













DEVELOPED EXPRESSLY FOR THE AGENT MEMBERS OF TAA



Our easy approach allows businesses of all sizes to access top-tier benefit plans often reserved for large corporations. By pooling clients, we leverage a collective buying power to offer Fortune 500-level benefits at competitive rates. Even small businesses with just two employees can enjoy group plan options. Our goal is to provide high-quality benefits to attract and retain talent.

GROUP BENEFIT OFFERING:

	Long Term Disability	3
	Voluntary Life / AD&D	6
	Short Term Disability	8
	Dental	9
	Vision	11
	Accident	12
	Critical Illness	16
	Telehealth	18
	Health Benefit Concierge	19
	Identity Theft Protection	20

Cakewalk Benefits: Ph # 423-509-0055 • Info@cakewalkbenefits.com

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LONG TERM DISABILITY (LTD)



LTD PROVIDES PEACE OF MIND

Most people's ability to earn an income, year-after-year, is their most valuable asset. This policy will protect up to \$33,333 of monthly income for Agency owners and \$12,500 in monthly income for agency staff. This is a tax-free benefit if premiums are paid with post tax dollars (consultant your tax professional).

Group LTD allows everyone in your agency income protection at the lowest rates available, with appropriate coverage terms and most importantly, **GUARANTEED ISSUE** (GI) during the initial open enrollment.

INCOME MATTERS

If you are unable to work because of illness or injury what does that really cost you?

Lost monthly
earnings

x

Months not
working

=

Total lost
earnings



¹ Council for disability awareness

AGENTS LTD PLAN

DEFINITION OF DISABILITY	Regular Occupation	Regular occupation throughout the benefit period: You are considered disabled if you are: Unable to perform one or more of the material and substantial duties of your regular oc- cupation, and You are earning less than 80% of your indexed pre-disability earnings as a direct result of that condition. The disability must be the primary factor causing the earn-ings loss.																												
EARNINGS LOSS REQUIREMENT	20%	You must be medically disabled and, during the elimination period and beyond, either: Be unable to perform all of the material and substantial duties of your regular occupation and not working in any other occupation; or Be unable to perform one or more of the material and substantial duties of your regular occupation and earning less than 80% of your indexed pre-disability monthly earnings while working in your regular occupation or any other occupation for which you are reasonably trained or qualified.																												
WHEN DO BENEFITS BEGIN	90-Day elimination period	Benefits begin after you complete the elimination period. The elimination period starts on the day you become disabled and is the length of time you must remain disabled before becoming eligible for benefits. Benefits will be payable after the elimination period, pro- vided you are unable to earn more than 80% of your pre-disability earnings at your own occupation for any employer in the national economy—or after the maximum benefit duration of any short-term disability coverage you have, whichever is later.																												
MAXIMUM BENEFIT AMOUNT PER MONTH	\$20,000	This policy pays 60% of your eligible earnings loss, up to a maximum of \$20,000 per month. For 1099 Agents, This policy pays 60% of your eligible earnings loss based on your Total Monthly Earnings prior to the date your disability began. For 1099 agents, Total Monthly Earnings are calculated as 1/24th of the total non-employee compensation re- ported on your 1099-MISC, from your eligible sources of income, for the prior 2 calendar years. If employed for less than 2 years, your compensation is averaged from your em- ployment start date. Compensation includes commissions reported on your 1099-MISC. Bonuses or other income not reported on the 1099-MISC are not included in the earnings calculation. Note: Total Monthly Earnings are based on the gross 1099-MISC compensa-tion paid by your eligible sources of income, even if the agent receives W2 wages from their own entity. W2 wages from the agent's own business are not included.																												
PRE-EXISTING CONDITION LIMITATION	3/12 Rule 3 months look back, 12 months waiting period	A pre-existing condition is any condition for which you received treatment, consultation, or medication during the 3 months before your coverage begins. If you become disabled due to a pre-existing condition within the first 12 months of your coverage, no benefits are payable. After 12 months of continuous coverage, this limitation no longer applies.																												
MENTAL HEALTH, SUBSTANCE ABUSE, AND OTHER CONDITIONS LIMITATIONS	12 months maximum	Mental health conditions and substance abuse disorders (including drug and alcohol- related illnesses) are limited to 12 months of benefits during your lifetime, provided you are under the care of a psychiatric or rehab professional. Benefits can extend beyond 12 months only if you are confined to a hospital or licensed treatment facility. Certain conditions including chemical or environmental illnesses, chronic fatigue syndrome, fibromyalgia, and musculoskeletal/connective tissue disorders—are also limited to 12 months of benefits, with extensions beyond 12 months only if you are confined to a hospital or licensed facility.																												
DEATH BENEFIT	3-Months of benefit payout	If you pass away while disabled and have completed your elimination period, your eligible survivor will receive a lump sum payment equal to three months of your last full gross benefit.																												
MAXIMUM BENE- FIT DURATION	Social Security Normal Retirement Age (SSNRA)	<div>Your benefits are payable up to your Social Security Normal Retirement Age (SSNRA), based on your age when your disability begins. For disabilities that begin at age 69 or old- er, benefits last for at least 12 months. <i>See the chart below for specific durations by age.</i></div> <table><tr><th>AGE ON DATE OF YOUR DISABILITY</th><th>BENEFIT PERIOD</th><th>AGE ON DATE OF YOUR DISABILITY</th><th>BENEFIT PERIOD</th></tr><tr><td>Less than 60</td><td>To age 65</td><td>65</td><td>24 months</td></tr><tr><td>60</td><td>60 months</td><td>66</td><td>21 months</td></tr><tr><td>61</td><td>48 months</td><td>67</td><td>18 months</td></tr><tr><td>62</td><td>42 months</td><td>68</td><td>15 months</td></tr><tr><td>63</td><td>36 months</td><td>69 and over</td><td>12 months</td></tr><tr><td>64</td><td>30 months</td><td></td><td></td></tr></table>	AGE ON DATE OF YOUR DISABILITY	BENEFIT PERIOD	AGE ON DATE OF YOUR DISABILITY	BENEFIT PERIOD	Less than 60	To age 65	65	24 months	60	60 months	66	21 months	61	48 months	67	18 months	62	42 months	68	15 months	63	36 months	69 and over	12 months	64	30 months		
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STAFF LTD PLAN

