

Ward Services 2024 Benefits Enrollment Guidebook



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An Easy, Personalized Enrollment Experience

Your employer has partnered with Ward Services to offer you an easy, personalized enrollment experience. During your appointment your Ward Services benefit counselor will review all your employee benefits and answer your questions. Your counselor will explain the benefit enrollment changes you can make, help you login or register with MyBenefits and assist you with making any benefit changes in MyBenefits. If you have made an appointment for a virtual enrollment meeting your Ward Services benefit counselor will call you on the date and time of your appointment.

Reviewing and filling out this guidebook before your meeting will streamline the process and ensure you have all the information you need to make any benefit elections or changes during your appointment with a benefit counselor.

Be ready for your enrollment appointment

Before your appointment:

- Print this guidebook to have available during your appointment.
- Review and fill out the guidebook before your appointment.
- Have your MyBenefits password and your State Health Plan card. Don't worry if you don't know your password, the counselor can reset it for you.
- If you are adding dependents to one of the State benefit plans you will need their name, birthday and full social security number and supporting documentation.
- If you are doing a telephone or virtual enrollment make sure to allow 30 minutes for your appointment.
- For the most up to date information on benefits enrollment visit www.peba.sc.gov

How to Use this Guidebook

This guidebook is designed to prepare you before your appointment and guide you during your enrollment appointment with a Ward Services benefit counselor.

Gathering Your Information

- To ensure an accurate enrollment, you will need to provide your personal information. Before your meeting make sure you have all of your personal information available including your MyBenefits password and State Health Plan card. If you are planning on covering dependents you will need to collect their personal information and any required supporting documentation as you prepare for your enrollment meeting.

Reviewing Your Benefits

- Once you've gotten all the information together, review the information on your specific benefits. Make a note to discuss your questions with your benefit counselor.

Making Your Elections

- During the appointment with your benefit counselor keep a pen handy to make notations in the appropriate sections throughout the guidebook.

Your Dependents

Your dependents are eligible for some of the coverage available to you, including medical, vision, dental, term life insurance and voluntary insurance offerings.

Eligible dependents include your legally-married spouse and your natural child, adopted child (including child placed for legal adoption), stepchild, foster child, a child of whom the subscriber has legal custody or a child the subscriber is required to cover due to a court order. You will be required to provide supporting documentation of dependent eligibility by 10/31/2023. **A long form birth certificate is required for any dependent children being added to any State coverage for the first time.** If you wish to enroll any dependents for benefits complete the chart below and make sure you have this guidebook handy when you have your enrollment meeting with the benefit counselor.

	Date of Birth	Full Social Security Number
Spouse:		
Child 1:		
Child 2:		
Child 3:		
Child 4:		

Getting Started

Understand Your Benefit Options

You have a number of benefits available to you through the State and your employer. During your benefits enrollment meeting your benefit counselor will explain each benefit to you and answer any questions you might have. This workbook has space for you to make notes and each section has a dedicated space to note which options you select.

Your benefit counselor will make sure that your benefits enrollment changes are made and submitted to your employer. Your counselor will provide you with instructions on how to log in later to review your changes or to upload supporting documents for dependents.

Once your enrollment is complete you will receive an e-mail with instructions on how to retrieve your confirmation statement.

Your Benefit Enrollment Options

Health Plan

- Switch to a different health plan: Standard Plan, Savings Plan or TRICARE Supplement Plan.
- Enroll yourself or any eligible dependents in health coverage.
- Drop health coverage for yourself or any dependents.

Dental Plan

- Enroll yourself or any eligible dependents in Dental Plus or Basic Dental coverage.
- Drop coverage in Dental Plus or Basic Dental for yourself and/or your eligible dependents.
- **You can only make changes to dental coverage in odd years** so if you don't make changes this enrollment the next dental enrollment is fall 2025.

Vision Coverage

- Enroll in State Vision Plan coverage for yourself and/or your eligible dependents.
- Drop State Vision Plan coverage for yourself and/or your eligible dependents.

Optional Life Insurance

- Employees can enroll or increase Optional Life coverage up to \$500,000 with medical evidence.
- Dependent Life-Spouse- Enroll or increase coverage if approved with medical evidence.
- Dependent Life-Child- Enroll in, add or drop dependents throughout the year.

Supplemental Long Term Disability (SLTD)

- Enroll in coverage with medical evidence, drop coverage
- Change your benefit waiting period from 180 days to 90 days for existing coverage with medical evidence.
- Change your benefit waiting period from 90 days to 180 days for existing coverage without medical evidence.

MoneyPlus Elections

- Enroll in or drop the Pretax Group Insurance Premium feature.
- Enroll in or re-enroll in flexible spending accounts: Medical Spending Account, Limited-use Medical Spending Account, Dependent Care Spending Account. With these accounts you must re-enroll every year, if you don't, you will not be able to participate and take advantage of the tax saving benefits of the account.
- Enroll in or drop a Health Savings Account (HSA) - must participate in the State Savings plan.
- If you already have an HSA, you do not need to re-enroll, but consider whether you would like to change your contribution amount.

Your Health Plan Choices

Understanding Your Plan

Insurance can sometimes be confusing, but your Ward Services benefit counselor is here to help answer any questions you might have and this guidebook will help you plan for your enrollment. Below are some insurance terms you'll want to be familiar with.

Deductible

The amount of money you must pay for services before the plan begins to pay claims.

Co-Pay

The specified amount you are required to pay out-of-pocket for services, such as doctor visits and prescription drugs.

Coinsurance

The percentage of the costs of covered services that you are required to pay out-of-pocket for services rendered. Some services may have both a co-pay and coinsurance.

Out-of-Pocket Maximum

The highest amount you will have to pay for covered expenses during a plan year in deductibles, coinsurance, and co-payments. Once you reach this maximum, the plan will pay 100% of covered expenses.

Plan Types

State Standard Plan(PPO)

The Standard Plan is a Preferred Provider Organization, or PPO, plan. When you participate in a PPO, you have the flexibility of choosing any provider. If you choose an in-network provider, the plan pays a higher percentage of the cost of care once the deductible has been met.

State Savings Plan (HDHP)

The Savings Plan is a PPO that is a High Deductible Health Plan (HDHP). You are responsible for 100% of the cost for all treatments, visits and prescriptions until the plan deductible is met. If you choose an in-network provider, the plan pays a higher percentage of the cost of care once the deductible has been met.

TRICARE Supplement Plan

The TRICARE Supplement Plan provides secondary coverage to TRICARE for members of the military community who are not eligible for Medicare. For eligible employees it provides an alternative to the State Health Plan.

Your Health Plan Choices

The State Health Plan gives you two main health plan options: The Standard Plan and the Savings Plan. The Standard Plan has higher premiums and lower deductibles. The Savings Plan has lower premiums and higher deductibles. Visit www.peba.sc.gov for plan specifics. The 2024 monthly premiums are not printed in this guide. Premiums will be available at www.peba.sc.gov. Rates may vary for participating optional employers. Verify rates with your benefits office.

Your Health Plan Selection

Check the box next to your choices and your benefit counselor will give you the per-pay cost for your coverage choice.

Your Medical Plan	Your Medical Plan Level	Your Pay Per Cost
<input type="checkbox"/> Standard Plan	<input type="checkbox"/> Employee Only	
<input type="checkbox"/> Savings Plan	<input type="checkbox"/> Employee/Spouse	\$ _____
<input type="checkbox"/> TRICARE Supplement	<input type="checkbox"/> Employee/Children	
<input type="checkbox"/> Waive Medical Coverage	<input type="checkbox"/> Full Family	

Additional Health Coverage Options

Your employer makes additional plans available to you that can help offset health related costs which may not be covered by your health insurance. Your Ward Services benefit counselor will be able to explain the plan features and costs if you decide if you have a need for additional coverage options.

