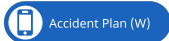


PERSONALIZED BENEFITS 2025



Accident Coverage



Critical Illness Coverage



Hospital Coverage



Legal Insurance



Identity Theft Protection

Whole Life Insurance w/ Long Term Care



Benefit HUB Discount Marketplace



Supplemental Health Benefits

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:

Scan for Video



Accident Plan (W)

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

Examples of covered expenses include:

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

Critical Illness Insurance:

Scan for Video



CI Plan (W)

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

Hospital Indemnity Insurance:

Scan for Video



Hospital Plan (W)

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

*Kaiser Family Foundation. "Expenses per Inpatient Day." Kaiser Family Foundation.

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.



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.

Accident Insurance in Practice

Situation	Alan broke his leg in a bike accident.
Covered Benefits	▶ Doctor's office visits ▶ Diagnostic exams ▶ Broken leg rehab treatment ▶ Physical therapy sessions
Total Benefit Paid Directly to Employee	\$4,250

Critical Illness Insurance in Practice

Situation	Brittney had a heart attack while raking
Covered Benefits	▶ Heart attack diagnosis
Total Benefit Paid Directly to Employee	\$15,000

Hospital Indemnity Insurance in Practice

Situation	Craig was hospitalized following a car accident.
Covered Benefits	▶ Hospital admission ▶ Hospital stay ▶ Intensive care unit stay
Total Benefit 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
FAMILY MEMBER LODGING (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: • The insured must be confined to a hospital for treatment of a covered accidental injury; • The hospital and motel/hotel must be more than 100 miles from the insured's residence; and • The treatment must be prescribed by the insured's treating doctor.	\$100 per day
TRANSPORTATION (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.	\$300 Plane \$150 Any ground transportation
OUTPATIENT SURGERY AND ANESTHESIA (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.	\$400
OUTPATIENT SURGERY AND ANESTHESIA (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.	\$25
INPATIENT SURGERY AND ANESTHESIA (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.	\$750
APPLIANCES (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. Cane, Ankle Brace, Cervical Collar Walking Boot, Knee Scooter, Body Jacket Wheelchair, Back Brace, Walker, Crutches, Leg Brace	\$20 \$50 \$100



AFLAC GROUP ACCIDENT INSURANCE

	BENEFIT
FACILITIES FEE FOR OUTPATIENT SURGERY (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
EYE INJURIES Payable for eye injuries if, because of a covered accident, a doctor removes a foreign body from the eye, with or without anesthesia.	\$50
EMERGENCY DENTAL WORK (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
COMA (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
CONCUSSION (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
BLOOD/PLASMA /PLATELETS (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
BURNS (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. Second Degree Less than 10% At least 10% but less than 25% At least 25% but less than 35% 35% or more Third Degree Less than 10% At least 10% but less than 25% At least 25% but less than 35% 35% or more	\$100 \$200 \$500 \$1,000 \$1,000 \$5,000 \$10,000 \$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



AFLAC GROUP ACCIDENT INSURANCE

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	Your Wellness Exam Will Help PAY For Your Policy! Wellness Benefit -> \$50 (per person per year)	
Blood / Plasma	\$100		
Prosthesis	\$500	Employee Only -> \$14.45 monthly Annual Cost = \$173.40 Pretax 25% = \$129.95 annually Wellness Exam = \$50.00 Adjusted Monthly Cost = \$6.67	
Appliance	Up to \$100		
Injury Specific	\$50-\$13,500 (up to \$9,000 x 200%)		
Family Lodging (100+ miles)	\$100 / night	Employee & Spouse -> \$21.19 monthly Annual Cost = \$254.28 Pretax 25% = \$190.71 annually Wellness Exam x 2 = \$100.00 Adjusted Monthly Cost = \$7.56	
Transportation (100+ miles)	Ground: \$150 Air: \$300		
Accidental Death	\$25,000/\$12,500/\$2,500		
Accidental Dismemberment	\$200 - \$25,000	Employee & Children -> \$25.10 monthly Annual Cost = \$301.20 Pretax 25% = \$225.90 annually Wellness Exam x 2 = \$100.00 Adjusted Monthly Cost = \$10.49	
Hospital Admission	\$1000		
Regular Room	\$300 / per day		
Intensive Care	\$550 / per day	Family -> \$31.84 monthly Annual Cost = \$382.08 Pretax 25% = \$286.56 annually Wellness Exam x 3 = \$150.00 Adjusted Monthly Cost = \$11.38	
*Wellness Benefit examples are figured on minimum amount of participants per plan.			



