

# PERSONALIZED BENEFITS 2026



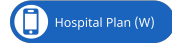
## *Accident Coverage*



## *Critical Illness Coverage*



## *Hospital Coverage*



## *Identity Theft Protection*



## Legal Insurance



## Nationwide®

## *Pet Insurance*



## Allstate BENEFITS

## *Whole Life Insurance w/ Long Term Care*

## *Discount Marketplace Website*



Platinum  
Mortgage Program



# Supplemental Health Benefits



**See The Value**  
Even with medical coverage you may still have out-of-pocket medical costs, such as deductibles, copay's and coinsurance, as well as indirect living expenses.

Life doesn't announce surprises, so by signing up for personalized supplemental health benefits, you can help cover unexpected expenses. These benefits can provide you and your family with the coverage and additional financial protection you may need for expenses associated with an unplanned covered accident, illness or hospitalization. They can help you bounce back physically, emotionally, and financially.

## Key Features to Consider:

- ▶ **Cash Benefit paid directly to you:** No copays, deductibles, coinsurance, or network requirements.
- ▶ **Use the money however you want:** Pay for medical copays and deductibles, travel to see a specialist, child care, help around the house, alternative treatments and more, it is up to you.
- ▶ **Cost effective:** By signing up through your employer, you get coverage at a low group rate and coverage is guaranteed issue, regardless of your medical history. These plans are portable at the same costs and coverages.

## Accident Insurance:

Accident insurance pays a fixed cash benefit directly to you when you have a covered accident-related injury, like a sprain or bone fracture.

Scan for Video



Accident Plan (W)

Examples of covered expenses include:

- ▶ Doctor's office visits
- ▶ Rehab treatment
- ▶ Physical therapy sessions
- ▶ Diagnostic exams

## Critical Illness Insurance:

Critical illness insurance provides a fixed, lump-sum cash benefit directly to you when you are diagnosed with a covered health condition such as a heart attack or stroke. You can use this benefit however you like, including to help pay for: Increased living expenses, travel expenses, prescriptions, treatments.

Scan for Video



CI Plan (W)

## Hospital Indemnity Insurance:

When you or a dependent need to be hospitalized, your family deserves to focus on their well-being, not the stress of a stint at the hospital, which can cost an average of \$3,025 per inpatient day.\* Hospital indemnity pays a fixed cash benefit directly to you when you experience: Hospital admissions, hospital stays (such as childbirth, Intensive care unit stays

Scan for Video



Hospital Plan (W)

## Wellness Benefit

Your supplemental health plan(s) comes with a wellness incentive benefit. This benefit is paid to each covered person who completes at least one covered wellness visit or preventive care service.

## Accident Insurance in Practice

Situation	Alan broke his leg in a bike accident.
Covered Benefits	<ul style="list-style-type: none"> <li>▶ Doctor's office visits</li> <li>▶ Diagnostic exams</li> <li>▶ Broken leg rehab treatment</li> <li>▶ Physical therapy sessions</li> </ul>
Total Benefits Paid Directly to Employee	\$4,250

## Critical Illness Insurance in Practice

Situation	Brittney had a heart attack while raking.
Covered Benefits	<ul style="list-style-type: none"> <li>▶ Heart attack diagnosis</li> </ul>
Total Benefits Paid Directly to Employee	\$15,000

## Hospital Indemnity Insurance in Practice

Situation	Craig was hospitalized following a car accident.
Covered Benefits	<ul style="list-style-type: none"> <li>▶ Hospital admission</li> <li>▶ Hospital stay</li> <li>▶ Intensive care unit stay</li> </ul>
Total Benefits Paid Directly to Employee	\$2,250

Please note the above are only examples **and** are provided for illustrative purposes only. Refer to your Personalized Benefits Guide for more details on your coverage, election options, and rates.



## AFLAC GROUP ACCIDENT INSURANCE

### HOSPITALIZATION BENEFITS

### BENEFIT

#### **HOSPITAL ADMISSION** (once per accident, within 6 months after the accident)

Payable when an insured is admitted to a hospital and confined as an inpatient because of a covered accidental injury.

This benefit is not payable for confinement to an observation unit, for emergency room treatment or for outpatient treatment.

\$1,000  
Per  
Confinement

#### **HOSPITAL CONFINEMENT** (maximum of 365 days per accident, within 6 months after the accident)

Payable for each day that an insured is confined to a hospital as an inpatient because of a covered accidental injury. If we pay benefits for confinement and the insured is confined again within 6 months because of the same accidental injury, we will treat this confinement as the same period of confinement.

This benefit is payable for only one hospital confinement at a time even if caused by more than one covered accidental injury. This benefit is not payable for confinement to an observation unit or a rehabilitation facility.

\$300  
Per Day

#### **HOSPITAL INTENSIVE CARE** (maximum of 30 days per accident, within 6 months after the accident)

Payable for each day an insured is confined in a hospital intensive care unit because of a covered accidental injury. We will pay benefits for only one confinement in a hospital intensive care unit at a time, even if it is caused by more than one covered accidental injury. If we pay benefits for confinement in a hospital intensive care unit and an insured becomes confined to a hospital intensive care unit again within 6 months because of the same accidental injury, we will treat this confinement as the same period of confinement. This benefit is payable in addition to the Hospital Confinement Benefit.

\$250  
Per Day

### INITIAL TREATMENT BENEFITS / LISTED BENEFIT AMOUNTS COVER • EMPLOYEE / SPOUSE / CHILD

#### **INITIAL TREATMENT** (once per accident, within 7 days after the accident, not payable for telemedicine services)

Payable when an insured receives initial treatment for a covered accidental injury. This benefit is payable for initial treatment received under the care of a doctor when an insured visits the following:

Hospital emergency room with X-Ray / without X-Ray

Urgent care facility with X-Ray / without X-Ray

Doctor's office or facility (other than a hospital emergency room or urgent care) with X-Ray / without X-Ray

\$350 / \$200  
\$300 / \$150  
\$300 / \$150



## AFLAC GROUP ACCIDENT INSURANCE

**AMBULANCE** (within 90 days after the accident)

Payable when an insured receives transportation by a professional ambulance service due to a covered accidental injury.

\$200 Ground  
\$1,000 Air

**MAJOR DIAGNOSTIC TESTING** (once per accident, within 6 months after the accident)

Payable when an insured requires one of the following exams: Computerized Tomography (CT/CAT scan), Magnetic Resonance Imaging (MRI), or Electroencephalography (EEG) due to a covered accidental injury. These exams must be performed in a hospital, a doctor's office, a medical diagnostic imaging center or an ambulatory surgical center.

\$200

**EMERGENCY ROOM OBSERVATION** (within 7 days after the accident)

Payable when an insured receives treatment in a hospital emergency room, and is held in a hospital for observation without being admitted as an inpatient because of a covered accidental injury.