DEFINITION OF DISABILITY	2-Year Own Occupation than a gainful occupation	<p>Own Occupation (First 24 months): You are considered disabled if, due to illness or injury, you cannot perform the essential duties of your regular job or if you can only perform some duties but are earning less than 80% of your pre-disability income.</p> <p>Any Occupation (After 24 months): After two years, disability means you cannot perform the essential duties of any job for which you are reasonably qualified by training or experience, or you can perform some duties but are earning less than 60% of your pre-disability income.</p> <p>Gainful Occupation A job that can be expected to pay at least 60% of your pre-disability income.</p>																												
EARNINGS LOSS REQUIREMENT	20%	To qualify for benefits, you must be medically disabled and meet one of the following during the elimination period and beyond: You are unable to perform all the essential duties of your regular job and are not working in any other job; OR You are unable to perform one or more essential duties of your regular job and are earning less than 80% of your pre-disability income, whether working in your regular job or any other job for which you are reasonably qualified. Your earnings loss must be directly caused by your disability.																												
WHEN DO BENEFITS BEGIN	180-Day elimination period	Benefits begin after you complete a 180-day elimination period or after the maximum duration of your short-term disability benefits, whichever is later. The elimination period starts on the first day you are disabled and is the waiting period you must satisfy before long-term disability benefits are payable. You must remain disabled (unable to perform your own job and earning less than 80% of your pre-disability income) throughout this period.																												
MAXIMUM BENEFIT AMOUNT PER MONTH	\$7,500	<p>This policy pays 60% of your eligible pre-disability earnings, up to a maximum of \$7,500 per month. For W-2 employees: Your pre-disability earnings include: Base salary or hourly wages as of January 1 before your disability began (capped at 40 hours per week for hourly employees). Commissions and bonuses are averaged over the prior 24 months (or since hire date if less than 24 months) and added to your base pay.</p> <p>For 1099 contractors: Your pre-disability earnings are calculated as 1/24th of your total 1099-MISC compensation from the previous calendar year. If employed for less than a full year, your earnings are averaged from your hire date.</p>																												
PRE-EXISTING CONDITION LIMITATION	3/12 Rule 3 months look back, 12 months waiting period	A pre-existing condition is any condition for which you received treatment, consultation, or medication during the 3 months before your coverage begins. If you become disabled due to a pre-existing condition within the first 12 months of your coverage, no benefits are payable. After 12 months of continuous coverage, this limitation no longer applies.																												
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VOLUNTARY LIFE / AD&D



AN EASY WAY TO GET UP TO \$150,000 OF LIFE/AD&D COVERAGE

Voluntary life and accidental death and dismemberment (AD&D) is available for all dependents. The monthly premium amounts are based on 5-year age banded rates and the Agents and Agency Staff are able to elect their desired coverage up to the guaranteed issue amount of \$150,000.

It is a cost effective way to add coverage to protect your family in the event of a premature death. Guaranteed issue means no medical questions or exams and is only available during your initial open enrollment period.

FEATURE	BENEFIT
INDIVIDUAL BENEFIT AMOUNT	\$1,000 increments from \$25,000 up to \$150,000 for life and accidental death & dismemberment (AD&D).
SPOUSE BENEFIT AMOUNT	\$20,000 flat benefit. Cannot exceed 50% of the Agent or Staff member's life/AD&D benefit.
CHILD BENEFIT AMOUNT	\$10,000 flat benefit for children 6 months and older; \$250 for children under 6 months. Must have employee coverage to elect. Coverage ends at age 25 (unmarried).
GUARANTEED ISSUE AMOUNT	Employee – \$150,000 Spouse – \$20,000 Child – \$10,000
BENEFIT REDUCTION	Coverage reduces to: 65% at age 70 50% at age 75
ACCELERATED DEATH BENEFIT	If terminally ill with a life expectancy of 24 months or less, up to 80% of the life benefit may be advanced.
PORTABILITY	Available if under age 70 and employment terminates. Application must be submitted within 31 days.
EVIDENCE OF INSURABILITY	Required for late entrants or coverage amounts above the guaranteed issue limit.

