

NEIGHBORS IN NEED OF SERVICES, INC. (NINOS)
HEAD START / EARLY HEAD START PROGRAM

“Creating a brighter future for our children and la familia”



**RFQ Packet for
Broker-Voluntary
Employee Benefits
FY 2024/2025
24-RFQ-025**

**Neighbors In Need of Services, Inc. Head Start/Early Head Start
Invitation to Participate**

RFQ Number# 24-RFQ-025

RFQ Title: Broker – Voluntary Employee Benefits

Date Due: September 27, 2024

Due No Later Than: 4:00 p.m.

DESCRIPTION

NINOS Inc. is requesting qualifications from qualified benefits brokerage firms to perform a full range of services related to acquiring, maintaining, and improving NINOS Inc.'s voluntary/optional employee benefits products.

Copies of the Request for Qualifications Package are available at the office of Oscar Salinas, Director of Human Resources, located at 22887 State Highway 345 Rio Hondo, TX 78583, or NINOS Inc. website: www.ninosinc.org

CLOSING SUBMISSION DATE & PUBLIC OPENING

Qualifications Proposals for the above will be received by NINOS, Inc. ATTN: Oscar Salinas, Director of Human Resources, at the Administration Building, 22887 State Highway 345 Rio Hondo, TX 78583 no later than 4:00 pm on September 27, 2024.

Please provide one (1) original and two (2) copies of the proposal.

RFQs will be opened at 4:20 pm on September 27, 2024, at the Administration Building, 22887 State Highway 345, Rio Hondo, TX 78583. Responses will be evaluated in the following weeks. Successful respondents will be invited to present to the Board of Directors for final selection.

This is reserved, as the interest of NINOS, Inc. may be required to reject any or all qualifications, waive any formalities in proposals received, and accept the proposal most advantageous to NINOS, Inc.

NON-DISCRIMINATION & EQUAL OPPORTUNITY

No person shall on the grounds of race, color, religion, sex, national origin, age, handicap, political affiliation or belief be excluded from participation in, be denied the benefits of, be subjected to discrimination under, or be denied employment in the administration of or in connection with any program or activity funded in whole or in part with funds made available under this contract.

PURPOSE

NINOS, Inc. requests qualifications from licensed professionals and qualified Voluntary Benefits Broker Firms to provide professional services related to NINOS Inc.'s Voluntary Benefits Products. Technical questions or requests for clarification shall be directed in writing to the email address below. NINOS Inc.'s responses to a proposer's question(s) will be provided via return email only to the proposer asking the question(s) and not shared with other respondents.

Oscar Salinas, Director of Human Resources
NINOS Inc.
22887 State Highway 345
Rio Hondo, TX 78583
(956) 399-9944
Oscar.Salinas@ninosinc.org

GENERAL INFORMATION

NINOS Inc. is a non-profit, federally funded agency with 495 full-time employees. Voluntary employee benefit products include Cancer and Critical Illness, Short-Term Disability, Hospital Confinement, Accident Insurance, Life / Accidental Death and dismemberment, and Group life insurance (employer-paid). NINOS Inc. intends to consolidate these products under one broker.

All candidates proposing to provide broker services for the Agency's group voluntary benefits plan must be credentialed as licensed Life and Health Insurance Counselors and Risk Managers, as required by the Texas Department of Insurance for the services proposed. In addition, all firms must be capable of providing in-house staff and services (i.e., not subcontracting any services provided unless NINOS, Inc. agrees in advance to allow subcontracting for a specific project or reason).

NINOS, Inc. anticipates contracting with the selected candidate after the award in preparation for a March 1, 2025, open enrollment period. The contract shall be for one (1) year and two one-year extension options, which the agency may or may not exercise in its sole discretion.

EXPERIENCE

Preference will be given to brokerage firms that have demonstrated successful experience with non-profits researching group voluntary product vendors and options and successfully recommending and negotiating cost-effective pricing for group voluntary products. A specific contact person and backup person(s) shall be named, as well as the job titles of all staff proposed for assignment to the Agency.

Candidates interested in submitting a statement of qualifications to provide brokerage services should submit a copy of their most recent credentials from the Texas Department of Insurance to offer such services. Additionally, firms should provide evidence that:

1. Have previous experience providing similar services.
2. Staff and resources are available to perform requested services as needed.
3. Capable of performing required services on time.
4. Capable of providing timely, comprehensive, and understandable reporting.
5. Have experience providing employee education through open enrollment meetings, lunch and learns, available websites, etc.
6. Must provide fee-free access to Benefits Administration Software for ease of enrollment and maintenance of policies.

SCOPE OF SERVICES

NINOS, Inc. specifically requests the following services:

1. Conduct a market search for the most advantageous cost-to-benefit employee voluntary benefits products.
2. Make recommendations based on an annual review of employee voluntary benefits for the quality of benefits provided, cost-effectiveness, market competitiveness, and plan administration.
3. Review prior-year data information to prepare an analysis indicating trends in claims and utilization to make recommendations to the Agency for maximizing future voluntary benefits products.
4. Monitor and analyze contracts, including plan administration, compliance, and claims data, performance standards, provider compliance with contracts, and paid claims.
5. Make recommendations, projections, and rate structures based on an annual claim analysis.
6. Keep the Agency apprised of and in compliance with industry changes, practices, costs and trends at the local, regional, and national levels and the impact on the public and private sectors, including but not limited to the Health Insurance Portability Accountability Act (HIPAA), Consolidated Omnibus Budget Reconciliation Act (COBRA), and other federal or state laws.
7. Make presentations to the Board of Directors, finance committee, vendors, and general employee population as requested by NINOS, Inc.

8. Research, review, and resolve issues concerning insurance policies, and disputes regarding coverage, billing questions, service delivery, and other documents relating to employee voluntary benefits.
9. Audit contracts to ensure coverage accuracy, terms, and conditions.
10. Demonstrate the ability to comply with applicable federal and state laws (i.e., HIPAA, COBRA, etc.).

QUALIFICATION REQUIREMENTS

The statement of qualifications must contain:

1. Name of firm.
2. Brief company history.
3. Most recent annual financial statement.
4. Proof of appropriate licensing and insurance coverage.
5. Relevant experience in sourcing, evaluating, negotiating, and implementing various employee voluntary products, services, and vendors.
6. List of available staff and resources that would be assigned to the Agency, including names, job titles, experience, and qualifications.
7. Experience in all key component areas of brokerage performance.
8. Size of staff in the Rio Grande Valley area offices.
9. Provide literature on the Benefits Administration Software that will be provided and identify staff that will be assigned to NINOS Inc. and their level of experience with the software.
10. Experience during the past three years working with Agencies with over 350 employees. Provide a list of current accounts, including insurance services you negotiated for said entities, the length of time you have serviced the account, and a contact name and phone number for each account.

BROKER COMPENSATION

1. Describe how you expect compensation for the services outlined in this proposal.
2. State your philosophy of compensation disclosure (TDI regulations usually require clear documentation and disclosure).

EVALUATION CRITERIA

The Agency reserves the right to accept or reject any and all qualifications, waive technicalities, be the sole judge, and accept qualifications that are in the best interest of NINOS, Inc.

NINOS, Inc. staff will select finalists for presentations and interviews, negotiate contractual agreements, and recommend the selected finalist to the Agency's Board of Directors. The Board has the final authority to accept or reject the contract.

**NEIGHBORS IN NEED OF SERVICES, INC. HEAD START / EARLY HEAD START
INSTRUCTIONS**

Carefully read all instructions, requirements, and specifications. Fill out all forms properly and completely. Prior to returning your sealed response/submittal, all Addendums - if issued - should be reviewed and downloaded by entering the NINOS, Inc. website at www.ninosinc.org.

Please return the RFQ in a sealed envelope. The envelope should show the RFQ Number and description and be marked "SEALED RFQ."

RETURN RFQ TO:

Delivered to the administration office: By Delivery Services
Attn: Oscar Salinas
22887 State Hwy 345
Rio Hondo, TX 78583

Mailed to: By USPS
Attn: Oscar Salinas
PO BOX 189
Rio Hondo, TX 78583

You must sign below in ink. Failure to sign will disqualify the RFQ.

Company Name: _____

Company Address: _____

City, State, Zip Code: _____

Telephone: _____ Fax No: _____ E-mail: _____

Print Name: _____ Signature: _____

(Your signature attests to the accuracy of the responses you provided in response to the RFQ.)

Evaluation

Evaluation of each proposal will be based on the following criteria:

Factor	Point
a. Copy of current state license (s)	0 - 20
b. Current professional liability insurance	0 - 10
c. Experience with HS and Early Childhood programs or similar Nonprofit organizations.	0 - 25
d. Number of staff dedicated to NINOS account	0 - 20
e. Software platform proposed	0 - 25
Maximum Points	100

Attachment A

Voluntary Products	Number of Participants
Cancer (Pre-Tax)	91
Critical Illness (Post Tax)	51
Allstate Benefits	
Short-Term Disability	39
Assurity	
Hospital Confinement (Pre-Tax)	89
Accident & AD&D (Post Tax)	6
Colonial Life	
Life / Accidental Death & Dismemberment	116
UNUM	
Group Life - \$10K Benefit (Employer paid)	490
UNUM	

Attachment B



Allstate
BENEFITS

Protection for the
treatment of cancer and
29 specified diseases

Cancer Insurance

Receiving a cancer diagnosis can be one of life's most frightening events. Unfortunately, statistics show you probably know someone who has been in this situation.