\$100  
Each 24 hour  
period

**ACCIDENT FOLLOW-UP TREATMENT** (maximum of 6 per accident, within 6 months after the accident provided initial treatment is within 7 days of the accident)

Payable for doctor-prescribed follow-up treatment for injuries received in a covered accident. Follow-up treatments do not include physical, occupational or speech therapy. Chiropractic or acupuncture procedures are also not considered follow-up treatment.

\$50

**THERAPY** (maximum of 6 per accident, beginning within 90 days after the accident provided initial treatment is within 7 days after the accident)

Payable if because of injuries received in a covered accident, an insured has doctor-prescribed therapy treatment in one of the following categories: physical therapy provided by a licensed physical therapist, occupational therapy provided by a licensed occupational therapist, or speech therapy provided by a licensed speech therapist.

\$50



## AFLAC GROUP ACCIDENT INSURANCE

### Benefit

EMPLOYEE /  
SPOUSE &  
CHILD

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

Hip / Thigh

\$6,000 / \$3,00

Vertebrae (except processes)

\$5,400 / \$2,70

Pelvis

\$4,800 / \$2,40

Skull (depressed)

\$4,500 / \$2,25

Sternum

\$4,050 / \$2,02

Leg

\$3,600 / \$1,80

Forearm / Hand / Wrist / Foot / Ankle / Kneecap

\$3,000 / \$1,50

Shoulder Blade / Collar Bone / Lower Jaw (mandible)

\$2,400 / \$1,20

Skull (simple) / Upper Arm / Upper Jaw

\$2,100 / \$1,05

Facial Bones (except teeth)

\$1,800 / \$900

Vertebral Processes

\$1,200 / \$600

Sacral / Sacrum

\$900 / \$450

Coccyx / Rib / Finger / Toe

\$480 / \$240

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

Hip

\$2,000

Knee

\$1,300

Shoulder

\$1,000

Foot / Ankle

\$800

Hand

\$700

Lower Jaw

\$600

Wrist

\$500

Elbow

\$400

Finger / Toe

\$160



# AFLAC GROUP ACCIDENT INSURANCE

	BENEFIT
<p><b>FAMILY MEMBER LODGING</b> (greater than 100 miles from the insured's residence, maximum of 30 days per accident, within 6 months after the accident)            Payable for each night's lodging in a motel/hotel/rental property for an adult member of the insured's immediate family. For this benefit to be payable:</p> <ul style="list-style-type: none"> <li>• The insured must be confined to a hospital for treatment of a covered accidental injury;</li> <li>• The hospital and motel/hotel must be more than 100 miles from the insured's residence; and</li> <li>• The treatment must be prescribed by the insured's treating doctor.</li> </ul>	\$100 per day
<p><b>TRANSPORTATION</b> (greater than 100 miles from the insured's residence, 3 times per accident, within 6 months after the accident) Payable for transportation if, because of a covered accident, an insured is injured and requires doctor-recommended hospital treatment or diagnostic study that is not available in the insured's resident city.</p>	\$300 Plane \$150 Any ground transportation
<p><b>OUTPATIENT SURGERY AND ANESTHESIA</b> (per day / performed in hospital or ambulatory surgical center, within one year after the accident) Payable for each day that, due to a covered accidental injury, an insured has an outpatient surgical procedure performed by a doctor in a hospital or ambulatory surgical center. Surgical procedure does not include laceration repair. If an outpatient surgical procedure is covered under another benefit in the plan, we will pay the higher benefit amount.</p>	\$400
<p><b>OUTPATIENT SURGERY AND ANESTHESIA</b> (per day / performed in a doctor's office, urgent care facility, or emergency room; maximum of two procedures per accident, within one year of the accident)            Payable for each day that, due to a covered accidental injury, an insured has an outpatient surgical procedure performed by a doctor in a doctor's office, urgent care facility or emergency room. Surgical procedure does not include laceration repair. If an outpatient surgical procedure is covered under another benefit in this plan, we will pay the higher benefit amount.</p>	\$25
<p><b>INPATIENT SURGERY AND ANESTHESIA</b> (per day / within one year after the accident) Payable for each day that, due to a covered accidental injury, an insured has an inpatient surgical procedure performed by a doctor. The surgery must be performed while the insured is confined to a hospital as an inpatient. If an inpatient surgical procedure is covered under another benefit in the plan, we will pay the higher benefit amount.</p>	\$750
<p><b>APPLIANCES</b> (within 6 months after the accident)            Payable if, as a result of an injury received in a covered accident, a doctor advises the insured to use a listed medical appliance as an aid in personal locomotion.</p> <p>Cane, Ankle Brace, Cervical Collar</p> <p>Walking Boot, Knee Scooter, Body Jacket</p> <p>Wheelchair, Back Brace, Walker, Crutches, Leg Brace</p>	\$20 \$50 \$100



## AFLAC GROUP ACCIDENT INSURANCE

	BENEFIT
<b>FACILITIES FEE FOR OUTPATIENT SURGERY</b> (surgery performed in hospital or ambulatory surgical center, within one year after the accident) Payable once per each eligible Outpatient Surgery and Anesthesia Benefit (in a hospital or ambulatory surgical center).	\$50
<b>EYE INJURIES</b> Payable for eye injuries if, because of a covered accident, a doctor removes a foreign body from the eye, with or without anesthesia.	\$50
<b>EMERGENCY DENTAL WORK</b> (once per accident, within 6 months after the accident) Payable when an insured's natural teeth are injured as a result of a covered accident.	\$50 Extraction \$150 Repair with a crown
<b>COMA</b> (once per accident) Payable when an insured is in a coma lasting 30 days or more as the result of a covered accident. For the purposes of this benefit, Coma means a profound state of unconsciousness caused by a covered accident.	\$5,000
<b>CONCUSSION</b> (once per accident, within 6 months after the accident) Payable when an insured is diagnosed by a doctor with a concussion due to a covered accident.	\$100
<b>BLOOD/PLASMA /PLATELETS</b> (3 times per accident, within 6 months after the accident) Payable for each day that an insured receives blood, plasma or platelets due to a covered accidental injury.	\$100
<b>BURNS</b> (once per accident, within 6 months after the accident) Payable when an insured is burned in a covered accident and is treated by a doctor. We will pay according to the percentage of body surface burned. First degree burns are not covered.	
<b>Second Degree</b>	
Less than 10%	\$100
At least 10% but less than 25%	\$200
At least 25% but less than 35%	\$500
35% or more	\$1,000
<b>Third Degree</b>	
Less than 10%	\$1,000
At least 10% but less than 25%	\$5,000
At least 25% but less than 35%	\$10,000
35% or more	\$20,000



# AFLAC GROUP ACCIDENT INSURANCE

## BENEFIT

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

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

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

\$500

**PROSTHESIS** (once per accident, up to 2 prosthetic devices and one replacement per device per insured)\* Payable when an insured receives a prosthetic device, prescribed by a doctor, as a result of a covered accidental injury. Prosthetic Device/Prosthesis means an artificial device designed to replace a missing part of the body. This benefit is not payable for hearing aids, wigs, or dental aids (to include false teeth), repair or replacement of prosthetic devices\* and /or joint replacements. \* We will pay this benefit again once to cover the replacement of a prosthesis for which a benefit has been paid, provided the replacement takes place within three years of the initial benefit payment.

