

*Town of Duxbury, Massachusetts*  
*OFFICE OF HUMAN RESOURCES*



Welcome to your presentation on the following products:

Vision Insurance

Dental Insurance

Group Life

Permanent Life

Cancer Expense

Critical Illness

Accident Insurance

Pet Insurance

# Vision Insurance

# What is Vision Insurance?

1

Medical Plan

2

Discount Plan



# Definitions

1 Co-Pay = Member share

2 Allowance = Max the carrier will pay

3 Discounts = Additional percent off

**LifePlus**<sup>™</sup>  
Insurance Agency, Inc.

**eye**  
Med

# Understanding Vision Insurance

12/12/12

- **12/12/12** = how often you can get an eye exam
- 12/**12**/12 = how often you can get contacts OR glass lenses
- 12/12/**12** = how often you can get new frames

Duxbury Plan:

- 12/12/12
- Covered Standard Progressive Lenses
- Increased benefit for Premium progressive lenses



# Your benefits at-a-glance



Comprehensive eye exam every 12 months, covered with \$10 copay



\$130 frame allowance every 12 months



\$25 standard lens copay, including standard progressive lenses



\$130 contact lens allowance, with coverage for fit and follow-up every 12 months

# Additional discounts for added member savings

- 40% off additional pairs of glasses
- 40% off hearing exams and discounted, set pricing on hearing aids
- 20% off any remaining frame balance
- 20% off any non-covered item
- 15% off LASIK
- 15% off any balance over the conventional contact lens allowance

**99% of clients agree that our benefits result in low out-of-pocket costs for members\***



\*Discounts are in-network only. May not be available on all plans. Confirm if your provides this option. \*EyeMed Client Satisfaction Survey conducted by Walker, 2018.

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## Proposed Benefits

EyeMed Vision Care in conjunction with Fidelity Security Life Insurance Company

Option EE Paid

Exam & Materials

Insight Network

Fully Insured

Employee Paid

Funded Benefits

## Frequency

**Examination**  
Once every plan year

**Lenses (in lieu of contacts)**  
Once every plan year

**Contacts (in lieu of lenses)**  
Once every plan year

**Frame**  
Once every plan year

Vision Care Services	Member Cost In-Network	Out of Network Member Reimbursement
<b>Exam</b> <i>With Dilation as Necessary</i>	\$10 copay	Up to \$50
<b>Frames</b> <i>Any available frame at provider location</i>	\$0 copay; 20% off balance over \$130 allowance	Up to \$104
<b>Contact Lenses</b> <i>(Contact Lens allowance includes materials only)</i>		
Conventional	\$0 copay; 15% off balance over \$130 allowance	Up to \$104
Disposable	\$0 copay; plus balance over \$130 allowance	Up to \$104
Medically Necessary	\$0 copay; Paid-In-Full	Up to \$210
<b>Standard Plastic Lenses</b>		
Single	\$25 copay	Up to \$42
Bifocal	\$25 copay	Up to \$78
Trifocal	\$25 copay	Up to \$130
Lenticular	\$25 copay	Up to \$130
Standard Progressive	\$25 copay	Up to \$140
Premium Progressive Tier 1	\$55 copay	Up to \$196
Premium Progressive Tier 2	\$65 copay	Up to \$196
Premium Progressive Tier 3	\$80 copay	Up to \$196
Premium Progressive Tier 4	\$200 copay	Up to \$196
<b>Covered Lens Options</b>		
Anti Reflective Coating - Standard	\$45 copay	Up to \$36
Anti Reflective Coating - Premium Tier 1	\$57 copay	Up to \$52
Anti Reflective Coating - Premium Tier 2	\$68 copay	Up to \$52
Anti Reflective Coating - Premium Tier 3	\$85 copay	Up to \$52
Polycarbonate - Standard - under 26	\$0 copay	Up to \$32
<b>Monthly Rates</b>		
Subscriber		\$7.34
Subscriber + Family		\$21.60

All plans are based on a 48-month term and 48-month rate guarantee. Monthly Rate is subject to adjustment even during a rate guarantee period in the event of any of the following events: changes in benefits, employee contributions, the number of eligible employees, or the imposition of any new taxes, fees or assessments by Federal or State regulatory agencies.

EyeMed Vision Care reserves the right to make changes to the products available on each tier. All providers are not required to carry all brands on all tiers. For current listing of brands by tier, visit <http://www.discovereyemed.com>

Plan Details Quote for group situated in the State of MA and will be valid until the 7/1/2022 implementation date. Date Quoted 5/10/2022. Benefit allowances provide no remaining balance for future use within the same benefit frequency. Rates are valid only when the quoted plan is the sole stand-alone vision plan offered by the group. Percentage discounts are not part of the insurance benefit. Insured benefits are underwritten by Fidelity Security Life Insurance Company. Policy Number VC-19; Policy Form No. M-9083 Plan Exclusions No benefits will be paid for services or materials connected with or changes arising from:

- orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses;
- medical and/or surgical treatment of the eye, eyes or supporting structures;
- any Vision Examination, or any corrective eyewear required by a Policyholder as a condition of employment; safety eyewear;
- services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof;
- plano (non-prescription) lenses;
- non-prescription sunglasses;
- two pair of glasses in lieu of bifocals;
- services or materials provided by any other group benefit plan providing vision care;
- services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and services rendered to the Insured Person are within 31 days from the date of such order; or
- lost or broken lenses, frames, glasses, or contact lenses will not be replaced except in the next Benefit Frequency when Vision Materials would next become available.