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Below are some of the covered events/services.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

Benefit Category	Employee Benefit	Spouse Benefit	Child
Accidental Death	\$25,000	\$25,000	\$12,500
Accidental Death (Common Carrier)	\$100,000	\$100,000	\$50,000
Catastrophic Loss (Multiple Losses)	\$25,000	\$25,000	\$12,500
Accidental Dismemberment (One Arm/Leg/Hand/Foot)	\$15,000	\$15,000	\$7,500
Loss of Two or More Fingers/Toes	\$3,000	\$3,000	\$1,500
Loss of One Finger/Toe	\$1,500	\$1,500	\$750
Loss of Hearing or One Ear	\$5,000	\$5,000	\$2,500
Loss of Sight or One Eye	\$15,000	\$15,000	\$7,500

BURN	
21-40 sq cm 3 rd degree	\$750
41-65 sq cm 3 rd degree	\$1,500
66-160 sq cm 3 rd degree	\$4,500
161-225 sq cm 3 rd degree	\$10,000
225+ sq cm 3 rd degree	\$15,000
Skin Graft	50% of Burn Benefit
CONCUSSION / COMA / BRAIN INJURIES	
Concussion	\$200
Coma	\$10,000
Brain Injury	\$500
DENTAL INJURY	
Emergency dental extraction	\$65
Emergency dental crown	\$200
DISLOCATION (CLOSED)	
Hip (Closed)	\$4,000
Knee (Closed)	\$1,500
Ankle/Foot (Closed)	\$1,500
Elbow/Wrist (Closed)	\$1,000
Shoulder (Closed)	\$1,000
Collarbone/Hand (Closed)	\$1,000
Finger(s)/Toe(s) (Closed)	\$200
Lower Jaw (Closed)	\$1,000
DISLOCATION (OPEN)	
Hip (Open)	\$8,000
Knee/Ankle/Foot (Open)	\$3,000
Elbow/Wrist (Open)	\$2,000
Shoulder (Open)	\$2,000
Collarbone/Hand (Open)	\$2,000
Finger(s)/Toe(s) (Open)	\$400
Lower Jaw (Open)	\$2,000
Incomplete or non-anesthesia reduction	100% of applicable Closed Reduction

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SHORT TERM DISABILITY



CONCENTRATE ON RECOVERY NOT, “HOW WILL I PAY THE BILLS?”

Short-term disability insurance replaces part of your income when you can't work due to a temporary disability, helping you maintain financial stability while you recover.

FEATURES	BENEFIT	DEFINITION
DEFINITION OF DISABILITY	Occurs after the elimination period	You are considered disabled if you are unable to perform one or more material and substantial duties of your regular occupation and are earning less than 80% of your indexed pre-disability earnings due to the same condition. The disability must be the primary cause of the earnings loss.
EARNINGS LOSS REQUIREMENT	20%	You must be medically disabled and unable to earn more than 80% of your pre-disability earnings in your own occupation. This applies during the elimination period and while benefits are payable. STD earnings are defined the same as LTD (see LTD section).
MAXIMUM WEEKLY BENEFIT AMOUNT	\$1,000	60.00% of the first \$1,667 of Your Pre-disability Earnings
ELIMINATION PERIOD	AGENTS: 30-days STAFF: 7-Days	The period of continuous disability that must be satisfied before benefits become payable. The elimination period begins on the first day you are disabled.
MAXIMUM BENEFIT PERIOD	AGENTS: 90-Days STAFF: 180-Days	The maximum number of calendar days that benefits can be paid after the elimination period has been satisfied, as long as you remain disabled due to a non-job-related illness or injury.
RECURRING DISABILITY PROVISION	Recur within 6 months	No new elimination period required if disability recurs within 6 months after returning to work, it will be treated as part of the original claim. No new elimination period applies.
PRE-EXISTING CONDITION LIMITATION	<u>3/12 Rule</u> 3 months look back, 12 months waiting period	A condition treated, consulted on, or medicated within 3 months before coverage starts. Disabilities from such conditions aren't covered for the first 12 months but are fully covered after 12 months of continuous coverage.

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DENTAL



Flexibility with Out-of-Network Dentists: Going to an “In-Network” dentist will get you negotiated discounts and stretch your benefit dollars further; however, both the Base and Enhanced dental plans pay the same for “Out-of-Network” as they do for “In-Network” coverage, up to 90% of Reasonable and customary fees offering strong flexibility if your preferred dentist isn't in-network.

Find an In Network Dentist	Basic		Enhanced	
Coverage Type	In-Network ¹	Out-of-Network ¹ % of Maximum Allowable Charge	In-Network ¹	Out-of-Network ¹ 90% of Reasonable Customary Fees
Type I: Preventive (exams, cleanings, X-rays, fluoride, sealants)	100%		100%	
	The annual deductible is waived for Type I preventive services			
Type II: Basic (fillings, extractions, anesthesia, crowns (stainless steel), periodontal maintenance)	50%		80%	
Type III: Major (root canals, crowns, bridges, dentures, implants, surgical procedures)	N/A		50%	
Orthodontia	N/A		N/A	
Deductible				
Individual	\$50	\$50	\$50	\$50
Family	\$150	\$150	\$150	\$150
Annual Maximum Benefit				
Per Person	\$750		\$1,000	

¹**Out-of-Network Reimbursements:** Reimbursement of out-of-network services is based on the 90th percentil of Reasonable & Customary (R&C) fees. If your dentist charges more than this amount, you are responsible for the difference.