Hospital StayPay

Get better financial protection when you pair the Hospital StayPay plan with your State Health Plan.

- This benefit pays cash straight to you when you're admitted to the hospital.
- That cash can help cover your out-of-pocket costs.
- This plan pays you directly regardless of your health insurance.
- Apply for family members as well as yourself.
- No health questions asked, guaranteed issue.*
- Get \$100 back every two years without a claim.
- Pays benefits for hospital admission due to any covered condition, including maternity and COVID-19.

Critical Illness

Critical Illness insurance pays a lump sum of cash directly to you when you're diagnosed with a covered condition, like cancer, heart attack or stroke. This benefit can help you pay for those hidden expenses and out-of-pocket costs your health insurance might not cover.

- Benefits paid in addition to any other insurance and paid directly to you regardless of any other coverage you may have.
- Get an annual payment for getting covered screening tests.
- Rates are locked in at purchase age and won't increase due to age.
- Apply for family members as well as yourself.

Accident

Accident insurance can help offset unexpected medical expenses not covered by your medical insurance. Cash benefits are paid directly to you to be used how you choose. This coverage includes benefits for a variety of occurrences from dismemberment to hospital confinement and more.

- Benefits paid in addition to any other insurance and paid directly to you regardless of any other coverage you may have.
- Coverage is guaranteed issue, at initial enrollment subject to pre-existing condition limitations if applicable*
- Cover yourself and family members.

Cancer

Receiving a diagnosis of cancer can be difficult on anyone both emotionally and financially. Having the right coverage to help when undergoing treatments is important. Group Voluntary Cancer from Allstate Benefits pays cash benefits for cancer and 29 other specified diseases to help with the costs associated with the treatments and expenses as they happen.

- Guaranteed issue for newly eligible employees and dependents, no health questions to answer.*
- Benefits paid directly to you.
- Family coverage available.
- Waiver of premium after 90 days of disability due to cancer for as long as the disability lasts.
- No maximum issue age.
- Includes annual wellness benefit.



Trustmark Hospital StayPay[®] Insurance

Keeping things balanced when you get knocked off your feet.

Protection against high hospital bills

There are many reasons you might end up in the hospital, from **an unexpected illness** to **welcoming a new family member**. If you do, you may assume your medical insurance will pay for it all. But hospital stays can be **incredibly expensive**.

Trustmark Hospital StayPay[®] insurance pays **cash directly to you** for days you spend in the hospital. The plan pays **regardless of other coverage** you have, and there are no restrictions on how you may use the money.

With Hospital StayPay, you can worry less about your bills, and **focus on recovering**.



Hospital StayPay sample rates

Protecting yourself may be more affordable than you think. The chart below displays a range of sample weekly rates for employee-only coverage for commonly issued Trustmark Hospital StayPay plans. Your rate may differ depending on your benefit amounts and features. Your rate is locked is based on your age at the time the policy is issued, and will never increase due to age. You can keep your coverage to age 70.¹

Age at Purchase	Weekly Rates
18-49	\$3.56 - \$4.91
50-59	\$5.37 - \$7.51
60-64	\$8.04 - \$10.73
65-70	\$11.37 - \$14.54

Sample rates are shown for illustrative purposes only. Rates may vary by state, employer and features selected by you and/or by your employer. An application for insurance must be completed to obtain coverage.

¹ Coverage lasts to age 70 or for 5 years from issuance of the policy, whichever is longer. [†]Benefits marked with this symbol are designed to be compatible with Health Savings Accounts (HSAs). However, anyone who has or plans to open an HSA should consult tax and legal advisors to confirm which supplemental benefits may be purchased by persons with an HSA to maintain tax-exempt status.

Simple, easy-to-understand benefits

- The **First Day Stay benefit** pays you a benefit when you're first admitted to a hospital.[†] (Payable once per covered person per year.)

PLUS:

- **Get paid even if you don't file a claim!** A **\$100 payment** will be **automatically sent to you** every two years that you don't have a claim - no action needed![†]

See reverse for more information on Hospital StayPay[®] insurance from Trustmark Insurance Company.



Are you prepared to pay for a hospital stay?

The average cost of a three-day stay in the hospital: **\$30,000¹**

¹HealthCare.gov, Why Health Insurance is Important: Protection from High Medical Costs 2019

Additional advantages


- **Apply for coverage for family members:** spouse, children, and dependent grandchildren.
- There are **no medical questions** to enroll.
- **Keep your coverage** if you leave your job with no change in premium or benefits.
- **Convenient payroll deduction**, or pay via direct bill, bank draft or credit card if you leave your employer.



**You care.
We listen.**

²An A.M. Best rating is an independent opinion of an insurer's financial strength and ability to meet its ongoing insurance policy and contract obligations. Trustmark is rated A- (4th out of 16 possible ratings ranging from A++ to Suspended).

Trustmark® and Trustmark Hospital StayPay® are registered trademarks of Trustmark Insurance Company. This is a brief description of benefits under HII 119 and applicable riders CFR 119, FUR 119, IBR 119, ICR 119, RSR 119, SBR 119, TLR 119 and WBW 119. This hospital indemnity insurance policy/group certificate provides limited benefits that are the result of a covered accident or covered sickness. It is not a substitute for medical expense insurance, major medical expense insurance or a health benefit plan alternative. It does not provide comprehensive medical coverage. It is also not a Medicare Supplement policy, nor is it a policy of worker's compensation. Your policy/certificate will contain complete information. Benefits, definitions, exclusions, form numbers and limitations may vary by state. For costs and coverage detail, including exclusions, limitations and terms, see your agent or write the company. Underwriting conditions may vary, and determine eligibility for the offer of insurance. For exclusions and limitations that may apply, please visit <http://www.trustmarksolutions.com/disclosures/HSP/>.

Products underwritten by Trustmark Insurance Company
Rated A- (Excellent) for financial strength by A.M. Best.²
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Trustmark
benefits beyond benefits



Trustmark Hospital StayPay[®] Benefits for South Carolina State Employees

First Day Stay Benefit[†] Only one benefit amount can be selected	\$500 or \$1,000
Additional features	
Childbirth Hospital Stay[†]	Included
Claim Free Return[†]	Included

Benefits, availability and amounts may vary by state. Your policy/certificate will contain complete information.

[†]Benefits marked with this symbol are designed to be compatible with Health Savings Accounts (HSAs). However, anyone who has or plans to open an HSA should consult tax and legal advisors to confirm which supplemental benefits may be purchased by persons with an HSA to maintain tax-exempt status.

This is a brief description of benefits under HIL 119 and applicable riders CFR 119, CCR 119, FUR 119, IBR 119, ICR 119, RSR 119, SBR 119, TLR 119 and WBW 119. This hospital indemnity insurance policy/group certificate provides limited benefits that are the result of a covered accident or covered sickness. It is not a substitute for medical expense insurance, major medical expense insurance or a health benefit plan alternative. It does not provide comprehensive medical coverage. It is also not a Medicare Supplement policy, nor is it a policy of worker's compensation. This description represents coverage offered during a certain time period; coverage you may have selected before or select after that period may differ. Your policy/certificate will contain complete information. Limitations on pre-existing conditions may apply. Benefits, definitions, exclusions, form numbers and limitations may vary by state. For costs and coverage detail, including exclusions, limitations and terms, see your agent or write the company. Underwriting conditions may vary, and determine eligibility for the offer of insurance. For exclusions and limitations that may apply, please visit trustmarkbenefits.com/Voluntary-Benefits/Disclosures/HSP.

Trustmark[®] and Trustmark Hospital StayPay[®] are registered trademarks of Trustmark Insurance Company. ¹An A.M. Best rating is an independent opinion of an insurer's financial strength and ability to meet its ongoing insurance policy and contract obligations. Trustmark is rated A- (4th out of 16 possible ratings ranging from A++ to Suspended).

