



The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. **NOTE:** Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately.

**This is only a summary.** For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other [underlined](#) terms see the Glossary. You can see the Glossary at [www.carefirst.com/sbcg](http://www.carefirst.com/sbcg) or call 1-855-258-6518 to request a copy. For more information about your coverage, or to get a copy of the complete terms of coverage, please visit [www.carefirst.com](http://www.carefirst.com).

Important Questions	Answers	Why This Matters:
<b>What is the overall <a href="#">deductible</a>?</b>	In-Network: \$0; Out-of-Network: \$200 individual/\$400 family	Generally, you must pay all the costs from <a href="#">providers</a> up to the <a href="#">deductible</a> amount before this <a href="#">plan</a> begins to pay. If you have other family member(s) on the <a href="#">plan</a> , each family member may need to meet their own individual <a href="#">deductible</a> , OR all family members may combine to meet the overall family <a href="#">deductible</a> before the <a href="#">plan</a> begins to pay, depending upon plan coverage. Please refer to your contract for further details.
<b>Are there services covered before you meet your <a href="#">deductible</a>?</b>	Yes, all In-Network services are provided without a deductible.	This <a href="#">plan</a> covers some items and services even if you haven't yet met the <a href="#">deductible</a> amount. But a <a href="#">copayment</a> or <a href="#">coinsurance</a> may apply. For example, this <a href="#">plan</a> covers certain <a href="#">preventive services</a> without <a href="#">cost-sharing</a> and before you meet your <a href="#">deductible</a> . See a list of covered <a href="#">preventive services</a> at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a> .
<b>Are there other <a href="#">deductibles</a> for specific services?</b>	There are no other specific deductibles.	You don't have to meet <a href="#">deductibles</a> for specific services.
<b>What is the <a href="#">out-of-pocket limit</a> for this <a href="#">plan</a>?</b>	Medical: In-Network: \$1,000 individual/\$2,000 family; Out-of-Network: \$1,000 individual/\$2,000 family. Prescription Drug: \$5,600 individual/\$11,200 family	The <a href="#">out-of-pocket limit</a> is the most you could pay in a <a href="#">plan</a> year for covered services. If you have other family member(s) on the <a href="#">plan</a> , each family member may need to meet their own <a href="#">out-of-pocket limits</a> , OR all family members may combine to meet the overall family <a href="#">out-of-pocket limit</a> , depending upon <a href="#">plan</a> coverage. Please refer to your contract for further details.
<b>What is not included in the <a href="#">out-of-pocket limit</a>?</b>	Premiums, balance-billing charges, health care this plan doesn't cover, copayments for certain services, and penalties for failure to obtain pre-authorization for services.	Even though you pay these expenses, they don't count toward the <a href="#">out-of-pocket limit</a> .
<b>Will you pay less if you use a <a href="#">network provider</a>?</b>	Yes. See <a href="http://www.carefirst.com">www.carefirst.com</a> or call 855-258-6518 for a list of Network providers.	This <a href="#">plan</a> uses a <a href="#">provider network</a> . You will pay less if you use a <a href="#">provider</a> in the <a href="#">plan's network</a> . You will pay the most if you use an <a href="#">out-of-network provider</a> , and you might receive a bill from a <a href="#">provider</a> for the difference between the provider's charge and what your <a href="#">plan</a> pays ( <a href="#">balance billing</a> ). Be aware your <a href="#">network provider</a> might use an <a href="#">out-of-network provider</a> for some services (such as lab work). Check with your <a href="#">provider</a> before you get services.

Do you need a <a href="#">referral</a> to see a <a href="#">specialist</a> ?	No.	You can see the <a href="#">specialist</a> you choose without a <a href="#">referral</a> .
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Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care <a href="#">provider's</a> office or clinic	Primary care visit to treat an injury or illness	Provider: \$15 copay per visit Hospital Facility: \$35 copay per visit	Provider & Hospital Facility: Deductible, then 20% of Allowed Benefit	If a service is rendered at a Hospital Facility, the additional Facility charge may apply
	<a href="#">Specialist</a> visit	Provider: \$25 copay per visit Hospital Facility: \$35 copay per visit	Provider & Hospital Facility: Deductible, then 20% of Allowed Benefit	If a service is rendered at a Hospital Facility, the additional Facility charge may apply
	Retail health clinic	\$15 copay per visit	Deductible, then 20% of Allowed Benefit	None
	<a href="#">Preventive care/screening/immunization</a>	No Charge	Well Child Exams, Immunizations, and Related Diagnostic Services: 20% of Allowed Benefit All Other Services: Deductible, then 20% of Allowed Benefit	Some services may have limitations or exclusions based on your contract
If you have a test	<a href="#">Diagnostic test</a> (x-ray, blood work)	Lab Tests: Non-Hospital: \$15 copay per visit Hospital: \$50 copay per visit X-Ray: Non-Hospital: \$15 copay per visit Hospital: \$50 copay per visit	Lab Tests: Non-Hospital & Hospital: Deductible, then 20% of Allowed Benefit X-Ray: Non-Hospital & Hospital: Deductible, then 20% of Allowed Benefit	In-Network Lab Test benefits apply only to tests performed at LabCorp.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
	Imaging (CT/PET scans, MRIs)	Non-Hospital: \$15 copay per visit Hospital: \$50 copay per visit	Non-Hospital & Hospital: Deductible, then 20% of Allowed Benefit	None
<b>If you need drugs to treat your illness or condition</b> More information about <a href="http://www.carefirst.com/rxgroup">prescription drug coverage</a> is available at <a href="http://www.carefirst.com/rxgroup">www.carefirst.com/rxgroup</a>	Generic drugs	\$5 copay	Paid As In-Network	For all prescription drugs: Prior authorization may be required for certain drugs; No Charge for preventive drugs or contraceptives; Copay applies to up to 34-day supply; Up to 90-day supply of maintenance drugs is 2 copays at mail or CVS Retail; 3 copays at all other retail stores; Specialty Drugs: Participating Providers: covered when purchased through the Exclusive Specialty Pharmacy Network Non-Participating Providers: Not Covered
	Preferred brand drugs	\$25 copay	Paid As In-Network	
	Non-preferred brand drugs	\$50 copay	Paid As In-Network	
	Preferred <a href="#">Specialty drugs</a>	\$5/\$25/\$50 copay	Not Covered	
	Non-preferred <a href="#">Specialty drugs</a>	\$5/\$25/\$50 copay	Not Covered	
<b>If you have outpatient surgery</b>	Facility fee (e.g., ambulatory surgery center)	Non-Hospital & Hospital: No Charge	Non-Hospital & Hospital: Deductible, then 20% of Allowed Benefit	None
	Physician/surgeon fees	Non-Hospital & Hospital: \$35 copay per visit	Non-Hospital & Hospital: Deductible, then 20% of Allowed Benefit	None
<b>If you need immediate medical attention</b>	<a href="#">Emergency room care</a>	\$125 copay per visit	Paid As In-Network	Limited to Emergency Services or unexpected, urgently required services; Additional professional charges may apply; Copay waived if admitted
	<a href="#">Emergency medical transportation</a>	No Charge	No Charge	None
	<a href="#">Urgent care</a>	\$30 copay per visit	\$30 copay per visit	Limited to unexpected, urgently required services