\$500

### PARALYSIS (once per accident, diagnosed by a doctor within six months after the accident)

Payable if an insured has permanent loss of movement of two or more limbs for more than 90 days (in Utah, 30 days) as the result of a covered accidental injury.

Paraplegia

\$2,500

Quadriplegia

\$5,000

### SUCCESSOR INSURED BENEFIT

If spouse coverage is in force at the time of the employee's death, the surviving spouse may elect to continue coverage. Coverage would continue according to the existing plan and would also include any dependent child coverage in force at the time.

Surgical Procedures may include, but are not limited to, surgical repair of: ruptured disc, tendons/ligaments, hernia, rotator cuff, torn knee cartilage, skin grafts, joint replacement, internal injuries requiring open abdominal or thoracic surgery, exploratory surgery (with or without repair), etc., unless otherwise noted due to an accidental injury.

**ACCIDENTAL DEATH BENEFIT** (within 90 days after the accident\*) Payable if a covered accidental injury causes the insured to die.

\$25,000

### ACCIDENTAL COMMON-CARRIER DEATH BENEFIT

\$50,000

Payable if the insured:

- Is a fare-paying passenger on a common carrier;
- Is injured in a covered accident; and
- Dies within 90 days\* after the covered accident.

The spouse benefit is 50% of the employee benefit shown. The child benefit is 10% of the employee benefit shown. (Applicable to both the Accidental Death Benefit and Accidental Common-Carrier Death Benefit.)





## AFLAC GROUP ACCIDENT INSURANCE

### BENEFIT

#### LIFE CHANGING EVENTS BENEFITS

##### **DISMEMBERMENT** (once per accident, within 6 months after the accident)

Payable if an insured loses a hand or foot or experiences loss of sight as the result of a covered accident. Dismemberment means:

- Loss of a hand -The hand is removed at or above the wrist joint;
- Loss of a foot -The foot is removed at or above the ankle;
- Loss of a finger/toe - The finger or toe is removed at or above the joint where it is attached to the hand or foot; or
- Loss of sight - At least 80% of the vision in one eye is lost (such loss of sight must be permanent and irrecoverable).

If the Dismemberment Benefit is paid and the insured later dies as a result of the same covered accident, we will pay the appropriate death benefit (if available), less any amounts paid under this benefit.

##### SINGLE LOSS (the loss of one hand, one foot, or the sight of one eye)

Employee	\$12,500
Spouse	\$5,000
Child(ren)	\$2,500

##### DOUBLE LOSS (the loss of both hands, both feet, the sight of both eyes, or a combination of any two)

Employee	\$25,000
Spouse	\$10,000
Child(ren)	\$5,000

##### LOSS OF ONE OR MORE FINGERS OR TOES

Employee	\$1,250
Spouse	\$500
Child(ren)	\$250

##### PARTIAL DISMEMBERMENT (INCLUDES AT LEAST ONE JOINT OF A FINGER OR A TOE)

Employee	\$100
Spouse	\$100
Child(ren)	\$100

##### **WELLNESS BENEFIT** (once per calendar year)

Payable for the following wellness tests performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations: Annual physical exams, Flexible Sigmoidoscopy, Mammograms, PSA Tests, Pap Smears, Ultrasounds, Eye Examinations, Blood Screening, Immunizations. THE AMOUNT PAID WILL BE BASED ON WHEN THE WELLNESS TEST WAS PERFORMED: First year of certificate and thereafter

\$50



Benefits At A Glance		Monthly Premiums	
Initial Doctor Visit at Urgent Care or Doctors Office	\$150 without x-ray \$300 with x-ray	Employee Only	\$14.45
Emergency Room Visit	\$200 without x-ray \$350 with x-ray	Employee & Spouse	\$21.19
Follow Up Treatment	\$50	Employee & Children	\$25.10
Physical Therapy	\$50	Family	\$31.84
Ambulance	Ground: \$200 Air: \$1,000	<b>YOUR WELLNESS EXAM WILL HELP PAY FOR YOUR POLICY!</b>	
Blood / Plasma	\$100		
Prosthesis	\$500	<b>Wellness Benefit -&gt; \$50 (per person per year)</b>	
Appliance	Up to \$100	<b>Employee Only -&gt; \$14.45 monthly</b>	
Injury Specific	\$50-\$13,500 (up to \$9,000 x 200%)	Annual Cost = \$173.40 Pretax 25% = \$129.95 annually Wellness Exam = \$50.00	
Family Lodging (100+ miles)	\$100 / night	<b>Adjusted Monthly Cost = \$6.67</b>	
Transportation (100+ miles)	Ground: \$150 Air: \$300	<b>Employee &amp; Spouse -&gt; \$21.19 monthly</b>	
Accidental Death	\$25,000/\$12,500/\$2,500	Annual Cost = \$254.28 Pretax 25% = \$190.71 annually Wellness Exam x 2 = \$100.00	
Accidental Dismemberment	\$200 - \$25,000	<b>Adjusted Monthly Cost = \$7.56</b>	
Hospital Admission	\$1000	<b>Employee &amp; Children -&gt; \$25.10 monthly</b>	
Regular Room	\$300 / per day	Annual Cost = \$301.20 Pretax 25% = \$225.90 annually Wellness Exam x 2 = \$100.00	
Intensive Care	\$550 / per day	<b>Adjusted Monthly Cost = \$10.49</b>	
<i>*Wellness Benefit examples are figured on minimum amount of participants per plan.</i>		<b>Family -&gt; \$31.84 monthly</b>	
		Annual Cost = \$382.08 Pretax 25% = \$286.56 annually Wellness Exam x 3 = \$150.00	
		<b>Adjusted Monthly Cost = \$11.38</b>	



# AFLAC GROUP CRITICAL ILLNESS

Benefits Overview - Lump Sum Benefit Amount That you Choose

BENEFIT AMOUNT

**COVERED CRITICAL ILLNESSES:**

<b>CANCER</b> (Internal or Invasive)	100%
<b>HEART ATTACK</b> (Myocardial Infarction)	100%
<b>STROKE</b> (Ischemic or Hemorrhagic)	100%
<b>MAJOR ORGAN TRANSPLANT</b>	100%
<b>KIDNEY FAILURE</b> (End-Stage Renal Failure)	100%
<b>BONE MARROW TRANSPLANT</b> (Stem Cell Transplant)	100%
<b>SUDDEN CARDIAC ARREST</b>	100%
<b>SEVERE BURNS*</b>	100%
<b>PARALYSIS**</b>	100%
<b>COMA**</b>	100%
<b>LOSS OF SPEECH / SIGHT / HEARING**</b>	100%
<b>NON-INVASIVE CANCER</b>	25%
<b>CORONARY ARTERY BYPASS SURGERY</b>	25%

\*This benefit is only payable for burns due to, caused by, and attributed to, a covered accident.