AFLAC GROUP CRITICAL ILLNESS

Benefits Overview - Lump Sum Benefit Amount That you Choose

COVERED CRITICAL ILLNESSES:

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

BENIGN BRAIN TUMOR	100%
ADVANCED ALZHEIMER'S DISEASE	25%
ADVANCED PARKINSON'S DISEASE	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

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



AFLAC GROUP CRITICAL ILLNESS

Monthly Premiums

NON-TOBACCO -- Employee			
Issue Age	\$10,000	\$20,000	\$30,000
18-30	\$5.31	\$9.25	\$13.18
31-40	\$8.08	\$14.78	\$21.48
41-50	\$14.26	\$27.15	\$40.03
51-60	\$25.54	\$49.70	\$73.85
61+	\$46.78	\$92.18	\$137.58

NON-TOBACCO -- Spouse			
Issue Age	\$10,000	\$20,000	\$30,000
18-30	\$5.31	\$9.25	\$13.18
31-40	\$8.08	\$14.78	\$21.48
41-50	\$14.26	\$27.15	\$40.03
51-60	\$25.54	\$49.70	\$73.85
61+	\$46.78	\$92.18	\$137.58

TOBACCO -- Employee			
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

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

This notice relates to the fixed indemnity coverage offered through Aflac

**IMPORTANT: This is a fixed indemnity policy,
NOT health insurance**

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

- **Visit [HealthCare.gov](https://www.healthcare.gov)** or call **1-800-318-2596** (TTY: 1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

Questions about this policy?

- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website ([naic.org](https://www.naic.org)) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.



AFLAC GROUP HOSPITAL INDEMNITY

Benefits Overview

BENEFIT AMOUNT

HOSPITAL ADMISSION BENEFIT per confinement (once per covered sickness or accident per calendar year for each insured)

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.

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).

\$1,500

HOSPITAL CONFINEMENT per day (maximum of 31 days per confinement for each covered sickness or accident for each insured)

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.

\$150

HOSPITAL INTENSIVE CARE BENEFIT per day (maximum of 10 days per confinement for each covered sickness or accident for each insured)

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.

This benefit is payable in addition to the Hospital Confinement Benefit.

\$150

INTERMEDIATE INTENSIVE CARE STEP-DOWN UNIT per day (maximum of 10 days per confinement for each covered sickness or accident for each insured)

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.

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.

This benefit is payable in addition to the Hospital Confinement Benefit.

\$75



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 / Hemoccult 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.



AFLAC GROUP HOSPITAL INDEMNITY

Monthly Premiums		Your Wellness Exam Will Help PAY For Your Policy! Wellness Benefit -> \$50 (per person per year)
Employee Only	\$22.28	
Employee & Spouse	\$45.16	
Employee & Children	\$35.30	
Family	\$58.18	
Benefits At A Glance		Employee Only -> \$22.28 monthly Annual Cost = \$267.36 Pretax 25% = \$200.52 annually Wellness Exam = \$50.00 Adjusted Monthly Cost = \$12.54
Hospital Admission	\$1,500 Per Year Per Insured	
Hospital Confinement	\$150 Up to 31 Days	
Hospital ICU Confinement	\$150 Up to 10 Days	Employee & Spouse -> \$45.16 monthly Annual Cost = \$541.92 Pretax 25% = \$406.44 annually Wellness Exam x 2 = \$100.00 Adjusted Monthly Cost = \$25.54
ICU Step Down Unit	\$75 Up to 10 Days	
Wellness Benefit	\$50 Per Year Per Insured	
<i>*Wellness Benefit examples are figured on minimum amount of participants per plan.</i>		Employee & Children -> \$35.30 monthly Annual Cost = \$423.60 Pretax 25% = \$317.70 annually Wellness Exam x 2 = \$100.00 Adjusted Monthly Cost = \$18.14
		Family -> \$58.18 monthly Annual Cost = \$698.16 Pretax 25% = \$523.62 annually Wellness Exam x 3 = \$150.00 Adjusted Monthly Cost = \$31.14

Don't Forget

To Submit For Your Wellness & Health Screening Benefits

You Can File A Claim Online
At:
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:

1

Visit Aflacgroupinsurance.com and click on "Customer Service" and then "File a claim."