**You care.
We listen.**

Products underwritten by Trustmark Insurance Company.
Rated A- (Excellent) for financial strength by A.M. Best.¹

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Trustmark Critical Illness Insurance with Cancer

Providing a financial cushion for when you need it most.



Helping pay for what health insurance doesn't

A serious illness can be hard on more than just your health: it can threaten you and your family's **financial stability**. Even with medical insurance, you may have out-of-pocket payments and other **new major expenses**. You might even have less income to cover these costs. **Critical Illness insurance can help.**

Critical Illness insurance pays a **lump sum of cash** directly to you when you are diagnosed with a covered illness - use it for whatever you need.

With Critical Illness insurance, if you are affected by a major illness, you can **focus on your health** with less worry about your wallet.

Critical Illness sample rates

Sample ranges of weekly rates for employee-only, non-tobacco coverage. Your exact rate may depend on additional features selected by you and/or by your employer.

Age at purchase	\$15,000 policy
30	from \$3.00* - \$4.19
40	from \$3.70 - \$6.08
50	from \$6.73 - \$11.31

Sample base rates are shown for illustrative purposes only. Rates may vary by age, tobacco use, state, employer and features selected by you and/or by your employer. An application for insurance must be completed to obtain coverage. *Minimum weekly premium is \$3. Benefit will be adjusted up if \$3 purchases more than \$15,000 in benefit.

Note: once you have a policy, your rates will not increase due to age.

Coverage for an array of illnesses

Trustmark Critical Illness insurance pays a lump-sum benefit if you are diagnosed¹ with **any of several conditions**², including:

- Heart attack
- Stroke
- Invasive cancer (excludes most skin cancer)
- Renal (kidney) failure
- Blindness
- ALS (Lou Gehrig's disease)
- Major organ transplant
- Paralysis of two or more limbs
- Coronary artery bypass surgery (at 25% benefit)³
- Carcinoma in situ (at 25% benefit)³

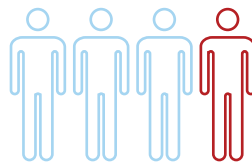
Benefits can help you pay for:

- Medical deductibles and co-pays
- Credit card bills
- Out-of-network or alternative treatment
- Rent or mortgage payments
- Child care
- Travel to treatment
- Tuition and loans

¹ Most states define eligibility as first diagnosis, meaning the first time a physician identifies a covered condition from its signs or symptoms. If you've been diagnosed with a covered condition prior to having coverage, you may not be eligible for a benefit. ² Please consult your policy/group certificate for specific covered conditions. ³ If the insured receives the 25% benefit for coronary artery bypass surgery or carcinoma in situ, the remaining benefit will be available for a diagnosis of another covered condition or subsequent benefit, if included. Most skin cancer is excluded.



Cardiovascular disease and stroke cost Americans more than **\$316 billion** in direct and indirect costs annually.⁴



More than a **quarter of adults in the U.S.** say health care costs have caused them a serious financial problem in the last two years.⁵

Additional advantages

- **Access to medical experts.** Critical Illness includes access to **Best Doctors®**, the network of top doctors in the world, for free medical advice, second opinions, critical care support and more.
- **Keep your coverage** at the same price and benefits if you change jobs or retire.
- **Apply for coverage for family members:** spouse, children and dependent grandchildren.
- **Convenient payroll deduction:** pay via direct bill, bank draft or credit card if you leave your employer.

Pre-existing condition limitation

No benefit will be paid for any condition caused by or resulting from a pre-existing condition.

More flexible features

- **A health screening benefit** will pay the cost of **one screening test per year** (\$100 maximum). Some of the many eligible tests include:
 - Low-dose mammography
 - Pap smear (women 18+)
 - Serum cholesterol
 - Prostate-specific antigen
 - Stress test
 - Colonoscopy
 - Chest X-ray
 - Bone marrow test

- **Receive an additional benefit payment** if you get sick again. The second cash payment will be equal to the first. (The second illness has to be a different covered condition that happens at least six months after the first one.)⁶

Plus: grow your benefit with EZ Value

The EZ Value option can automatically **increase your benefit amount** over time - without any medical questions.



Example is for age 40, employee only, non-tobacco coverage, with no additional features. Actual values will vary by age, tobacco status and benefits selected.

**You care.
We listen.**

This is a brief description of benefits under CACI-82001 and applicable riders HS-12000, WP-12000, HIV 806, SB 806, EZ-12000R, SC 511, SCR 511, SCRC 511, and MCPRS0-ME. This critical illness/specified disease insurance policy/group certificate provides supplemental health insurance coverage, which pays a limited, lump-sum benefit for specified diseases only. It is not a substitute for medical expense insurance, major medical expense insurance or a health benefit plan alternative. It does not provide comprehensive medical coverage. It is not intended to pay all medical costs associated with the specified diseases and is not designed to provide coverage for other medical conditions or illnesses. It is also not a Medicare Supplement policy, nor is it a policy of worker's compensation. Please refer to your policy/group certificate and outline of coverage, if applicable, for complete information. Limitations on pre-existing conditions may apply. A waiting period may apply before benefits are payable. Benefits, definitions, exclusions, form numbers and limitations may vary by state. For costs and coverage detail, including exclusions, limitations and terms, see your agent or write the company. Underwriting conditions may vary, and determine eligibility for the offer of insurance. For exclusions and limitations that may apply, visit [www.trustmarksolutions.com/disclosures/CI/\(A112-2216-CI\)](http://www.trustmarksolutions.com/disclosures/CI/(A112-2216-CI)).

⁴Heart Disease, Stroke and Research Statistics At-a-Glance. American Heart Association. 2016. ⁵"Medical Bills Still Take a Big Toll, Even with Insurance." NPR. March 8, 2016. ⁶Separation periods between diagnoses may apply. ⁸An A.M. Best rating is an independent opinion of an insurer's financial strength and ability to meet its ongoing insurance policy and contract obligations. Trustmark is rated A- (4th out of 16 possible ratings ranging from A++ to Suspended).

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Allstate[®] BENEFITS

Protection for accidental
off-the-job injuries

Accident Insurance

Today, active lifestyles in or out of the home may result in bumps, bruises and sometimes breaks. Getting the right treatment can be vital to recovery, but it can also be expensive. And if an accident keeps you away from work during recovery, the financial worries can grow quickly.

Most major medical insurance plans only pay a portion of the bills. Our coverage can help pick up where other insurance leaves off and provide cash to help cover the expenses.

With Accident insurance from Allstate Benefits, you can gain the advantage of financial support, thanks to the cash benefits paid directly to you. You also gain the financial empowerment to seek the treatment needed to be on the mend.

Here's How It Works

Our coverage pays you cash benefits that correspond with hospital and intensive care confinement. Your plan may also include coverage for a variety of occurrences, such as dismemberment, dislocation or fracture, ambulance services, physical therapy and more. The cash benefits can be used to help pay for deductibles, treatment, rent and more.

Meeting Your Needs

- Guaranteed Issue coverage, subject to exclusions and limitations*
- Benefits are paid directly to you unless otherwise assigned
- Pays in addition to other insurance coverage
- Coverage also available for your dependents
- Premiums are affordable and are conveniently payroll deducted
- Coverage may be continued; refer to your certificate for details

With Allstate Benefits, you can protect your finances against life's slips and falls.
Practical benefits for everyday living.[®]

DID YOU KNOW ?

The number of off-the-job injuries suffered by workers in one year includes:[†]

 Home
25.0
million

 Non-Auto
12.6
million

 Auto
4.3
million

*Please refer to the Exclusions and Limitations section of this brochure.

†National Safety Council, Injury Facts[®], 2019 Edition

Meet Daniel & Sandy

Daniel and Sandy are like most active couples: they enjoy the outdoors and a great adventure. They have seen their share of bumps, bruises and breaks. Sandy knows an accidental injury could happen to either of them. Most importantly, she worries about how they will pay for it.