## Savings for Members

### 40% off

additional pairs of glasses and a 15% discount on conventional lenses once funded benefit is used – an industry exclusive

### 20% off

any item not covered by the plan, including non-prescription sunglasses

### Lasik

Lasik or PRK from US Laser Network  
15% off retail price or 5% off promotional price

### Hearing Care

Amplifon Hearing Health Care Network  
40% off hearing exams and a low price guarantee on discounted hearing aids

## Town of Duxbury

# Saving our members some extra green

We're committed to keeping money in our members' pockets.

That's why we offer our members additional discounts above the proposed plan benefits.

### Additional Discounts

#### Vision Care Services

#### Member Cost In-Network

##### Discounted Exam Services

Retinal Imaging

Up to \$39

##### Contact Lens Fit and Follow-up

*(Contact lens fit and two follow-up visits are available once a comprehensive eye exam has been completed.)*

Fit and follow-up - Standard

\$40

Fit and follow-up - Premium

10% off retail price

##### Discounted Lens Options

Photochromic - Non-Glass

\$75

Polycarbonate - Standard

\$40

Scratch Coating - Standard Plastic

\$15

Tint - Solid or Gradient

\$15

UV Treatment

\$15

##### Other Add-on Services and Materials

20% off retail price

Discount Details Member receives a 20% discount on items not covered by the plan at EyeMed In-Network locations. Discount does not apply to EyeMed Provider's professional services, or contact lenses. Plan discounts cannot be combined with any other discounts or promotional offers. In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see EyeMed's online provider locator to determine which participating providers have agreed to the discounted rate. Discounts on vision materials may not be applicable to certain manufacturers' products EyeMed Vision Care reserves the right to make changes to the products on each tier and the member out-of-pocket costs. Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels. Service and amounts listed above are subject to change at any time

# Dental Insurance

*TOWN OF DUXBURY DENTAL*

**Delta Dental**

*Current Pooled Plan*

	Premier Enhanced Table <i>Low</i>	PPO Plus Premier Enhanced <i>High</i>
Monthly Rates: Employee	\$39.00	\$54.00
Family	\$97.00	\$134.00
Coverage:		
Diagnostic	100%	100%
Preventive	100%	100%
Minor Restorative	40%*	80%
Endodontic	40%*	80%
Periodontic	40%*	80%
Oral Surgery	40%*	80%
Adjunctive Services	40%*	80%
Major Restorative	40%*	50%
Prosthodontics	40%*	50%
Deductibles	\$0.00 Type II & III	\$50/\$150 Type II & III
Annual Maximum	<b>\$1,500</b>	<b>\$1,000</b>
Participation	NA	NA
Rate Guarantee	6/30/2023	6/30/2023
Dependent Coverage	26	26

Confidential: LifePlus Insurance Agency, Inc. 2022

\* Table plan equates to @40%



# Group Life



## *Town of Duxbury Office of Human Resources*

### **Town of Duxbury – New Hires Basic & Voluntary Life Opportunity**

During the first 30 days of your employment, employees will have the opportunity to purchase both Basic Life Insurance of \$5,000, and up to \$100,000 of Voluntary Life Insurance coverage **WITHOUT HAVING TO ANSWER ANY MEDICAL QUESTIONS**. If you elect not to purchase coverage during your first 30 days of employment, and wish to purchase it in the future, you will need to complete evidence of insurability (medical questionnaire) and be subject to the carrier's underwriting requirements.

The Basic coverage cost is 75% paid by the town, and the cost to the employee is \$0.65 per month.

Employee's **MUST** have the basic coverage in order to purchase the Voluntary Life Insurance.

Employees can purchase Voluntary Life coverage in increments of \$10,000, to a maximum of \$500,000 (or up to five times your salary). The first \$100,000 of coverage is guaranteed for those under the age of 60 **without any additional medical questions**. Ages 60-69 it is \$50,000 and 70 and over is \$10,000.

There is a special buy up provision with the voluntary coverage which allows you to lock in the rate at your age of application. What that means is if you purchase a minimum of \$10,000 of coverage upon being hired you will be able to purchase additional amounts of \$20,000/year until you reach the guaranteed issue amount of \$100,000. The special part is that this new coverage will be based upon your age when you bought the first \$10,000! So, if you aren't ready to buy \$100,000 of coverage, but know you will in the future, you should get at least \$10,000 now, when you are younger and it costs less.

Coverage is also available for spouses and dependent children. See rates below.

