverage after you retire, making it an essential complement to Term Life.

Whole Life provides a lifetime of coverage.



Three reasons to buy Whole Life at work — now!

- 1 Whole Life rates.** The rates available through your employer are typically more affordable than those available elsewhere.
- 2 Age-based premiums.** Premiums are based on your age when you purchase, and don't increase as you get older. So the earlier you buy, the lower your premium will be for the life of your policy.
- 3 Guaranteed issue.** Generally available during the initial enrollment at your workplace. When it's offered to you, you can purchase coverage up to a set amount, without medical exams or health questions. If you don't purchase the maximum amount, you have the option to increase it up to that level during future enrollments — no questions asked!*

Premium payment

Your coverage will continue for as long as you pay the premiums.

Sample rates based on \$20,000 benefit amount

Issue age	Lifetime premium	
	Weekly premium	Guaranteed cash value at age 65
25	\$3.35	\$7,872
35	\$5.15	\$7,080
45	\$8.64	\$5,712

Sample non-tobacco user rates. Premium rates vary by age, coverage amount and tobacco use. For illustration purposes only.

Get the coverage you need.

Coverage options available

Who can have it?	What's the benefit amount?	How long can they keep it?
Individual employee coverage Ages 15-80	You can choose to purchase \$10,000, \$20,000, \$30,000, \$40,000, \$50,000, \$60,000 or \$70,000 of coverage for yourself.	You can keep it as long as you want it. If you leave your employer, you would be billed directly at home.
Individual spouse coverage Ages 15-80	You can choose to purchase \$10,000, \$20,000 or \$30,000 of coverage for your spouse.	If you leave your employer, you can keep your spouse's policy and be billed directly at home.
Individual child coverage Available to eligible children, stepchildren, legally adopted children and grandchildren (14 days until their 26th birthday) of the primary insured adult.	You can purchase coverage for as low as \$1 a week. Benefit amounts are based on the child's issue age and premium selected.+	Your children can keep it, even if you leave your employer. You would be billed directly at home.
Child Term Life Benefit With purchase of employee policy, available to eligible children, legally adopted children and stepchildren (14 days until their 25th birthday) of the primary insured adult.	\$10,000 — one rider covers all children.	Coverage ends when your policy ends or when children turn 25. At that time, children are guaranteed the right to buy an individual Whole Life policy at 5 times the amount of their rider.

Whole Life: Benefits for a lifetime

What is Whole Life?

- Whole Life offers “living benefits” you can use when you need them, as well as a death benefit.

What features are available?

- **Cash value.** This policy accumulates cash value.[†] You can borrow funds from this value as needed.
- **Living benefit option rider.** If you are diagnosed with a terminal illness, you can request up to 100% of your policy's benefit amount and use it for any purpose.^{**}

How does it work?

- Your premiums are level for life. Premiums will be conveniently deducted from your paycheck.
- Your death benefit is level, too. The benefit does not decrease with age.
- You own the policy.^{††} You can keep the policy if you leave or retire. You'll pay the same premium.

Flexible Spending Accounts

Medical Flexible Spending Account

How it Works	The Medical FSA can reimburse you for eligible medical expenses for you, your spouse (if you file a joint tax return), your children (under age 26) and your tax dependents.
Maximum Annual Contribution	\$2,600
Examples of Covered Expenses	Copays, deductibles, orthodontia, prescription medications, eye wear
Carry Over Amount	\$500
Last Date to Access 2018 Funds	March 15, 2019
Unused Funds	Forfeited

Dependent Care Flexible Spending Account

How it Works	The Dependent Care FSA can reimburse you for daycare expenses provided for your dependent(s) that allows you (and your spouse, if applicable) to work. Care must be for a dependent child under the age of 13 or a dependent of any age that lives in your household and is incapable of self-care.
Maximum Annual Contribution	\$5,000
Examples of Covered Expenses	Daycare, nursery school, elder care expenses
Last Date to Access 2018 Funds	March 15, 2019
Unused Funds	Forfeited