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
<b>If you have a hospital stay</b>	Facility fee (e.g., hospital room)	\$125 copay per admission	Deductible, then 20% of Allowed Benefit	Prior authorization is required
	Physician/surgeon fees	No Charge	Deductible, then 20% of Allowed Benefit	None
<b>If you need mental health, behavioral health, or substance abuse services</b>	Outpatient services	Office Visit: \$15 copay per visit Hospital Facility: \$35 copay per visit	Office Visit & Hospital Facility: Deductible, then 20% of Allowed Benefit	For treatment at an Outpatient Hospital Facility, additional charges may apply
	Inpatient services	No Charge	Deductible, then 20% of Allowed Benefit	Prior authorization is required; Additional professional charges may apply
<b>If you are pregnant</b>	Office visits	No Charge	Deductible, then 20% of Allowed Benefit	For routine pre/postnatal office visits only. For non-routine obstetrical care or complications of pregnancy, cost sharing may apply.
	Childbirth/delivery professional services	No Charge	Deductible, then 20% of Allowed Benefit	None
	Childbirth/delivery facility services	\$125 copay per admission	Deductible, then 20% of Allowed Benefit	Additional professional charges may apply
<b>If you need help recovering or have other special health needs</b>	<a href="#">Home health care</a>	No Charge	No Charge	Prior authorization is required Benefits are limited to 90 days of unlimited visits per benefit period. Home Health Aid is limited to 40 visits
	<a href="#">Rehabilitation services</a>	Provider: \$25 copay per visit Hospital Facility: \$35 copay per visit	Provider & Hospital Facility: Deductible, then 20% of Allowed Benefit	If a service is rendered at a Hospital Facility, the additional Facility charge may apply Benefits for Speech, Physical and Occupational Therapies are limited to 100 visits combined per benefit period
	<a href="#">Habilitation services</a>	Provider: \$25 copay per visit Hospital Facility: \$35 copay per visit	Provider & Hospital Facility: Deductible, then 20% of Allowed Benefit	Prior authorization is required after the first visit Benefits are limited to Members under the age of 19 If a service is rendered at a Hospital Facility, the additional Facility charge may apply
	<a href="#">Skilled nursing care</a>	No Charge	Deductible, then 20% of Allowed Benefit	Prior authorization is required



Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
	<a href="#">Durable medical equipment</a>	No Charge	Deductible, then 20% of Allowed Benefit	None
	<a href="#">Hospice services</a>	Inpatient and Outpatient Facility: No Charge	Inpatient and Outpatient Facility: No Charge	Prior authorization is required Hospice Maximum: Benefits are limited to 180 lifetime days inpatient/outpatient combined. 30 days inpatient per lifetime Bereavement: Benefits are limited to 6 months or 15 visits Family Counseling: Applies to the 180-day Hospice Maximum Respite Care: Benefits are limited to 14 days
<b>If your child needs dental or eye care</b>	Children's eye exam	Not Covered	Not Covered	None
	Children's glasses	Not Covered	Not Covered	None
	Children's dental check-up	Not Covered	Not Covered	None

#### Excluded Services & Other Covered Services:

Services Your <a href="#">Plan</a> Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other <a href="#">excluded services</a> .)			
• Cosmetic surgery	• Long-term care	• Routine foot care	
• Dental care (Adult)	• Routine eye care	• Weight loss programs	
Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your <a href="#">plan</a> document.)			
• Abortion	• Chiropractic care	• Infertility treatment	
• Acupuncture	• Coverage provided outside the US. See <a href="http://www.carefirst.com">www.carefirst.com</a>	• Non-emergency care when travelling outside the US	
• Bariatric surgery	• Hearing aids	• Private-duty nursing	

**Your Rights to Continue Coverage:** There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Department of Labor Employee Benefits Security Administration, <http://www.dol.gov/ebsa/healthreform>, or call 1-866-444-EBSA (3272); or Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, <http://www.cciio.cms.gov>, or call 1-877-267-2323 x61565. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance [Marketplace](#). For more information about the [Marketplace](#), visit [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318-2596.

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact: Department of Labor Employee Benefits Security Administration, <http://www.dol.gov/ebsa/healthreform>, or call 1-866-444-EBSA (3272); or Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, <http://www.cciio.cms.gov>, or call 1-877-267-2323 x61565.

**Does this plan provide Minimum Essential Coverage? Yes**

[Minimum Essential Coverage](#) generally includes [plans](#), [health insurance](#) available through the [Marketplace](#) or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#), you may not be eligible for the [premium tax credit](#).

**Does this plan meet the Minimum Value Standards? Yes**

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

**Language Access Services:**

Spanish (Español): Para obtener asistencia en Español, llame al 1-855-258-6518.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-855-258-6518.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-855-258-6518.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-855-258-6518.

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*To see examples of how this plan might cover costs for a sample medical situation, see the next section.*

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## About these Coverage Examples:



**This is not a cost estimator.** Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

### Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

■ The <a href="#">plan's</a> overall <a href="#">deductible</a>	\$0
■ <a href="#">Specialist</a> Copayment	\$25
■ Hospital (facility) Copayment	\$0
■ Other Copayment	\$15

#### This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)  
 Childbirth/Delivery Professional Services  
 Childbirth/Delivery Facility Services  
 Diagnostic tests (*ultrasounds and blood work*)  
 Specialist visit (*anesthesia*)

<b>Total Example Cost</b>	<b>\$12,700</b>
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#### In this example, Peg would pay:

Cost Sharing	
Deductibles	\$0
Copayments	\$90
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$10
<b>The total Peg would pay is</b>	<b>\$100</b>

### Managing Joe's type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

■ The <a href="#">plan's</a> overall <a href="#">deductible</a>	\$0
■ <a href="#">Specialist</a> Copayment	\$25
■ Hospital (facility) Copayment	\$0
■ Other Copayment	\$0

#### This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)  
 Diagnostic tests (*blood work*)  
 Prescription drugs  
 Durable medical equipment (*glucose meter*)

<b>Total Example Cost</b>	<b>\$5,600</b>
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#### In this example, Joe would pay:

Cost Sharing	
Deductibles	\$0
Copayments	\$520
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$0
<b>The total Joe would pay is</b>	<b>\$520</b>

### Mia's Simple Fracture

(in-network emergency room visit and follow up care)

■ The <a href="#">plan's</a> overall <a href="#">deductible</a>	\$0
■ <a href="#">Specialist</a> Copayment	\$25
■ Hospital (facility) Copayment	\$125
■ Other Copayment	\$15

#### This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)  
 Diagnostic test (*x-ray*)  
 Durable medical equipment (*crutches*)  
 Rehabilitation services (*physical therapy*)

<b>Total Example Cost</b>	<b>\$2,800</b>
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#### In this example, Mia would pay:

Cost Sharing	
Deductibles	\$0
Copayments	\$310
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$0
<b>The total Mia would pay is</b>	<b>\$310</b>

The [plan](#) would be responsible for the other costs of these EXAMPLE covered services.



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This is only a summary. For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other [underlined](#) terms see the Glossary. You can see the Glossary at [www.carefirst.com/sbcg](http://www.carefirst.com/sbcg) or call 1-855-258-6518 to request a copy. For more information about your coverage, or to get a copy of the complete terms of coverage, please visit [www.carefirst.com](http://www.carefirst.com).

Important Questions	Answers	Why This Matters:
What is the overall <a href="#">deductible</a> ?	In-Network: \$0.	See the Common Medical Events chart below for your costs for services this plan covers.
Are there services covered before you meet your <a href="#">deductible</a> ?	Yes, all In-Network services are provided without a deductible.	This <a href="#">plan</a> covers some items and services even if you haven't yet met the <a href="#">deductible</a> amount. But a <a href="#">copayment</a> or <a href="#">coinsurance</a> may apply. For example, this <a href="#">plan</a> covers certain <a href="#">preventive services</a> without <a href="#">cost-sharing</a> and before you meet your <a href="#">deductible</a> . See a list of covered <a href="#">preventive services</a> at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a> .
Are there other <a href="#">deductibles</a> for specific services?	There are no other specific deductibles.	You don't have to meet <a href="#">deductibles</a> for specific services.
What is the <a href="#">out-of-pocket limit</a> for this <a href="#">plan</a> ?	Medical: In-Network: \$2,000 individual/\$6,000 family. Prescription Drug: \$4,600 individual/\$7,200 family.	The <a href="#">out-of-pocket limit</a> is the most you could pay in a <a href="#">plan</a> year for covered services. If you have other family member(s) on the <a href="#">plan</a> , each family member may need to meet their own <a href="#">out-of-pocket limits</a> , OR all family members may combine to meet the overall family <a href="#">out-of-pocket limit</a> , depending upon <a href="#">plan</a> coverage. Please refer to your contract for further details.
What is not included in the <a href="#">out-of-pocket limit</a> ?	Premiums, balance-billing charges, health care this plan doesn't cover, copayments for certain services, and penalties for failure to obtain pre-authorization for services.	Even though you pay these expenses, they don't count toward the <a href="#">out-of-pocket limit</a> .
Will you pay less if you use a <a href="#">network provider</a> ?	Yes. See <a href="http://www.carefirst.com">www.carefirst.com</a> or call 855-258-6518 for a list of Network providers.	This <a href="#">plan</a> uses a <a href="#">provider network</a> . You will pay less if you use a <a href="#">provider</a> in the <a href="#">plan's network</a> . You will pay the most if you use an <a href="#">out-of-network provider</a> , and you might receive a bill from a <a href="#">provider</a> for the difference between the provider's charge and what your <a href="#">plan</a> pays ( <a href="#">balance billing</a> ). Be aware your <a href="#">network provider</a> might use an <a href="#">out-of-network provider</a> for some services (such as lab work). Check with your <a href="#">provider</a> before you get services.
Do you need a <a href="#">referral</a> to see a <a href="#">specialist</a> ?	No.	You can see the <a href="#">specialist</a> you choose without a <a href="#">referral</a> .