With Cancer insurance from Allstate Benefits, you can rest a little easier. Our coverage pays you a cash benefit to help with the costs associated with treatments, to pay for daily living expenses, and more importantly, to empower you to seek the care you need.

Here's How It Works

You choose the coverage that's right for you and your family. Our Cancer insurance pays cash benefits for cancer and 29 specified diseases to help with the cost of treatments and expenses as they happen. Benefits are paid directly to you unless otherwise assigned. With the cash benefits you can receive from this coverage, you may not need to use the funds from your Health Savings Account (HSA) for cancer or specified disease treatments and expenses.

Meeting Your Needs

- Guaranteed Issue, meaning no medical questions to answer at initial enrollment*
- Includes coverage for cancer and 29 specified diseases
- Benefits are paid directly to you unless otherwise assigned
- Coverage available for dependents
- Waiver of premium after 90 days of disability due to cancer for as long as your disability lasts (employee only)
- Coverage may be continued; refer to your certificate for details
- Additional benefits have been added to enhance your coverage

With Allstate Benefits, you can protect your finances if faced with an unexpected cancer or specified disease diagnosis. **Are you in Good Hands? You can be.**

THIS IS NOT A POLICY OF WORKERS' COMPENSATION INSURANCE. THE EMPLOYER DOES NOT BECOME A SUBSCRIBER TO THE WORKERS' COMPENSATION SYSTEM BY PURCHASING THIS POLICY, AND IF THE EMPLOYER IS A NON-SUBSCRIBER, THE EMPLOYER LOSES THOSE BENEFITS WHICH WOULD OTHERWISE ACCRUE UNDER THE WORKERS' COMPENSATION LAWS. THE EMPLOYER MUST COMPLY WITH THE WORKERS' COMPENSATION LAW AS IT PERTAINS TO NON-SUBSCRIBERS AND THE REQUIRED NOTIFICATIONS THAT MUST BE FILED AND POSTED.

¹Life After Cancer: Survivorship by the Numbers, American Cancer Society, 2017. ²Cancer Treatment & Survivorship Facts & Figures, 2016-2017. *Enrolling after your initial enrollment period requires evidence of insurability.

DID YOU KNOW ?



Early detection, improved treatments and access to care are factors that influence cancer survival¹

20.3 million

The number of cancer survivors in the U.S. is increasing, and is expected to jump to nearly 20.3 million by 2026²

**Offered to the employees of:
NINOS, Inc.**

Meet Tony

Tony is like anyone else who has been diagnosed with cancer. He is concerned about his wife and how she will cope with his disease and its treatment. Most importantly, he worries about how he will pay for his treatment.

Here is what weighs heavily on his mind:

- Major medical only pays a portion of the expenses associated with my treatment
- I have copays I am responsible for until I meet my deductible
- If I am not working due to treatments, I must cover my bills, rent/mortgage, groceries and other daily expenses
- If the right treatment is not available locally, I will have to travel to get the treatment I need



Here's how Tony's story of diagnosis and treatment turned into a happy ending, because he had supplemental Cancer Insurance to help with expenses.



CHOOSE

Tony chooses benefits to help protect himself and his wife if diagnosed with cancer or a specified disease



USE

Tony undergoes his annual wellness test and is diagnosed for the first time with prostate cancer. His doctor reviews the results with him and recommends pre-op testing and surgery.

Here's Tony's treatment path:

- Tony travels to a specialized hospital 400 miles from where he lives and undergoes pre-op testing
- He is admitted to the hospital for laparoscopic prostate cancer surgery
- Tony undergoes surgery and spends several hours in the recovery waiting room
- He is transferred to his room where he is visited by his doctor during a 2-day hospital stay
- Tony is released under doctor required treatment and care during a 2-month recovery period

Tony continues to fight his cancer and follow his doctor recommended treatments.



CLAIM

Tony's Cancer claim paid him cash benefits for the following:

Cancer Screening
Cancer Initial Diagnosis
Continuous Hospital Confinement
Non-Local Transportation
Surgery
Anesthesia
Inpatient Drugs and Medicine
Physician's Attendance
Comfort/Anti-Nausea

For a listing of benefits and benefit amounts, see your company's rate insert.

Using your cash benefits

Cash benefits provide you with options, because you decide how to use them.



Finances

Can help protect HSAs, savings, retirement plans and 401(k)s from being depleted.



Travel

Can help pay for expenses while receiving treatment in another city.



Home

Can help pay the mortgage, continue rental payments, or perform needed home repairs for after care.



Expenses

Can help pay your family's living expenses such as bills, electricity, and gas.



MyBenefits: 24/7 Access allstatebenefits.com/mybenefits

An easy-to-use website that offers 24/7 access to important information about your benefits. Plus, you can submit and check your claims (including claim history), request your cash benefit to be direct deposited, make changes to personal information, and more.

Eligibility

Coverage may include you, your spouse, and children.

Benefits (subject to maximums as listed on the attached rate insert)

HOSPITAL CONFINEMENT AND RELATED BENEFITS

Continuous Hospital Confinement - inpatient admission and confinement, up to 70 days per continuous confinement

Extended Benefits - daily benefit for continuous hospital confinement lasting more than 70 days. Paid in lieu of all other benefits except Waiver of Premium

Government or Charity Hospital - confinements in lieu of all other benefits except Waiver of Premium

Private Duty Nursing Services - full-time nursing services authorized by attending physician

Extended Care Facility - confinement must begin within 14 days of a covered hospital stay; payable up to the number of days of the previous hospital stay

At Home Nursing - private nursing care must begin within 14 days of a covered hospital stay; payable up to the number of days of the previous hospital stay

Hospice Care (Freestanding Hospice Care Center or Hospice Care Team) - terminal illness care in a facility or at home; one visit per day. Must begin within 14 days of a covered hospital stay

RADIATION/CHEMOTHERAPY

Radiation/Chemotherapy - covered treatments to destroy or modify cancerous tissue

Blood, Plasma and Platelets - transfusions, administration, processing, procurement, cross-matching

SURGERY AND RELATED BENEFITS

Surgery* - based on Certificate Schedule of Surgical Procedures. Does not pay for surgeries covered by other policy benefits

Anesthesia - 25% of Surgery benefit for anesthesia received by an anesthetist

Bone Marrow or Stem Cell Transplant - autologous, non-autologous for treatment of cancer or specified disease other than Leukemia, or non-autologous for treatment of Leukemia

Ambulatory Surgical Center - payable only if Surgery benefit is paid

Second Surgical Opinion - second opinion for surgery by a doctor not in practice with your doctor

TRANSPORTATION AND LODGING BENEFITS

Ambulance - transfer by a licensed service or hospital-owned ambulance to or from hospital where confined for cancer or specified disease treatment

Non-Local Transportation - obtaining treatment not available locally

Outpatient Lodging - more than 100 miles from home

Family Member Lodging and Transportation - adult family member travels with you during non-local hospital stays for specialized treatment. Transportation not paid if Non-Local Transportation benefit paid

MISCELLANEOUS BENEFITS

Inpatient Drugs and Medicine - not including drugs/medicine covered under the Radiation/Chemotherapy benefit

Physician's Attendance - one inpatient visit by one physician

Physical or Speech Therapy - to restore normal body function

New or Experimental Treatment - payable if physician judges to be necessary and only for treatment not covered under other policy benefits

Prosthesis - surgical implantation of prosthetic device for each amputation

Comfort/Anti-Nausea Benefit - prescribed anti-nausea medication administered on outpatient basis

Waiver of Premium** - must be disabled 90 days in a row due to cancer; payable as long as disability lasts

ADDITIONAL BENEFITS

Cancer Initial Diagnosis - for first-time diagnosis of cancer other than skin cancer

Intensive Care (ICU)

a. ICU Confinement - confinements up to 45 days/stay

b. Ambulance - licensed air or surface ambulance service to ICU

Cancer Screening - pays annually for each covered person, when one of the following covered screening tests is performed: Bone Marrow Testing; Blood Tests for CA15-3 (breast cancer), CA125 (ovarian cancer), PSA (prostate cancer) and CEA (colon cancer); Chest X-ray; Colonoscopy; Flexible Sigmoidoscopy; Hemoccult Stool Analysis; Mammography; Pap Smear; Serum Protein Electrophoresis (test for myeloma)

SPECIFIED DISEASES

29 Specified Diseases Covered - Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease), Muscular Dystrophy, Poliomyelitis, Multiple Sclerosis, Encephalitis, Rabies, Tetanus, Tuberculosis, Osteomyelitis, Diphtheria, Scarlet Fever, Cerebrospinal Meningitis, Brucellosis, Sickle Cell Anemia, Thalassemia, Rocky Mountain Spotted Fever, Legionnaires' Disease, Addison's Disease, Hansen's Disease, Tularemia, Hepatitis (Chronic B or C), Typhoid Fever, Myasthenia Gravis, Reye's Syndrome, Primary Sclerosing Cholangitis (Walter Payton's Disease), Lyme Disease, Systemic Lupus Erythematosus, Cystic Fibrosis, and Primary Biliary Cirrhosis

*Two or more surgeries done at the same time are considered one operation. The operation with the largest benefit will be paid. Outpatient is paid at 150% of the amount listed in the Schedule of Surgical Procedures. Does not pay for other surgeries covered by other benefits **Premiums waived for employee only

DEFINITIONS

Actual Charge vs. Actual Cost

Actual Charge – Amount billed for a treatment or service before any insurance discounts or payments.