Here is what weighs heavily on her mind:

- Major medical will only pay a portion of the expenses associated with injury treatments
- They have copays they are responsible for until they meet their deductible
- If they miss work because of an injury, they must cover the bills, rent/mortgage, groceries and their child's education
- If they need to seek treatment not available locally, they will have to pay for it



Daniel's story of injury and treatment turned into a happy ending, because he had supplemental Accident Insurance to help with expenses.



CHOOSE

Daniel and Sandy choose benefits to help protect their family if they suffer an accidental injury.



ABJ34963X-1



USE

Daniel was playing a pick-up game of basketball with his friends when he went up for a jump-shot and, on his way back down, twisted his foot and ruptured his Achilles tendon.

Here's Daniel's treatment path:

- Taken by ambulance to the emergency room
- Examined by a doctor and X-rays were taken
- Underwent surgery to reattach the tendon
- Was visited by his doctor and released after a one-day stay in the hospital
- Had to immobilize his ankle for 6 weeks
- Was seen by the doctor during a follow-up visit and sent to physical therapy to strengthen his leg and improve his mobility

Daniel would go online after each of his treatments to file claims. The cash benefits were direct deposited into his bank account.

Daniel is back playing basketball and enjoying life.



CLAIM

Daniel's Accident claim paid cash benefits for the following:

Ground Ambulance

Medicine

Emergency Room Services

X-rays

Hospitalization Confinement

Daily Hospitalization Confinement

Accident Physician's Treatment

Tendon Surgery

General Anesthesia

Accident Follow-Up Treatment

Physical Therapy (3 days/week)

For a listing of benefits and benefit amounts, see pages 3, 4 and 5.

Using your cash benefits

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



Finances

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



Travel

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



Home

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



Expenses

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



MyBenefits: 24/7 Access allstatebenefits.com/mybenefits

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

Dependent Eligibility

Coverage may include you, your spouse or domestic partner, and your children.

Benefits (subject to maximums as listed on pages 4 and 5)

BASE POLICY BENEFITS

Accidental Death*

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

Dismemberment¹ - amount paid depends on type of dismemberment. See Injury Benefit Schedule on page 5

Dislocation or Fracture¹ - amount paid depends on type of dislocation or fracture. See Injury Benefit Schedule on page 5

Hospitalization Confinement - initial hospitalization after the effective date

Daily Hospitalization 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

Accident Physician's Treatment

X-ray

Emergency Room Services

BENEFIT ENHANCEMENTS

Lacerations** - treatment for one or more lacerations (cuts)

Burns** - 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 - diagnosis of concussion, cerebral laceration, cerebral contusion or intracranial hemorrhage within 30 days after the accident. Must be diagnosed by CT Scan, MRI, EEG, PET scan or X-ray. Must first be treated by a physician within 3 days after the accident

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

Paralysis** - 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^{3,}**

Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery^{3,*} - 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^{3,*} - 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* - payable only if one of the policy Surgery^{3,**} benefits is paid

Blood and Plasma** - 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 a benefit is paid for Accident Physician's Treatment or X-ray

Medicine - purchased prescription or over-the-counter medicines. Payable only if a benefit is paid for Accident Physician's Treatment or X-ray

Prosthesis* - 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 - 1 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 Unit⁴ - must be hospital-confined due to an injury prior to being transferred to rehab. Not payable for the days on which the Daily Hospitalization Confinement benefit is paid

Non-Local Transportation² - 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 - 1 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

Post-Accident Transportation - after 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 Daily Hospitalization Confinement

Accident Follow-Up Treatment⁵ - must take place no longer than 6 months after the accident. Payable only if a benefit is paid for Accident Physician's Treatment or X-ray. Not payable for the same visit for which the Physical Therapy benefit is paid

ADDITIONAL RIDER BENEFIT

Outpatient Physician's Benefit Rider - treatment outside the hospital for any cause. Payable once per day, per covered person, not to exceed 2 days per covered person, per calendar year and a maximum of 4 days per calendar year if dependents are covered. Covers sickness

¹Multiple dismemberments, dislocations or fractures are limited to the amount shown on pages 4 and 5. ²Up to three times per covered person, per accident. ³Two or more surgeries done at the same time are considered one operation. ⁴Paid 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. Not paid for days on which the Daily Hospitalization Confinement benefit is paid. ⁵Two treatments per covered person, per accident. *Must begin or be received within 180 days of the accident. **Within 3 days after the accident.

BENEFIT AMOUNTS

Benefits are paid once per accident unless otherwise noted

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 ⁶	Employee	\$40,000	\$60,000
	Spouse	\$20,000	\$30,000
	Children	\$10,000	\$15,000
Dislocation or Fracture ⁶	Employee	\$4,000	\$6,000
	Spouse	\$2,000	\$3,000
	Children	\$1,000	\$1,500
Hospitalization Confinement (pays once/year)		\$1,000	\$1,500
Daily Hospitalization Confinement (pays daily)		\$200	\$300
Intensive Care (pays daily)		\$400	\$600
Ambulance	Ground	\$200	\$300
	Air	\$600	\$900
Accident Physician's Treatment		\$100	\$150
X-ray		\$200	\$300
Emergency Room Services		\$200	\$300
BENEFIT ENHANCEMENTS		PLAN 1	PLAN 2
Lacerations (pays once/year)		\$100	\$100
Burns	< 15% body surface	\$200	\$200
	15% or more	\$1,000	\$1,000
Skin Graft (% of Burns Benefit)		50%	50%
Brain Injury Diagnosis (pays once)		\$300	\$300
Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI) (pays once/accident/year)		\$100	\$100
Paralysis (pays once)	Paraplegia	\$15,000	\$15,000
	Quadriplegia	\$30,000	\$30,000
Coma with Respiratory Assistance (pays once)		\$20,000	\$20,000
Open Abdominal or Thoracic Surgery		\$2,000	\$2,000
Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery	Surgery	\$1,000	\$1,000
	Exploratory	\$300	\$300
Ruptured Disc Surgery		\$1,000	\$1,000
Eye Surgery		\$200	\$200
General Anesthesia		\$200	\$200
Blood and Plasma		\$600	\$600
Appliance		\$250	\$250
Medical Supplies		\$10	\$10
Medicine		\$10	\$10
Prosthesis	1 device	\$1,000	\$1,000
	2 or more devices	\$2,000	\$2,000
Physical Therapy (pays daily)		\$60	\$60
Rehabilitation Unit (pays daily)		\$200	\$200
Non-Local Transportation		\$800	\$800
Family Member Lodging (pays daily)		\$200	\$200
Post-Accident Transportation (pays once/year)		\$400	\$400
Accident Follow-Up Treatment (pays daily)		\$100	\$100
ADDITIONAL RIDER BENEFIT		PLAN 1	PLAN 2
Outpatient Physician's Benefit Rider (pays daily)		\$100	\$100

⁶Up to amount shown; see Injury Benefit Schedule on page 5. Multiple losses from same injury pay only up to amount shown above.

PLAN 1 PREMIUMS

MODE	EE	EE + SP	EE + CH	F
Weekly	\$3.18	\$4.57	\$6.46	\$8.07
Bi-Weekly	\$6.36	\$9.14	\$12.92	\$16.14
Semi-Monthly	\$6.88	\$9.90	\$13.98	\$17.48
Monthly	\$13.76	\$19.80	\$27.96	\$34.96

PLAN 2 PREMIUMS

MODE	EE	EE + SP	EE + CH	F
Weekly	\$4.28	\$6.22	\$8.65	\$10.82
Bi-Weekly	\$8.56	\$12.44	\$17.30	\$21.64
Semi-Monthly	\$9.26	\$13.47	\$18.74	\$23.43
Monthly	\$18.52	\$26.94	\$37.48	\$46.86

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 page 5

INJURY BENEFIT SCHEDULE

Benefit amounts for coverage and one occurrence are shown below.
Covered spouse gets 50% of the amounts shown and children 25%.