<b>Age</b>	<b>Monthly Premium Rate per 1,000</b>	<b>10,000</b>	<b>20,000</b>	<b>30,000</b>	<b>40,000</b>	<b>50,000</b>	<b>60,000</b>	<b>70,000</b>	<b>80,000</b>	<b>90,000</b>	<b>100,000</b>
<b>&lt;35</b>	<b>\$0.11</b>	\$1.10	\$2.20	\$3.30	\$4.40	\$5.50	\$6.60	\$7.70	\$8.80	\$9.90	<b>\$11.00</b>
<b>35-39</b>	<b>\$0.14</b>	\$1.40	\$2.80	\$4.20	\$5.60	\$7.00	\$8.40	\$9.80	\$11.20	\$12.60	<b>\$14.00</b>
<b>40-44</b>	<b>\$0.19</b>	\$1.90	\$3.80	\$5.70	\$7.60	\$9.50	\$11.40	\$13.30	\$15.20	\$17.10	<b>\$19.00</b>
<b>45-49</b>	<b>\$0.29</b>	\$2.90	\$5.80	\$8.70	\$11.60	\$14.50	\$17.40	\$20.30	\$23.20	\$26.10	<b>\$29.00</b>
<b>50-54</b>	<b>\$0.47</b>	\$4.70	\$9.40	\$14.10	\$18.80	\$23.50	\$28.20	\$32.90	\$37.60	\$42.30	<b>\$47.00</b>
<b>55-59</b>	<b>\$0.74</b>	\$7.40	\$14.80	\$22.20	\$29.60	\$37.00	\$44.40	\$51.80	\$59.20	\$66.60	<b>\$74.00</b>
<b>60-64</b>	<b>\$1.09</b>	\$10.90	\$21.80	\$32.70	\$43.60	\$54.50	\$65.40	\$76.30	\$87.20	\$98.10	<b>\$109.00</b>
<b>65-69</b>	<b>\$1.89</b>	\$18.90	\$37.80	\$56.70	\$75.60	\$94.50	\$113.40	\$132.30	\$151.20	\$170.10	<b>\$189.00</b>
<b>70-74</b>	<b>\$3.46</b>	\$34.60	\$69.20	\$103.80	\$138.40	\$173.00	\$207.60	\$242.20	\$276.80	\$311.40	<b>\$346.00</b>
<b>75 &gt;</b>	<b>\$6.24</b>	\$62.40	\$124.80	\$187.20	\$249.60	\$312.00	\$374.40	\$436.80	\$499.20	\$561.60	<b>\$624.00</b>

# Permanent Life

Like any adult who has emotional and financial responsibilities, we think about how our family would make ends meet if we died unexpectedly. Most importantly, we may think about the debt we leave behind.

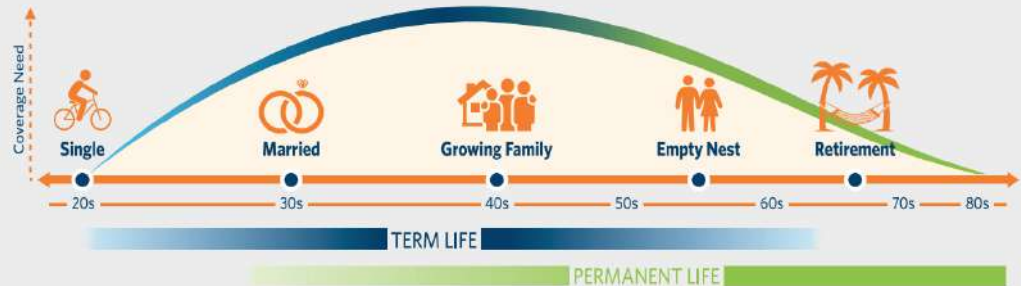
Here is what we may consider:

- The cost of funerals often leaves a financial commitment behind for surviving loved ones
- Money for day-to-day living expenses such as food, gas, and electricity will be needed
- A substantial mortgage or rental payment may still be owed
- Child care and education expenses for children



## 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 Individual 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.





# Cancer Expense



### MyBenefits: 24/7 Access [allstatebenefits.com/mybenefits](http://allstatebenefits.com/mybenefits)

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

### Using your cash benefits

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



#### Finances

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



#### Travel

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



#### Home

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



#### Expenses

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

### Wellness Benefit

Biopsy for skin cancer; Blood tests for triglycerides, CA15-3 (breast cancer), CA125 (ovarian cancer), CEA (colon cancer), PSA (prostate cancer); Bone Marrow Testing; Chest X-ray; Colonoscopy; Doppler screening for carotids or peripheral vascular disease; Echocardiogram; EKG; Flexible sigmoidoscopy; Hemocult stool analysis; HPV (Human Papillomavirus) Vaccination; Lipid panel (total cholesterol count); Mammography, including Breast Ultrasound; Pap Smear, including ThinPrep Pap Test; Serum Protein Electrophoresis (test for myeloma); Stress test on bike or treadmill; Thermography; and Ultrasound screening for abdominal aortic aneurysms.