CLAIM QUESTIONS or BENEFIT INQUIRIES

Phone: 800-532-3328

Website: <http://www.flores247.com>

EAP - Symetra

Program Highlights	
How it Works	Up to five confidential sessions with a counselor, financial planner, or attorney are available to you and your eligible family members each calendar year. Consultations may be face-to-face or over the phone, and an additional five sessions are available if you have a covered disability claim. Sessions are per household and pay be divided among the three types of professionals.
Confidential Counseling	Stress, anxiety and depression, credit card or loan problems, job pressures, grief and loss, substance abuse
Financial Information and Resources	Getting out of debt, credit card or loan problems, tax questions, retirement planning, estate planning, saving for college
Legal Support	Divorce and family law, debt and bankruptcy, landlord/tenant issues, real estate transactions, civil and criminal actions, contracts.
Need Legal Representation?	A general guidance consultant will refer you to a qualified attorney in your area for a free 30-minute consultation. Any customary legal fees are then reduced by 25%

BENEFIT INQUIRIES

Phone: 888-883-5969

Website: <http://www.symetra.com>

EAP - Symetra

Employee Assistance Program

Helping you cope with the present and plan for the future



It's tough dealing with new challenges—finding child or elder care, bankruptcy, substance abuse—especially on your own. The stress alone can affect your work, health and family.

In times like these it's helpful to have someone in your corner to listen, offer advice and point you in the right direction for additional help. That's what you get from DisabilityGuidance®—an Employee Assistance Program that offers support when you need it most.

Your Employee Assistance Program

We're available 24/7 to assist you.

Call: 1-888-327-9573

TDD: 1-800-697-0353

Go online:

www.guidanceresources.com

Web ID: SYMETRA



Scan to download the contact information to your smartphone.

Program Highlights

Up to five¹ confidential sessions with a counselor, financial planner or attorney are available to you and your eligible family members each calendar year.² Consultations may be face-to-face or over the phone, and an additional five sessions are available if you have a covered disability claim. Sessions are per household and may be divided among the three types of professionals. These services are included in the overall premium so no additional payment is required to use the program.

> Confidential Counseling

Trained counselors with a master's or doctor-level degree are just a phone call away. They'll listen to your concerns and quickly refer you to appropriate resources and providers for:

- Stress, anxiety and depression
- Credit card or loan problems
- Difficulties with children
- Job pressures
- Grief and loss
- Substance abuse

> Financial Information and Resources

Contact a certified public accountant or certified financial planner for financial advice, including:

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

> Legal Support

Talk to an attorney about:

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

> Need legal representation?

A general guidance consultant will refer you to a qualified attorney in your area for a free 30-minute consultation. Any customary legal fees after that are reduced by 25%.

Online Resources and Tools

Get trusted, professional information online about relationships, work, school, children, wellness, legal or financial issues, and more. Turn to GuidanceResources® online for:

- Timely articles, tutorials, videos and self-assessments
- "Ask the Expert" personal responses to your questions
- Searches for child or elder care, attorneys and financial planners

First-time users, follow these simple steps:

- 1 Go to www.guidanceresources.com and click on "I am a first-time user."
- 2 Provide your organization web ID: SYMETRA
- 3 Create a username and password. Your username must be at least six characters with no spaces.
- 4 The security question provides prompts if you forget your password.
- 5 Federal law requires that you select the button verifying that you're at least 13 years old.
- 6 Be sure to read the "Terms of Use" and click the check box to agree to the terms. When finished, click "Submit."

Future logins

Simply enter your username and password, then click on the "Login" button.

If you have problems registering or logging in, send an email to memberservices@compsych.com or call 1-888-327-9573.

Planning for the Future

A will is one of the most important legal documents you can have. It ensures that you'll control who gets your property, who will be your children's guardian, and who manages your estate when you die.

EstateGuidance® makes it easy to create a simple, customized, legally binding will by offering:

- Convenient online access to will documentation tools
- Simple-to-follow instructions guiding you through the will-generation process
- Online support from licensed attorneys, if needed
- The ability to make revisions at no cost for up to 30 days

A simple will costs just \$14.99; printing and mailing services are available for an additional \$9.99.

You also have the option to create a credit shelter trust for an additional fee.



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For specific details
please consult your Plan
Documents.