Dependent Children Eligibility: Coverage for dependent children ends at age 26 (at the end of that calendar year). Children over age 26 may remain covered if they are incapable of self-sustaining employment due to a disability, and primarily dependent on the insured for support.

Late Entrant Waiting Period: If you do not enroll when first eligible, you are considered a late entrant. Late entrants are subject to a 12-month waiting period for Type III (Major) services. This waiting period does not apply to Type I (Preventive) or Type II (Basic) services.

No Waiting Period During Initial Enrollment or with Prior Coverage

Preventive Care Covered at 100% In-Network

Both plans cover **cleanings, exams, and X-rays** at **100% in-network** encouraging routine care to prevent major issues.

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Dental Plan Details

Type I Covered Dental Expenses

Payable at: 100%

Oral Evaluations	Bite Wing X-Rays
Dental Prophylaxis	Genetic Test
Fluoride Treatment.	Sealants
Intraoral Complete Series	Extraoral X-Rays
Intraoral Occlusal X-rays	Intraoral Periapical X-rays
Palliative Treatment	

Type II Covered Dental Expenses

Payable at: 80%

Scaling and Root Planing	Full Mouth Debridement
Periodontal Maintenance	Space Maintainers
Simple Extraction	General Anesthesia/IV Sedation
Amalgam Restoration	Stainless Steel Crowns
Pin Retention	Therapeutic Drug Injections
Consultation	Composite and Silicate Restorations
Accession and examination of tissue	
Localized Delivery of Time Release Anti-microbial Agents into Diseased Crevicular Tissue	

Type III Covered Dental Expenses (Enhanced Plan Only)

Payable at: 50%

Gingivectomy	Gingivoplasty	Osseous Surgery
Guided Tissue Regeneration	Osseous Graft	Pedicle Graft
Tissue Grafts	Crown Lengthening	Distal or Proximal Wedge Surgical Extraction
Alveoplasty	Vestibuloplasty	Dentures, Crowns, Inlays
Removal of Lateral Exostosis	Frenectomy	Excision of Hyperplastic Tissue
Orantral Fistula Closure	Biopsy	Incision and Drainage
Tooth Re-implantation	Crowns	Inlays and Onlays
Fixed Bridge	Implants	Removable Full or Partial Dentures
Root Canal Therapy	Retrograde Filling	Repair/Recement Full Dentures, Partial
Hemisection	Pulpotomy	Apicoectomy/Periradicular Surgery
Root Amputation	Crown Buildup	Post and Core
Tissue Conditioning	Veneers	Clasps and Rests
Denture Adjustments	Occlusal Guard	Relining Dentures, Rebasing Dentures



VISION



Comprehensive Eye Care Coverage Is Important To Overall Health

Vision insurance typically covers the costs associated with routine eye exams, prescription glasses, and contact lenses. Regular eye exams are crucial not only for ensuring proper vision but also for detecting early signs of diseases like diabetes or glaucoma.

IMPORTANT: Utilizing in-network doctors for dental insurance is very important if you want to take full advantage of the coverage. In-network providers have lower prices for members. The insurance covers more of the expense. In-network providers will file your claims on your behalf. If you go out-of-network you are given a flat rate reimbursement after you file your own claim.

[Click here to find an Eye Doctor Near Me | Optometrists & Ophthalmologists](#)

		VSP CHOICE NETWORK		DAVIS NETWORK	
Network: VSP or Davis	Copay	IN NETWORK	OUT-OF-NETWORK	IN NETWORK	OUT-OF-NETWORK
EYE EXAM					
Once every 12 months - Eye health exam Dilation, prescription and refraction for glasses	\$10	100%	\$39 Max	Up to \$45	\$39 Max
LENS BENEFIT (Once every 12 months)					
Single vision	\$25	100%	\$23 Max	100%	\$48 Max
Lined bifocal	\$25	100%	\$37 Max	100%	\$67 Max
Lined trifocal	\$25	100%	\$49 Max	100%	\$86 Max
Lenticular	\$25	100%	\$64 Max	100%	\$126 Max
CONTACT LENS BENEFIT				(Instead of eyeglasses)	
Once every 12 months					
Elective	\$0	\$130 allowance	\$100 Max	\$130 allowance	\$100 Max
Medically Necessary	\$25	100%	\$210 Max	100%	\$210 Max
FRAME BENEFITS (Once every 12 months)					
Standard frames	\$25	\$130 Allowance	\$46 Max	\$130 allowance	\$48 Max
Fitting and evaluation	\$25	15% Discount	No Discount	15% Discount	No Discount
Davis Tower designer frames	\$25	N/A	N/A	100%	\$48 Max
Davis Premier designer frames	\$25	N/A	N/A	100%	\$67 Max

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ACCIDENT



Accidents happen to everyone!