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care <a href="#">provider's</a> office or clinic	Primary care visit to treat an injury or illness	Provider: \$20 copay per visit Hospital Facility: No Charge	Provider & Hospital Facility: Not Covered	If a service is rendered at a Hospital Facility, the additional Facility charge may apply
	<a href="#">Specialist</a> visit	Provider: \$30 copay per visit Hospital Facility: No Charge	Provider & Hospital Facility: Not Covered	If a service is rendered at a Hospital Facility, the additional Facility charge may apply
	Retail health clinic	\$20 copay per visit	Not Covered	None
	<a href="#">Preventive care/screening/immunization</a>	No Charge	Not Covered	Some services may have limitations or exclusions based on your contract
If you have a test	<a href="#">Diagnostic test</a> (x-ray, blood work)	Lab Tests: Non-Hospital: \$10 copay per visit Hospital: \$30 copay per visit X-Ray: Non-Hospital: \$10 copay per visit Hospital: \$30 copay per visit	Lab Tests: Non-Hospital & Hospital: Not Covered X-Ray: Non-Hospital & Hospital: Not Covered	In-Network Lab Test benefits apply only to tests performed at LabCorp.
	Imaging (CT/PET scans, MRIs)	Non-Hospital: \$10 copay per visit Hospital: \$30 copay per visit	Non-Hospital & Hospital: Not Covered	None

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
<b>If you need drugs to treat your illness or condition</b> More information about <a href="http://www.carefirst.com/rxgroup">prescription drug coverage</a> is available at <a href="http://www.carefirst.com/rxgroup">www.carefirst.com/rxgroup</a>	Generic drugs	\$5 copay	Paid As In-Network	For all prescription drugs: Prior authorization may be required for certain drugs; No Charge for preventive drugs or contraceptives; Copay applies to up to 34-day supply; Up to 90-day supply of maintenance drugs is 2 copays at mail or CVS Retail; 3 copays at all other retail stores; Specialty Drugs: Participating Providers: covered when purchased through the Exclusive Specialty Pharmacy Network Non-Participating Providers: Not Covered
	Preferred brand drugs	\$25 copay	Paid As In-Network	
	Non-preferred brand drugs	\$50 copay	Paid As In-Network	
	Preferred <a href="#">Specialty drugs</a>	\$5/\$25/\$50 copay	Not Covered	
	Non-preferred <a href="#">Specialty drugs</a>	\$5/\$25/\$50 copay	Not Covered	
<b>If you have outpatient surgery</b>	Facility fee (e.g., ambulatory surgery center)	Non-Hospital & Hospital: \$40 copay per visit	Non-Hospital & Hospital: Not Covered	None
	Physician/surgeon fees	Non-Hospital & Hospital: \$30 copay per visit	Non-Hospital & Hospital: Not Covered	None
<b>If you need immediate medical attention</b>	<a href="#">Emergency room care</a>	\$150 copay per visit	Paid As In-Network	Limited to Emergency Services or unexpected, urgently required services; Additional professional charges may apply; Copay waived if admitted
	<a href="#">Emergency medical transportation</a>	No Charge	Not Covered	None
	<a href="#">Urgent care</a>	\$35 copay per visit	Not Covered	Limited to unexpected, urgently required services
<b>If you have a hospital stay</b>	Facility fee (e.g., hospital room)	\$250 copay per admission	Not Covered	Prior authorization is required
	Physician/surgeon fees	No Charge	Not Covered	None



Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
<b>If you need mental health, behavioral health, or substance abuse services</b>	Outpatient services	Office Visit: \$10 copay per visit Hospital Facility: No Charge	Office Visit & Hospital Facility: Not Covered	For treatment at an Outpatient Hospital Facility, additional charges may apply
	Inpatient services	No Charge	Not Covered	Prior authorization is required; Additional professional charges may apply
<b>If you are pregnant</b>	Office visits	No Charge	Not Covered	For routine pre/postnatal office visits only. For non-routine obstetrical care or complications of pregnancy, cost sharing may apply.
	Childbirth/delivery professional services	No Charge	Not Covered	None
	Childbirth/delivery facility services	\$250 copay per admission	Not Covered	Additional professional charges may apply
<b>If you need help recovering or have other special health needs</b>	<a href="#">Home health care</a>	No Charge	Not Covered	Prior authorization is required
	<a href="#">Rehabilitation services</a>	Provider: \$20 copay per visit Hospital Facility: No Charge	Provider & Hospital Facility: Not Covered	If a service is rendered at a Hospital Facility, the additional Facility charge may apply Benefits for Speech, Physical and Occupational Therapies are limited to 30 days combined per illness per benefit period
	<a href="#">Habilitation services</a>	Provider: \$20 copay per visit Hospital Facility: No Charge	Provider & Hospital Facility: Not Covered	Prior authorization is required after the first visit Benefits are limited to Members under the age of 19 If a service is rendered at a Hospital Facility, the additional Facility charge may apply
	<a href="#">Skilled nursing care</a>	No Charge	Not Covered	Prior authorization is required
	<a href="#">Durable medical equipment</a>	No Charge	Not Covered	None

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
	<a href="#">Hospice services</a>	Inpatient and Outpatient Facility: No Charge	Inpatient and Outpatient Facility: Not Covered	Prior authorization is required Hospice Maximum: Benefits are limited to 180 lifetime days inpatient/outpatient combined. 30 days inpatient per lifetime Bereavement: Benefits are limited to 6 months or 15 visits Family Counseling: Applies to the 180-day Hospice Maximum Respite Care: Benefits are limited to 14 days
If your child needs dental or eye care	Children's eye exam	Not Covered	Not Covered	None
	Children's glasses	Not Covered	Not Covered	None
	Children's dental check-up	Not Covered	Not Covered	None

#### Excluded Services & Other Covered Services:

Services Your <a href="#">Plan</a> Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other <a href="#">excluded services</a> .)			
<ul style="list-style-type: none"> <li>Acupuncture</li> <li>Cosmetic surgery</li> <li>Coverage provided outside the US. See <a href="http://www.carefirst.com">www.carefirst.com</a></li> </ul>	<ul style="list-style-type: none"> <li>Dental care (Adult)</li> <li>Long-term care</li> <li>Non-emergency care when travelling outside the US</li> </ul>	<ul style="list-style-type: none"> <li>Private-duty nursing</li> <li>Routine eye care</li> <li>Routine foot care</li> <li>Weight loss programs</li> </ul>	
Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your <a href="#">plan</a> document.)			
<ul style="list-style-type: none"> <li>Abortion</li> <li>Bariatric surgery</li> </ul>	<ul style="list-style-type: none"> <li>Chiropractic care</li> </ul>	<ul style="list-style-type: none"> <li>Hearing aids</li> <li>Infertility treatment</li> </ul>	

**Your Rights to Continue Coverage:** There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Department of Labor Employee Benefits Security Administration, <http://www.dol.gov/ebsa/healthreform>, or call 1-866-444-EBSA (3272); or Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, <http://www.cciio.cms.gov>, or call 1-877-267-2323 x61565. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance [Marketplace](#). For more information about the [Marketplace](#), visit [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318-2596.