\*\*These benefits are payable for loss due to a covered underlying disease or a covered accident.

**OPTIONAL BENEFITS RIDER (Included)**

<b>BENIGN BRAIN TUMOR</b>	100%
<b>ADVANCED ALZHEIMER'S DISEASE</b>	25%
<b>ADVANCED PARKINSON'S DISEASE</b>	25%

These benefits will be paid based on the face amount in effect on the critical illness date of diagnosis. We will pay the optional benefit if the insured is diagnosed with one of the conditions listed in the rider schedule if the date of diagnosis is while the rider is in force.

**PROGRESSIVE DISEASES RIDER**

<b>AMYOTROPHIC LATERAL SCLEROSIS</b> (ALS or Lou Gehrig's Disease)	100%
<b>SUSTAINED MULTIPLE SCLEROSIS</b>	100%

This benefit is paid based on your selected Progressive Disease Benefit amount. We will pay the benefit shown upon diagnosis of one of the covered diseases if the date of diagnosis is while the rider is in force.

**INITIAL DIAGNOSIS**

We will pay a lump sum benefit upon initial diagnosis of a covered critical illness when such diagnoses is caused by or solely attributed to an underlying disease. Cancer diagnoses are subject to the cancer diagnosis limitation. Benefits will be based on the face amount in effect on the critical illness date of diagnosis.

**ADDITIONAL DIAGNOSIS**

We will pay benefits for each different critical illness after the first when the two dates of diagnoses are separated by at least 6 consecutive months. Cancer diagnoses are subject to the cancer diagnosis limitation.





## AFLAC GROUP CRITICAL ILLNESS

BENEFIT AMOUNT

### REOCCURRENCE

We will pay benefits for the same critical illness after the first when the two dates of diagnoses are separated by at least 6 consecutive months. Cancer diagnoses are subject to the cancer diagnosis limitation.

### CHILD COVERAGE AT NO ADDITIONAL COST

Each dependent child is covered at 50 percent of the primary insured's benefit amount at no additional charge. Children-only coverage is not available.

### SKIN CANCER BENEFIT

We will pay \$250 for the diagnosis of skin cancer. We will pay this benefit once per calendar year.

\$250

### WAIVER OF PREMIUM

If you become totally disabled due to a covered critical illness prior to age 65, after 90 continuous days of total disability, we will waive premiums for you and any of your covered dependents. As long as you remain totally disabled, premiums will be waived up to 24 months, subject to the terms of the plan.

### SUCCESSOR INSURED BENEFIT

If spouse coverage is in force at the time of the primary insured's death, the surviving spouse may elect to continue coverage. Coverage would continue at the existing spouse face amount and would also include any dependent child coverage in force at the time.

### HEALTH SCREENING BENEFIT (Employee and Spouse only)

We will pay \$50 for health screening tests performed while an insured's coverage is in force. We will pay this benefit once per calendar year.

This benefit is only payable for health screening tests performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations. This benefit is payable for the covered employee and spouse. This benefit is not paid for dependent children. COVERED HEALTH SCREENING TESTS INCLUDE:

- Blood test for triglycerides •CEA (blood test for colon cancer) •Flexible sigmoidoscopy •Bone marrow testing
- Chest X-ray •Hemocult stool analysis •Breast ultrasound •Colonoscopy •Mammography •Spiral CT screening for lung cancer •DNA stool analysis •Pap smear •Thermography •Fasting blood glucose test
- Stress test on a bicycle or treadmill •CA 125 (blood test for ovarian cancer) •PSA (blood test for prostate cancer)
- CA 15-3 (blood test for breast cancer)
- Serum cholesterol test to determine level of HDL and LDL •Serum protein electrophoresis (blood test for myeloma)

\$50

Benefits At A Glance		Critical Illness Monthly Rates				
		NON-TOBACCO -- Employee				
Cancer	100%	Issue Age	\$10,000	\$20,000	\$30,000	
Heart Attack	100%	18-30	\$5.31	\$9.25	\$13.18	
Stroke	100%	31-40	\$8.08	\$14.78	\$21.48	
Kidney Failure	100%	41-50	\$14.26	\$27.15	\$40.03	
Major Organ Transplant	100%	51-60	\$25.54	\$49.70	\$73.85	
Bone Marrow Transplant	100%	61+	\$46.78	\$92.18	\$137.58	
Sudden Cardiac Arrest	100%					
Coronary Artery Bypass Surgery	25%	NON-TOBACCO -- Spouse				
Non-Invasive Cancer	25%	Issue Age	\$10,000	\$20,000	\$30,000	
Skin Cancer	\$250	18-30	\$5.31	\$9.25	\$13.18	
Severe Burn	100%	31-40	\$8.08	\$14.78	\$21.48	
Coma	100%	41-50	\$14.26	\$27.15	\$40.03	
Paralysis	100%	51-60	\$25.54	\$49.70	\$73.85	
Loss of Sight / Hearing / Speech	100%	61+	\$46.78	\$92.18	\$137.58	
Benign Brain Tumor	100%					
Advanced Alzheimer's Disease	25%	TOBACCO -- Employee				
Advanced Parkinson's Disease	25%	Issue Age	\$10,000	\$20,000	\$30,000	
Amyotrophic Lateral Sclerosis	25%	18-30	\$7.00	\$12.61	\$18.23	
Sustained Multiple Sclerosis	100%	31-40	\$11.88	\$22.38	\$32.88	
Health Screening Benefit	\$50 (EE + SP Only)	41-50	\$21.63	\$41.88	\$62.13	
		51-60	\$40.48	\$79.58	\$118.68	
		61+	\$72.06	\$142.75	\$213.43	
					TOBACCO -- Spouse	
		Issue Age	\$10,000	\$20,000	\$30,000	
		18-30	\$7.00	\$12.61	\$18.23	
		31-40	\$11.88	\$22.38	\$32.88	
	41-50	\$21.63	\$41.88	\$62.13		
	51-60	\$40.48	\$79.58	\$118.68		
	61+	\$72.06	\$142.75	\$213.43		