LOSS OF LIFE OR LIMB	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
COMPLETE DISLOCATION	PLAN 1	PLAN 2
Hip joint	\$4,000	\$6,000
Knee or ankle joint [^] , bone or bones of the foot [^]	\$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 [^] , 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 ^{**}	\$4,000	\$6,000
Skull ^{**}	\$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 ^{**} , hand or wrist ^{**}	\$1,400	\$2,100
Lower jaw ^{**}	\$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

[^]Knee joint (except patella). Bone or bones of the foot (except toes). Bone or bones of the hand (except fingers). ^{**}Pelvis (except coccyx). Skull (except bones of face or nose). Foot (except toes). Hand or wrist (except fingers). Lower jaw (except alveolar process).

CERTIFICATE SPECIFICATIONS

Conditions and Limits

When an injury results in a covered loss within 90 days (unless otherwise stated on the Benefits page) from the date of an accident and is diagnosed by a physician, Allstate Benefits will pay benefits as stated. Treatment must be received in the United States or its territories.

Eligibility

Your employer decides who is eligible for your group (such as length of service and hours worked each week).

Dependent Eligibility/Termination

Coverage may include you, your spouse or domestic partner, and your children. Coverage for children ends when the child reaches age 26, unless he or she continues to meet the requirements of an eligible dependent. Spouse coverage ends upon valid decree of divorce or your death. Domestic partner coverage ends upon termination of the domestic partnership or your death.

When Coverage Ends

Coverage under the policy and rider ends on the earliest of: the date the policy or certificate is canceled; the last day of the period for which you made any required contributions; the last day you are in active employment, except as provided under the Temporary Layoff, Leave of Absence, or Family and Medical Leave of Absence provision; the date you are no longer in an eligible class; the date your class is no longer eligible; or discovery of fraud or material misrepresentation when filing a claim.

Continuing Your Coverage

You may be eligible to continue coverage when coverage under the policy ends. Refer to your Certificate of Insurance for details.

EXCLUSIONS AND LIMITATIONS

Exclusions and Limitations for the Base Policy: Benefits are not paid for: injury incurred before the effective date; injury as a result of an on-the-job accident; act of war or participation in a riot, insurrection or rebellion; suicide or attempt at suicide; intentionally self-inflicted injury or action; injury while under the influence of alcohol or any narcotic, unless taken upon the advice of a physician; any bacterial infection (except pyogenic infections from an accidental cut or wound); participation in aeronautics unless a fare-paying passenger on a licensed common-carrier aircraft; engaging in an illegal occupation or committing or attempting an assault or felony; driving in any race or speed test or testing any vehicle on any racetrack or speedway; hernia, including complications; serving as an active member of the Military, Naval, or Air Forces of any country or combination of countries.

Exclusions and Limitations for Outpatient Physician's Benefit Rider: Benefits are not paid for: a loss incurred before the effective date; a loss occurring from an on-the-job accident; act of war or participation in a riot, insurrection or rebellion; suicide or attempt at suicide; intentionally self-inflicted injury or action; any loss while under the influence of alcohol or any narcotic, unless taken upon the advice of a physician; participation in aeronautics unless a fare-paying passenger on a licensed common-carrier aircraft; engaging in an illegal occupation or committing or attempting an assault or felony; driving in any race or speed test or testing an automobile or any vehicle on any racetrack or speedway; serving as an active member of the Military, Naval, or Air Forces of any country or combination of countries.

This brochure is for use in enrollments situated in SC.

Rev. 6/21. This material is valid as long as information remains current, but in no event later than June 15, 2024.

Group Accident benefits are provided under policy form GVAP2 or state variations thereof. Outpatient Physician's Benefit Rider provided under rider form GOPBR or state variations thereof.

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

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

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



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www.allstate.com or
allstatebenefits.com



Allstate[®]
BENEFITS

Protection for the
treatment of cancer and
29 specified diseases

Cancer Insurance

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

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

Here's How It Works

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

Meeting Your Needs

- Includes coverage for cancer and 29 specified diseases
- Benefits are paid directly to you unless otherwise assigned
- Coverage available for dependents
- Waiver of premium after 90 days of disability due to cancer for as long as your disability lasts (employee only)
- Coverage may be continued; refer to your certificate for details
- Additional benefits have been added to enhance your coverage

With Allstate Benefits, you can protect your finances if faced with an unexpected cancer or specified disease diagnosis. **Practical benefits for everyday living.**[®]

DID YOU KNOW ?



Early detection, improved treatments and access to care are factors that influence cancer survival[†]

22.1 million

The number of cancer survivors in the U.S. is increasing, and is expected to jump to nearly 22.1 million by 2030^{††}

[†]Life After Cancer: Survivorship by the Numbers, American Cancer Society, 2017

^{††}Cancer Treatment & Survivorship Facts & Figures, 2019-2021

Meet TJ

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

Here is what weighs heavily on his mind:

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



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



CHOOSE

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



USE

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

Here's TJ's treatment path:

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

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



CLAIM

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

Wellness
Cancer Initial Diagnosis
Continuous Hospital Confinement
Non-Local Transportation
Surgery
Anesthesia
Medical Imaging
Inpatient Drugs and Medicine
Physician's Attendance
Anti-Nausea

For a listing of benefits and benefit amounts, see pages 3 and 4.

Using your cash benefits

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



Finances

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



Travel

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



Home

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



Expenses

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



MyBenefits: 24/7 Access allstatebenefits.com/mybenefits

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

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; 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; and Ultrasound screening for abdominal aortic aneurysms.

Benefits (subject to maximums as listed on page 4)

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

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

ADDITIONAL BENEFITS

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

Intensive Care (ICU)