Choose from accident, hospital, critical illness or wellness and follow the instructions.

2

3

Complete and upload your HIPAA authorization, claim details and documents, and direct deposit information.



Feel secure in the knowledge that claims on group coverage like yours are processed in an average of two days.¹

4

For Claims Escalations:
voluntaryclaims@hubinternational.com

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 goods 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** and enter Access Code: **19113tb**



To talk with someone, call ARAG at

800-247-4184

WHAT DOES IT COST?

UltimateAdvisor®

\$18.25 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.¹

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.**²



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

And, network attorney fees for most covered matters like these are 100% paid in full.

Effective: 01/01/2024

¹ARAG Stress Research Study, October 2022.

²2022 ARAG Customer Satisfaction Survey.

Limitations and exclusions apply. Depending upon a state's regulations, ARAG's legal insurance plan may be considered an insurance product or a service product. Insurance products are underwritten by ARAG Insurance Company of Des Moines, Iowa. Service products are provided by ARAG Services, LLC. This material is for illustrative purposes only and is not a contract. For terms, benefits or exclusions, contact us.

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The industry leader in employee identity protection.

Protect today.

Thrive tomorrow.

Your identity is made up of more than your Social Security number and your bank accounts. That's why Allstate Identity Protection Pro Plus does more than monitor your credit reports and scores. We safeguard your personal information, the data you share, and the relationships you treasure..

And now Allstate Identity Protection Pro Plus® is better than ever. Our proprietary tools stay one step ahead — allowing us to catch fraud at its earliest sign. If something bad happens, you have a in-house expert® available 24/7 to fully manage your recovery and restore your identity.



IDENTITY PROTECTION

Our story

At Allstate Identity Protection, we believe everyone deserves peace of mind. That's why we've been helping companies defend against identity theft for over a decade. Allstate Identity Protection Pro Plus is powered by our enterprise-level proprietary technology and information security — trusted by over 30% of Fortune 500 companies, 3,000 U.S.-based employers, and 2 million employees.

What is identity theft?

When someone uses your personal information without permission to open an account or access your financial records — that's identity theft, and it's a serious crime.

● Identity monitoring and alerts

● Full-service remediation

● Identity theft reimbursement†

● iOS and Android app

We go beyond artificial intelligence and dark web “scans.” Unlike other identity protection services, we harness a network of experienced human operatives. This exclusive combination is unique to Allstate Identity Protection and provides insight not only into the dark web but also invitation-only hacker forums. That's how we find what others can't, and help stop identity theft before it starts.



**Every 2 seconds
an identity is
stolen in the U.S.¹**



**120 hours
on average to resolve identity
theft on your own¹**



**\$16.9 Billion lost
from fraud in
2019¹**



**51 times
higher rate of Child
Identity Theft than adults**



**7.9 Billion
personal records
exposed in the first
half of 2019 alone ²**



**106 Years
time to crack 10 letters
& numbers password**

We've got your back



**Full-service
remediation
support**

Our In-house experts are available 24/7 to restore your credit, finances, identity, and sense of security.



**\$1 million
identity theft
insurance**

In the unfortunate event that you fall victim to identity theft or fraud, we'll cover many of your out-of-pocket costs.[†]



**Fraud
reimbursement
and advances**

We'll reimburse you for stolen funds, including money taken from HSA and 401(k) plans. We'll even advance fraudulent tax refunds.[†]

What we monitor:

- | | |
|---------------------------------|----------------------|
| ● Social Security numbers | ● Log-in credentials |
| ● Credit and debit card numbers | ● IP addresses |
| ● Financial accounts | ● Dark Web |
| ● Email addresses | ● And more! |

Product Features Allstate Identity Protection Pro Plus



Allstate Digital Footprint

Our unique tool, part of Allstate Identity Protection Pro Plus, helps users see what accounts they have online and detect if personal information has been exposed.