## AFLAC GROUP HOSPITAL INDEMNITY

Benefits Overview	BENEFIT AMOUNT
<p><b>HOSPITAL ADMISSION BENEFIT</b> per confinement (once per covered sickness or accident per calendar year for each insured)</p> <p>Payable when an insured is admitted to a hospital and confined as an in-patient because of a covered accidental injury or covered sickness. We will not pay benefits for confinement to an observation unit, or for emergency room treatment or outpatient treatment.</p> <p>We will not pay benefits for admission of a newborn child following his birth; however, we will pay for a newborn's admission to a Hospital Intensive Care Unit if, following birth, he is confined as an inpatient as a result of a covered accidental injury or covered sickness (including congenital defects, birth abnormalities, and/or premature birth).</p>	<p>\$1,000 or \$1,500</p>
<p><b>HOSPITAL CONFINEMENT</b> per day (maximum of 31 days per confinement for each covered sickness or accident for each insured)</p> <p>Payable for each day that an insured is confined to a hospital as an in-patient as the result of a covered accidental injury or covered sickness. If we pay benefits for confinement and the insured becomes confined again within six months because of the same or related condition, we will treat this confinement as the same period of confinement. This benefit is payable for only one hospital confinement at a time even if caused by more than one covered accidental injury, more than one covered sickness, or a covered accidental injury and a covered sickness.</p>	<p>\$150</p>
<p><b>HOSPITAL INTENSIVE CARE BENEFIT</b> per day (maximum of 10 days per confinement for each covered sickness or accident for each insured)</p> <p>Payable for each day when an insured is confined in a Hospital Intensive Care Unit because of a covered accidental injury or covered sickness. We will pay benefits for only one confinement in a Hospital's Intensive Care Unit at a time. Once benefits are paid, if an insured becomes confined to a Hospital's Intensive Care Unit again within six months because of the same or related condition, we will treat this confinement as the same period of confinement.</p> <p>This benefit is payable in addition to the Hospital Confinement Benefit.</p>	<p>\$150</p>
<p><b>INTERMEDIATE INTENSIVE CARE STEP-DOWN UNIT</b> per day (maximum of 10 days per confinement for each covered sickness or accident for each insured)</p> <p>Payable for each day when an insured is confined in an Intermediate Intensive Care Step-Down Unit because of a covered accidental injury or covered sickness. We will pay benefits for only one confinement in an Intermediate Intensive Care Step-Down Unit at a time.</p> <p>Once benefits are paid, if an insured becomes confined to a Hospital's Intermediate Intensive Care Step-Down Unit again within six months because of the same or related condition, we will treat this confinement as the same period of confinement.</p> <p>This benefit is payable in addition to the Hospital Confinement Benefit.</p>	<p>\$75</p>



# AFLAC GROUP HOSPITAL INDEMNITY

## Benefits Overview

## BENEFIT AMOUNT

### HEALTH SCREENING BENEFIT

The Health Screening Benefit is payable once per calendar year for health screening tests performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations. This benefit is payable for each insured. Aflac has streamlined the health screening benefit claims submission process. Please refer to your certificate and applicable riders and/or amendments for a complete list of health screening tests or applicable names. Covered tests include, but are not limited to, the following:

Annual Physical / Biometric Screening / Blood Screening / Blood Test for Triglycerides / Bone Marrow Testing / Breast Ultrasound / CA 125 / CA 15-3 / CEA / Chest X-Ray / Colonoscopy / DNA Stool Analysis / Eye Examinations / Fasting Blood Glucose / Flexible Sigmoidoscopy / Hemocult Stool Analysis / HIV (Human Immunodeficiency), HPV (Human Papillomavirus) / HSN Strains / Human Coronavirus Testing / Immunizations / Mammograms / Non-Diagnostic Vascular Screening / Pap Smears / PSA Test / Serum Cholesterol Test / Serum Protein / Skin Cancer Screening / Spinal CT Screening / Stress Test on Bicycle or Treadmill / Thermography / Ultrasounds / Urinalysis  
Residents of Massachusetts are not eligible for the Health Screening Benefit.

\$50  
Per Calendar Year

### SUCCESSOR INSURED BENEFIT

If spouse coverage is in force at the time of the employee's death, the surviving spouse may elect to continue coverage. Coverage would continue according to the existing plan and would also include any dependent child coverage in force at the time.

In order to receive benefits for accidental injuries due to a covered accident, an insured must be admitted within six months of the date of the covered accident.



## Hospital Indemnity Insurance

Monthly Rates		
	\$1,000 Benefit	\$1,500 Benefit
Employee Only	\$17.40	\$22.28
Employee + Spouse	\$35.10	\$45.16
Employee + Child(ren)	\$27.98	\$35.30
Family	\$45.68	\$58.18
Hospital Benefits At A Glance		
Hospital Admission (per confinement)	\$1,000	\$1,500
Hospital Confinement (per day benefit)	\$150	\$150
Maximum Days Payable	Up to 31 Days	Up to 31 Days
Hospital ICU Confinement (per day benefit)	\$150	\$150
Maximum Days Payable	Up to 10 Days	Up to 10 Days
Wellness Benefit		
<b>\$50 Health Screening benefit per calendar year!</b>		

# Don't Forget

## To Submit For Your Wellness & Health Screening Benefits

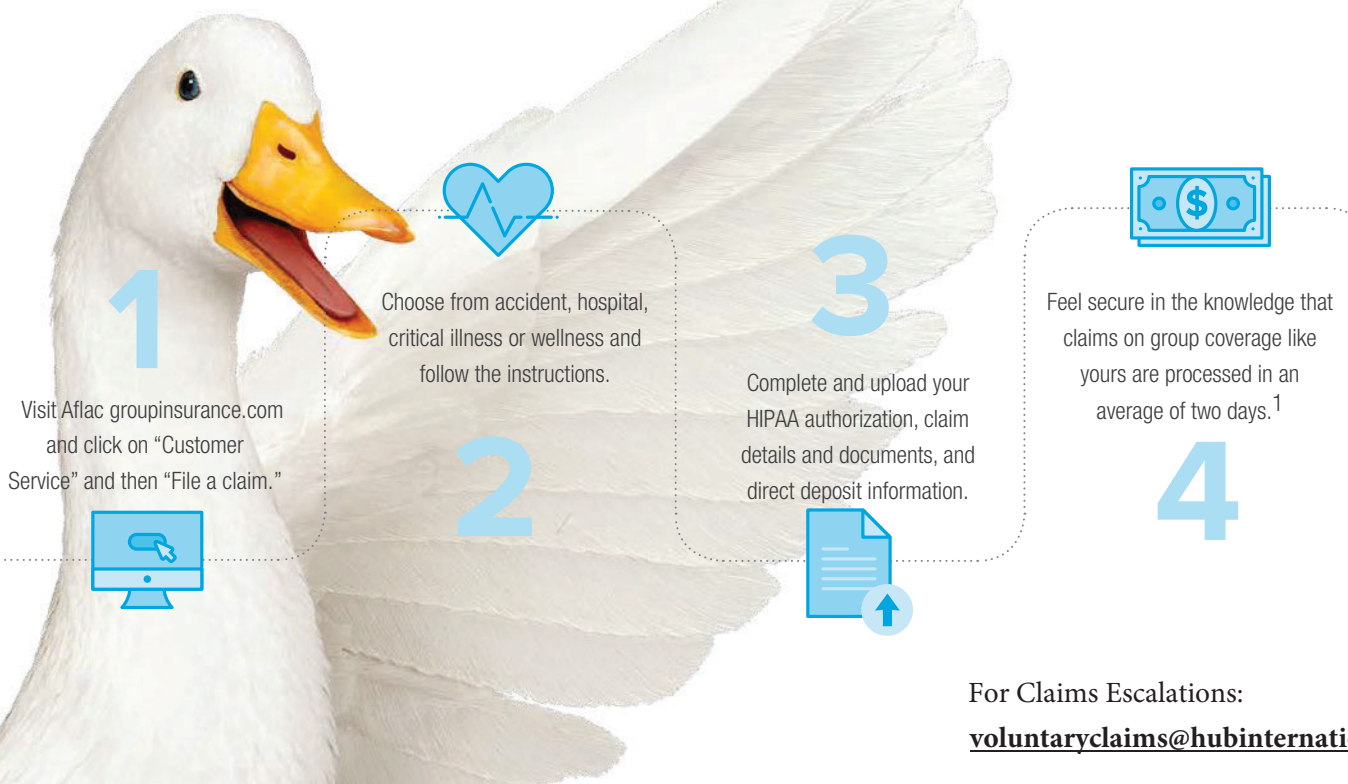
You Can File A Claim Online  
At:  
[Aflacgroupinsurance.com](http://Aflacgroupinsurance.com)