a. **ICU Confinement** - illness or accident confinements up to 45 days/stay

b. **Step-down ICU Confinement** - confinements up to 45 days/stay

c. **Ambulance** - licensed air or surface ambulance service to ICU

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

BENEFIT AMOUNTS

HOSPITAL CONFINEMENT AND RELATED BENEFITS	PLAN 1	PLAN 2	PLAN 3
Continuous Hospital Confinement (daily)	\$200	\$200	\$300
Government or Charity Hospital (daily)	\$200	\$200	\$300
Private Duty Nursing Services (daily)	\$200	\$200	\$300
Extended Care Facility (daily)	\$200	\$200	\$300
At Home Nursing (daily)	\$200	\$200	\$300
Hospice Care Center (daily) or Hospice Care Team (per visit)	\$200 \$200	\$200 \$200	\$300 \$300
RADIATION/CHEMOTHERAPY/RELATED BENEFITS	PLAN 1	PLAN 2	PLAN 3
Radiation/Chemotherapy for Cancer ¹ (every 12 months)	\$10,000	\$15,000	\$20,000
Blood, Plasma, and Platelets ¹ (every 12 months)	\$10,000	\$15,000	\$20,000
Hematological Drugs ¹ (every 12 months)	\$200	\$300	\$400
Medical Imaging ¹ (every 12 months)	\$500	\$750	\$1,000
SURGERY AND RELATED BENEFITS	PLAN 1	PLAN 2	PLAN 3
Surgery ²	\$1,500	\$3,000	\$4,500
Anesthesia (% of surgery benefit)	25%	25%	25%
Bone Marrow or Stem Cell Transplant (once/year)			
1. Autologous	1. \$500	1. \$1,000	1. \$1,500
2. Non-autologous (cancer or specified disease treatment)	2. \$1,250	2. \$2,500	2. \$3,750
3. Non-autologous (Leukemia)	3. \$2,500	3. \$5,000	3. \$7,500
Ambulatory Surgical Center (daily)	\$250	\$500	\$750
Second Opinion	\$200	\$400	\$600
MISCELLANEOUS BENEFITS	PLAN 1	PLAN 2	PLAN 3
Inpatient Drugs and Medicine (daily)	\$25	\$25	\$25
Physician's Attendance (daily)	\$50	\$50	\$50
Ambulance (per confinement)	\$100	\$100	\$100
Non-Local Transportation ¹ (coach fare or amount shown per mile*)	\$0.40/mi	\$0.40/mi	\$0.40/mi
Outpatient Lodging (daily; limit \$2,000/12 mo. period)	\$50	\$50	\$50
Family Member Lodging (daily per trip; max. 60 days) and Transportation (coach fare or amount shown per mile**)	\$50 \$0.40/mi	\$50 \$0.40/mi	\$50 \$0.40/mi
Physical or Speech Therapy (daily)	\$50	\$50	\$50
New or Experimental Treatment ³ (every 12 months)	\$5,000	\$5,000	\$5,000
Prosthesis ³ (per amputation)	\$2,000	\$2,000	\$2,000
Hair Prosthesis (every 2 years)	\$25	\$25	\$25
Nonsurgical External Breast Prosthesis ¹	\$50	\$50	\$50
Anti-Nausea Benefit ¹ (once per calendar year)	\$200	\$200	\$200
Waiver of Premium (employee only)	Yes	Yes	Yes
ADDITIONAL BENEFITS	PLAN 1	PLAN 2	PLAN 3
Cancer Initial Diagnosis (one-time benefit)	\$2,000	\$4,000	\$5,000
Intensive Care (ICU)			
ICU (daily)	\$500	\$500	\$500
Step-down (daily)	\$250	\$250	\$250
Ambulance Charges	Charges	Charges	Charges
Wellness Benefit	\$100	\$100	\$100

¹Pays actual cost up to amount listed. ²Pays actual charges up to amount listed in certificate Schedule of Surgical Procedures. Amount paid depends on surgery. ³Pays 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	EE + SP	EE + CH	F
Monthly	\$23.99	\$38.02	\$33.72	\$47.74

PLAN 2 PREMIUMS

MODE	EE	EE + SP	EE + CH	F
Monthly	\$33.34	\$52.40	\$47.35	\$66.39

PLAN 3 PREMIUMS

MODE	EE	EE + SP	EE + CH	F
Monthly	\$43.05	\$67.17	\$61.43	\$85.53

Issue ages: 18 and over if actively at work

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

DEFINITIONS

Actual Charges vs. Actual Cost

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

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

CERTIFICATE SPECIFICATIONS

Eligibility

Coverage may include you, your spouse or domestic partner, and children under age 26.

Termination of Coverage

Coverage under the policy ends on the date the policy is canceled; the last day premium payments were made; the last day of active employment, unless coverage is continued due to Temporary Layoff, Leave of Absence or Family and Medical Leave of Absence; the date you or your class is no longer eligible.

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

Portability Privilege

Coverage may be continued under the Portability Provision when coverage under the policy ends. Refer to your Certificate of Insurance for details.

LIMITATIONS AND EXCLUSIONS

Pre-Existing Condition Limitation

We do not pay benefits for a pre-existing condition during the 12-month period beginning on the date that person's coverage starts. A pre-existing condition is a disease or condition for which symptoms existed within the 12-month period prior to the effective date, or medical advice or treatment was recommended or received from a medical professional within the 12-month period prior to the effective date. A pre-existing condition can exist even though a diagnosis has not yet been made.

Exclusions and Limitations

We do not pay for any loss except for losses due to cancer or a specified disease. Benefits are not paid for conditions caused or aggravated by cancer or a specified disease. Treatment and services must be needed due to cancer or a specified disease and be received in the United States or its territories.

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

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

For the **Surgery, New or Experimental Treatment** and **Prosthesis** benefits, we pay 50% of the applicable maximum when specific charges are not obtainable as proof of loss.

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

Intensive Care Exclusions and Limitations

Benefits are not paid for attempted suicide or intentional self-inflicted injury, intoxication or being under the influence of drugs not prescribed by a physician, or alcoholism or drug addiction. Benefits are not paid for confinements to a care unit that does not qualify as a hospital intensive care unit, including progressive care, subacute intensive care, intermediate care, private rooms with monitoring, or step-down and other lesser care units. Benefits are not paid for step-down confinements in the following units: telemetry or surgical recovery rooms; post-anesthesia care; progressive care; intermediate care; private monitored rooms; observation units in emergency rooms or outpatient surgery units; beds, wards, or private or semi-private rooms; emergency, labor or delivery rooms; or other facilities that do not meet the standards for a step-down hospital intensive care unit. Benefits are not paid for continuous confinements occurring during a hospitalization prior to the effective date. Children born within 10 months of the effective date are not covered for confinement occurring or beginning during the first 30 days of the child's life. We do not pay for ambulance if paid under the Cancer and Specified Disease Ambulance benefit.



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www.allstate.com or allstatebenefits.com

ABJ30361X-2

This brochure is for use in enrollments situated in SC.

Rev. 9/21. This material is valid as long as information remains current, but in no event later than September 1, 2024. Group Cancer benefits are provided under policy form GVCP3 or state variations thereof.

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

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

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

Dental Plus & Basic Dental

You have two options for dental coverage. Dental Plus pays more and has higher premiums and lower out-of-pocket costs. Basic Dental pays less and has lower premiums and higher out-of-pocket costs. Changes to existing dental coverage can be made only during open enrollment in odd-numbered years. The 2024 monthly premiums are not printed in this guide. Premiums will be available at www.peba.sc.gov. Rates may vary for participating optional employers. Verify rates with your benefits office.

Dental Plus

Dental Plus has higher allowed amounts, which are the maximum amounts allowed by the plan for a covered service. Network providers cannot charge you for the difference in their cost and the allowed amount.

Basic Dental

Basic Dental has lower allowed amounts, which are the maximum amounts allowed by the plan for a covered service. There is no network for Basic Dental; therefore, providers can charge you for the difference in their cost and the allowed amount.

Your Dental Plan Selection

Check the box next to your choices and your benefit counselor will give you the per-pay cost for your coverage choice.

Your Dental Plan	Your Dental Plan Level	Your Pay Per Cost
<input type="checkbox"/> Dental Plus	<input type="checkbox"/> Employee Only	
<input type="checkbox"/> Basic Dental	<input type="checkbox"/> Employee/Spouse	\$ _____
<input type="checkbox"/> Waive Dental Coverage	<input type="checkbox"/> Employee/Children	
	<input type="checkbox"/> Full Family	



Vision Plan

Good vision is crucial for work and play. It is also a significant part of your health. An annual eye exam can help detect serious illnesses. You can have an exam once a year and get either frames/lenses or contacts. The 2024 monthly premiums are not printed in this guide . Premiums will be available at www.peba.sc.gov. Rates may vary for participating optional employers. Verify rates with your benefits office.

Your Vision Plan Selection

Check the box next to your plan level and your benefit counselor will give you the per-pay cost for your coverage choice.

	Your Vision Plan Level	Your Monthly Cost
<input type="checkbox"/> Enroll in Vision	<input type="checkbox"/> Employee Only	
<input type="checkbox"/> Waive Vision	<input type="checkbox"/> Employee/Spouse	\$ _____
	<input type="checkbox"/> Employee/Children	
	<input type="checkbox"/> Full Family	

Optional Life Insurance

For many people, purchasing additional life insurance over and above employer-provided coverage, can help lend greater financial security. The Optional Life insurance benefit, with Accidental Death and Dismemberment coverage, is a voluntary benefit in which you pay the entire premium with no contributions from PEBA, the state of South Carolina or your employer.