### MISCELLANEOUS BENEFITS

**Inpatient Drugs and Medicine** - not including drugs/medicine covered under the Radiation/Chemotherapy for Cancer or Anti-Nausea benefits

**Physician's Attendance** - one inpatient visit by one physician

**Ambulance** - transfer to or from hospital where confined by a licensed service or hospital-owned ambulance

**Non-Local Transportation** - obtaining treatment not available locally

**Outpatient Lodging** - more than 100 miles from home

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

**Physical or Speech Therapy** - to restore normal body function

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

**Prosthesis** - surgical implantation of prosthetic device for each amputation

**Hair Prosthesis** - wig or hairpiece every two years due to hair loss

**Nonsurgical External Breast Prosthesis** - initial prosthesis after a covered mastectomy

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

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

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

#### HOSPITAL CONFINEMENT AND RELATED BENEFITS

**Continuous Hospital Confinement** - inpatient admission and confinement

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

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

**Extended Care Facility** - within 14 days of a hospital stay; payable up to the number of days of the hospital stay

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

**Hospice Care Center or Team** - terminal illness care in a facility or at home; one visit per day

#### RADIATION/CHEMOTHERAPY AND RELATED BENEFITS

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

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

**Hematological Drugs** - boosts cell lines for white/red cell counts and platelets; payable when Radiation/Chemotherapy for Cancer benefit is paid

**Medical Imaging** - initial diagnosis or follow-up evaluation based on covered imaging exam

#### SURGERY AND RELATED BENEFITS

**Surgery\*** - based on Certificate Schedule of Surgical Procedures

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

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

**Ambulatory Surgical Center** - payable only if Surgery benefit is paid

**Second Opinion** - second opinion for surgery or treatment by a doctor not in practice with your doctor

#### OPTIONAL/ADDITIONAL BENEFITS

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

**Wellness Benefit** - once per year for one of 23 exams. See left for list of wellness tests

#### SPECIFIED DISEASES

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

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

# Cancer Insurance (GVCP3)

Includes coverage for 29 Specified Diseases  
from Allstate Benefits

## BENEFIT AMOUNTS

HOSPITAL CONFINEMENT AND RELATED BENEFITS		PLAN 1
Continuous Hospital Confinement (daily)		\$200
Government or Charity Hospital (daily)		\$200
Private Duty Nursing Services (daily)		\$200
Extended Care Facility (daily)		\$200
At Home Nursing (daily)		\$200
Hospice Care Center (daily) or		\$200
Hospice Care Team (per visit)		\$200
RADIATION/CHEMOTHERAPY/RELATED BENEFITS		PLAN 1
Radiation/Chemotherapy for Cancer <sup>1</sup> (every 12 months)		\$5,000
Blood, Plasma, and Platelets <sup>2</sup> (every 12 months)		\$5,000
Hematological Drugs <sup>2</sup> (every 12 months)		\$100
Medical Imaging <sup>2</sup> (every 12 months)		\$250
SURGERY AND RELATED BENEFITS		PLAN 1
Surgery <sup>2</sup>		\$3,000
Anesthesia (% of surgery benefit)		25%
Bone Marrow or Stem Cell Transplant (once/year)		
1. Autologous		\$1,000
2. Non-autologous (cancer or specified disease treatment)		\$2,500
3. Non-autologous (Leukemia)		\$5,000
Ambulatory Surgical Center (daily)		\$500
Second Opinion		\$400
MISCELLANEOUS BENEFITS		PLAN 1
Inpatient Drugs and Medicine (daily)		\$25
Physician's Attendance (daily)		\$50
Ambulance (per confinement)		\$100
Non-Local Transportation <sup>3</sup>		
(coach fare or amount shown per mile*)	0.40/Mile	
Outpatient Lodging (daily; limit \$2,000/12 mo. period)		\$50
Family Member Lodging (daily per trip; max. 60 days)		\$50
and Transportation (coach fare or amount shown per mile**)	0.40/Mile	
Physical or Speech Therapy (daily)		\$50
New or Experimental Treatment <sup>3</sup> (every 12 months)		\$5,000
Prosthesis <sup>2</sup> (per amputation)		\$2,000
Hair Prosthesis (every 2 years)		\$25
Nonsurgical External Breast Prosthesis <sup>4</sup>		\$50
Anti-Nausea Benefit <sup>5</sup> (once per calendar year)		\$200
Waiver of Premium (employee only)		Yes
OPTIONAL/ADDITIONAL BENEFITS		PLAN 1
Cancer Initial Diagnosis (one-time benefit)		\$7,000
Wellness Benefit		\$50

<sup>1</sup>Pays actual cost up to amount listed. <sup>2</sup>Pays actual charges up to amount listed in certificate Schedule of Surgical Procedures. Amount paid depends on surgery. <sup>3</sup>Pays actual charges up to amount listed. \*At least 70 miles away, up to 700 miles. \*\*Transportation up to 700 miles per continuous hospital confinement.

## PLAN 1 PREMIUMS

MODE	EE	F
Weekly	\$4.89	\$8.37
Monthly	\$21.17	\$36.26

Issue ages: 18 and over if actively at work

EE=Employee; F=Family



For use in enrollments situated in: MA. This rate insert is part of the approved brochure for form ABJ30590-3; it is not to be used on its own.