Please remember when filling out the claim on-line you only need to provide info where there is an orange asterisk. You do not need to provide Employee ID, Group number or Certificate number.

### Aflac's claims process:

### Peace of mind when you need it most

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



For Claims Escalations:

[voluntaryclaims@hubinternational.com](mailto:voluntaryclaims@hubinternational.com)



# Opt-in to Cyber Safety

No one intends to be unsafe online. Help protect your identity and devices with Norton LifeLock Benefit Plans. Let us help you empower you and your family to live your digital lives safely.



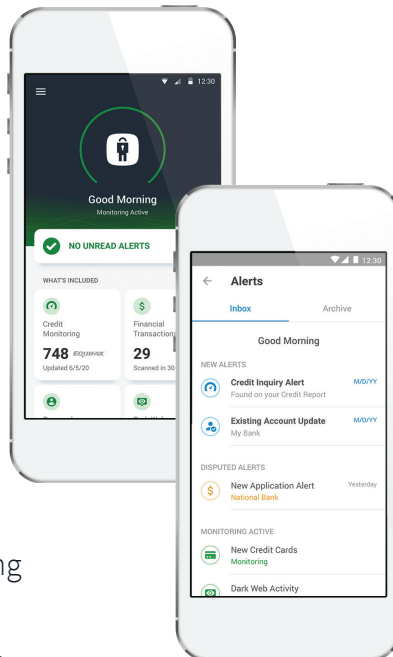
## Device Security

Anti-virus software and multi-layered, advanced security helps protect devices against existing and emerging threats, including malware and ransomware.



## Online Privacy

Norton Secure VPN protects devices and helps keep online activity and browsing history private. Privacy Monitor scans common public people-search websites to help you opt-out. And SafeCam alerts you and blocks attempts to access your webcam.<sup>1</sup>



Screen modified for demonstration purposes. Features may differ depending on plan.



## Identity

We monitor for fraudulent use of personal information, and send alerts when a potential threat is detected.<sup>†</sup>



## Home & Family

Take action to monitor your child's online activity with easy-to-use tools to set screen time limits, block unsuitable sites, and monitor search terms and activity history.



	Benefit Essential	Benefit Premier
<b>Identity</b>		
LifeLock Identity Alert System	•	•
Identity Verification Monitoring	•	•
Telecom & Cable Applications for New Service	•	•
Payday - Online Lending Alerts	•	•
Credit Alerts & Social Security Alerts	•	•
Dark Web Monitoring	•	•
Home Title Monitoring		•
USPS Address Change Verification	•	•
Stolen Wallet Protection	•	•
Socail Media Monitoring	•	•
Data Breach Notifications	•	•
Bank & Credit Card Activity Alerts	•	•
Checking & Savings Account Application Alerts		•
Bank Account Takeover Alerts		•
401K & Investment Account Activity Alerts	•	•
Prior Identity Theft Remediation	•	•
U.S. - based Identity Restoration Specialists	•	•
24/7 Live Member Support	•	•
Million Dollar Protection Package:		
Stolen Funds Reimbursement	Up to \$1 Million each	Up to \$1 Million each
Personal Expense Compensation		
Coverage for Lawyers and Experts		
Credit Application Alerts	One-Bureau <sup>1</sup>	One-Bureau <sup>1</sup>
Credit Monitoring	One-Bureau <sup>1</sup>	Three-Bureau <sup>1</sup>
Annual Credit Reports & Credit Scores		<b>On Demand –</b> Three-Bureau <sup>1</sup>
Identity Lock	•	•
Monthly Credit Score Tracking		One-Bureau <sup>1</sup>
Credit, Bank & Utility Account Freezes	•	•



**Device Security**

Secures PCs, Mac & mobile devices

Online Threat Protection	•	•
Password Manager	•	•
Smart Firewall	•	•
Cloud Backup	10 GB	50GB



**Home & Family**

Parental Control	•	•
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**Online Privacy**

Norton Secure VPN	•	•
Privacy Monitor	•	•
SafeCam	•	•

Benefit Plan - Monthly Rates	Benefit Essential	Benefit Premier
Employee Only (18+ Years Old)	\$8.49	\$13.99
Employee + Family	\$16.98	\$27.98

# Legal Insurance from ARAG



## WHAT IS LEGAL INSURANCE?

Legal coverage isn't just for the serious issues, it's for your everyday needs, too. Legal insurance helps you address common situations like creating wills, transferring property or dealing with a traffic ticket.

## WHAT DOES LEGAL INSURANCE COVER?

A legal insurance plan from ARAG® covers a wide range of legal needs like the examples shown below – and many more – to help you address life's legal situations.

### Consumer Protection Matters

- Auto repair
- Buying or selling a car
- Consumer fraud
- Consumer protection for good or services
  
- Home improvement
- Personal property disputes
- Small claims court

### Criminal Situations

- Juvenile
- Parental responsibility

### Family Law Events

- Adoption
- Domestic partnership
- Guardianship/conservatorship
- Name change
- Pet-related matters and damages
- Pre-marital agreements
- Divorce

### General Needs

- Document review
- Credit records correction
- Document preparation

### Finance, Tax & Debt-Related Matters

- Debt collection
- Garnishments
- IRS tax audit
- Personal bankruptcy
- Student loan debt

### Home Ownership or Renter Matters

- Buying and selling a home
- Contracts/lease agreements
- Contractor issues
- Deeds
- Foreclosures or evictions
- Disputes with a landlord
- Neighbor disputes
- Real estate disputes

### Traffic Troubles

- License suspension/revocation
- Traffic tickets

### Wills & Estate Planning Needs

- Funeral directives
- Powers of attorney
- Wills
- Trusts

## WANT MORE INFORMATION?



For specific details about your plan, and to view a complete list of coverages, visit [ARAGlegal.com/myinfo](https://ARAGlegal.com/myinfo) and enter Access Code: **19070cop**



To talk with someone, call ARAG at

**800-247-4184**

## WHAT DOES IT COST?

**UltimateAdvisor®**

**\$20.50 monthly**

## USING YOUR LEGAL PLAN IS EASY

- 1** When you have a legal need, you can go online, use the ARAG Legal app or call Customer Care.
- 2** Answer a few questions to confirm your coverage and receive information on local network attorneys who can help with your legal matter.
- 3** Then, meet with a network attorney virtually, over the phone or in person.