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact: Department of Labor Employee Benefits Security Administration, <http://www.dol.gov/ebsa/healthreform>, or call 1-866-444-EBSA (3272); or Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, <http://www.cciio.cms.gov>, or call 1-877-267-2323 x61565.

**Does this plan provide Minimum Essential Coverage? Yes**

[Minimum Essential Coverage](#) generally includes [plans](#), [health insurance](#) available through the [Marketplace](#) or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#), you may not be eligible for the [premium tax credit](#).

**Does this plan meet the Minimum Value Standards? Yes**

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

**Language Access Services:**

Spanish (Español): Para obtener asistencia en Español, llame al 1-855-258-6518.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-855-258-6518.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-855-258-6518.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-855-258-6518.

---

*To see examples of how this plan might cover costs for a sample medical situation, see the next section.*

---

## About these Coverage Examples:



**This is not a cost estimator.** Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

### Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

■ The <a href="#">plan's</a> overall <a href="#">deductible</a>	\$0
■ <a href="#">Specialist</a> Copayment	\$20
■ Hospital (facility) Copayment	\$0
■ Other Copayment	\$10

#### This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)  
 Childbirth/Delivery Professional Services  
 Childbirth/Delivery Facility Services  
 Diagnostic tests (*ultrasounds and blood work*)  
 Specialist visit (*anesthesia*)

<b>Total Example Cost</b>	<b>\$12,700</b>
---------------------------	-----------------

#### In this example, Peg would pay:

Cost Sharing	
Deductibles	\$0
Copayments	\$60
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$10
<b>The total Peg would pay is</b>	<b>\$70</b>

### Managing Joe's type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

■ The <a href="#">plan's</a> overall <a href="#">deductible</a>	\$0
■ <a href="#">Specialist</a> Copayment	\$20
■ Hospital (facility) Copayment	\$0
■ Other Copayment	\$0

#### This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)  
 Diagnostic tests (*blood work*)  
 Prescription drugs  
 Durable medical equipment (*glucose meter*)

<b>Total Example Cost</b>	<b>\$5,600</b>
---------------------------	----------------

#### In this example, Joe would pay:

Cost Sharing	
Deductibles	\$0
Copayments	\$470
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$0
<b>The total Joe would pay is</b>	<b>\$470</b>

### Mia's Simple Fracture

(in-network emergency room visit and follow up care)

■ The <a href="#">plan's</a> overall <a href="#">deductible</a>	\$0
■ <a href="#">Specialist</a> Copayment	\$20
■ Hospital (facility) Copayment	\$100
■ Other Copayment	\$10

#### This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)  
 Diagnostic test (*x-ray*)  
 Durable medical equipment (*crutches*)  
 Rehabilitation services (*physical therapy*)

<b>Total Example Cost</b>	<b>\$2,800</b>
---------------------------	----------------

#### In this example, Mia would pay:

Cost Sharing	
Deductibles	\$0
Copayments	\$245
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$0
<b>The total Mia would pay is</b>	<b>\$245</b>

The [plan](#) would be responsible for the other costs of these EXAMPLE covered services.

# Your 2025 Healthcare Benefit Guide

**Charles County Commissioners**

*Employees/Retirees Under 65—July 2025*



*With Care,*



Recognized as one of the  
World's Most Ethical Companies®

"World's Most Ethical Companies" and "Ethisphere" names and marks are registered trademarks of Ethisphere LLC.



# Welcome

We're glad you're considering CareFirst BlueCross BlueShield (CareFirst). We know there's a lot of information to review when selecting your health plan. We hope this simplified guide provides information that makes choosing CareFirst an easy decision.

Inside, you'll find information that'll help you select the plan that's best suited to your needs. Whichever plan you choose, you'll have coverage that's recognized and accepted by more top doctors than any other network. Plus, you'll know that you have the support of a team that's working everyday to improve the healthcare experience of every member.

## Ready to explore your benefits?

Let's find the best health plan for you.



Note your enrollment dates and deadlines



Review your health benefit options



Make your selection and complete your enrollment

# What's inside?

- 3 Welcome
- 4 What's inside?
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- 8 Vision plan highlights
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## It helps to understand some key terms



**CareFirst member cost:** The maximum amount providers can charge CareFirst members for a specific service.

**Deductible:** Depending on your plan, you'll need to pay for some services on your own until you reach your deductible. Then your plan starts helping with the cost of your care.

**Out-of-pocket maximum:** The most you'll pay for covered services in a plan year. After you spend this amount on care costs, your plan will pay 100% of the CareFirst member costs for the rest of the plan year.

*The personas represented in this decision guide are not real. The personas and quotes are used for illustrative purposes only.*

# Choosing the right plan

Everyone has their own personal needs and concerns when it comes to healthcare. We hope you'll take a few minutes to consider what features are most important to you. Here are some examples:



## Felipe

32 YEARS OLD  
FORKLIFT OPERATOR  
MARRIED

Felipe is young and healthy, and generally sees the doctor only when something bothers him. At this point in his life, he's more interested in saving money than having a wide variety of options.

**FELIPE WANTS A HEALTH PLAN THAT:**

- Fits within a budget
- Has value for what he pays



## Susanne

45 YEARS OLD  
IT MANAGER  
MARRIED WITH  
2 CHILDREN

Susanne is a hard-working mom with a high-stress job and active teenage kids. She needs affordable care for her family and help managing her son's type 1 diabetes.

**SUSANNE WANTS A HEALTH PLAN THAT:**

- Has access to quality care when and where she needs it
- Helps her manage the costs of medications



## Elizabeth

59 YEARS OLD  
SALES DIRECTOR  
DIVORCED

Elizabeth is an active empty-nester. She wants to know that she's got the resources she needs to cover any unexpected expenses, but doesn't want to feel overwhelmed with options.

**ELIZABETH WANTS A HEALTH PLAN THAT:**

- Includes a robust wellness program
- Provides coverage when she travels



## Matt

29 YEARS OLD  
SOCIAL WORKER  
SINGLE

Matt spends much of his free time with his faithful yellow lab, but he's looking forward to buying a house. Saving money is his immediate goal, but not at the expense of having reliable, basic coverage.

**MATT WANTS A HEALTH PLAN THAT:**

- Has a low monthly paycheck deduction
- Offers discounts for gym memberships

# Medical plan highlights

Let’s compare some of your in-network costs for common services with these plans.

	BlueChoice HMO Open Access	BlueChoice Advantage
Costs to consider		
In-network Deductible You'll pay the full CareFirst member cost for some services until you reach your deductible	None	None
Out-of-pocket Maximum The most you'll pay for covered in-network services in a plan year	\$2,000 Individual/ \$6,000 Family	\$1,000 Individual/ \$2,000 Family
Plan Includes Out-of-network Coverage	No	Yes
Staying healthy		
Annual Physical Exam	\$0 per visit	\$0 per visit
Preventive Screenings and Immunizations	\$0 per visit	\$0 per visit
Provider services		
Primary Care Provider (PCP)	\$20 per visit	\$15 per visit
Specialist (e.g. Dermatologist)	\$30 per visit	\$25 per visit
Mental Health Professional—Office	\$10 per visit	\$15 per visit
Urgent Care	\$35 per visit	\$30 per visit
Emergency Room	\$150 per visit (waived if admitted)	\$125 per visit (waived if admitted)
Allergy Shots	\$10 per visit (PCP)	\$0 per visit
Labs (non-hospital facility)	\$10 per visit	\$15 per visit
X-rays (non-hospital facility)	\$10 per visit	\$15 per visit
Physical, Speech and/or Occupational Therapy	\$20 per visit (limitations apply)	\$25 per visit (limitations apply)
Chiropractic	\$20 per visit (limitations apply)	\$25 per visit
Acupuncture	Not covered	\$25 per visit
Outpatient Surgery (surgical center)	\$0 per visit	\$35 per visit
Inpatient Surgery (including maternity)	\$250 per admission	\$125 per admission
Artificial and Intrauterine Insemination	50% of CareFirst member cost	\$25 per visit (office)
In Vitro Fertilization Procedures	50% of CareFirst member cost	\$25 per visit (office)
Durable Medical Equipment	\$0	\$0

Costs shown are for care received in-network and, except for emergency room, at non-hospital locations. See your Summary of Benefits for limitations and plan details.