This material is valid as long as information remains current, but in no event later than December 17, 2022. Allstate Benefits is the marketing name used by American Heritage Life Insurance Company (Home Office, Jacksonville, FL), a subsidiary of The Allstate Corporation. ©2019 Allstate Insurance Company. www.allstate.com or allstatebenefits.com.



# Critical Illness

## Using your cash benefits

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



### Finances

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



### Travel

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



### Home

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



### Expenses

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



### MyBenefits: 24/7 Access [allstatebenefits.com/mybenefits](http://allstatebenefits.com/mybenefits)

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

**Wellness** - Biopsy for skin cancer; Bone Marrow Testing; Blood tests for triglycerides, CA15-3 (breast cancer), CA125 (ovarian cancer), CEA (colon cancer), PSA (prostate cancer); Chest X-ray; Colonoscopy; Doppler screening for carotids or peripheral vascular disease; Echocardiogram; EKG; Flexible sigmoidoscopy; Hemoccult stool analysis; HPV (Human Papillomavirus) Vaccination; Lipid panel (total cholesterol count); Mammography, including Breast Ultrasound; Pap Smear, including ThinPrep Pap Test; Serum Protein Electrophoresis (test for myeloma); Stress test on bike or treadmill; Thermography; Ultrasound screening for abdominal aortic aneurysms.

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

Benefit paid upon diagnosis of one of the following conditions

### INITIAL CRITICAL ILLNESS BENEFITS\*

**Heart Attack** - the death of a portion of the heart muscle due to inadequate blood supply. Established (old) myocardial infarction and cardiac arrest are not covered

**Stroke** - the death of a portion of the brain producing neurological sequelae including infarction of brain tissue, hemorrhage and embolization from an extra-cranial source. Transient ischemic attacks (TIAs), head injury, chronic cerebrovascular insufficiency and reversible ischemic neurological deficits are not covered

**Major Organ Transplant** - transplant of heart, lung, liver, pancreas or kidneys. Transplanted organ must come from a human donor

**End Stage Renal Failure** - irreversible failure of both kidneys, resulting in peritoneal dialysis or hemodialysis. Renal failure caused by traumatic events, including surgical trauma, are not covered

**Coronary Artery Bypass Surgery** - to correct narrowing or blockage of one or more coronary arteries with bypass graft. Abdominal aortic bypass, balloon angioplasty, laser embolectomy, atherectomy, stent placement and non-surgical procedures are not covered

**Waiver of Premium (employee only)** - premiums waived if disabled for 90 consecutive days due to a critical illness

### SECOND EVENT BENEFIT\*

**Second Event Initial Critical Illness** - second diagnosis more than 12 months after the first date of diagnosis for which an Initial Critical Illness benefit was paid

### SUPPLEMENTAL CRITICAL ILLNESS II BENEFITS\*

**Advanced Alzheimer's Disease** - must exhibit impaired memory and judgment and be certified unable to perform at least three daily activities<sup>1</sup> without adult assistance

**Advanced Parkinson's Disease** - must exhibit two or more of the following: muscle rigidity, tremor, or bradykinesia (slowness in physical and mental responses); and be certified unable to perform at least three daily activities<sup>1</sup> without adult assistance

**Benign Brain Tumor** - a non-cancerous tumor confirmed by biopsy or surgical excision, or specific neuroradiological examination, and persistent neurological deficits including but not limited to: loss of vision; loss of hearing; or balance disruption. Tumors of the skull, pituitary adenomas, and germinomas are not covered

**Coma** - unconsciousness due to sickness or traumatic brain injury, with severe neurologic dysfunction and unresponsiveness for 14 consecutive days. Requires significant medical intervention and life support. Medically induced Coma is not covered

**Complete Blindness** - irreversible reduction of sight in both eyes

**Complete Loss of Hearing** - total and irreversible loss of hearing in both ears

**Paralysis** - total and permanent loss of voluntary movement or motor function of 2 or more limbs

### OPTIONAL/ADDITIONAL BENEFIT

**Wellness Benefit** - 23 exams. Once per person, per calendar year; see left for list of wellness services and tests

<sup>1</sup>Benefits paid once per covered person. When all benefits have been used, the coverage terminates. Daily activities include: bathing, dressing, toileting, bladder and bowel continence, transferring and eating.

# Critical Illness Insurance (GVCIP2)

from Allstate Benefits

## BENEFIT AMOUNTS

†Covered dependents receive 50% of your benefit amount

INITIAL CRITICAL ILLNESS BENEFITS†	PLAN 1	PLAN 2
Heart Attack (100%)	\$10,000	\$20,000
Stroke (100%)	\$10,000	\$20,000
Major Organ Transplant (100%)	\$10,000	\$20,000
End Stage Renal Failure (100%)	\$10,000	\$20,000
Coronary Artery Bypass Surgery (25%)	\$2,500	\$5,000
Waiver of Premium (employee only)	Yes	Yes
SECOND EVENT BENEFITS†	PLAN 1	PLAN 2
Second Event Initial Critical Illness (same amount as Initial Critical Illness)	Yes	Yes
SUPPLEMENTAL CRITICAL ILLNESS BENEFITS II†	PLAN 1	PLAN 2
Advanced Alzheimer's Disease (25%)	\$2,500	\$5,000
Advanced Parkinson's Disease (25%)	\$2,500	\$5,000
Benign Brain Tumor (100%)	\$10,000	\$20,000
Coma (100%)	\$10,000	\$20,000
Complete Blindness (100%)	\$10,000	\$20,000
Complete Loss of Hearing (100%)	\$10,000	\$20,000
Paralysis (100%)	\$10,000	\$20,000
OPTIONAL/ADDITIONAL BENEFIT	PLAN 1	PLAN 2
Wellness Benefit (per year)	\$100	\$100