During this year's enrollment you can enroll or increase Optional Life coverage on yourself up to \$500,000 with medical evidence. You must complete a *Statement of Health* form. You may also enroll or increase your spouse's Optional Life benefit by completing a *Statement of Health* form. During this enrollment you can also, drop this coverage or reduce the current benefit amount for you and or your spouse. Contact your Benefits Administrator for details on how to apply.

When you enroll in Optional Life you are also eligible to take advantage of FREE MetLife Advantage benefits including:

- Will preparation services
- Estate resolution services
- Grief counseling and much more

Universal Life with Long Term Care

Affordable voluntary benefits are available to enhance the coverage you receive from your employer. Your Ward Services benefit counselor will be able to explain the plan features and costs to help you decide if additional coverage options are a good fit for your situation.

Universal Life Insurance with Long Term Care

Get two-in-one protection with Universal Life and Universal LifeEvents! These plans combine permanent life insurance and benefits for long-term care services. You can choose a higher death benefit that reduces later in life (Universal LifeEvents) or a death benefit that never reduces (Universal Life).

- Long-Term care payments can as much as triple your benefit.
- Rates are locked in at age of purchase and won't increase due to age.
- Policy builds cash value over time.
- Get coverage on yourself, a spouse, dependent children and grandchildren. You can cover your dependents without covering yourself.
- Guaranteed issue coverage on yourself, no medical questions to answer.*
- The coverage is portable so you can take it with you if you change employers.

Your Ward Services benefit counselor will show you coverage options and premium rates.

*Some benefits may be available on a guaranteed issue or modified guaranteed issue basis (some exceptions may apply)



Trustmark UniversalLife/LifeEvents® Insurance with Long-Term Care Benefit

Two choices for combined coverage and lifelong protection.



Financial security even after a loss

Protecting your loved ones is one of life's greatest responsibilities. When a family loses someone, in addition to grief, survivors may suddenly be faced with costly expenses and debts, and even a loss of income.

Universal Life/LifeEvents can help.

Universal Life provides a consistent lifelong benefit, while, for the same rate, the **Universal LifeEvents** option offers a **higher death benefit** during your working years, when your needs and responsibilities are the greatest. You can choose a plan and benefit amount that provides the **right protection for you.**

Universal Life/LifeEvents insurance can mean those left behind are still able to pursue their own dreams, and help ensure that the **ending** of one story won't stop the **beginning** of another.

Solving the long-term care issue

At any point in your life, you may need long-term care services, which could cost hundreds of dollars per day. Universal Life/LifeEvents includes a **long-term care (LTC)** benefit that can help pay for these services at any age. With either option, this benefit **remains at the same** level throughout your life, so the full amount is always available when you most need it.

Here's how it works:

4%

You can **collect 4% of your Universal Life/LifeEvents death benefit per month** for up to 25 months to help pay for long-term care services.

Flexible features available:

2x

PLUS: if you collect a benefit for LTC, your **full death benefit** is still available for your beneficiaries, as much as **doubling** your benefit.

3x
2x

PLUS: you can collect your LTC benefit for an **extra 25 months**, as much as **tripling doubling** your benefit.

The LTC Benefit is an acceleration of the death benefit and is not Long-Term Care Insurance (except in LA and VA, where the LTC benefit is Long-Term Care Insurance). It begins to pay after 90 days of confinement or services, and to qualify you must meet conditions of eligibility for benefits. The LTC benefits provided by this policy may not cover all of the policyholder's LTC expenses. Pre-existing condition limitation may apply. Your policy will contain complete details. You should consult a financial advisor to determine if the long-term care benefits and the retirement benefits provided by this policy are right for you.

Additional advantages

- **Keep your coverage** at the same price and benefits if you change jobs or retire.
- **Apply for coverage for family members:** spouse, children and grandchildren.
- **Convenient payroll deduction;** pay via direct bill, bank draft or credit card if you leave your employer.

Note: your rate is "locked in" at your age at purchase!

Once you have a policy, your rate will never increase due to age.



Universal Life/LifeEvents is **flexible permanent** life insurance designed to last a lifetime.



The younger you are when you enroll, the **more benefit** you receive for the same premium.



No medical exams or blood work – just answer a few simple questions.

Supplemental Long Term Disability Coverage

You are automatically enrolled in Basic Long Term Disability at no cost if you enroll in the State Health Plan. The maximum Basic Long Term Disability benefit is \$800 per month. Your Ward benefit counselor can help you elect more coverage for added protection.

Supplemental Long Term Disability

The Supplemental Long Term Disability (SLTD) benefit provides:

- Survivor's benefits for eligible dependents
- Coverage for injury, physical disease, mental disorder or pregnancy
- Return-to-work incentive
- SLTD conversion insurance
- Cost-of-living adjustment
- Lifetime security benefit

SLTD	Benefit
Benefit waiting period	90 or 180 days
Monthly SLTD benefit*	65% of your pre-disability earnings, reduced by your deductible income
Minimum benefit	\$100 per month
Maximum benefit	\$8,000 per month

*Basic Long Term Disability and Supplemental Long Term Disability benefits are subject to federal and state income taxes. Check with your accountant or tax adviser about your tax liability.

What you can do during benefit enrollment:

- Apply for Supplemental Long Term Disability with medical evidence.
- Change your benefit waiting period from 180 days to 90 days for existing coverage with medical evidence.
- Change your benefit waiting period from 90 days to 180 days for existing coverage without medical evidence.
- Drop coverage.

Your SLTD Selection

Check the box next to your choices and your benefit counselor will give you the per-pay cost for your coverage choice.

	Your SLTD Waiting Period	Your Monthly Cost
<input type="checkbox"/> Enroll in SLTD	<input type="checkbox"/> 90 day waiting period	
<input type="checkbox"/> Waive SLTD	<input type="checkbox"/> 180 day waiting period	\$ _____

Short Term Disability Insurance

Affordable voluntary benefits are available to enhance the coverage you receive from your employer. Your Ward Services benefit counselor will be able to explain the plan features and costs to help you decide if additional coverage options are a good fit for your situation.

Short Term Disability

Disability Insurance replaces a portion of your salary when a covered condition takes you off the job. It goes to work when you can't, so you can afford your lifestyle and pay for all the things you need.

- Pays cash benefits straight to you.
- No health questions asked, guaranteed issue.*
- Designed to cover the 90 day waiting period of the State Supplemental Long Term Disability plan.
- The coverage is portable so you can take it with you if you change employers.

Review your short term disability coverage and make sure your income is fully protected.

Special offer for this enrollment: if you are currently enrolled you may increase your short term disability benefit, up to policy limits with guaranteed issue.* Your coverage does NOT automatically increase with salary increases or inflation. Make sure you have adequate coverage to protect your income.

Your Ward Services benefit counselor will show you coverage options and premium rates.

*Some benefits may be available on a guaranteed issue or modified guaranteed issue basis (some exceptions may apply)



Trustmark Disability Income Insurance

Protecting your paycheck even when you can't work.

What would you do without a paycheck?

Your salary is crucial for taking care of yourself and the people who depend on you. But a nasty **injury** or **illness** could leave you **unable to do your job** – and unable to collect an income. Money trouble is the last thing you need when trying to get well. **Disability Income insurance can help.**

When you are disabled¹ and unable to work due to a sickness or off-the-job injury, Disability Income insurance replaces part of your paycheck. It provides a **regular cash benefit** that you can use for all the things your salary typically pays for.

Disability Income insurance **goes to work when you can't**, helping ensure that your life can keep running smoothly even when you are temporarily off your feet.

Note: once you have a policy, your rates will not increase due to age.

¹As defined by policy/certificate. ²Benefit payment is subject to terms and conditions of coverage. Pre-existing condition limitations may apply.

³Benefits paid may vary. See your policy/certificate for details.



Covered conditions

Disability Income insurance covers total disability due to:²

- Non-occupational sickness
- Non-occupational injury
- Pregnancy (10 months after effective date)
- Complications of pregnancy

What can benefits help pay for?