Actual Cost – Amount actually paid by or on behalf of you, accepted as full payment by the provider of goods or services.

CERTIFICATE SPECIFICATIONS

Eligibility

Coverage may include you, your spouse, and children.

Termination of Coverage

Coverage under the policy ends on the date the policy is canceled; the last day premium payments were made; the last day of active employment; or the date you or your class is no longer eligible.

Spouse coverage ends upon divorce or your death. Coverage for children ends when the child reaches age 26, unless he or she continues to meet the requirements of an eligible dependent.

Conversion Privilege

If coverage terminates for any reason other than non-payment of premiums, the covered person can convert to an individual policy without evidence of insurability. This may also apply to a dependent whose coverage terminates.

LIMITATIONS AND EXCLUSIONS

Pre-Existing Condition Limitation

We do not pay benefits for a pre-existing condition during the 12-month period beginning on the date that person's coverage starts. A pre-existing condition is a disease or physical condition for which medical advice or treatment was received by the covered person during the 12-month period prior to the effective date of coverage.

Exclusions and Limitations

We do not pay for any loss except for losses due directly from cancer or a specified disease and any other conditions or diseases caused or aggravated by cancer or a specified disease. Treatment and services must be received in the United States or its territories.

For those benefits for which we pay actual charges up to a specified maximum amount (except **Radiation/Chemotherapy; Blood, Plasma and Platelets; Prosthesis; New or Experimental Treatment; and Bone Marrow or Stem Cell Transplant**), if specific charges are not obtainable as proof of loss, we will pay 50% of the maximum benefit.

Hospice Care: Services are not covered for food or meals, well-baby care, volunteers or support for the family after covered person's death.

Blood, Plasma and Platelets Limitation: Does not include blood replaced by donors.

For the **Radiation/Chemotherapy** benefit, we do not pay for: treatment planning, consultation or management; the design and construction of treatment devices; basic radiation dosimetry calculation; any type of laboratory tests; X-ray or other imaging used for diagnosis or monitoring; the diagnostic tests related to these treatments; or any devices or supplies including intravenous solutions and needles related to these treatments.

We do not pay the **Family Member Transportation** benefit if we pay the personal vehicle transportation benefit under the **Non-Local Transportation** benefit when the family member lives in the same town as the confined insured.

Intensive Care Exclusions and Limitations

Benefits are not paid for attempted suicide or intentional self-inflicted injury, intoxication or being under the influence of drugs not prescribed by a physician, or alcoholism or drug addiction. Benefits are not paid for confinements to a care unit that does not qualify as a hospital intensive care unit, including progressive care, subacute intensive care, intermediate care, private rooms with monitoring, or step-down and other lesser care units. Benefits are not paid for continuous confinements occurring during a hospitalization prior to the effective date. Children born within 10 months of the effective date are not covered for continuous hospital intensive care confinement occurring or beginning during the first 30 days of the child's life. We do not pay for ambulance if paid under the Ambulance benefit (see Transportation and Lodging benefit section of this brochure).

This brochure is for use in enrollments situated in TX and is incomplete without the accompanying rate insert.

This material is valid as long as information remains current, but in no event later than June 1, 2022.

Group Cancer benefits are provided under policy form GVCP2, or state variations thereof.

The coverage provided is limited benefit supplemental cancer and specified disease insurance. The policy is not a Medicare Supplement Policy. If eligible for Medicare, review Medicare Supplement Buyer's Guide available from Allstate Benefits. There may be instances when a law requires that benefits under this coverage be paid to a third party, rather than to you. If you or a dependent have coverage under Medicare, Medicaid, or a state variation, please refer to your health insurance documents to confirm whether assignments or liens may apply.

This is a brief overview of the benefits available under the group policy underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville, FL). Details of the coverage, including exclusions and other limitations are included in the certificates issued. For additional information, you may contact your Allstate Benefits Representative.

The coverage does not constitute comprehensive health insurance coverage (often referred to as "major medical coverage") and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.



Allstate Benefits is the marketing name used by American Heritage Life Insurance Company, a subsidiary of The Allstate Corporation. ©2019 Allstate Insurance Company.
www.allstate.com or
allstatebenefits.com

Cancer Insurance (GVCP2)

Includes coverage for 29 Specified Diseases
from Allstate Benefits

Offered to the employees of:
NINOS, Inc.

BENEFIT AMOUNTS

HOSPITAL CONFINEMENT AND RELATED BENEFITS	PLAN 1	PLAN 2
Continuous Hospital Confinement (daily)	\$100	\$200
Extended Benefits ¹ (daily)	\$100	\$200
Government or Charity Hospital (daily)	\$100	\$200
Private Duty Nursing Services ¹ (daily)	\$100	\$200
Extended Care Facility ¹ (daily)	\$100	\$200
At Home Nursing ¹ (daily)	\$100	\$200
Hospice Care Center ¹ (daily) or Hospice Care Team ¹ (per visit)	\$100 \$100	\$200 \$200
RADIATION/CHEMOTHERAPY	PLAN 1	PLAN 2
Radiation/Chemotherapy ¹ (every 12 months)	\$5,000	\$10,000
Blood, Plasma, and Platelets ¹ (every 12 months)	\$5,000	\$10,000
SURGERY AND RELATED BENEFITS	PLAN 1	PLAN 2
Surgery ²		
1. Inpatient	\$1,500	\$3,000
2. Outpatient	\$2,250	\$4,500
Anesthesia ¹ (% of surgery benefit)	25%	25%
Bone Marrow or Stem Cell Transplant (once/year)		
1. Autologous	1. \$500	1. \$1,000
2. Non-autologous (cancer or specified disease treatment)	2. \$1,250	2. \$2,500
3. Non-autologous (Leukemia)	3. \$2,500	3. \$5,000
Ambulatory Surgical Center ¹ (daily)	\$250	\$500
Second Surgical Opinion ¹	\$200	\$400
TRANSPORTATION AND LODGING BENEFITS	PLAN 1	PLAN 2
Ambulance ¹ (per confinement)	\$100	\$100
Non-Local Transportation (coach fare or amount shown per mile*)	\$0.40/mi	\$0.40/mi
Outpatient Lodging ³ (daily; limit \$2,000/12 mo. period)	\$50	\$50
Family Member Lodging ³ (daily per trip; max. 60 days) and Transportation (coach fare or amount shown per mile*)	\$50 \$0.40/mi	\$50 \$0.40/mi
MISCELLANEOUS BENEFITS	PLAN 1	PLAN 2
Inpatient Drugs and Medicine ¹ (daily)	\$25	\$25
Physician's Attendance ¹ (daily)	\$50	\$50
Physical or Speech Therapy ¹ (daily)	\$50	\$50
New or Experimental Treatment ¹ (every 12 months)	\$5,000	\$5,000
Prosthesis ¹ (per amputation)	\$2,000	\$2,000
Comfort/Anti-Nausea Benefit ¹	\$200	\$200
Waiver of Premium (employee only)	Yes	Yes
ADDITIONAL BENEFITS	PLAN 1	PLAN 2
Cancer Initial Diagnosis (one-time benefit)	\$1,000	\$2,000
Intensive Care (ICU)	\$200	\$400
ICU Confinement (daily) Ambulance	Charges	Charges
Cancer Screening	\$25	\$100

¹Pays actual charges up to amount listed. ²Pays actual charges up to amount listed in certificate Schedule of Surgical Procedures. Amount paid depends on surgery. ³Pays actual cost up to amount listed.

*Maximum of 700 miles.

PLAN 1 PREMIUMS

MODE	EE	F
9thly	\$14.67	\$25.04

PLAN 2 PREMIUMS

MODE	EE	F
9thly	\$30.06	\$51.42

EE = Employee; F = Family

Issue Ages: 18 and over if Actively at Work



For use in enrollments situated in: TX

This rate insert is part of form ABJ35517X and is not to be used on its own.

This material is valid as long as information remains current, but in no event later than June 1, 2022. Allstate Benefits is the marketing name used by American Heritage Life Insurance Company (Home Office, Jacksonville, FL), a subsidiary of The Allstate Corporation. ©2019 Allstate Insurance Company. www.allstate.com or allstatebenefits.com.

Assurity[®]

Voluntary Benefit Options

for NINOS, INC



Disability Income



Group Short Term Disability

for NINOS, INC

An accident or injury may stop you from working, but it won't stop your bills. If you're unable to work, do you have enough money set aside to cover your expenses while you recover?

Disability Income insurance helps replace income and maintain financial stability if you become disabled and are unable to work, providing a reliable stream of income and peace of mind.

Group Short-Term Disability Income insurance pays a weekly benefit directly to you if you are sick or injured and can't work.