**PLAN 1 - WEEKLY PREMIUMS**

\$10,000 Basic Benefit Amount

AGE	EE, EE + CH EE + SP, F	
	Non-Tobacco	
18-35	\$2.11	\$3.68
36-50	\$3.56	\$5.86
51-60	\$6.22	\$9.84
61-63	\$9.54	\$14.83
64+	\$14.48	\$22.24
Tobacco		
18-35	\$2.55	\$4.34
36-50	\$4.97	\$7.97
51-60	\$9.33	\$14.52
61-63	\$13.79	\$21.20
64+	\$21.35	\$32.55

**PLAN 1 - MONTHLY PREMIUMS**

\$10,000 Basic Benefit Amount

AGE	EE, EE + CH EE + SP, F	
	Non-Tobacco	
18-35	\$9.12	\$15.94
36-50	\$15.42	\$25.39
51-60	\$26.92	\$42.64
61-63	\$41.32	\$64.24
64+	\$62.72	\$96.34
Tobacco		
18-35	\$11.02	\$18.79
36-50	\$21.52	\$34.54
51-60	\$40.42	\$62.89
61-63	\$59.72	\$91.84
64+	\$92.52	\$141.04

EE=Employee; EE + SP = Employee + Spouse;

EE + CH = Employee + Child(ren); F = Family

**PLAN 2 - WEEKLY PREMIUMS**

\$20,000 Basic Benefit Amount

AGE	EE, EE + CH EE + SP, F	
	Non-Tobacco	
18-35	\$2.71	\$4.58
36-50	\$5.62	\$8.94
51-60	\$10.93	\$16.91
61-63	\$17.57	\$26.88
64+	\$27.44	\$41.69
Tobacco		
18-35	\$3.58	\$5.89
36-50	\$8.43	\$13.17
51-60	\$17.16	\$26.25
61-63	\$26.07	\$39.62
64+	\$41.20	\$62.32

**PLAN 2 - MONTHLY PREMIUMS**

\$20,000 Basic Benefit Amount

AGE	EE, EE + CH EE + SP, F	
	Non-Tobacco	
18-35	\$11.72	\$19.84
36-50	\$24.32	\$38.74
51-60	\$47.33	\$73.25
61-63	\$76.13	\$116.45
64+	\$118.91	\$180.63
Tobacco		
18-35	\$15.50	\$25.52
36-50	\$36.52	\$57.04
51-60	\$74.33	\$113.75
61-63	\$112.94	\$171.66
64+	\$178.51	\$270.03

# Accident Insurance



## Using your cash benefits

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



### Finances

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



### Travel

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



### Home

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



### Expenses

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

## Dependent Eligibility

Coverage may include you, your spouse and your children.

<sup>1</sup>Multiple dismemberments, dislocations or fractures are limited to the amount shown in the rate insert. <sup>2</sup>Up to three times per covered person, per accident. <sup>3</sup>Two or more surgeries done at the same time are considered one operation. <sup>4</sup>Paid for each day a room charge is incurred, up to 30 days for each covered person per continuous period of rehabilitation unit confinement, for a maximum of 60 days per calendar year. <sup>5</sup>Two treatments per covered person, per accident. <sup>6</sup>Must begin or be received within 180 days of the accident. <sup>7</sup>Within 3 days after the accident.

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

### BASE POLICY BENEFITS

#### Accidental Death<sup>1</sup>

**Common Carrier Accidental Death** - riding as a fare-paying passenger on a scheduled common-carrier

**Dismemberment<sup>1,\*</sup>** - amount paid depends on type of dismemberment. See Injury Benefit Schedule in rate insert

**Dislocation or Fracture<sup>1</sup>** - amount paid depends on type of dislocation or fracture. See Injury Benefit Schedule in rate insert

**Initial Hospitalization Confinement** - Initial hospitalization after the effective date

**Hospital Confinement** - up to 90 days for any one injury

**Intensive Care** - up to 90 days for each period of continuous confinement

**Ambulance Services** - transfer to or from hospital by ambulance service

**Medical Expenses** - expenses incurred for medical or surgical treatment. Expenses are limited to physician fees, X-rays and emergency room services. Includes treatment for dental repair to sound natural teeth if repair is diagnosed by a dentist as necessary and as a result of injury

**Outpatient Physician's Treatment** - treatment outside the hospital for any cause. Payable up to 2 visits per covered person, per calendar year and a maximum of 4 visits per calendar year if dependents are covered