Comprehensive monitoring and alerts

Our proprietary monitoring platform detects high-risk activity to provide rapid alerts at the first sign of fraud, so participants can detect fraud at its earliest sign, enabling quick restoration for minimal damage and stress.



Dark web monitoring

In-depth monitoring goes beyond just looking out for a participant's Social Security number. Bots and human intelligence scour closed hacker forums for compromised credentials and other personal information. Then we immediately alert participants who have been compromised.



High-risk transaction monitoring

We send alerts for non-credit-based transactions like student loan activity and medical billing.



Account activity

Participants are alerted when unusual activity on their personal banking accounts could be a sign of account takeover.



Credit monitoring and alerts

We alert for transactions like new inquiries, accounts in collections, new accounts, and bankruptcy filings. Allstate Identity Protection Pro Plus also provides credit monitoring from all three bureaus, which may make spotting and resolving fraud faster and easier.



Financial activity monitoring

Alerts triggered from sources such as bank accounts, thresholds, credit and debit cards, 401(k)s, and other investment accounts help participants take control of their finances.



Social media monitoring

Participants can keep tabs on social accounts for everyone in their family, with monitoring for vulgarity, threats, explicit content, violence, and cyberbullying. As an exclusive to Allstate Identity Protection Pro Plus, we monitor for account takeovers that could lead to costly reputation damage.



IP address monitoring

Exclusive to Allstate Identity Protection Pro Plus, we look for malicious use of our users' IP addresses. IP addresses may contribute to a profile of an individual, which — if compromised — can lead to identity theft.



Lost wallet protection

Easily store, access, and replace wallet contents. Our secure vault conveniently holds important information from credit cards, credentials, and documents.



Solicitation reduction

Opt in or out of the National Do Not Call Registry, credit offers, and junk mail.



Digital exposure reports

Participants can see and identify where their personal information is publicly available on the internet.



Data breach notifications

We send alerts every time there's a data breach affecting participants so they can take action immediately.



Credit assistance

Our in-house experts will help participants freeze their credit files with the major credit bureaus. Users can even dispute credit report items from our portal.



Sex offender notifications

We'll notify participants if a sex offender is registered in a nearby area.



Mobile app

Access the entire Allstate Identity Protection portal on the go! Available for iOS and Android.



\$1 million identity theft insurance

If you fall victim to fraud, we will reimburse their out-of-pocket costs.†



†Identity theft insurance underwritten by insurance company subsidiaries or affiliates of Assurant. The description herein is a summary and intended for informational purposes only and does not include all terms, conditions and exclusions of the policies described. Please refer to the actual policies for terms, conditions, and exclusions of coverage. Coverage may not be available in all jurisdictions.

FAQs

Employee

\$9.95/ month

Employee plus family

\$17.95/ month



Who is eligible for Allstate Identity Protection Pro Plus?

All employees and their family members are eligible for Allstate Identity Protection Pro Plus. We offer a generous definition of family, using “under roof or under wallet” as our guideline. As long as the dependent lives within your household, or you support the individual financially, they are eligible to enroll at any age.

When can I enroll?

You can enroll during open enrollment, and you’re protected starting on your effective date. That’s when you can begin exploring additional features in our easy-to-use portal. The more we monitor, the safer you can be.

What if my employment status changes?

If you retire or leave your current employer, you can continue your coverage without interruption. We maintain employee information for 90 days beyond termination to ensure seamless portability.

My bank offers identity protection. Do I need Allstate Identity Protection Pro Plus?

A bank or credit card usually only monitor credit. Not only will Allstate Identity Protection Pro Plus monitor it all, we also fully manage and restore your identity in the case of fraud. Plus, our \$1 million insurance policy and stolen fund reimbursement mean you don’t have to cover the costs of recovering your identity or take a hit with stolen funds.[†]

Is it safe to give Allstate Identity Protection my information?