Key Features

- ☑ **Pays benefits if you become totally disabled and can't perform the important duties of your occupation**, as long as you are not working another job and are under the care of a physician
- ☑ Weekly benefit amount from **\$100 to \$1,000** by \$25 increments, subject to maximum benefit of 60% of weekly income

**Know you
and your family
are protected.**

It's easy —
sign up today



Not available to residents of New York.

Prime - 168189

Group Short-Term Disability Income Benefits - Class 1 - Texas

Forms G H1808/G H1808C

24-Hour, Accident & Sickness Protection

Total Disability	After the elimination period has been satisfied, pays the total disability weekly benefit while the insured person is totally disabled due to an injury or sickness resulting in the insured person being unable to perform the important duties of their own occupation, not working at another job and requiring a physician's care appropriate for the condition. Benefits continue while the insured person is totally disabled, or to the end of the benefit period, whichever is first. Benefits are payable for only one of two or more concurrent disabilities.
Presumptive Disability	Waives the elimination period and pays the total disability benefits for the maximum benefit period when an insured person suffers a permanent and irrevocable loss of speech, hearing in both ears, sight in both eyes, use of both feet, use of both hands, or use of one hand and one foot.
Recurrent Disability	Pays the weekly benefit for a recurrent total disability if it is separated from the ending date of the prior total disability by a period of 30 days, in which the insured person is actively employed on a continuous basis and not receiving any disability benefits under the certificate or any riders. The recurrent total disability is subject to a new elimination period and starts a new maximum benefit period.
Childbirth	For childbirth, the insured person will be considered totally disabled for a period of six weeks for non-Caesarean delivery or eight weeks for Caesarean delivery. The number of weekly benefits payable will be reduced by the elimination period. For example, if the elimination period for sickness is 14 days, the benefit is payable for four weeks for non-Caesarean delivery and six weeks for Caesarean delivery.
Organ Donor	Pays policy and rider benefits on the same basis as any other sickness if the insured person becomes disabled as the result of surgery for transplanting an organ or donating bone marrow from the insured person to another person.
Mental and Nervous Disorder	Pays policy and rider benefits on the same basis as any other sickness if the insured person is disabled as the result of a mental or nervous disorder. Mental or nervous disorder related disability benefits are subject to normal elimination period and maximum benefit period conditions, in addition to a total lifetime disability weekly benefit limit for these conditions of: <ul style="list-style-type: none">● 52 weeks if the maximum benefit period is 13 or 26 weeks; or● 104 weeks if the maximum benefit period is 52 or 104 weeks.
Substance Abuse	Pays policy and rider benefits on the same basis as any other sickness if the insured person is disabled as the result of substance abuse. Substance abuse related disability benefits are subject to normal elimination period and maximum benefit period conditions, in addition to a total lifetime disability weekly benefit limit for these conditions of: <ul style="list-style-type: none">● 52 weeks if the maximum benefit period is 13 or 26 weeks; or● 104 weeks if the maximum benefit period is 52 or 104 weeks.
Waiver of Premium	Waives premiums starting on the first premium due date after the insured person has been totally disabled for 30 days. Premiums continue to be waived until the insured person is no longer totally disabled or to the end of the maximum benefit period, whichever is first.
Survivor	Pays a lump sum benefit to a beneficiary if the insured person dies while receiving total disability weekly benefits, subject to certain conditions and limitations. <ul style="list-style-type: none">● If maximum benefit period is 13 or 26 weeks, benefit payable if insured received total disability benefits for at least six consecutive weeks; lump sum benefit equals three times the total disability weekly benefit amount, subject to a maximum of \$3,000.● If maximum benefit period is 52 or 104 weeks, benefit payable if insured received total disability benefits for at least 13 consecutive weeks; lump sum benefit equals six times the total disability weekly benefit amount, subject to a maximum of \$6,000.● This benefit not payable if Terminal Illness Benefit paid.

Group Short-Term Disability Income Benefits - Class 1 - Texas

Forms G H1808/G H1808C

24-Hour, Accident & Sickness Protection

Terminal Illness

Pays a lump sum benefit if the insured person is diagnosed with a terminal illness with life expectancy of six months or less and is receiving total disability weekly benefits, subject to certain conditions and limitations.

- If maximum benefit period is 13 or 26 weeks, benefit payable if insured received total disability benefits for at least six consecutive weeks; lump sum benefit equals three times the total disability weekly benefit amount, subject to a maximum of \$3,000.
 - If maximum benefit period is 52 or 104 weeks, benefit payable if insured received total disability benefits for at least 13 consecutive weeks; lump sum benefit equals six times the total disability weekly benefit amount, subject to a maximum of \$6,000.
 - If this benefit is paid, Survivor Benefit is not payable.
-

Group Disability Income Ninthly Premiums - Class 1 - Texas

Forms G H1808/G H1808C

Benefit Period: 13 Weeks

Elimination Period: 7/7 days (accident/sickness)

Annual Income	\$8,750	\$11,000	\$13,000	\$15,250	\$17,500	\$19,500	\$21,750	\$24,000
Weekly Benefit	\$100	\$125	\$150	\$175	\$200	\$225	\$250	\$275
Issue Age								
18 - 49	\$8.54	\$10.68	\$12.82	\$14.96	\$17.10	\$19.23	\$21.37	\$23.50
50 - 59	\$9.49	\$11.87	\$14.25	\$16.62	\$18.99	\$21.35	\$23.73	\$26.11
60 - 69	\$11.31	\$14.14	\$16.96	\$19.79	\$22.62	\$25.43	\$28.26	\$31.09
70+	\$13.69	\$17.13	\$20.55	\$23.98	\$27.40	\$30.82	\$34.25	\$37.68

Annual Income	\$26,000	\$28,250	\$30,500	\$32,500	\$34,750	\$37,000	\$39,000	\$41,250
Weekly Benefit	\$300	\$325	\$350	\$375	\$400	\$425	\$450	\$475
Issue Age								
18 - 49	\$25.64	\$27.78	\$29.92	\$32.05	\$34.19	\$36.33	\$38.45	\$40.60
50 - 59	\$28.49	\$30.86	\$33.23	\$35.60	\$37.97	\$40.35	\$42.71	\$45.10
60 - 69	\$33.92	\$36.75	\$39.57	\$42.39	\$45.23	\$48.06	\$50.88	\$53.71
70+	\$41.09	\$44.53	\$47.95	\$51.38	\$54.80	\$58.22	\$61.64	\$65.07

Annual Income	\$43,500	\$45,500	\$47,750	\$50,000	\$52,000	\$54,250	\$56,500	\$58,500
Weekly Benefit	\$500	\$525	\$550	\$575	\$600	\$625	\$650	\$675
Issue Age								
18 - 49	\$42.74	\$44.87	\$47.01	\$49.15	\$51.29	\$53.42	\$55.56	\$57.69
50 - 59	\$47.48	\$49.84	\$52.22	\$54.59	\$56.96	\$59.34	\$61.72	\$64.09
60 - 69	\$56.54	\$59.36	\$62.19	\$65.02	\$67.85	\$70.68	\$73.49	\$76.31
70+	\$68.48	\$71.92	\$75.34	\$78.76	\$82.20	\$85.61	\$89.05	\$92.46

Annual Income	\$60,750	\$63,000	\$65,000	\$67,250	\$69,500	\$71,500	\$73,750	\$76,000
Weekly Benefit	\$700	\$725	\$750	\$775	\$800	\$825	\$850	\$875
Issue Age								
18 - 49	\$59.83	\$61.97	\$64.11	\$66.25	\$68.37	\$70.51	\$72.65	\$74.79
50 - 59	\$66.46	\$68.83	\$71.20	\$73.58	\$75.96	\$78.33	\$80.70	\$83.07
60 - 69	\$79.15	\$81.98	\$84.80	\$87.63	\$90.46	\$93.28	\$96.11	\$98.94
70+	\$95.89	\$99.32	\$102.74	\$106.16	\$109.60	\$113.01	\$116.45	\$119.86

Annual Income	\$78,000	\$80,250	\$82,500	\$84,500	\$86,750			
Weekly Benefit	\$900	\$925	\$950	\$975	\$1,000			
Issue Age								
18 - 49	\$76.93	\$79.07	\$81.21	\$83.34	\$85.47			
50 - 59	\$85.45	\$87.83	\$90.20	\$92.56	\$94.93			
60 - 69	\$101.77	\$104.60	\$107.42	\$110.24	\$113.08			
70+	\$123.29	\$126.72	\$130.14	\$133.56	\$136.99			

*Premium rates shown are for the combined group Disability Income policy and rider benefits as summarized in the proposal. For complete benefit descriptions, limitations, conditions and exclusions, see the policy/certificate. Policy availability, features, provisions and rates may vary by state.

Group Disability Income - Texas

Forms G H1808/G H1808C

Limitations, Conditions and Exclusions

The following represents some policy limitations, conditions and exclusions. For complete details of the coverage, please contact your agent, Assurity or ask to review the policy. Provisions may vary by state.

Limitations

GROUP DISABILITY INCOME INSURANCE PROVIDES LIMITED BENEFIT COVERAGE.

This insurance does not provide major medical coverage and does not satisfy the requirement for minimum essential coverage under the Affordable Care Act (ACA).

Availability of this product, and its benefits and premiums as presented, is subject to the approval of Assurity. Some applicants with pre-existing conditions may not be eligible for coverage. Product availability, features and rates may vary by state. All benefits, premiums, conditions, exclusions and limitations are governed by the actual contract as provided by Assurity, not this proposal.