### MyBenefits: 24/7 Access [allstatebenefits.com/mybenefits](http://allstatebenefits.com/mybenefits)

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

### BENEFIT ENHANCEMENT RIDER

**Hospital Admission<sup>\*\*</sup>** - first hospital confinement occurring during a calendar year, and 12 months after rider effective date. Payable when a benefit has been paid under the Hospital Confinement Benefit in the base policy

**Lacerations<sup>\*\*</sup>** - treatment for one or more lacerations (cuts)

**Burns<sup>\*\*</sup>** - treatment for one or more burns, other than sunburns

**Skin Graft** - receiving a skin graft for which a benefit is paid under the Burns benefit

**Brain Injury Diagnosis<sup>\*\*</sup>** - first diagnosis of concussion, cerebral laceration, cerebral contusion or intracranial hemorrhage within three days of an accident. Must be diagnosed within 30 days after the accident by CT Scan, MRI, EEG, PET scan or X-ray

**Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI)<sup>\* - must first be treated by a physician within 30 days after the accident</sup>**

**Paralysis<sup>\*\*</sup>** - spinal cord injury resulting in complete/permanent loss of use of two or more limbs for at least 90 days

**Coma with Respiratory Assistance** - unconsciousness lasting 7 or more days; intubation required. Medically-induced comas excluded

**Open Abdominal or Thoracic Surgery<sup>3,\*</sup>**

**Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery<sup>3,\*</sup>** - surgery received for torn, ruptured, or severed tendon, ligament, rotator cuff or knee cartilage; pays the reduced amount shown for arthroscopic exploratory surgery

**Ruptured Disc Surgery<sup>3,\*</sup>** - diagnosis and surgical repair to a ruptured disc of the spine by a physician

**Eye Surgery** - surgery or removal of a foreign object by a physician

**General Anesthesia<sup>4</sup>** - payable only if the policy Surgery benefit is paid

**Blood and Plasma<sup>\*\*</sup>** - transfusion after an accident

**Appliance** - physician-prescribed wheelchair, crutches or walker to help with personal locomotion or mobility

**Medical Supplies** - purchased over-the-counter medical supplies. Payable only if the policy Medical Expenses benefit is paid

**Medicine** - purchased prescription or over-the-counter medicines. Payable only if the policy Medical Expenses benefit is paid

**Prosthesis<sup>5</sup>** - physician-prescribed prosthetic arm, leg, hand, foot or eye lost as a result of an accident. Payable only if a benefit is paid for loss of arm, leg, hand, foot or eye under the Dismemberment benefit

**Physical Therapy** - one treatment per day, maximum of 6 treatments per accident. Chiropractic services are excluded. Not payable for same visit for which Accident Follow-Up Treatment benefit is paid. Must take place no longer than 6 months after accident.

**Rehabilitation Unit<sup>6</sup>** - must be hospital-confined due to an injury immediately prior to being transferred to rehab. Not payable for the days on which the Hospital Confinement benefit is paid

**Non-Local Transportation<sup>7</sup>** - treatment obtained at a non-local hospital or freestanding treatment center more than 100 miles from your home. Does not cover ambulance or physician's office or clinic visits for services other than treatment

**Family Member Lodging** - one adult family member to be with you while you are confined in a non-local hospital or freestanding treatment center. Not payable if family member lives within 100 miles one-way of the treatment facility. Up to 30 days per accident. Only payable if the Non-Local Transportation benefit is paid

**Post-Accident Transportation** - after a three-day hospital stay more than 250 miles from your home, with a flight on a common carrier to return home. Payable only if a benefit is paid for Hospital Confinement

**Accident Follow-Up Treatment<sup>5</sup>** - must take place no longer than 6 months after the accident. Payable only if the policy Medical Expenses benefit is paid. Not payable for the same visit for which the Physical Therapy benefit is paid

## Group Voluntary Accident (GVAP1)

On- and Off-the-Job Accident Insurance from Allstate Benefits

### BENEFIT AMOUNTS

Benefits are paid once per accident unless otherwise noted here or in the brochure