Yes. We know that protecting your information is of the utmost importance, so all our employees, consultants, contractors, and vendors adhere to a comprehensive information security policy with interacting with Allstate Identity Protection and its information. We never sell your data for any reason. The safety of your information is very important to us. Our security standards exceed best practices — both for information handling and storage.

[†]Identity theft insurance underwritten by insurance company subsidiaries or affiliates of Assurant. The description herein is a summary and intended for informational purposes only and does not include all terms, conditions and exclusions of the policy described. Please refer to the actual policy for terms, conditions, and exclusions of coverage. Coverage may not be available in all jurisdictions.

Allstate Identity Protection Pro Plus is offered and serviced by InfoArmor, Inc., a subsidiary of The Allstate Corporation.
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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 rider¹
- Premiums are affordable and conveniently payroll deducted
- Coverage may be continued if you leave employment; refer to your certificate for details



Allstate
BENEFITS

Provides a cash benefit
directly to your beneficiary

DID YOU KNOW ?



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

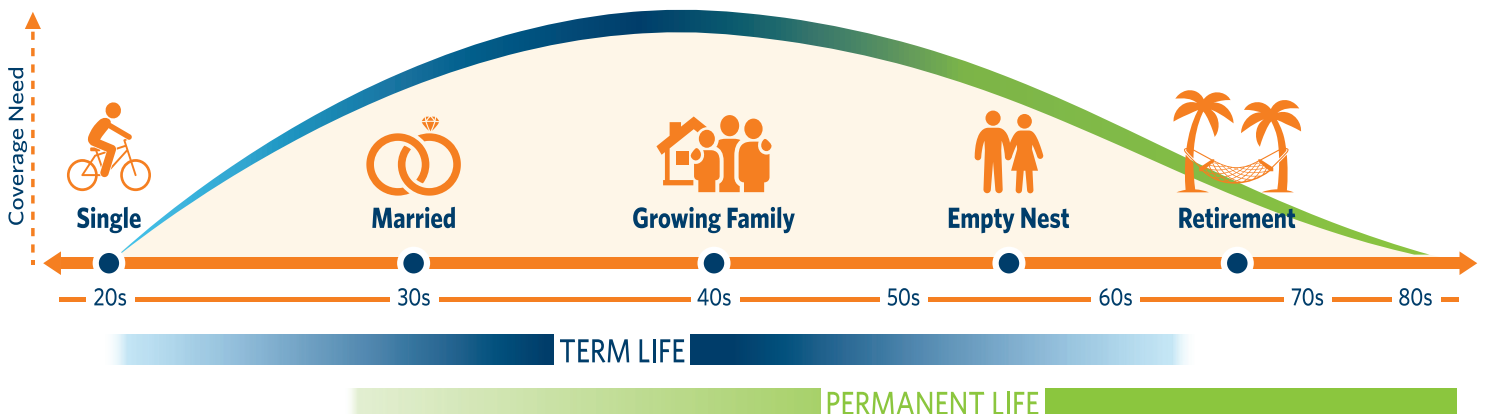


Common financial concerns among Americans include: the ability to afford long-term care, medical and disability expenses, retirement, investments, living debt/expenses and final expenses.²

Offered to the employees of:
Trinidad Benham

Coverage for all stages of life

As people move through the stages of life, certain factors dictate the type of life insurance they need. During working years, an employer may provide Term Life insurance, but the wraparound coverage of our Group Whole Life product can help give peace of mind because the money you spent builds cash value that you can use later in life or add to the term benefit payout. The graph below illustrates the need for term and permanent whole life insurance throughout the various stages of life.



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 BENEFITS³

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

³The 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.



America's Favorite Pet Insurance!



Get Peace Of Mind Today With Our Pet Coverage



Accidents

Spot plans help ensure your pet is covered from head-to-tail for unexpected accidents and injuries.



Illnesses

Spot plans cover exams for qualified illnesses and related treatment, including things like surgeries & medications.



Wellness

Spot's optional Preventive Care plans focus on routine care and regular check-ups to help ensure their routine wellbeing.