### HOW LEGAL SHOWS UP IN YOUR LIFE

Most consumers believe legal events are rare, once-in-a-lifetime events. But they're far more common than you think.

**85%**

*of individuals experienced a legal event in the past three years.<sup>1</sup>*

These events often cause a considerable impact on ones finances or family.

## WHY SHOULD YOU GET LEGAL INSURANCE?



Work with a network attorney and attorney fees are **100% paid in full** for most covered matters.



**Save thousands of dollars** on average, for legal matters by avoiding costly legal fees.



**We help you** easily find local attorneys in ARAG's network – many who average 20+ years of experience.



Address your covered legal situations with a network attorney for **legal help and representation**.

ARAG Members rated network attorneys **9.4 out of 10** for accessibility, responsiveness and professionalism.<sup>2</sup>



Use DIY Docs® to create a variety of **legally valid documents**, including state-specific templates.

### Diversity, Equity & Inclusion Coverage

ARAG is constantly evolving and adapting to meet the needs of all employees. Whether it's an employee with a disability, a veteran or a member of the LGBTQ+ community, our coverage provides solutions that include:

- Domestic Partnership Agreement
- HIPAA/Hospital Visitation Authorization
- Funeral Directive
- Gender Identifier Change
- Social Security/Veterans/Medicare Dispute
- School Administration Hearing

# Discover the greatest pet insurance plans ever offered.

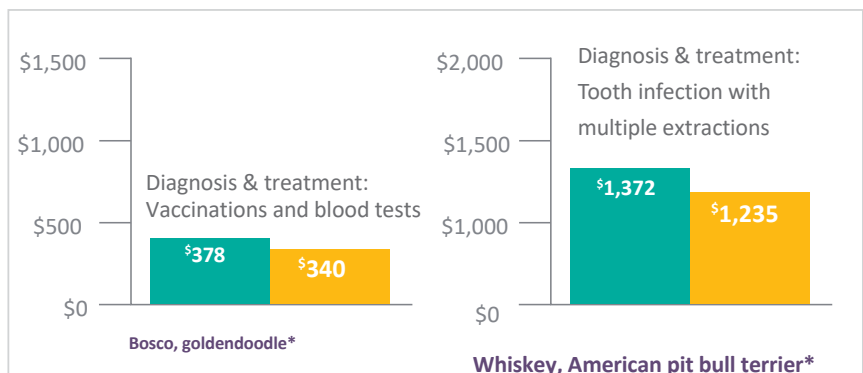
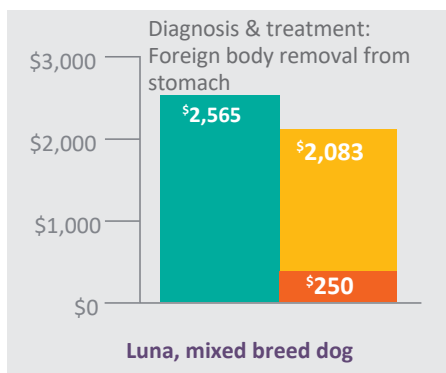
My Pet Protection® is offered exclusively to employees and gives your pet superior protection at an unbeatable price.



- ✓ 90% back on eligible vet bills<sup>1</sup>
- ✓ Exclusive to employees, not available to the general public
- ✓ Same price for pets of all ages
- ✓ Best deal: average savings of 30% over similar plans from other pet insurers<sup>2</sup>
- ✓ Wellness plan option that includes spay/neuter, vaccinations and more

## Here's how My Pet Protection helped Nationwide® pet parents

Between big-ticket emergency vet bills and basic preventive care, My Pet Protection coverage helped keep these pet parents' bank accounts in the black.



\*Annual deductible met on previous claim

Legend: Claim amount (teal), Reimbursement by Nationwide (yellow), Annual deductible (orange). Sample reimbursements are based on actual claims but have been edited for clarity. Coverage for wellness services only available on My Pet.

Sign up multiple pets with individual plans and receive a discount<sup>3</sup> for even more savings.

Get a free, no-obligation quote today at [PetsNationwide.com](https://www.PetsNationwide.com)





# Choose a plan that's as unique as your pet.

Get back 90% of the vet bill for these items **and more!**

Visit any vet, anywhere



Accidents, including poisonings and allergic reactions	✓	✓
Injuries, including cuts, sprains and broken bones	✓	✓
Common illnesses, including ear infections, vomiting and diarrhea	✓	✓
Serious/chronic illnesses, including cancer and diabetes	✓	✓
Hereditary and congenital conditions	✓	✓
Surgeries and hospitalization	✓	✓
X-rays, MRIs and CT scans	✓	✓
Prescription medications and therapeutic diets	✓	✓
Wellness exams	✓	
Vaccinations	✓	
Spay/neuter	✓	
Flea and tick prevention	✓	
Heartworm testing and prevention	✓	
Routine blood tests	✓	

Just like all other pet insurers, we don't cover **pre-existing conditions**.\* However, we go above and beyond with extra features such as **emergency boarding, lost pet advertising and more**. Plus, both plans have a low \$250 annual deductible and a generous \$7,500 maximum annual benefit.

\*Any illness or injury that your pet had prior to the start of your policy will be considered a pre-existing condition.

## Easy enrollment

**1** Select the species (dog or cat)\*\*

**2** Provide your zip code

**3** Pick your plan

\*\*To enroll your bird, rabbit, reptile or other exotic pet, please call 888-899-4874.



Available to all pet insurance members. Unlimited, 24/7 access to a veterinary professional (\$150 value). Only from Nationwide®.



Get your pet insurance reimbursements deposited directly to your bank.



Download from the App Store



Download from Google Play

Email, fax and snail mail claim submissions also available.

Learn more today. [PetsNationwide.com](http://PetsNationwide.com)



Nationwide®  
Is on your side



**Allstate**  
BENEFITS

Provides a cash benefit  
directly to your beneficiary

## Group Whole Life Insurance

Life is unpredictable. Let Allstate Benefits help you prepare for the unexpected with Group Whole Life Insurance. Now you can provide your family with financial peace of mind for the future and the journey to get there. Not only do you get protection for your lifetime, but you also have the ability to build cash value as you go. Give yourself and your loved ones a gift of love with Good Hands® protection from Allstate Benefits.