# Prescription drug plan highlights

Here are your costs for prescription drugs from a participating pharmacy.

Prescription Drug Plan	
Costs to consider	
Prescription Plan Tier	\$5/25/50
Prescription Deductible	None
Up to 34-day supply	
Generic Drugs (Tier 1)	\$5
Preferred Brand Drugs (Tier 2)	\$25
Non-preferred Brand Drugs (Tier 3)	\$50
90-day supply (CVS Caremark Mail Service or CVS Retail)	
Generic Drugs (Tier 1)	\$10
Preferred Brand Drugs (Tier 2)	\$50
Non-preferred Brand Drugs (Tier 3)	\$100

\* Specialty drugs only available when purchased by Mail Order.  
Visit [carefirst.com/rx](https://carefirst.com/rx) for the most up-to-date drug lists and other important information.  
Benefit designs are subject to and may be impacted by certain state regulations.

## Specialty Pharmacy Coordination Program

Members taking high-cost drugs for complex health conditions receive one-on-one care support.

## Voluntary Maintenance Choice® Program

Save money by filling your maintenance medications through CVS Caremark Mail Service or at a CVS retail location. You'll pay just two copays for a three-month supply. While you can fill a one-month supply of maintenance medications at any retail pharmacy, you will pay the 34-day copay for each fill.

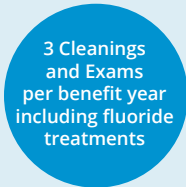
## Restricted Generics Program

Generic drugs will be used for all your prescriptions. If you prefer the brand, you will pay the non-preferred brand copay in addition to the difference between the generic and the brand drug. If a generic version is not available, you will only pay the copay.

## CVS Caremark Mail Service

Sign up for a 90-day supply by mail and you'll only pay the cost of a 60-day supply. Save money and time by refilling prescriptions with CVS Caremark Mail Service Pharmacy.

# Dental plan highlights



Let’s review some of your in-network costs for common dental services.

	Preferred Dental
Costs to consider	
Annual Maximum Benefit	\$2,000
Annual In-network Deductible	\$25 individual/\$75 family
Orthodontia Lifetime Maximum	\$2,000
Plan Includes Out-of-network Coverage	Yes
Routine checkups	
Preventive Care and Diagnostic Treatment (exams, cleanings, X-rays)	\$0 per visit
Basic services	
Fillings, Basic Periodontal Services and Non-surgical Extractions	After deductible is met, \$0 per visit; 20% of CareFirst member cost for Periodontal Services
Major services	
Major Surgical (root canals, surgical extractions and surgical periodontal services)	After deductible is met, 20% of CareFirst member cost
Major Restorative (dentures, crowns, bridges)	After deductible is met, 50% of CareFirst member cost
Orthodontia (up to the lifetime maximum per person)	50% of CareFirst member cost

# Vision plan highlights

Let’s review some of your in-network costs for common vision services.

(12-month benefit period)	BlueVision Plus
Routine checkup	
Annual Eye Exam	\$0
Corrective measures	
Davis Vision Frame Collection	\$0 for approximately 200 frames
Other Frames	Plan pays up to \$100, you pay balance
Medically Necessary Contact Lenses	\$0 with prior approval
Elective Contact Lenses	Plan pays \$127, you pay balance



# Perks included with every plan



Achieve your well-being goals with the help of programs for weight management, tobacco cessation and more



Enjoy exclusive discounts through our Blue365 program on things like fitness gear, gym memberships, meal delivery services, hotels and travel



Get inspired to be your healthiest by completing fun activities through your well-being program



Pay nothing for annual in-network preventive care and 24-Hour Nurse Advice Line

"I take advantage of the hotel discounts through Blue365."



"I lost 30 lbs. with the help of my coach and the Noom program."



"I like knowing I can call the 24-hour nurse line at any time."



# With CareFirst, you get so much more

## Unmatched access

With 95% of national providers<sup>1</sup> and 99% of local providers<sup>2</sup> within our Blues network, you have the **broadest access to care**.

## Comprehensive care

Our comprehensive care approach meets you where you are, ensuring you have a consistent, whole health experience that helps you better manage your **physical, emotional, social and financial well-being**.

## Local expertise

Our extensive and long-standing local relationships give you **unparalleled access to providers and community organizations**, resulting in enhanced care coordination and improved health outcomes.

## Innovative member solutions

Beyond health coverage, you have access to our **comprehensive portfolio of best-in-class member solutions** to help you achieve your best health in all stages of life, health and conditions.



1 in 2 Americans are covered by Blue regionally, 1 in 3 nationally<sup>3</sup>



Most chosen health plan in the Mid-Atlantic, serving 3.5 million members



A not-for-profit company driven by mission



Access to 1.7 million U.S. providers<sup>4</sup>



CareFirst is proud to be recognized as one of the World's Most Ethical Companies® for 13 consecutive years.



<sup>1</sup> CHP Network Compare Findings, Q3 2017

<sup>2</sup> CareFirst Book of Business Data, August 2020

<sup>3</sup> BCBSA Blue Facts, February 2022

<sup>4</sup> Provider Data Repository (PDR), January 2021

# So many options for when you need care

Establishing a relationship with a primary care provider (PCP) is the best way to receive consistent, quality care. But when life makes that difficult, CareFirst offers so many other ways to get the care you need.

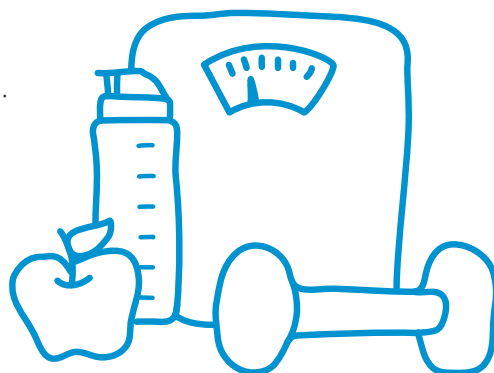
	Needs or symptoms such as:	Virtual option
<b>CloseKnit Virtual Care</b>		
CloseKnit offers 24/7/365 virtual-first primary care, urgent care*, mental health and other specialty services.  * Primary care available to members and dependents ages 18+; Urgent care available to members and dependents ages 2+	<ul style="list-style-type: none"><li>Cough, cold and flu</li><li>Urgent care needs</li><li>Illness while traveling</li><li>Therapy</li><li>Psychiatry, lactation and nutrition services</li><li>Medication questions</li><li>Insurance or coverage questions</li></ul>	✓
<b>24-Hour Nurse Advice Line</b>		
Call <b>800-535-9700</b> for general questions about health issues or where to go for care	<ul style="list-style-type: none"><li>Cough, cold and flu</li><li>Rashes</li><li>Medication questions</li></ul>	✓
<b>PCP Visit</b>		
Discuss diagnosis, treatment of illness, chronic conditions, routine check-ups	<ul style="list-style-type: none"><li>Routine physical</li><li>Diabetic care</li><li>Cough, cold, flu, allergies</li><li>Bronchitis</li></ul>	✓
<b>Convenience Care Centers</b>		
(e.g., CVS MinuteClinic) Health screenings, vaccinations, minor illness or injury	<ul style="list-style-type: none"><li>Cough and cold</li><li>Pink eye</li><li>Ear pain</li><li>Flu shot</li></ul>	✗
<b>Urgent Care Centers</b>		
Non-life-threatening illness or injury requiring immediate care	<ul style="list-style-type: none"><li>Sprains</li><li>Cut requiring stitches</li><li>Minor burns</li><li>Sore throat</li></ul>	✗
<b>Emergency Room Visit</b>		
Life-threatening illness or injury	<ul style="list-style-type: none"><li>Chest pain</li><li>Difficulty breathing</li><li>Uncontrolled bleeding</li><li>Major burns</li></ul>	✗

CloseKnit is a registered trademark owned by, and is the trade name of, Atlas Health, LLC. Atlas Health, LLC d/b/a CloseKnit provides telehealth services to CareFirst BlueCross BlueShield members.