Elimination Period: This contract has an elimination period. Benefits are not payable during the elimination period.

Foreign Travel and Residency: Up to a maximum of three disability weekly benefits will be paid for any disability continued outside the United States or Canada.

Mental and Nervous Disorders: Total lifetime disability weekly benefit limit for these conditions of 52 weeks if the maximum benefit period is 13 or 26 weeks, or 104 weeks if the maximum benefit period is 52 or 104 weeks.

Substance Abuse: Total lifetime disability weekly benefit limit for these conditions of 52 weeks if the maximum benefit period is 13 or 26 weeks, or 104 weeks if the maximum benefit period is 52 or 104 weeks.

Pre-existing condition: A pre-existing condition is a physical condition or sickness for which, during the 12 months before the issue date, the insured person received medical advice or treatment from a physician. Assurity will not pay benefits for a total disability that is caused by a pre-existing condition unless the total disability starts after the certificate has been in force for 12 months from the issue date or for 12 months from the most recent reinstatement date.

Special Endorsement

The pre-existing condition clause will be waived during the initial enrollment for employees with the existing carrier's coverage. Any employee not covered by the prior policy, including new hires, will be subject to the normal pre-existing condition clause.

Coverage Conditions

Actively Employed – The employee must be actively employed to be eligible for coverage.

Right to Cancel – The contract contains a 30-day free look period.

Termination – Coverage will terminate and no benefits will be payable under the certificate or any attached riders on the earliest of the following: the date the policy terminates; when any premium due for the certificate is not paid before the end of the grace period; the date the Insured Person no longer meets the definition of employee, unless coverage is continued as described in the Continuation of Coverage section; the date the Insured Person's class is no longer eligible; the date Assurity receives written notice to terminate; or upon the Insured Person's death.

Exclusions

Assurity will not pay benefits for losses caused by or the result of any Insured Person(s):

- having cosmetic surgery or other elective procedures that are not medically necessary;
- operating, learning to operate, or serving as a crew member of any aircraft;
- engaging in hang-gliding, hot air ballooning, bungee jumping, parachuting, scuba diving, sail gliding, parasailing, parakiting, mountain or rock climbing, B.A.S.E. jumping, sky diving or cave diving;
- riding in or driving any motor-driven vehicle in an organized race, stunt show or speed test;
- officiating, coaching, practicing for or participating in any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received;
- being exposed to war or any act of war, declared or undeclared;
- actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Army Reserve, except during active duty training of less than 60 days;
- being under the influence of an excitant, depressant, hallucinogen, narcotic, or any other drug or intoxicant, unless administered on the advice of a Physician;
- being intoxicated (as determined by the laws governing the operation of motor vehicles in the jurisdiction where loss occurs) or under the influence of an illegal substance or a narcotic (except for narcotics used as prescribed to the Insured Person by a Physician);
- having dental treatment;
- having committed or attempting to commit a felony;
- participating in a riot, insurrection or rebellion;
- engaging in an illegal occupation;
- intentionally self-inflicting an injury; or
- committing or attempting to commit suicide, while sane or insane.
- We will not pay benefits during any period in which the insured person is incarcerated in a penal institution or government detention facility.
- We will not pay benefits for disabilities that occur while the insured person is incarcerated in a penal institution or government detention facility.
- Rider forms may contain additional conditions, limitations and exclusions.

We are never more than one call away.



Customer Service
800-276-7619, Ext. 4210
7:30am - 5:00pm CST



Email
claimsinfo@assurity.com



Claims
800-869-0355, Ext. 4484



Assurity
P.O. Box 82533
Lincoln, NE 68501-2533



Policy Services
800-869-0355, Ext. 4279
FAX: 888-255-2060



Connect Online
assurity.com
linkedin.com/company/assurity-life

Helping people through difficult times

As a mutual organization, Assurity was founded on the simple concept of people coming together to support each other in moments of need. We continue our mission of helping people through difficult times by providing affordable insurance protection that is easy to understand and buy. Our financial stability has stood the test of time. It shows our commitment to be there when our customers need us. Owned by our policyholders, we conduct our business to serve only their best interests. Whether paying benefits, offering service with a human touch, giving back to our community, or practicing sustainable habits that provide for our planet, we embrace our capacity to improve lives. We all share in the future we create, and Assurity believes in using our business as a force for good.



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NOT AVAILABLE IN NEW YORK.

Assurity is a marketing name for the mutual holding company Assurity Group, Inc. and its subsidiaries. Those subsidiaries include but are not limited to: Assurity Life Insurance Company and Assurity Life Insurance Company of New York. Insurance products and services are offered by Assurity Life Insurance Company in all states except New York. In New York, insurance products and services are offered by Assurity Life Insurance Company of New York, Albany, New York. Product availability, features and rates may vary by state.

Colonial Life

Nino's Head Start Inc.

Colonial Life
The benefits of good hard work.®



Don't miss this opportunity to make the most of your benefits package.

To apply for coverage, contact the enrollment call center:

Phone number : 956-425-8573

Monday - Friday

8:30 a.m. - 5:00 p.m. CST

BEFORE YOU CALL:

- Gather any information you may need to enroll, such as dependents' names, birthdates, ages, Social Security numbers and addresses.
- When you call the enrollment center, a benefits counselor will answer any questions you may have and complete your enrollment over the telephone.
- You will receive an election form confirming your benefit elections.

We are pleased to make the following benefits available to you. Be sure to apply during your new hire enrollment period to ensure eligibility. Policy offerings are below.

You have the opportunity to apply for these voluntary benefits:

Accident Insurance
Hospital Confinement Insurance

With most of our insurance products:

- Benefits are paid directly to you, unless you specify otherwise.
- You can continue coverage with no increase in premium when you retire or change jobs.
- You're paid regardless of any other insurance you may have with other insurance companies.
- Coverage is available for your spouse and dependent children.

Learn more about your enrollment and available benefits:

Contact a representative today!

Coverage is subject to policy exclusions and limitations that may affect benefits payable. See your benefits counselor for complete details.

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Hospital Confinement Indemnity Insurance

Plan 2



Our Individual Medical BridgeSM insurance can help with medical costs that your health insurance may not cover. These benefits are available for you, your spouse and eligible dependent children.

Hospital confinement \$ 500/1000
Maximum of one benefit per covered person per calendar year

Observation room \$100 per visit
Maximum of two visits per covered person per calendar year

Rehabilitation unit confinement \$100 per day
Maximum of 15 days per confinement with a 30-day maximum per covered person per calendar year

Waiver of premium
Available after 30 continuous days of a covered hospital confinement of the named insured

Outpatient surgical procedure

■ Tier 1	\$ 500
■ Tier 2	\$ 1000

Maximum of \$ 1500 per covered person per calendar year for all covered outpatient surgical procedures combined

The surgeries listed below are only a sampling of the surgeries that may be covered. Surgeries must be performed by a doctor in a hospital or ambulatory surgical center. For complete details and definitions, please refer to your policy.

Tier 1 outpatient surgical procedures

- **Breast**
 - Axillary node dissection
 - Breast capsulotomy
 - Lumpectomy
- **Cardiac**
 - Pacemaker insertion
- **Digestive**
 - Colonoscopy
 - Fistulotomy
 - Hemorrhoidectomy
 - Lysis of adhesions
- **Skin**
 - Laparoscopic hernia repair
 - Skin grafting
- **Ear, nose, throat, mouth**
 - Adenoidectomy
 - Removal of oral lesions
 - Myringotomy
 - Tonsillectomy
 - Tracheostomy
 - Tympanotomy
- **Gynecological**
 - Dilation and curettage (D&C)
 - Endometrial ablation
 - Lysis of adhesions
- **Liver**
 - Paracentesis
- **Musculoskeletal system**
 - Carpal/cubital repair or release
 - Foot surgery (bunionectomy, exostectomy, arthroplasty, hammertoe repair)
 - Removal of orthopedic hardware
 - Removal of tendon lesion

For more information,
talk with your
benefits counselor.

Tier 2 outpatient surgical procedures

■ Breast

- Breast reconstruction
- Breast reduction

■ Cardiac

- Angioplasty
- Cardiac catheterization

■ Digestive

- Exploratory laparoscopy
- Laparoscopic appendectomy
- Laparoscopic cholecystectomy

■ Ear, nose, throat, mouth

- Ethmoidectomy
- Mastoidectomy
- Septoplasty
- Stapedectomy
- Tympanoplasty

■ Eye

- Cataract surgery
- Corneal surgery (penetrating keratoplasty)
- Glaucoma surgery (trabeculectomy)
- Vitrectomy

■ Gynecological

- Hysterectomy
- Myomectomy

■ Musculoskeletal system

- Arthroscopic knee surgery with meniscectomy (knee cartilage repair)
- Arthroscopic shoulder surgery
- Clavicle resection
- Dislocations (open reduction with internal fixation)
- Fracture (open reduction with internal fixation)
- Removal or implantation of cartilage
- Tendon/ligament repair

■ Thyroid

- Excision of a mass

■ Urologic

- Lithotripsy



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THIS POLICY PROVIDES LIMITED BENEFITS.