### Here's How It Works

With Group Whole Life Insurance from Allstate Benefits, you get simplified and straightforward coverage. You decide how much coverage and who to cover. You get guaranteed rates for the life of the policy and a guaranteed death benefit to be paid to your beneficiaries. As the policy builds cash value, you can achieve your financial goals or borrow against it should you need to.

### Meeting Your Needs

- You choose a fully-guaranteed death benefit (premiums payable to age 95) to leave behind, or if you live to age 121, a lump-sum maturity benefit is paid
- Coverage for spouse and children available through separate certificate or rider<sup>1</sup>
- Premiums are affordable and conveniently payroll deducted
- Coverage may be continued if you leave employment; refer to your certificate for details

With Allstate Benefits Group Whole Life, you can enjoy protection for the future while building peace of mind right now. Practical benefits for everyday living.<sup>SM</sup>

## DID YOU KNOW ?



Reasons for purchasing life coverage include: replace income, final expenses, wealth transfer and mortgage payoff.<sup>2</sup>



Common financial concerns among Americans include: the ability to afford long-term care, medical and disability expenses, retirement, investments, living debt/ expenses and final expenses.<sup>2</sup>

**Offered to the employees of:**

**City of Pueblo**

## Using your cash benefits

Cash benefits provide you with options, because you or your beneficiary get to decide how to use them.



### Finances

Cash benefits can help protect your HSAs, savings, retirement plans and 401ks from being depleted



### Home

Your beneficiary can use the cash benefits to help pay the mortgage, continue rental payments, or perform needed home repairs



### Expenses

The cash benefit can be used to help pay for medical and living expenses such as bills, electricity and gas



\*\*With proper planning, the death benefit can pass to your beneficiaries free from state or federal estate taxes. Please consult with your tax advisor for specific information.

You may be required to answer health questions at enrollment. Coverage may be available with reduced underwriting through your employer during your initial enrollment period. If you enroll after your initial enrollment period, answers to health questions are required.

## Prepare for the future today

One way you can determine if you and your family need the coverage is to review the list below and check some or all that apply to you and your family.

- You're the primary wage earner in your family  Your family would have trouble living comfortably without your income
- You have regular debts, like mortgage, car payment or credit cards
- You have children under 18
- You want permanent, fully guaranteed coverage
- You'd like to offer a tax-free death benefit to your beneficiary\*\*

## Here's how Whole Life works

Premiums are payable to age 95 and are conveniently payroll deducted. The longer the policy coverage continues and premiums are paid, the more the cash value builds.

### Cash values and payments

As premiums are paid, the policy is building cash value over time. Premiums are guaranteed at issue and the coverage becomes fully paid-up at age 95 if all premiums have been paid.

If the decision is made to stop paying premiums after the coverage is effective and has developed cash value, the policy coverage can be surrendered for its net cash value or some coverage can continue as paid-up under either the Reduced Paid-Up (RPU) or Extended Term Insurance (ETI) non-forfeiture options.

- RPU - reduces the amount of the death benefit, but provides the same duration of coverage (whole life)
- ETI - reduces the duration of coverage (now a shorter term instead of whole life), but provides the same amount of death benefit. ETI is the default non-forfeiture option when premium payments stop and there is no active selection made to continue coverage

## Benefits

### Whole Life Insurance provides either:

Death Benefit - pays a lump-sum cash benefit when the insured dies; or

Maturity Benefit - pays a lump-sum cash benefit if the insured is still living at age 121

### OPTIONAL/ADDITIONAL RIDER BENEFITS<sup>3</sup>

Accelerated Death Benefit for Terminal Illness or Condition\* - an advance of the death benefit, up to 75% of the certificate face amount, when certified terminally ill

Accelerated Death Benefit for Long Term Care with Extension of Benefits\* - a monthly advance of up to 4% of the death benefit for up to 50 full months while receiving qualified long-term care services, when certified chronically ill by a licensed health care practitioner

<sup>3</sup>The riders have exclusions and limitations, may vary in availability by issue age, and may not be available in all states. \*Premiums are waived after payment of benefit.



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Save big. Every day.*

Enjoy discounts, rewards and perks on thousands of the brands you love in a variety of categories:

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- Electronics
- Apparel
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**Lenovo**

**AVIS**

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**hp**

**jiffylube**

**It's easy to access and start saving!**

Questions? Call 1-866-664-4621 or email [customer care@benefithub.com](mailto:customer care@benefithub.com)

## Save \$1,640 with a waived lender fee and get a free appraisal<sup>1</sup>

City of Pueblo employees and their friends and family receive the following benefits when you work with Rate to finance your home loan:

- A \$1,640 waived lender fee<sup>1</sup> and free appraisal
- Discounted mortgage rates
- A dedicated team of mortgage experts
- Receive a complimentary mortgage review
- Receive \$650 to \$6,000 if you buy or sell your home with the GRate Realty Connect program<sup>2</sup>
- Eligible first-time homebuyers who meet minimum credit score requirements could get lower interest rates, down payment options as low as 3%, reduced mortgage insurance requirements & more with the FirstHome+ program<sup>3</sup>
- Consolidate your credit card debt with a Home Equity Loan<sup>4</sup> which takes 5 minutes to apply at [rate.com/PMPHeloc](https://rate.com/PMPHeloc) and gets money in your pocket in a few days<sup>5</sup>

Contact us for more information and get approved to become a homeowner in one business day with Same Day Mortgage!<sup>6</sup>



Contact us today to get started!

(833) 936-0662 | [Pueblo@rate.com](mailto:Pueblo@rate.com) | [www.Rate.com/Pueblo](https://www.Rate.com/Pueblo)

## Voluntary Benefits Contact Information

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Carrier	Website / Email	Phone #
Aflac	<a href="http://www.aflacgroupinsurance.com">www.aflacgroupinsurance.com</a>	800-433-3036
LifeLock	<a href="http://www.lifelock.com">www.lifelock.com</a>	800-416-0599
Arag Legal Insurance	<a href="http://www.ARAGlegal.com/myinfo">www.ARAGlegal.com/myinfo</a>	800-247-4184
Nationwide	<a href="http://www.petsnationwide.com">www.petsnationwide.com</a>	877-738-7874
Allstate Benefits	<a href="http://www.allstatebenefits.com/mybenefits">www.allstatebenefits.com/mybenefits</a>	888-282-2550
Discount Marketplace Website	<a href="http://cityofpueblo.benefithub.com">cityofpueblo.benefithub.com</a>	866-664-4621
Guaranteed Rate Platinum Mortgage Program	<a href="http://www.Rate.com/Pueblo">www.Rate.com/Pueblo</a>	833-936-0662
HUB Voluntary Benefits Division Claims Escalations Brandy McGraw	<a href="mailto:voluntaryclaims@hubinternational.com">voluntaryclaims@hubinternational.com</a> <a href="mailto:brandy.mcgraw@hubinternational.com">brandy.mcgraw@hubinternational.com</a>	720-793-2651