Accident insurance is a valuable addition to your coverages. It provides cash benefits directly to you, allowing you to use those funds as needed—whether for medical expenses, copays, or even a well-deserved vacation during your recovery. The decision is yours on how to use the funds.

Organized Sports Activity Injury Benefit Rider: The rider increases the amount payable under certain benefits by 25% for injuries resulting from an accident that occurred while participating as a player in an organized sports activity.

HOW THE BENEFIT WORKS

In the event of an injury or accident in which you receive medical treatment an accident policy will pay you for each specific condition that occurs. On the subsequent pages, specific injuries and subsequent services are listed with a corresponding benefit payout for the low plan and the high plan. In the event of an accident, you would be paid for each category for which you received treatment.

Below is an example of a payment for a child that injured herself falling from her bicycle on the way to school. She was taken to the ER, had a CT scan and was diagnosed with a concussion and a broken tooth her dentist repaired. Below shows an example of the benefits paid on this one accident.

Covered Event	Benefit Amount
Ambulance (ground)	\$400
Emergency Care (emergency room admission)	\$200
Physician Follow-Up (\$100 x 2)	\$200
Medical Testing (1 per benefit year)	\$200
Concussion	\$500
Broken Tooth (emergency dental crown)	\$200
Benefits paid by Sun Life Accident Insurance	\$1,700

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EYE INJURY	
Eye surgery	\$300
Object removal	\$300
FRACTURE (CLOSED)	
Hip or thigh (Closed)	\$3,000
Skull - depressed (Closed)	\$3,750
Skull - simple (Closed)	\$2,000
Vertebral processes (Closed)	\$750
Bones of face/nose (Closed)	\$750
Leg (tibia/fibula) (Closed)	\$1,500
Body of vertebrae/sternum (Closed)	\$1,200
Pelvis (excluding coccyx) (Closed)	\$1,200
Upper jaw/arm (Closed)	\$750
Lower jaw (Closed)	\$750
Knee cap (Closed)	\$750
Ankle/Foot/Shoulder (Closed)	\$750
Forearm/Hand/Wrist/Elbow/Heel (Closed)	\$750
Rib (Closed)	\$300
Finger(s)/Toe(s)/Coccyx (Closed)	\$300
Multiple ribs (Closed)	\$750
Chip or non-reduced fractures	25% of applicable Closed Reduction
FRACTURE (OPEN)	
Hip or thigh (Open)	\$6,000
Skull - depressed (Open)	\$7,500
Skull - simple (Open)	\$4,000
Vertebral processes (Open)	\$1,500
Bones of face/nose (Open)	\$1,500
Leg (tibia/fibula) (Open)	\$3,000
Body of vertebrae/sternum (Open)	\$2,400
Pelvis (excluding coccyx) (Open)	\$2,400
Upper jaw/arm (Open)	\$1,500
Lower jaw (Open)	\$1,500
Knee cap (Open)	\$1,500
Ankle/Foot/Shoulder (Open)	\$1,500
Forearm/Hand/Wrist/Elbow/Heel (Open)	\$1,500
Rib (Open)	\$600
Finger(s)/Toe(s)/Coccyx (Open)	\$600
Multiple ribs (Open)	\$1500
HOSPITAL BENEFITS	
Hospital Admission	\$1,500
Hospital Confinement (per day)	\$300
ICU Admission	\$2,000
ICU Confinement (per day)	\$300
Emergency Room Admission	\$200

LACERATION	
No sutures	\$35
<5 cm with sutures	\$65
5-15 cm with sutures	\$250
>15 cm with sutures	\$700
MEDICAL TREATMENT AND SERVICES	
Diagnostic Exam (CT, MRI, etc.)	\$200
X-ray	\$100
Accident Emergency Treatment (non-ER)	\$200
Physician follow-up (per visit)	\$100
Physical/Occupational therapy (per visit)	\$50
Medical Devices	\$400
Epidural Pain Management	\$100
Prescription Drug	\$35
Blood/Plasma Transfusion	\$200
Prosthesis (one)	\$750
Prosthesis (two)	\$1,500
OTHER BENEFITS	
Ground Ambulance	\$400
Air Ambulance	\$1,500
Family Lodging (per night)	\$100
Transportation (100+ miles)	\$500
Rehabilitation Unit (per day)	\$100
WELLNESS BENEFIT	
Wellness Screening (once per year)	\$50

Special Provisions & Additional Highlights

1. Sports Injury Rider

Extra 25% benefit payable for covered accidents that occur while participating in **organized sports activities** (e.g., school, club, or league sports).

Maximum additional payout: \$1,000 per covered accident.

2. Wellness Screening Benefit

\$50 per year for completing an eligible health screening or preventive service (e.g., annual physical, mammogram, colonoscopy).

One screening per covered individual per benefit year.

3. Catastrophic Loss Benefit (Life & Dismemberment)

Pays up to **\$25,000** for severe losses (e.g., loss of two or more limbs, eyes, or combination). Benefit amounts vary by individual type (employee, spouse, child).

Special Provisions & Additional Highlights cont.

4. Pre-Existing Condition Limitation

No pre-existing condition limitation applies to accident-related claims. Injuries must result from a **covered accident** occurring after the coverage effective date.

5. Coverage for All Ages

Children eligible up to age 26. Child benefits are generally **50%** of the employee amount.