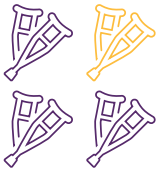
You can use your Disability Income benefits for whatever you need, including:

- Rent or mortgage payments
- Groceries and personal care
- Credit card bills
- Tuition and loans
- Child care and housekeeping
- Medical deductibles and copays

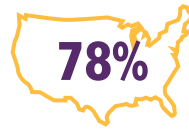
How benefits add up

Example: Jaime, who has a \$1,000/month Disability Income policy, slipped a disc in his back and was unable to work for two and a half months following his elimination period:

	Benefits paid
First month of disability following elimination period	\$1,000
Second month of disability	\$1,000
Last 15 days of disability	\$500
Total benefits paid³	\$2,500



1 of 4 of today's 20-year-olds will experience a disability before reaching age 67.⁴



78% of American workers live paycheck to paycheck to make ends meet.⁵

Additional advantages

- **Benefits paid in full, at the same frequency as your paycheck**, regardless of other coverage. (A monthly payment option is available.)
- **Coverage for time off of work due to pregnancy/childbirth** 10 months after the coverage effective date, or due to complications of pregnancy.
- **Waive your premium payments** if you remain disabled for more than 90 consecutive days during the benefit period.
- **Keep your coverage** at the same price and benefits if you change jobs or retire. Coverage ends at age 72.
- **Convenient payroll deduction:** pay via direct bill, bank draft or credit card if you leave your employer.

Total disability defined

Disability Income insurance pays benefits for total disability, meaning you are:

- **Unable to work at your job.**
- **Not working** at your current employer.
- **Under a doctor's care** for the injury or covered sickness causing your disability.

Coverage and elimination periods

Your **coverage period** is the length of time for which you are able to collect benefits. There may be a period after you become disabled before your benefits begin, known as the **elimination period**.

Coverage and eliminations periods **vary by employer**. You may also be able to choose between multiple options. More information on these periods will be available to you at your time of enrollment.



Pre-existing condition limitation

No benefit will be paid for any condition caused by or resulting from a pre-existing condition.

**You care.
We listen.**

This is a brief description of benefits under DI-902 and applicable riders. This insurance policy/group certificate provides coverage for disabilities resulting from covered accidents or covered sicknesses. It is not a substitute for medical expense insurance, major medical expense insurance or a health benefit plan alternative. It is also not a Medicare Supplement policy, nor is it a policy of worker's compensation. Please refer to your policy/group certificate and outline of coverage, if applicable, for complete information. Limitations on pre-existing conditions may apply. A waiting period may apply before benefits are payable. Benefits, definitions, exclusions, form numbers and limitations may vary by state. For costs and coverage detail, including exclusions, limitations and terms, see your agent or write the company. Underwriting conditions may vary, and determine eligibility for the offer of insurance. For exclusions and limitations that may apply, visit [www.trustmarksolutions.com/disclosures/DI/\(A112-2216-DI\)](http://www.trustmarksolutions.com/disclosures/DI/(A112-2216-DI)).

⁴Social Security Administration, "Disability Planner: Social Security Protection If You Become Disabled." ⁵CareerBuilder, "Living Paycheck to Paycheck is a Way of Life for Majority of U.S. Workers, According to New CareerBuilder Survey." ⁷An A.M. Best rating is an independent opinion of an insurer's financial strength and ability to meet its ongoing insurance policy and contract obligations. Trustmark is rated A- (4th out of 16 possible ratings ranging from A++ to Suspended).

Underwritten by Trustmark Insurance Company
Rated A- (EXCELLENT) A.M. Best⁷
trustmarksolutions.com   



Choose Your MoneyPlus Elections

Are you leaving money on the table? MoneyPlus is a tax-favored accounts program that allows you to save money on eligible medical and dependent care costs. You fund the accounts with money deducted pretax from your paycheck.

Standard Plan members

Medical Spending Account

Your Standard Plan works great with a Medical Spending Account (MSA). Use your MSA to pay for eligible medical expenses, including copayments and coinsurance. As you have eligible expenses, you can use a debit card for your account or submit claims for reimbursement. You can carry over into 2025 a limited amount of unused funds from your account. See your PEBA Benefits Guide for the allowed balance rollover amount for 2025. **Remember you must re-enroll in MSA accounts each year.**

Savings Plan members

Health Savings Account

Your Savings Plan is designed to go hand in hand with a Health Savings Account (HSA).

- Pay for out-of-pocket medical expenses such as deductibles and prescriptions.
- Carry over all funds from one year to the next.
- You own the account and keep it if you leave your job or retire.
- While there is an annual contribution limit, there's no limit to how much you can save in your account.
- You can invest funds to earn investment income tax-free.

Limited-use Medical Spending Account

If you have a Health Savings Account, you can also use a Limited-use Medical Spending Account to pay for expenses the Savings Plan does not cover, like dental and vision care.

Account Type*	Plan	Funds Available	Medical Expenses	Dental, Vision Expenses	Balance Carries from Year-to-Year	Invest Funds	Re-enroll Each Year
MSA	Standard	Jan. 1	✓	✓	Set limited balance can carry over**		✓
HSA	Savings	As deposited	✓	✓	✓	✓	
Limited-use MSA	Savings	Jan. 1		✓	Set limited balance can carry over**		✓

*Fees apply to MoneyPlus accounts, see your PEBA Benefits Guide for more information.

**See your PEBA Benefits Guide for the allowed balance rollover amount for 2025.

MoneyPlus Elections...Continued

All members

Pretax Group Insurance Premium feature

This feature allows you to pay insurance premiums before taxes for health, vision, dental and up to \$50,000 of Optional Life coverage. You do not need to re-enroll each year.

Dependent Care Spending Account

You can use a Dependent Care Spending Account (DCSA) to pay for daycare costs for children and adults. It cannot be used to pay for dependent medical care. You submit claims for reimbursement as you have eligible expenses. The funds can be used only for expenses incurred January 1, 2024 through March 15, 2025. You forfeit funds left in your account after the reimbursement deadline. You must re-enroll each year.

2024 Contribution Limits

See the PEBA Benefits Guide for up-to-date contribution limits.

2024 Reimbursement Deadlines

Account	Grace Period	Deadline
Medical Spending Account	None	March 31, 2025
Limited-use Medical Spending Account	None	March 31, 2025
Dependent Care Spending Account	March 15, 2025	March 31, 2025

What you can do during benefit enrollment:

- Enroll in or drop the Pretax Group Insurance Premium feature.
- Enroll in or drop a Health Savings Account.
- Enroll in, re-enroll in or drop flexible spending accounts:
 - Medical Spending Account
 - Limited-use Medical Spending Account
 - Dependent Care Spending Account

MoneyPlus Worksheet

Use the worksheets below to calculate the amount you may wish to contribute to an MSA or a DCSA. Be conservative in your planning. Remember that any unclaimed funds cannot be returned to you. You can, however, carry over a limited amount of unused MSA funds into the 2025 plan year. For up-to-date 2025 rollover amounts see the PEBA Benefits Guide. You cannot carry over DCSA funds, and you cannot transfer funds between flexible spending accounts.

Medical Spending Account

Estimate your eligible out-of-pocket medical expenses for the plan year.

Medical expenses

Health insurance deductible	\$
Copayments and coinsurance	\$
Prescription drugs	\$
Dental care	\$
Vision care	\$
Travel costs for medical care	\$
Other eligible expenses	\$
Annual contribution	\$

Dependent Care Spending Account

Estimate your eligible dependent care expenses for the plan year.

Child care expenses

Day care services	\$
In-home care/au pair services	\$
Nursery/preschool	\$
After-school care	\$
Summer day camps	\$

Elder care expenses

Day care center services	\$
In-home care services	\$
Annual contribution	\$