We Take Care of Our Pack

- | | | |
|---------------------|----------------------------|--------------------|
| ✓ Vet Exam Fees | ✓ Microchip Implantation | ✓ Diagnostics |
| ✓ Behavioral Issues | ✓ Unexpected Emergencies | ✓ X-rays & Tests |
| ✓ Dental Illnesses | ✓ Hereditary Conditions | ✓ Cancer & Growths |
| ✓ Surgery | ✓ Prescription Medications | ✓ And Much More... |

Flexible Plans For Any Budget

Customize your annual limit, deductible and reimbursement rate to make your pet and wallet happy.

Simple & Easy Claims Process

- 1 Visit Any Vet in the U.S or Canada
- 2 Submit Your Claim Online
- 3 Get Cash Back for Covered Vet Bills!

Unleash More with Spot



Spot Perks

Special discounts on pet products and services from your favorite brands.



24/7 Pet Telehealth Line

Get unlimited 24/7 virtual pet care from vet experts for your pet.



Get Your Special Discount*
<https://spotpet.link/trinidad>

*10% employee discount available on all pets. Not available in HI or TN. Waiting periods, annual deductible, co-insurance, benefit limits and exclusions may apply. For all terms visit spotpetins.com/sample-policy. Products, schedules, discounts, and rates may vary and are subject to change. More information available at checkout. Insurance plans are underwritten by either Independence American Insurance Company (NAIC #26581. A Delaware insurance company located at 11333 N. Scottsdale Rd, Ste. 160, Scottsdale, AZ 85254) or United States Fire Insurance Company (NAIC #21113. Morristown, NJ), and are produced by Spot Pet Insurance Services, LLC. (NPN # 19246385. 990 Biscayne Blvd Suite 603, Miami, FL 33132. CA License #6000188).

SAY HELLO TO



your new pet insurance benefit

Save on Vet Bills with America's Favorite Pet Insurance

Cap off your benefits with pet insurance from Spot and get reimbursed on eligible vet bills for accidents, illnesses, and more.

- ✓ Up to 90% Cash Back
- ✓ Preventative Care Add-Ons
- ✓ 24/7 Pet Telehealth Line

How Spot Pet Insurance Works



Visit any licensed vet
or specialist.



Submit your
claim online.



Get reimbursed
fast & easily.

Special Offer Just for You: Up to 20% Off



Save With Your Discount! <https://spotpet.link/trinidad>

When Calling, Use Priority Code: EB_TRINIDADBENHAM | 800.905.1595

*10% employee discount. 10% multi pet discount for additional pets added. Limitations apply. For terms and conditions, visit spotpetins.com/sample-policy. Insurance plans are underwritten by United States Fire Insurance Company, produced by Spot Insurance Services, LLC. EB.D.23



*A world of discounts is waiting...
Save big. Every day.*

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

- Travel
- Auto
- Electronics
- Apparel
- Local Deals
- Education
- Entertainment
- Restaurants
- Health and Wellness
- Beauty and Spa
- Tickets
- Sports & Outdoors

Hertz

CityPASS

SixFlags

amc



Hotels

GROUPON

Budget

DELL

**employee
AUTO BUYING**
POWERED BY TRUECAR

HOME CHEF



Sam's Club

Nutrisystem

**Office DEPOT
OfficeMax**

Lenovo

AVIS

LEGOLAND

hp

jiffylube

It's easy to access and start saving!

Questions? Call 1-866-664-4621 or email customercare@benefithub.com

Voluntary Benefits Contact Information

Carrier	Website / Email	Phone #
Aflac	www.aflacgroupinsurance.com	800-433-3036
Arag Legal	www.ARAGlegal.com/myinfo Access Code: 19113tb	800-247-4184
AllState Identity Theft	www.allstateidentityprotection.com	855-821-2331
AllState Whole Life w/LTC	www.allstatebenefits.com	800-521-3535
Spot Pet Insurance	https://spotpet.link/trinidad	800-905-1595
Benefit HUB Discount Marketplace	trinidadbenham.benefithub.com	866-664-4621
HUB International Voluntary Benefits Division: Claims Escalations Jennifer Foss	voluntaryclaims@hubinternational.com jennifer.foss@hubinternational.com	303-906-2973