6. Organized Categories of Benefits

Benefits cover a **wide range of accident-related injuries and services** including:

Fractures, dislocations, burns, lacerations, concussions, coma, dental injuries, eye injuries, and paralysis. Medical services (e.g., x-rays, MRIs, physician visits, therapy). **Hospital services** (e.g., admissions, ICU, transportation).

7. Limitations & Disclaimers

One benefit payable per injury type per accident (e.g., one fracture per bone).

Maximum days/visits apply to certain benefits (e.g., therapy visits, hospital confinement days).

Benefits payable only for covered accidents occurring while the policy is in force.

Not all injuries or conditions are covered; refer to the full certificate for **exclusions** (e.g., self-inflicted injuries, acts of war, or injuries sustained while committing a crime).

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CRITICAL ILLNESS/CANCER

CRITICAL ILLNESS AND CANCER AFFECTS EVERYONE!

The costs related to critical illness and cancer far exceed the treatments and procedures covered by medical insurance. This plan pays a lump sum benefit upon the first verified diagnosis, for a long list of certain covered conditions as shown on the subsequent pages. A recurrence benefit will also be paid for certain conditions, as listed.

FEATURE	BENEFIT				
INDIVIDUAL BENEFIT AMOUNT	Up to \$25,000 of guaranteed issue benefit You may elect the benefit in \$5,000 increments \$5,000 \$10,000 \$15,000 \$20,000 \$25,000				
SPOUSE AND DEPENDENT BENEFIT AMOUNT	Spouse is eligible for up to 100% of the face amount the Agent or Agency Staff elect. Dependents are eligible up to 50% of the face amount of the Agent or Agency staff elect. Coverage ends at age 25 for dependents (unmarried)				
AGE BANDED PREMIUMS		Non-Tobacco	Tobacco		
	18 - 29	\$0.57	\$0.82		
	30 - 39	\$0.87	\$1.24		
	40 - 49	\$1.56	\$2.76		
	50 - 59	\$2.66	\$4.62	Your premiums will not increase as you age	
	60+	\$4.12	\$7.25	into a new age delta.	
	Cost per thousand of coverage amount				
RECURRENCE	A Recurrence Benefit is payable if you were previously diagnosed and paid benefits for a covered Critical Illness, are diagnosed with the same Critical Illness again after at least 12 consecutive months, and have not received treatment for that illness during that time. Follow-up doctor visits or routine medications (except cancer chemotherapy) are not considered treatment.				
ADDITIONAL OCCURRENCE	If you've been paid for one covered Critical Illness, you can receive benefits for a different Critical Illness as long as the diagnoses are at least 6 consecutive months apart.				
MAXIMUM POLICY PAYOUT	The most this policy will pay is 300% of your elected coverage amount. This includes all initial claims, any Recurrence Benefits, and any Additional Occurrence Benefits. Once you reach this limit, no further benefits will be paid.				
WELLNESS BENEFIT	Each year, you can receive \$50 just for completing a routine health screening, like a cholesterol test, cancer screening, or annual physical. This benefit is available for you, your spouse, and your children covered under the policy—one payment per person, per year, no matter the test results.				
BENEFIT REDUCTION	Benefit reduces 50% at age 70				
PORTABILITY	If you leave your job, you can keep this coverage ("port" it) — but only until you turn 70 or for 12 months after starting portability, whichever gives you more time.				
FILING A CLAIM	If you're diagnosed with a covered condition, you must notify the insurance company within 90 days of diagnosis (or within 180 days of starting treatment). You'll then need to submit written proof of your claim within 180 days of diagnosis.				
PRE-EXISTING CONDITION LIMITATION	A pre-existing condition is any condition for which you received treatment, consultation, or medication during the 3 months before your coverage begins. If you become disabled due to a pre-existing condition within the first 12 months of your coverage, no benefits are payable. After 12 months of continuous coverage, this limitation no longer applies.				

All illustrations and descriptions within this book are a brief summary of the benefits. Although every effort is made to ensure accuracy, if a discrepancy exists, the benefits stated in the carrier's proposal, certificate and/or contract prevail.