PLEASE READ: The information provided in this document regarding various care options is meant to be helpful when seeking care and is not intended as medical advice. Only a medical provider can offer medical advice. The choice of provider or place to seek medical treatment belongs entirely to you.

# CareFirst WellBeing

Live your healthiest life with CareFirst WellBeing<sup>SM</sup>. Access motivating digital resources anytime, plus specialized programs for extra support—at no cost to you—including:



- **RealAge<sup>®</sup>:** Discover if your healthy habits are making an impact by taking the RealAge health assessment.
- **Health coaching:** Get one-on-one confidential support from trained professionals to achieve your best health.
- **Lifestyle coaching:** Identify opportunities to improve your daily health, from managing stress to eating healthy and being active.
- **Disease management:** Get help to better understand and manage your chronic or complex condition.
- **Tobacco cessation:** Learn how to recognize and avoid tobacco cravings and habits with our voluntary and confidential 21-day program, Craving to Quit.
- **Financial well-being:** Whether you want to stop living paycheck to paycheck, get out of debt, or send a child to college, our financial well-being program, SmartDollar, can help.
- **Weight management programs:<sup>1</sup>** Reach a healthier weight and reduce the risk of developing type 2 diabetes with the following programs:
  - **Noom weight management:** Gain confidence to make lasting change with this award-winning weight loss program designed by psychologists.
  - **Noom diabetes prevention program (DPP):** Access tracking tools, peer support and specially trained coaches to help lower the risk of diabetes.
  - **Eat Right Now:** Change your eating patterns with this 12-month program that combines neuroscience and mindfulness tools.
- **Inspirations:** Break free from stress, unwind at the end of the day or ease into a restful night of sleep with meditation, streaming music and videos.

Exciting, personalized programs—from physical fitness and family relationships to stress management and financial health—can help you, and your family, address every aspect of your well-being.



<sup>1</sup> To join Noom or Eat Right Now, members need to meet clinical eligibility criteria through an online assessment. Noom is an app-based program. Eat Right Now is app-based and available on the web.

Eat Right Now is administered by Sharecare, Inc. and Noom is administered by Noom, Inc., independent companies that provide health improvement management services to CareFirst members. Sharecare, Inc. and Noom do not provide CareFirst BlueCross BlueShield products or services and are solely responsible for the health improvement management services they provide.

# Find a doctor

CareFirst has one of the world's largest networks of participating providers—over one million in all. Whether you're looking for a primary care physician, a specialist or a care facility, we can help you find one that's right for you. Our simple Find-a-Doctor tool helps you select the right healthcare at the right place.

Try it for yourself. Visit **carefirst.com/doctor**. You'll be able to search by name, location, specialty and a host of other options. You can even find participating doctors and facilities outside of the U.S.



# My Account benefits

Your member portal is personalized to you and your CareFirst benefits. Stay on top of your health with easy access to everything you need to understand your coverage, find care at the best price, and track your claims and deductibles at your fingertips. With My Account, you can:

- Find in-network doctors, urgent care centers and other care—nationwide
- View, order or email member ID cards
- Check claims and deductible status
- Update communication preferences and password
- Quickly access a variety of CareFirst member programs
- Send a secure message for members

# Treatment Cost Estimator

Our Treatment Cost Estimator shows you what you'll pay for procedures, doctor's office visits, lab tests and surgery beforehand, so you can plan ahead and avoid surprises.



- Receive personalized estimates based on your plan
- Compare costs from different doctors and facilities

# Away From Home Care®

When you're away from home for 90 consecutive days or more, we've got you covered with our Away From Home Care program.

- You can see any affiliated Blue Cross Blue Shield HMO (Host HMO) provider when you are outside the CareFirst service area.
- You'll be considered a member of the Host HMO and receive care under their plan. Your cost may be different than when you're in the CareFirst service area.
- Once you're enrolled in the program and receive care, you don't have to complete claim forms, so there's no paperwork. And you're only responsible for out-of-pocket costs such as copays, deductibles, coinsurance and the cost of non-covered services.

**Whether you're  
out-of-town  
on extended  
business,  
traveling  
or going to  
school out-of-state,  
you have access  
to routine and  
urgent care.**



# BlueCard and Blue Cross Blue Shield Global® Core

With your Blue Cross and Blue Shield member ID card, you have access to doctors and hospitals almost anywhere. BlueCard gives you the peace of mind that you'll always have the care you need when you're away from home. And with Blue Cross Blue Shield Global® Core (BCBS Global® Core), you have access to care in more than 190 countries.

## BlueCard

- You'll have access to local Blue Cross Blue Shield Plan doctors and hospitals when you're outside the CareFirst service area.
- You'll be considered a member of the local BCBS plan when you receive care. Your cost may be different than when you're in the CareFirst service area.
- For care received in-network, you don't have to complete claim forms, so there's no paperwork.

## BCBS Global® Core

- In most cases, you shouldn't have to pay up front for inpatient care at hospitals in the BCBS Global Core Network.
- At hospitals outside the BCBS Global Core Network, you pay the doctor or hospital for inpatient care, outpatient hospital care and other medical services. You then complete an international claim form for reimbursement.



# Mental and behavioral health support

As a CareFirst member, you have 24/7 access to a range of programs for depression, anxiety, drug or alcohol dependencies and other mental health conditions, including:

- **CloseKnit**—access our leading virtual care practice through a simple, convenient app. CloseKnit providers can assess behavioral health needs to help you connect with therapists and psychiatrists.
- **Substance Use Support**—get clinical counseling 24/7, or schedule substance use disorder treatment for you or a loved one within 48 hours.
- **Care Navigation**—talk to a Behavioral Health Care Manager who can help you find a path forward. LGBTQ+ members can contact our dedicated services specialist for help navigating care and understanding benefits.

To learn more about all the free mental and behavioral support available, visit [carefirst.com/mentalhealth](https://carefirst.com/mentalhealth).

You're never alone. If you or someone you know is in crisis, call or text 988 or contact the CareFirst support line at 800-245-7013.



"We all struggle at times, so knowing there are so many options my teens can turn to for help is a huge relief."

# Cost comparison worksheet

Use this worksheet to compare plans or to compare this year’s plan to your old plan.

Annual costs to consider	Plan 1	Plan 2
For each row, fill in the amounts from the benefit summary included in this guide, along with your company's health insurance paycheck deduction for each plan.		
Annual paycheck deduction	\$_____ per month x 12 months = \$_____	\$_____ per month x 12 months = \$_____
Annual in-network deductible	\$_____ Individual \$_____ Family	\$_____ Individual \$_____ Family
Are any services covered before the deductible is met?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Annual out-of-pocket maximum	\$_____ Individual \$_____ Family	\$_____ Individual \$_____ Family

Costs when using your plan	Plan 1	Plan 2
For each row, estimate how many visits you and your family generally expect to have each year along with the amounts for each service included in this guide.		
About how many times did you visit your primary care doctor (outside of annual wellness visits/physical) in the past year?	\$_____ per visit x _____ visits per year = \$_____	\$_____ per visit x _____ visits per year = \$_____
About how many times did you visit specialists in the past year?	\$_____ per visit x _____ visits per year = \$_____	\$_____ per visit x _____ visits per year = \$_____
In the past year, how many times did you go to urgent care?	\$_____ per visit x _____ visits per year = \$_____	\$_____ per visit x _____ visits per year = \$_____
In the past year, how many times did you go to the emergency room?	\$_____ per visit x _____ visits per year = \$_____	\$_____ per visit x _____ visits per year = \$_____
Is there anything coming up in the next 12-18 months that you didn't have to plan for last year?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
If Yes, use this line to estimate the cost for that procedure	\$_____ per visit x _____ visits per year = \$_____	\$_____ per visit x _____ visits per year = \$_____
TOTALS	\$_____	\$_____

# Next steps

## Ready to enroll?

- Complete the enrollment process
- If you made a plan change, look for your new member ID cards in the mail

## Not ready to choose your plan just yet?

- If you need more detailed plan information, visit [www.yourcompanyurl.com](http://www.yourcompanyurl.com)

Be sure to download the CareFirst mobile app to access your plan on-the-go!