BASE POLICY BENEFITS		PLAN 1	PLAN 2
Accidental Death	Employee	\$40,000	\$60,000
	Spouse	\$20,000	\$30,000
	Children	\$10,000	\$15,000
Common Carrier Accidental Death (fare-paying passenger)	Employee	\$200,000	\$300,000
	Spouse	\$100,000	\$150,000
	Children	\$50,000	\$75,000
Dismemberment <sup>1</sup>	Employee	\$40,000	\$60,000
	Spouse	\$20,000	\$30,000
	Children	\$10,000	\$15,000
Dislocation or Fracture <sup>1</sup>	Employee	\$4,000	\$6,000
	Spouse	\$2,000	\$3,000
	Children	\$1,000	\$1,500
Initial Hospitalization Confinement (pays once)		\$1,000	\$1,500
Hospital Confinement (pays daily)		\$200	\$300
Intensive Care (pays daily)		\$400	\$600
Ambulance Services	Ground	\$200	\$300
	Air	\$600	\$900
Medical Expenses (pays up to amount shown)		\$500	\$750
Outpatient Physician's Treatment (pays per visit)		\$50.00	\$75.00
BENEFIT ENHANCEMENT RIDER		PLAN 1	PLAN 2
Hospital Admission (pays once/year)		\$500	\$500
Lacerations (pays once/year)		\$50	\$50
Burns	<15% body surface	\$100	\$100
	15% or more	\$500	\$500
Skin Graft (% of Burns Benefit)		50%	50%
Brain Injury Diagnosis (pays once)		\$150	\$150
Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI) (pays once/accident/year)		\$50	\$50
Paralysis (pays once)	Paraplegia	\$7,500	\$7,500
	Quadriplegia	\$15,000	\$15,000
Coma with Respiratory Assistance (pays once)		\$10,000	\$10,000
Open Abdominal or Thoracic Surgery		\$1,000	\$1,000
Tendon, Ligament, Rotator Cuff	Surgery	\$500	\$500
or Knee Cartilage Surgery	Exploratory	\$150	\$150
Ruptured Disc Surgery		\$500	\$500
Eye Surgery		\$100	\$100
General Anesthesia		\$100	\$100
Blood and Plasma		\$300	\$300
Appliance		\$125	\$125
Medical Supplies		\$5	\$5
Medicine		\$5	\$5
Prosthesis	1 device	\$500	\$500
	2 or more devices	\$1,000	\$1,000
Physical Therapy (pays daily)		\$30	\$30
Rehabilitation Unit (pays daily)		\$100	\$100
Non-Local Transportation		\$400	\$400
Family Member Lodging (pays daily)		\$100	\$100
Post-Accident Transportation (pays once/year)		\$200	\$200
Accident Follow-Up Treatment (pays daily)		\$50	\$50

<sup>1</sup>Up to amount shown; see Injury Benefit Schedule on reverse. Multiple losses from same injury pay only up to amount shown above.

Offered to the employees of:

### PLAN 1 PREMIUMS

MODE	EE	EE + SP	EE + CH	F
Weekly	\$4.16	\$7.82	\$8.51	\$10.36
Monthly	\$17.99	\$33.86	\$36.84	\$44.89

### PLAN 2 PREMIUMS

MODE	EE	EE + SP	EE + CH	F
Weekly	\$5.70	\$10.90	\$11.93	\$14.65
Monthly	\$24.67	\$47.22	\$51.68	\$63.45

Issue ages: 18 and over if actively at work

EE=Employee; EE + SP = Employee + Spouse;

EE + CH = Employee + Child(ren); F = Family

Injury Benefit Schedule is on reverse

FOR HOME OFFICE USE ONLY - GVAP1

Opt 1 - 2.0U Base; 1.0U BER

Opt 2 - 3.0U Base; 1.0U BER

ABQ V09.30.2019 Rate Insert Creation Date: 10/15/2019

## INJURY BENEFIT SCHEDULE

Benefit amounts for coverage and one occurrence are shown below.

Covered spouse gets 50% of the amount shown and children 25%.

COMPLETE DISLOCATION	PLAN 1	PLAN 2
Hip joint	\$4,000	\$6,000
Knee or ankle joint <sup>3</sup> , bone or bones of the foot <sup>3</sup>	\$1,600	\$2,400
Wrist joint	\$1,400	\$2,100
Elbow joint	\$1,200	\$1,800
Shoulder joint	\$800	\$1,200
Bone or bones of the hand <sup>3</sup> , collarbone	\$600	\$900
Two or more fingers or toes	\$280	\$420
One finger or toe	\$120	\$180
COMPLETE, SIMPLE OR CLOSED FRACTURE	PLAN 1	PLAN 2
Hip, thigh (femur), pelvis <sup>4</sup>	\$4,000	\$6,000
Skull <sup>4</sup>	\$3,800	\$5,700
Arm, between shoulder and elbow (shaft), shoulder blade (scapula), leg (tibia or fibula)	\$2,200	\$3,300
Ankle, knee cap (patella), forearm (radius or ulna), collarbone (clavicle)	\$1,600	\$2,400
Foot <sup>4</sup> , hand or wrist <sup>4</sup>	\$1,400	\$2,100
Lower jaw <sup>4</sup>	\$800	\$1,200
Two or more ribs, fingers or toes, bones of face or nose	\$600	\$900
One rib, finger or toe, coccyx	\$280	\$420
LOSS	PLAN 1	PLAN 2
Life or both eyes, hands, arms, feet, or legs, or one hand or arm and one foot or leg	\$40,000	\$60,000
One eye, hand, arm, foot, or leg	\$20,000	\$30,000
One or more entire toes or fingers	\$4,000	\$6,000

<sup>3</sup>Knee joint (except patella). Bone or bones of the foot (except toes). Bone or bones of the hand (except fingers). <sup>4</sup>Pelvis (except coccyx). Skull (except bones of face or nose). Foot (except toes). Hand or wrist (except fingers). Lower jaw (except alveolar process).



For use in enrollments situated in: MA. This rate insert is part of the approved brochure for or form ABJ29977-5; it is not to be used on its own.

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FINALLY, LET'S JUST TALK

# Any questions?



Please feel free to call or email an Agent at any time

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