CRITICAL ILLNESS/CANCER COVERED CONDITIONS

Covered Conditions	Initial Benefit	Recurrence Benefit
Core Conditions:		
Heart Attack	100% of Benefit Amount	100%
Stroke	100% of Benefit Amount	100%
Major Organ Failure	100% of Benefit Amount	100%
Occupational Infectious Disease (HIV, Hepatitis B/C/D from work exposure)	100% of Benefit Amount	N/A
End-Stage Kidney Disease	100% of Benefit Amount	100%
Coronary Artery Bypass Graft	25% of benefit Amount	25%
Angioplasty	5% of benefit Amount	5%
Cancer Conditions:		
Invasive Cancer	100% of benefit Amount	100%
Non-Invasive Cancer	25% of benefit Amount	25%
Skin Cancer	5% of benefit Amount	5%
Other Conditions:		
Benign Brain Tumor	100% of Benefit Amount	N/A
Coma	100% of Benefit Amount	N/A
Complete Blindness	100% of Benefit Amount	N/A
Paralysis	100% of Benefit Amount	N/A
Loss of Speech	100% of Benefit Amount	N/A
Complete Loss of Hearing	100% of Benefit Amount	N/A
Advanced ALS (Lou Gehrig's)	100% of Benefit Amount	N/A
Advanced Alzheimer's Disease	25% of benefit Amount	N/A
Advanced Parkinson's Disease	25% of benefit Amount	N/A
Severe Burns	100% of Benefit Amount	N/A
Childhood Conditions (Dependent Children Only):		
Down Syndrome	100% of Benefit Amount	N/A
Cerebral Palsy	100% of Benefit Amount	N/A
Complex Congenital Heart Disease	100% of Benefit Amount	N/A
Cystic Fibrosis	100% of Benefit Amount	N/A
Spina Bifida	100% of Benefit Amount	N/A
Cleft Lip/Palate	100% of Benefit Amount	N/A
Type 1 Diabetes Mellitus	100% of Benefit Amount	N/A
Muscular Dystrophy	100% of Benefit Amount	N/A

All illustrations and descriptions within this book are a brief summary of the benefits. Although every effort is made to ensure accuracy, if a discrepancy exists, the benefits stated in the carrier's proposal, certificate and/or contract prevail.



TELEHEALTH

24/7 Acute Care

Product Details

24/7 Access Recuro physicians are available whenever our patients need them, day or night.

Consult Transcription Consults can be recorded and transcribed, allowing patients continuous access to information.

Electronic Prescription Ordering Prescriptions are immediately sent to the patient's preferred pharmacy for easy pickup.

Multi-Channel Options
Live video, phone, and messaging options let each patient receive care the way they like.

Conditions Treated

- Acne / Rashes
- Allergies
- Cold / Flu / Cough
- GI Issues
- Ear Problems
- Fever / Headache
- Insect Bites
- Nausea / Vomiting
- Pink Eye
- Respiratory Issues
- UTI's / Vaginitis

11 MINUTES - That is the average wait time for an urgent care consult.



Health Benefit Concierge

Many people don't know about the latest health plans available. These plans offer benefits you can actually use without costly premiums & high deductibles.

Our partnership with Next Health Plan provides concierge service to help find the right health fit for you. Their consultants will walk you through the entire process, start to finish to find the most cost effective coverage.

PRIVATE PLAN

- Annual Health Insurance
- Must Re-apply each year
- Traditional Style of Coverage
- Designed to work with a subsidy
- High Deductible and co-insurance
- Guaranteed Coverage
- Available to Purchase only during open Enrollment

MEMBERSHIP PLAN

- Renewable health Plan
- Keep Coverage each year
- NextGEN Health Plan Design
- Tradition Style of Coverage
- Low Deductibles
- Must Medically Qualify
- Available to purchase today

ACA PLAN

- Renewable health Plan
- Keep Coverage each year
- Designed as Affordable alternative to ACA and Traditional Group
- No Deductible or co-insurance
- Must Medically Qualify
- Available to Purchase today

Identity Theft Protection

Protecting What Matters Most

Identity Protection and Financial Wellness for the Whole Family

IdentityForce, a TransUnion® brand, has been helping people protect their identity and credit for more than 40 years.

Our credit health and financial account protection capabilities enable you to monitor your finances and understand the key factors that affect your credit score. Similarly, our award-winning identity theft protection features — such as BreachIQ™ — help you to guard against fraud and scams. Our enriched family identity restoration and

Child Identity Monitoring features are tailored to protect your family.

The Risks are Real

1 in 5 people
have lost
money to an
imposter scam¹

307% jump
in account
takeover fraud
over two years²

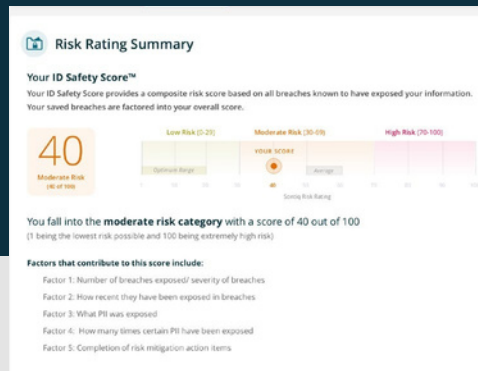
33% of identity
theft victims
experienced a loss
of \$10,000 or more



¹ FTC, 2021 Consumer Sentinel Network Data Book
² Sift, Q3 Digital Trust and Safety Index, 2021
³ ITRC, Consumer Impact Report, 2022

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Identity Theft Protection



Comprehensive Protection For You and Your Family

- All plans include family protection features aimed at protecting everyone from your children to the senior family members in your life.
- Fully managed identity restoration for household members, including seniors and children who are most vulnerable to identity fraud attacks.
- Both employee and family plans include up to 10 dependent children and up to 10 adult household members.*

* Children 18-years old and under will be enrolled in child monitoring features specifically designed for minors. IdentityForce identity protection enrollment is limited to employees and their eligible dependents.