We're here to help! If you have additional questions, please call 833-502-9920, Monday–Friday 8 a.m. to 9 p.m.



“Everything in this guide is designed to help you and your family achieve your best health. And all the plans, programs, tools and resources that we’ve built for you are exactly what we expect for ourselves and those we love. Because, like you, we’re CareFirst members, too.”

*Tonya O.*

CareFirst

Employee since '22

## Notes

# BlueVision Plus Summary of Benefits

*We're not an eyewear plan. We're an eye care plan.*

12-month benefit period

Benefit	In-Network You Pay	Out-of-Network You Pay
<b>EYE EXAMINATIONS (once per 12-month benefit period)</b>		
Routine Eye Examination with dilation (per benefit period)	No copay	Plan pays \$45, you pay balance
<b>FRAMES (once per 12-month benefit period)</b>		
Davis Vision Frame Collection <sup>1</sup>	No copay for over 200 frames	Not applicable
Non-Collection Frame	Plan pays up to \$100, you pay balance	Plan pays \$45, you pay balance
<b>SPECTACLE LENSES (once per 12-month benefit period)</b>		
Basic Single Vision (including lenticular lenses)	No copay	Plan pays \$52, you pay balance
Basic Bifocal	No copay	Plan pays \$82, you pay balance
Basic Trifocal	No copay	Plan pays \$101, you pay balance
<b>CONTACT LENSES (initial supply; once per 12-month benefit period)</b>		
Medically Necessary Contacts	No copay with prior approval	Plan pays \$285, you pay balance
Davis Vision Contact Lens Collection <sup>1</sup>	No copay with evaluation if Collection Lenses are dispensed	Not applicable
Other (Non-Collection) Contact Lenses	Plan pays up to \$127, you pay balance	Plan pays up to \$127, you pay balance

<b>Value Add and Discounts<sup>3,4</sup> (fixed fee)</b>			
<b>LENS OPTIONS<sup>3,4</sup> (add to spectacle prices above)</b>			
Digital Single Vision	\$30	Anti-Reflective (AR) Coating (Standard/Premium/Ultra/Ulimate)	\$35/\$48/\$60/\$85
Tinting of Plastic Lenses (Solid/Gradient)	\$0	Progressive Lenses (Standard/Premium/ Ultra/Ulimate)	\$50/\$90/\$140/\$175
Scratch-Resistant Coating	\$0	High-Index Lenses (1.67/1.74)	\$55/\$120
Polycarbonate Lenses (Children/Adults) <sup>2</sup>	\$0/\$30	Polarized Lenses	\$75
Ultraviolet Coating	\$12	Plastic Photochromic Lenses	\$65
Blue Light Coating	\$15	Scratch Protection Plan: Single Vision/ Multifocal Lenses	\$20/\$40
<b>ADDITIONAL DISCOUNTED SERVICES<sup>3,4</sup></b>			
Retinal Imaging—Member Charge	\$39		
DavisVisionContacts.com Mail Order Contact Lens Replacement Online	Discounted prices <sup>3</sup>		
Laser Vision Correction <sup>3</sup>	Up to 25% off allowed amount or 5% off any advertised special <sup>3</sup>		

<sup>1</sup> Collection is available at most participating independent provider offices. Collection is subject to change.

<sup>2</sup> Polycarbonate lenses are covered for dependent children, monocular patients and patients with prescriptions +/- 6.00 diopters or greater.

<sup>3</sup> These discounts are not considered covered benefits under the Plan. This portion of the Plan is not an insurance product. Additional plan discounts may not be available at all provider locations in all states. Please confirm that discounts are accepted when making your appointment. Discounts are not insurance and subject to change without notice.

<sup>4</sup> Available additional discounts not applicable at Glasses.com, 1-800 Contacts, Walmart locations, Sam's Club locations, or Costco locations or where limited by law or manufacturer restrictions.

<sup>5</sup> Reena Mukamal, "20 Surprising Health Problems an Eye Exam Can Catch," American Academy of Ophthalmology, aao.org.

Benefits issued under policy form numbers: Non-rider/Freestanding:

MD: CFMI/51-H/GC (R. 1/13) • CFMI/LG/2021 GC AMEND (1/21) • CFMI/EOC/D-V (R. 10/11) • CFMI/VISION DOCS (R. 7/21) • CFMI/VISION SOB (R. 7/21) • CFMI/DOL APPEAL (R. 9/11) • CFMI/DB/SPOUSE (10/12) • CFMI/DOM PARTNER (R. 9/11) • CFMI/ELIG/D-V (7/09) • CFMI HEALTH GUARANTY 1/22 • CFMI-DISCLOSURE 10/15 MD/CF/GC (R. 1/13) • MD/CF/LG/2021 GC AMEND (1/21) • MD/CF/EOC/D-V (R. 10/11) • MD/CF/DOCS-V (R. 7/21) • MD/CF/SOB-V (R. 7/21) • MD/GHMSI/DOL APPEAL (R. 9/11) • MD/CF/SPOUSE (10/12) • MD/CF/PARTNER (R. 9/11) • MD/CF/ELIG (R. 1/08) • MD NCA-HEALTH GUARANTY 1/22 • GHMSI-DISCLOSURE 10/15  
DC: DC/CF/GC (R. 1/13) • DC/CF/LG/2021 GC AMEND (1/21) • DC/CF/EOC/D-V (1/12) • DC/CF/DOCS-V (R. 7/21) • DC/CF/SOB-V (R. 7/21) • DC/CF/ELIG (9/04) • DC/GHMSI/DOL APPEAL (R. 1/22) • DC/CF/PARTNER (R. 7/09) • DC GHMSI - HEALTH GUARANTY 5/21  
VA: VA/CF/GC (R. 1/13) • VA/CF/LG/2021 GC AMEND (1/21) • VA/CF/EOC/D-V (1/12) • VA/CF/DOCS-V (R. 7/21) • VA/CF/SOB-V (R. 7/21) • VA/CF/ELIG (R. 1/12) • VA/GHMSI/DOL APPEAL (R. 1/20) • VA/CF/PARTNER (R. 10/11) • VA/GHMSI/HEALTH GUARANTY 7/18 Ridered: CFMI/BLUEVISION PLUS RIDER (7/21) • MD/CF/BLUEVISION PLUS RIDER (7/21) • MD/CFBC/BLUEVISION PLUS RIDER (7/21) • DC/CF/BLUEVISION PLUS RIDER (7/21) • DC/CFBC/BLUEVISION PLUS RIDER (7/21) • VA/CF/BLUEVISION PLUS RIDER (7/21) • VA/CFBC/BLUEVISION PLUS RIDER (7/21)

## BlueVision Plus Summary of Benefits

Did you know that eye exams allow eye care professionals to take a non-invasive look inside the body? An eye care professional can detect up to 20 chronic medical conditions during an eye exam, from diabetes and heart disease to hypertension and cognitive dysfunction, even before symptoms occur<sup>5</sup>.

### How the plan works

#### Our Plusses

Davis Vision® administers BlueVision Plus. Our vision plans provide an affordable way for members to receive their annual eye exams. And if you need corrective lenses, we have you covered there too.

#### National Network

More than 121,000 access points across the U.S. accept BlueVision Plus. This includes private practices, retailers, and online retailers such as Visionworks, Walmart, Costco and Glasses.com.

#### How do I find a provider?

To find a provider, go to [carefirst.com](https://carefirst.com) and use the Find a Provider feature or call Davis Vision for a list of network providers closest to you at 800-783-5602, available seven days a week. Service is available 8 a.m.–11 p.m., Monday through Friday; 9 a.m.–4 p.m., Saturday; and noon–4 p.m. on Sunday.

Be sure to ask your provider if they participate with the Davis Vision network before receiving care.