EXCLUSIONS

We will not pay benefits for losses which are caused by: dental procedures, elective procedures and cosmetic surgery, felonies or illegal occupations, intoxicants or narcotics, pregnancy of a dependent child, psychiatric or psychological conditions, suicide or injuries which any covered person intentionally does to himself or herself, war, or giving birth within the first nine months after the effective date of the policy. We will not pay benefits for hospital confinement of a newborn who is neither injured nor sick. We will not pay benefits for loss during the first 12 months after the effective date due to a pre-existing condition. A pre-existing condition is a sickness or physical condition for which a covered person was treated, had medical testing, received medical advice or had taken medication within the 12 months before the effective date of the policy.

For cost and complete details, see your Colonial Life benefits counselor. Applicable to policy number IMB7000-AK and IMB7000-TX. This is not an insurance contract and only the actual policy provisions will control.

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The benefits of good hard work.®



Don't miss this opportunity to make the most of your benefits package.

To apply for coverage, contact the enrollment call center:

Phone number : 956-425-8573

Monday - Friday

8:30 a.m. - 5:00 p.m. CST

BEFORE YOU CALL:

- Gather any information you may need to enroll, such as dependents' names, birthdates, ages, Social Security numbers and addresses.
- When you call the enrollment center, a benefits counselor will answer any questions you may have and complete your enrollment over the telephone.
- You will receive an election form confirming your benefit elections.

We are pleased to make the following benefits available to you. Be sure to apply during your new hire enrollment period to ensure eligibility. Policy offerings are below.

You have the opportunity to apply for these voluntary benefits:

- Accident Insurance
- Hospital Confinement Insurance

With most of our insurance products:

- Benefits are paid directly to you, unless you specify otherwise.
- You can continue coverage with no increase in premium when you retire or change jobs.
- You're paid regardless of any other insurance you may have with other insurance companies.
- Coverage is available for your spouse and dependent children.

Learn more about your enrollment and available benefits:

Contact a representative today!

Coverage is subject to policy exclusions and limitations that may affect benefits payable. See your benefits counselor for complete details.

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Accident Insurance Preferred Plan

Nobody expects an accident to happen. But if it does, your main focus should be on recovery, not how you're going to pay your bills. Colonial Life accident insurance provides benefits directly to you to use however you like – from medical costs to everyday expenses. Whether it's a fall or a car accident, your benefits offer support when you need it.

OUR COVERAGE INCLUDES:

- Benefits payable directly to you
- No medical questions to qualify for coverage
- Coverage for simple and complex injuries
- Benefits payable, regardless of other insurance
- Worldwide coverage
- Keep coverage no matter where you go
- Works alongside your health savings account (HSA)

All of this can help you get back on your feet.



Milo was running on the playground when he tripped and injured his hand.



URGENT CARE CENTER VISIT

Milo went to an urgent care center and received immediate care.



DIAGNOSTIC PROCEDURE

The doctor ordered an X-ray and discovered Milo had fractured his hand.



LACERATION

The doctor also found that Milo had a cut on his hand.



MEDICAL EQUIPMENT

Milo was discharged with a splint.



DOCTOR'S OFFICE VISIT

Over the next several weeks, he had three follow-up appointments with his doctor.

MILO'S BENEFITS

With Colonial Life accident benefits, Milo's parents were able to pay the annual deductible and co-payments.

Accident emergency treatment	\$125
X-ray	\$30
Laceration (no stitches)	\$30
Fracture (hand)	\$375
Medical equipment (splint)	\$30
Accident follow-up treatment (3 visits)	\$165

Total: \$755

For illustrative purposes only.

Benefit amounts may vary and may not cover all expenses. The policy has exclusions and limitations.

Olivia was driving to the store when she got into a car accident.



AMBULANCE AND EMERGENCY ROOM VISIT

Olivia arrived by ambulance to the nearest emergency room and received immediate care.



DIAGNOSTIC PROCEDURES

The doctor ordered an X-ray and discovered Olivia had fractured her thigh (femur). He also ordered a CT scan of her head to check for brain injury.



HOSPITAL ADMISSION, CONFINEMENT AND SURGERY

Olivia was admitted to the hospital for surgery on her leg. She was confined for three days.



PHYSICAL THERAPY

Olivia had eight sessions of physical therapy to help regain the strength in her leg.



DOCTOR'S OFFICE VISITS

Over the next several weeks, she had six follow-up appointments with her doctor.

OLIVIA'S BENEFITS	
Olivia's accident benefits helped cover her annual deductible and co-payments.	
Ambulance	\$200
Accidental injury due to an automobile accident	\$250
Accident emergency treatment	\$125
X-ray	\$30
Medical imaging study (CT)	\$200
Hospital admission	\$1,000
Hospital confinement (3 days)	\$750
Thigh fracture – femur (surgical)	\$4,400
Surgery (exploratory/arthroscopic)	\$300
Medical equipment (crutches)	\$100
Accident follow-up treatment (6 visits)	\$330
Physical therapy (8 days)	\$280
Total: \$7,965	

Benefits are per covered person per covered accident unless stated otherwise.

INITIAL CARE

Accident emergency treatment	\$125
Hospital emergency room, urgent care facility or physician's office	
Accidental injury due to an automobile accident	\$250
Air ambulance ¹	\$2,000
Ambulance – ground or water ¹	\$200
Observation room (up to two days per calendar year)	\$150 per day
X-ray	\$30

COMMON ACCIDENTAL INJURIES

Burn (based on size and degree)	\$1,000 – \$12,000
Burn – skin graft	50% of applicable burn benefit
Coma (lasting for seven or more consecutive days)	\$12,500
Concussion	\$150
Dislocation – separated joint	
■ Non-surgical – repair	\$100 – \$2,250
■ Incomplete dislocation – or dislocation without anesthesia	25% of benefit
Examples: elbow: \$500 ankle: \$1,000 knee: \$1,125 hip: \$2,250	
■ Surgical – repair	\$200 – \$4,500
Examples: elbow: \$1,000 ankle: \$2,000 knee: \$2,250 hip: \$4,500	
Emergency dental work	\$100 – \$300
Dental extraction or dental crown, denture or implant	
Eye injury – with surgical repair or removal of a foreign object	\$300
Fracture – complete	
■ Non-surgical – repair	\$250 – \$3,000
■ Chip fracture	25% of benefit
Examples: hand: \$375 foot: \$375 collarbone: \$625 leg: \$1,000	
■ Surgical – repair	\$500 – \$6,000
Examples: hand: \$750 foot: \$750 collarbone: \$1,250 leg: \$2,000	
Hearing-loss injuries ²	\$120
Knee cartilage – torn (with surgical repair)	\$650
Laceration (based on repair and length)	\$30 – \$600
Ruptured disc (with surgical repair)	\$750
Tendon/ligament/rotator cuff (with surgical repair)	
■ One	\$650
■ Two or more	\$1,300
HOSPITAL CARE	
Hospital admission	\$1,000
Hospital confinement (up to 365 days)	\$250 per day
Hospital sub-acute intensive care unit confinement (up to 30 days)	\$325 per day
Intensive care unit admission	\$2,000
Intensive care unit confinement (up to 15 days)	\$450 per day
SURGICAL CARE	
Blood/plasma/platelets – transfusion	\$300
Surgery (based on type of repair and surgery)	\$200 – \$1,500

For illustrative purposes only.

Benefit amounts may vary and may not cover all expenses. The policy has exclusions and limitations.

TRANSPORTATION & LODGING

Transportation for hospital confinement (up to three round trips, 50+ miles from home)	\$600 per round trip
Lodging – companion (up to 30 days)	\$125 per day

FOLLOW-UP CARE

Accident follow-up treatment – including transportation/telemedicine (up to six benefits per covered person per covered accident and up to 12 benefits per covered person per calendar year)	\$55
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Medical equipment

■ Tier 1 (Arm sling, cane, medical ring cushion, neck brace or wrist/ankle splint)	\$30
■ Tier 2 (Bedside commode, cold therapy system (cryotherapy), crutches, leg brace, shower chair, walker or walking boot)	\$100
■ Tier 3 (Back brace, body jacket, continuous passive movement (CPM), halo, electric scooter, hospital bed (including rental), knee scooter, stair lift chair, wheelchair)	\$200

Medical imaging study – CT, CAT scan, EEG, EMG, MR or MRI (one per calendar year)	\$200
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Pain management for epidural anesthesia – non-surgical	\$100
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Post-traumatic stress disorder (PTSD)	\$200
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Prosthetic device/artificial limb

■ One	\$750	■ More than one	\$1,500
■ Repair/replacement ³	\$375/\$750		

Rehabilitation unit confinement (up to 15 days, not to exceed 30 days per calendar year)	\$150 per day
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Therapy – occupational, physical or speech (up to 10 days)	\$35 per day
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ACCIDENTAL DISMEMBERMENT

Accidental dismemberment	\$450 – \$20,000
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- Loss, loss of use or paralysis – hand, arm, foot, leg, sight of eye
- Loss, loss of use – finger, toe, partial dismemberment of finger or toe⁴

Accidental dismemberment due to a catastrophic accident

Named insured, spouse or child	\$25,000 ⁵
■ Total and irrecoverable loss, loss of use or paralysis – 180-day elimination period	
■ Both hands, arms, feet, legs or the sight of both eyes; or any combination; or	
■ Loss of hearing in both ears, or loss of ability to speak	

ACCIDENTAL DEATH

Accidental death

■ Named insured, spouse	\$40,000
■ Child	\$10,000

Accidental death common carrier

Examples of common carriers are mass transit trains, buses and planes

■ Named insured, spouse	\$160,000
■ Child	\$30,000



For more information,
talk with your
benefits counselor.