Personalized BreachIQ™ Risk Scores and Action Plan

- All plans include our exclusive BreachIQ search tool, which enables you to search your past breach history and learn what you can do to protect yourself from past data compromises.
- BreachIQ scours a proprietary breach universe consisting of dark web and other breach databases to identify risks that are missed by dark web scans alone.
- With each BreachIQ Risk Score, we provide a list of potential risks and a detailed action plan of how to protect you or your family members.
- Premium plans include BreachIQ's highly personalized Identity Safety Score™ and action plan that combines all of your identity risks and protections and changes as soon as you take action.

Financial Wellness and Credit Health

- Enhanced credit alerts provide more insights into the important actions you can take toward greater financial wellness.
- Score change alerts help you stay on top of your credit activity that may impact your credit standing.
- Daily credit reports, along with our credit simulator and score tracker, provide more detailed tracking of your progress.
- Our education resource center includes resources for safeguarding your financial health and identity safety with timely tips, videos and live webinars.
- With Credit Lock, you can lock and unlock your TransUnion credit report with the touch of a button, helping prevent criminals from opening or extending credit in your name.

IDENTITY PROTECTION

Dark Web Monitoring	●
Phishing and Botnet Monitoring NEW!	●
Change of Address Monitoring (USPS)	●
Court Records Monitoring	●
Sex Offender Registry Notification	●
Smart SSN Tracker	●
Short Term Loan Monitoring	●
Social Media Identity Monitoring	●
Medical ID Fraud Protection	●
Identity Vault and Secure Storage	●
Breach IQ™ Breach Search, Score, Risks	●
Breach IQ™ Personalized ID Safety Score and Action Plan	●
Financial Account Takeover Monitoring	●

MOBILE DEVICE AND PC PROTECTION

Mobile App (iOS and Android)	●
Password Manager	●
Mobile Attack Control	●
Spyware, Unsecured Wi-Fi and Spoofed Networks	●
Secure My Network (VPN)	●
Online PC Protection Tools	●
Phishing Protection and Website Blocker	●
Spyware and Screen Capture Protection	●
Ransomware Protection	●

CHILD MONITORING — COMPLIMENTARY!



Child Identity Monitoring	●
Child Social Media Identity Monitoring	●
Child Credit Freeze and Lock Assistance	●
Child Credit Activity Monitoring	●

FAMILY PLAN FEATURES — see pricing below

For maximum protection of you and your family, enroll in the Premium plan and extend it to include your Premium monitoring features (except ChildWatch and Insurance) for up to 10 additional adult family members in your household.

RESTORATION SERVICES

24/7 Customer Support	●
Fully Managed Family Restoration	●
Restoration for Pre-Existing Identity Theft	●
Deceased Family Member Fraud Remediation**	●
Lost Wallet Assistance	●
\$2M Household Expense Reimbursement Insurance	●
Stolen Funds Replacement	●
\$25K Ransomware Expense Reimbursement	●
\$25K Social Engineering Expense Reimbursement	●
\$25K Cyberbullying Expense Reimbursement	●
Senior Fraud Resolution (on Family Plans)	●

CREDIT HEALTH AND FINANCIAL ACCOUNT PROTECTION

Bank and Credit Card Alerts 401(k), HSA and Investment	●
Account Activity Alerts Financial Calculators Education	●
Resource Center Credit Score Simulator+ Credit Score	●
Tracker (monthly)+ Credit Freeze and Lock Assistance	●
TransUnion Credit Lock and Alerts Credit Monitoring	●
TransUnion (daily)+ Score Change Alerts (+/- 10 points)+	●
Credit Monitoring — 3 credit bureaus (daily)+ Credit	●
Report and Score — 3 credit bureaus (monthly)+	●
Financial Wellness Coaching NEW!	●

* Complimentary ChildWatch included in all plans.

** Deceased Household Member Fraud Remediation available for adults or eligible dependents enrolled in an active IdentityForce Family Plan at the time of their death

*** Please review the benefits materials provided by your employer and reach out to them with any questions you might have. Identity Theft Protection may be provided to you at no cost, or in certain circumstances, for an additional, payroll deducted charge. If applicable, your employer will be able to speak to the payroll deduction process by which you agree to pay. If you wish to cancel your Identity Theft Protection, please coordinate with your employer.

+ You must complete the additional step of identity verification. Verifying your identity is important because it is required to receive your enhanced services, including credit services. Just creating an online account does not automatically activate these services. If you do not verify your identity, you will not receive your enhanced services. Please keep in mind that if you are paying for this service, the full price of your package will not change even if you do not receive the enhanced services.

What You Need to Know

The credit scores provided are based on the VantageScore® 3.0 model. Lenders use a variety of credit scores and are likely to use a credit score different from the VantageScore® 3.0 to assess your creditworthiness.

Get the IdentityForce app:



Easy to Enroll

1. Enroll along with other voluntary benefits through your employer.
2. Receive welcome email. If you do not receive the email, please check your spam folder.
3. Click the link in your welcome email to complete registration and access your Identity Protection Dashboard.

Questions? Call Member Services at 1-855-441-0270

ABOUT IDENTITYFORCE

IdentityForce, a TransUnion brand, offers proven identity, privacy and credit security solutions. We combine advanced detection technology, timely alerts, identity recovery services and 24/7 support with over 40 years of experience to get the job done. We are trusted by millions of people, global 1000 organizations and the U.S. government to protect what matters most.