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- 1 In Nevada , air ambulance or ambulance: We will pay this benefit directly to the provider unless the air ambulance or ambulance bill shows that all charges have been paid in full.
- 2 One benefit for each injured ear per covered person per lifetime.
- 3 One repair or replacement per prosthetic device/artificial limb per covered person per lifetime.
- 4 In Maine, the minimum benefit for full dismemberment of finger or toe is \$1,000.
- 5 Payable once per lifetime per covered person.

HEALTH SAVINGS ACCOUNT (HSA) COMPATIBLE

This plan is compatible with HSA guidelines and any other HSA plan in which a covered family member may participate. It may also be offered to employees who do not have HSAs.

THIS POLICY PROVIDES LIMITED BENEFITS.

EXCLUSIONS

We will not pay benefits for losses that are caused by, contributed to by or occur as the result of a covered person's felonies or illegal occupations, hazardous avocations, racing, semi-professional or professional sports, sickness, suicide or injuries which any covered person intentionally does to himself, war or armed conflict. In addition, we will not pay Accidental Dismemberment Due to Catastrophic Accident benefits for injuries a child sustains during birth, or for injuries that are the result of intoxication or use of narcotics.

State Variations for Exclusions and Limitations

IL: Also includes "aviation." Not applicable to "hazardous avocations, racing, semi-professional or professional sports."

MT: Not applicable to "suicide or injuries which you intentionally do to yourself" and "injuries a child sustains during birth."

NV: Not applicable to "intoxicants and narcotics."

OK: Not applicable to "hazardous avocations, racing and semi-professional or professional sports." For Accidental Dismemberment Due to Catastrophic Accidents, replace "injuries a child sustains during birth, or for injuries that are the result of intoxication" with "alcoholism or drug addiction, or narcotics."

UT: Also includes "aviation." Not applicable to "hazardous avocations, racing, semi-professional or professional sports."

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. Applicable to policy forms IAC4000 (including state abbreviations where used, for example: IAC4000-TX). For cost and complete details of coverage, call or write your Colonial Life benefits counselor or the company.

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Term Life and Accidental Death & Dismemberment (AD&D) Insurance can provide money for your family if you die or are diagnosed with a terminal illness.

Employee Paid Life/AD&D

How does it work?

You choose the amount of coverage that's right for you, and you keep coverage for a set period of time, or "term." If you die during that term, the money can help your family pay for basic living expenses, final arrangements, tuition and more.

AD&D Insurance is also available, which pays a benefit if you survive an accident but have certain serious injuries. It pays an additional amount if you die from a covered accident.

Why is this coverage so valuable?

If you previously purchased coverage, you can increase it up to \$180,000 to meet your growing needs — with no health questions or exams.

Who can get Term Life coverage?

If you are actively at work at least 30 hours per week, you may apply for coverage for:

You	Choose from \$10,000 to \$500,000 in \$10,000 increments, up to 5 times your earnings. If you previously purchased coverage, you can increase it up to \$180,000, your guaranteed issue amount, with no health questions. If you previously declined coverage, you may have to answer some health questions.
Your Spouse	Get up to \$250,000 of coverage in \$5,000 increments. Spouse coverage cannot exceed 100% of the coverage amount you purchase for yourself. If you previously purchased coverage for your spouse, they can increase their coverage up to \$25,000, their guaranteed issue amount, with no health questions or exams, if eligible (see delayed effective date). If you previously declined spouse coverage, some health questions may be required.
Your Children	Get up to \$10,000 of coverage in \$2,000 increments if eligible (see delayed effective date). One policy covers all of your children until their 26th birthday. The maximum benefit for children from live birth to 14 days is \$0. The maximum benefit for children 14 days to 6 months is \$1,000.

What else is included?

A "Living" Benefit

If you are diagnosed with a terminal illness with less than 12 months to live, you can request 75% of your life insurance benefit (up to \$500,000) while you are still living. This amount will be taken out of the death benefit. These benefit payments may adversely affect the recipient's eligibility for Medicaid or other government benefits or entitlement, and may be taxable. Recipients should consult their tax attorney or advisor before utilizing living benefit payments.

Waiver of premium

Your cost may be waived if you are totally disabled for a period of time.

Portability

You may be able to keep coverage if you leave the company, retire or change the number of hours you work.

Employees or dependents who have a sickness or injury having a material effect on life expectancy at the time their group coverage ends are not eligible for portability.

Who can get Accidental Death & Dismemberment (AD&D) coverage?

You:	Get up to \$500,000 of AD&D coverage for yourself in \$10,000 increments to a maximum of 5 times your earnings.
Your Spouse:	Get up to \$250,000 of AD&D coverage for your spouse in \$5,000 increments, if eligible (see delayed effective date).
Your Children:	Get up to \$10,000 of coverage for your children in \$2,000 increments if eligible (see delayed effective date).

No questions or health exams required for AD&D coverage. Delayed Effective Date: If your spouse or child has a serious injury, sickness, or disorder, or is confined, their coverage may not take effect. Payment of premium does not guarantee coverage. Please refer to your policy contract or see your plan administrator for an explanation of the delayed effective date provision that applies to your plan.

Term Life Insurance and Accidental Death & Dismemberment (AD&D)

How much coverage can I get?

Calculate your costs

1. Enter the Term Life coverage amount you want.[†]
2. Divide by the amount shown.
3. Multiply by the rate. Use the Term Life rate table (at right) to find the rate based on age. (Choose the age you will be when your coverage becomes effective on 10/01/2020. To determine your spouse rate, choose the age the spouse will be when coverage becomes effective on 10/01/2020.)
4. Enter your cost.

Term Life	1	2	3	4
Employee	\$ _____,000	÷ \$10,000 = \$ _____	X \$ _____	= \$ _____
Spouse	\$ _____,000	÷ \$5,000 = \$ _____	X \$ _____	= \$ _____
Child	\$ _____,000	÷ \$2,000 = \$ _____	X \$ _____	= \$ _____
Total cost				

Term Life monthly rate for employee		Spouse monthly rate	Child monthly rate
Age	Per \$10,000 of coverage Cost	Per \$5,000 of coverage Cost	\$0.533 per \$2,000 of coverage
15-24	\$0.933	\$0.466	
25-29	\$0.933	\$0.466	
30-34	\$1.066	\$0.533	
35-39	\$1.333	\$0.666	
40-44	\$2.266	\$1.133	
45-49	\$3.733	\$1.866	
50-54	\$5.600	\$2.800	
55-59	\$8.400	\$4.200	
60-64	\$13.733	\$6.866	
65-69	\$24.800	\$12.400	
70-74	\$35.200	\$17.600	
75+	\$75.866	\$37.933	

1. Enter the AD&D coverage amount you want.
2. Divide by the amount shown.
3. Multiply by the rate. Use the AD&D rate table (at right) to find the rate.
4. Enter your cost.

AD&D	1	2	3	4
Employee	\$ _____,000	÷ \$10,000 = \$ _____	X \$0.400	= \$ _____
Spouse	\$ _____,000	÷ \$5,000 = \$ _____	X \$0.200	= \$ _____
Child	\$ _____,000	÷ \$2,000 = \$ _____	X \$0.053	= \$ _____
Total cost				

AD&D monthly rates		
	Coverage amount	Rate
Employee	per \$10,000 of coverage	\$0.400
Spouse	per \$5,000 of coverage	\$0.200
Child	per \$2,000 of coverage	\$0.053

[†]Billed amount may vary slightly.

If you apply for coverage above the guaranteed issue amount, you will be asked health-related questions which may affect your ability to get the larger coverage amount. In order to purchase coverage for your dependents, you must buy coverage for yourself. Coverage amounts cannot exceed 100% of your coverage amounts.

Term Life Insurance and Accidental Death & Dismemberment (AD&D)

Exclusions and limitations

Actively at work

Eligible employees must be actively at work to apply for coverage. Being actively at work means on the day the employee applies for coverage, the individual must be working at one of his/her company's business locations; or the individual must be working at a location where he/she is required to represent the company. If applying for coverage on a day that is not a scheduled workday, the employee will be considered actively at work as of his/her last scheduled workday. Employees are not considered actively at work if they are on a leave of absence or lay off.

An unmarried handicapped dependent child who becomes handicapped prior to the child's attainment age of 26 may be eligible for benefits. Please see your plan administrator for details on eligibility.

Employees must be U.S. citizens or legally authorized to work in the U.S. to receive coverage. Spouses and dependents must live in the U.S. to receive coverage.

Employees must be actively employed in the United States with the Employer to receive coverage. Employees must be insured under the plan for spouses and dependents to be eligible for coverage.

Exclusions and limitations

Life insurance benefits will not be paid for deaths caused by suicide occurring within 24 months after the effective date of coverage. The same applies for increased or additional benefits.

AD&D specific exclusions and limitations:

Accidental death and dismemberment benefits will not be paid for losses caused by, contributed to by, or resulting from:

- Disease of the body; diagnostic, medical or surgical treatment or mental disorder as set forth in the latest edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM)
- Suicide, self-destruction while sane, intentionally self-inflicted injury while sane or self-inflicted injury while insane
- War, declared or undeclared, or any act of war
- Active participation in a riot
- Committing or attempting to commit a crime under state or federal law
- The voluntary use of any prescription or non-prescription drug, poison, fume or other chemical substance unless used according to the prescription or direction of your or your dependent's doctor. This exclusion does not apply to you or your dependent if the chemical substance is ethanol.
- Intoxication – "Being intoxicated" means your or your dependent's blood alcohol level equals or exceeds the legal limit for operating a motor vehicle in the state or jurisdiction where the accident occurred.

Delayed effective date of coverage

Insurance coverage will be delayed if you are not an active employee because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

Delayed Effective Date: If your spouse or child has a serious injury, sickness, or disorder, or is confined, their coverage may not take effect. Payment of premium does not guarantee coverage. Please refer to your policy contract or see your plan administrator for an explanation of the delayed effective date provision that applies to your plan.

Age reduction

Coverage amounts for Life and AD&D Insurance for you and your dependents will reduce to:

- 65% of the original amount when you reach age 65
- 40% of the original amount when you reach age 70
- 25% of the original amount when you reach age 75

Termination of coverage

Your coverage and your dependents' coverage under the policy ends on the earliest of:

- The date the policy or plan is cancelled
- The date you no longer are in an eligible group
- The date your eligible group is no longer covered
- The last day of the period for which you made any required contributions
- The last day you are actively employed (unless coverage is continued due to a covered layoff, leave of absence, injury or sickness), as described in the certificate of coverage

In addition, coverage for any one dependent will end on the earliest of:

- The date your coverage under a plan ends
- The date your dependent ceases to be an eligible dependent
- For a spouse, the date of a divorce or annulment
- For dependents, the date of your death

Unum will provide coverage for a payable claim that occurs while you and your dependents

are covered under the policy or plan.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form C.FP-1 et al or contact your Unum representative.

Life Planning Financial & Legal Resources services, provided by HealthAdvocate, are available with select Unum insurance offerings. Terms and availability of service are subject to change. Service provider does not provide legal advice; please consult your attorney for guidance.

Services are not valid after coverage terminates. Please contact your Unum representative for details.

Unum complies with state civil union and domestic partner laws when applicable.

Underwritten by:

Unum Life Insurance Company of America, Portland, Maine

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Term Life with Accidental Death & Dismemberment (AD&D) Insurance can provide money for your family if you die or are diagnosed with a terminal illness.

Employer Paid Life/AD&D

How does it work?

You keep coverage for a set period of time, or “term.” If you die during that term, the money can help your family pay for basic living expenses, final arrangements, tuition and more.

AD&D Insurance is also available, which can pay a benefit if you survive an accident but have certain serious injuries. It can pay an additional amount if you die from a covered accident.

Why choose Unum?

Your employer is offering you this coverage at no cost to you. Unum is the leading provider of employee benefits, with more than 165 years of experience.¹ We’ll be there to back our benefits and provide you with the support you need.

Who can get Term Life coverage?

If you are actively at work at least 30 hours per week, you can receive coverage for:

You	You can receive a benefit amount of \$10,000.
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Who can get Accidental Death & Dismemberment (AD&D) coverage?

You	You can receive an AD&D benefit amount of \$10,000.
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No questions or health exams required for AD&D coverage.

What else is included?

A “Living” Benefit

If you are diagnosed with a terminal illness with less than 12 months to live, you can request 75% of your life insurance benefit (up to \$500,000) while you are still living. This amount will be taken out of the death benefit and may be taxable.

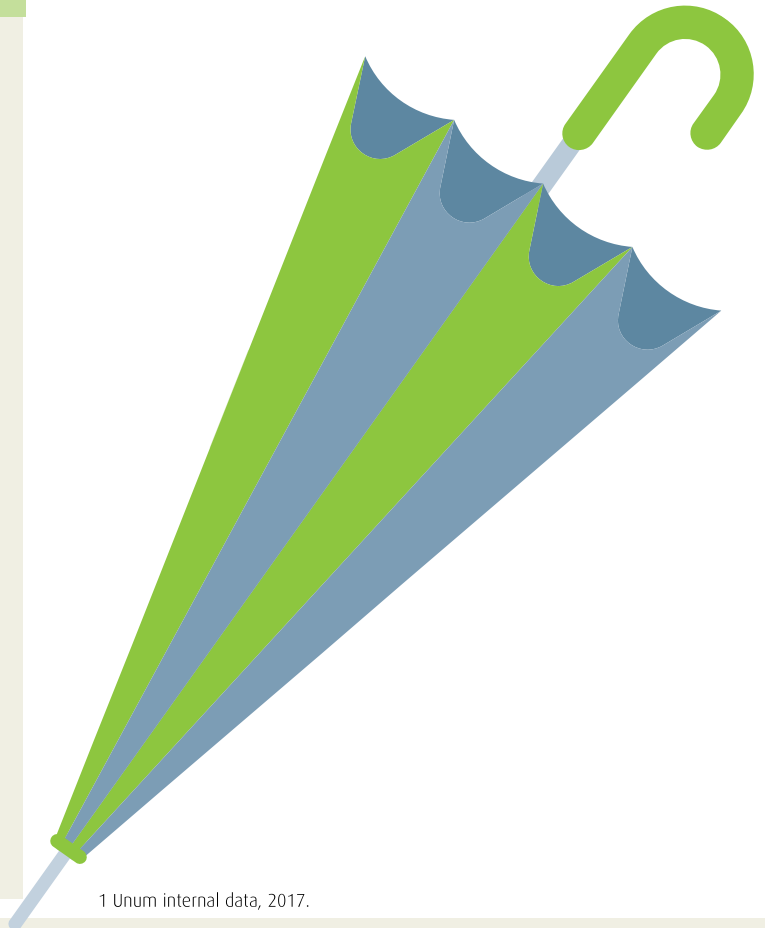
Waiver of premium

Your cost may be waived if you are totally disabled for a period of time.

Portability

You may be able to keep coverage if you leave the company, retire or change the number of hours you work.

Employees or dependents who have a sickness or injury having a material effect on life expectancy at the time their group coverage ends are not eligible for portability.



1 Unum internal data, 2017.

Term Life Insurance with Accidental Death & Dismemberment (AD&D)

Exclusions and limitations

Actively at work

Eligible employees must be actively at work to apply for coverage. Being actively at work means on the day the employee applies for coverage, the individual must be working at one of his/her company's business locations; or the individual must be working at a location where he/she is required to represent the company. If applying for coverage on a day that is not a scheduled workday, the employee will be considered actively at work as of his/her last scheduled workday. Employees are not considered actively at work if they are on a leave of absence or lay off.

Employees must be U.S. citizens or legally authorized to work in the U.S. to receive coverage.

Employees must be actively employed in the United States with the Employer to receive coverage. Employees must be insured under the plan for spouses and dependents to be eligible for coverage.

Exclusions and limitations

Life insurance benefits will not be paid for deaths caused by suicide occurring within 24 months after the effective date of coverage. The same applies for increased or additional benefits.

AD&D specific exclusions and limitations:

Accidental death and dismemberment benefits will not be paid for losses caused by, contributed to by, or resulting from:

- Disease of the body; diagnostic, medical or surgical treatment or mental disorder as set forth in the latest edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM)
- Suicide, self-destruction while sane, intentionally self-inflicted injury while sane or self-inflicted injury while insane
- War, declared or undeclared, or any act of war
- Active participation in a riot
- Committing or attempting to commit a crime under state or federal law
- The voluntary use of any prescription or non-prescription drug, poison, fume or other chemical substance unless used according to the prescription or direction of your doctor. This exclusion does not apply to you if the chemical substance is ethanol.
- Intoxication – "Being intoxicated" means your blood alcohol level equals or exceeds the legal limit for operating a motor vehicle in the state or jurisdiction where the accident occurred.

Delayed effective date of coverage

Employee: Insurance coverage will be delayed if you are not in active employment because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

Age reduction

Coverage amounts for Life and AD&D Insurance for you will reduce to:

- 65% of the original amount when you reach age 65
- 45% of the original amount when you reach age 70
- 30% of the original amount when you reach age 75
- 20% of the original amount when you reach age 80

Coverage may not be increased after a reduction.

Termination of coverage

Your coverage under the policy ends on the earliest of:

- The date the policy or plan is cancelled
- The date you no longer are in an eligible group
- The date your eligible group is no longer covered
- The last day of the period for which you made any required contributions
- The last day you are actively employed (unless coverage is continued due to a covered layoff, leave of absence, injury or sickness), as described in the certificate of coverage

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form C.FP-1 et al or contact your Unum representative.

Life Planning Financial & Legal Resources services, provided by HealthAdvocate, are available with select Unum insurance offerings. Terms and availability of service are subject to change. Service provider does not provide legal advice; please consult your attorney for guidance. Services are not valid after coverage terminates. Please contact your Unum representative for details.

Underwritten by:

Unum Life Insurance Company of America, Portland, Maine

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