#### How do I receive care from a network provider?

Call your provider and schedule an appointment. Identify yourself as a CareFirst BlueVision Plus member and provide the doctor with your identification number, as well as your date of birth. Then go to your appointment and receive care. There are no claim forms to file.

#### What if I go out-of-network?

Staying in-network gives you the best benefit, but BlueVision Plus does offer some out-of-network coverage. However, you will be responsible for all payments upfront and need to file a claim with Davis Vision for reimbursement. You must also pay any balances over the allowed benefit to the non-participating provider. Find the claim form at [carefirst.com](https://carefirst.com): locate *For Members*, then click on *Forms, Vision, Davis Vision*.

### Can I get contacts and eyeglasses in the same benefit period?

No. BlueVision Plus covers one pair of eyeglasses OR a supply of contact lenses per benefit period.

### When do I get my ID card?

Member ID cards are mailed to your home after enrollment. You can also access your member ID card—along with other claims and benefit information—at *My Account* or on the CareFirst mobile app. Visit [carefirst.com/myaccount](https://carefirst.com/myaccount) to register.

### BlueVision Core vs BlueVision Plus

Some CareFirst members have an embedded vision product called BlueVision Core (exam only with discounts) plan AND a BlueVision Plus plan. To ensure you are receiving your BlueVision Plus benefits look for the **VU indicator on your member ID card**.



### Other benefits

- **Access to in-network online retail partners:** Glasses.com, Warby Parker and Befitting
- **Mail order replacement contact lenses:** Davis Vision's mail order contact lens replacement service is powered by ABB Optical Group, the nation's #1 optical distributor and second largest contact lens provider. By accessing [davisvisioncontacts.com](https://davisvisioncontacts.com), members can easily order replacement contact lenses at significant savings and have them shipped directly to their doorstep.
- **Hearing aid discounts** through YourHearing Network
- **Free LASIK consultation**
  - Under \$1,000/eye for conventional LASIK (usually \$1,677/eye)
  - 40-50% off the national average price
  - 1,000 locations nationwide

## BlueVision Plus Summary of Benefits

### Exclusions

The following services are excluded from coverage:

1. Diagnostic services, except as listed above.
2. Medical care or surgery. Services related to medical conditions of the eye may be covered by a separate health benefit plan for medical services.
3. Prescription drugs obtained and self-administered by the Member for outpatient use.
4. Services or supplies not specifically approved by the Vision Care Designee where required in the Description of Covered Services.
5. Orthoptics, vision training and low vision aids.
6. Non-prescription (plano) lenses and/or glasses, sunglasses, contact lenses, safety glasses, or goggles or glasses for sports programs.
7. Except as otherwise provided in the Evidence of Coverage, Vision Care services that are strictly cosmetic in nature, including but not limited to, charges for personalization or characterization of prosthetic appliances.
8. Routine vision exam services, frames, spectacle lenses, and/or contact lenses received outside of the continental United States of America.
9. Replacement of frames, spectacle lenses, and/or contact lenses as a result of loss or theft.
10. Replacement of frames, spectacle lenses, and/or contact lenses within the same Benefit Period.
11. Services and materials not meeting accepted standards of optometric practice. Standards are consistent with clinical guidelines published by the Eye American Optometric Association and the American Academy of Ophthalmology.
12. Services and materials resulting from the Member's failure to comply with professionally prescribed treatment.
13. Services and supplies not specifically listed in the Description of Covered Services as covered Vision Care.
14. State or territorial taxes on vision services performed.
15. Special lens designs or coatings other than those described in the Evidence of Coverage.
16. Two pairs of eyeglasses in lieu of bifocals.
17. Insurance of contact lenses.

## Notes



# Preferred Dental Summary of Benefits

Charles County Commissioners

Services	In-network You Pay	Out-of-network You Pay
DEDUCTIBLE	\$25 Individual/\$75 Family	
BENEFIT YEAR MAXIMUM (JULY 1–JUNE 30)	\$2,000	
LIFETIME MAXIMUM FOR ORTHODONTIC SERVICES	\$2,000	
PREVENTIVE AND DIAGNOSTIC SERVICES		
<ul style="list-style-type: none"><li>■ Oral Exams (three per benefit period)</li><li>■ Prophylaxis (three cleanings per benefit period)</li><li>■ Bitewing X-rays</li><li>■ Full mouth X-ray or panograph and bitewing X-ray combination and one cephalometric X-ray (once per 36 months)</li><li>■ Palliative emergency treatment</li></ul>	<ul style="list-style-type: none"><li>■ Fluoride treatments (three per benefit period per member, for all ages)</li><li>■ Sealants on permanent molars (once per tooth per 36 months per member, until the end of the year the member reaches the age 19)</li><li>■ Space maintainers (once per 60 months)</li></ul>	No charge
BASIC SERVICES		
<ul style="list-style-type: none"><li>■ Direct placement fillings using approved materials (one filling per surface per 12 months)</li></ul>	<ul style="list-style-type: none"><li>■ Periodontal scaling and root planing (once per 24 months, one full mouth treatment)</li><li>■ Simple extractions</li></ul>	\$0 after deductible for Basic Services; 20% of Allowed Benefit after deductible <sup>1</sup> for Periodontal Services
MAJOR SERVICES—SURGICAL		
<ul style="list-style-type: none"><li>■ Surgical periodontic services including osseous surgery, mucogingival surgery and occlusal adjustments (once per 60 months)</li><li>■ Endodontics (treatment as required involving the root and pulp of the tooth, such as root canal therapy)</li></ul>	<ul style="list-style-type: none"><li>■ Oral surgery (surgical extractions, treatment for cysts, tumor and abscesses, apicoectomy and hemi-section)</li><li>■ General anesthesia rendered for a covered dental service</li></ul>	20% of Allowed Benefit after deductible <sup>1</sup>
MAJOR SERVICES—RESTORATIVE		
<ul style="list-style-type: none"><li>■ Full and/or partial dentures (once per 60 months)</li><li>■ Fixed bridges, crowns, inlays and onlays (once per 60 months)</li><li>■ Denture adjustments and relining (limits apply for regular and immediate dentures)</li><li>■ Occlusal Guards (once per 60 months)</li></ul>	<ul style="list-style-type: none"><li>■ Recementation of crowns, inlays and/or bridges (once per 12 months)</li><li>■ Repair of prosthetic appliances as required (once in any 12 month period per specific area of appliance)</li><li>■ Dental implants, subject to medical necessity review (once per 60 months)</li></ul>	50% of Allowed Benefit after deductible <sup>1</sup>
ORTHODONTIC SERVICES		
<ul style="list-style-type: none"><li>■ Benefits for orthodontic services may be available for children and adults who meet treatment criteria.</li></ul>	50% of Allowed Benefit <sup>1</sup>	50% of Allowed Benefit <sup>1</sup>

<sup>1</sup> CareFirst and CareFirst BlueChoice payments are based on the CareFirst and CareFirst BlueChoice Allowed Benefit. Participating and Preferred Dentists accept 100% of the Allowed Benefit as payment in full for covered services. Non-participating dentists may bill the member for the difference between the Allowed Benefit and their charges.

**Summary of Exclusions:** Not all services and procedures are covered by your benefits contract. This plan summary is for comparison purposes only and does not create rights not given through the benefit plan.

**Benefits issued under policy form numbers:** CareFirst of Maryland, Inc.: CFMI/51+/GC (R. 9/11) • CFMI/EOC/D-V (7/09) • CFMI/DENTAL DOCS (R. 9/11) • CFMI/DENTAL SOB (7/09) • CFMI/ELIG/D-V (7/09) and any amendments; CareFirst of Maryland, Inc.: CFMI/51+/DENTAL RIDER (4/09); Group Hospitalization and Medical Services, Inc.: MD/CF/GC (R. 9/11) • MD/CF/EOC/D-V (10/08) • MD/CF/DENTAL DOCS (R. 9/11) • MD/CF/DO-SOB (7/03) • MD/CF/ELIG (R. 1/08) • and any amendments; Group Hospitalization and Medical Services, Inc.: MD/CF/DENTAL RIDER (R. 4/08); CareFirst BlueChoice, Inc.: MD/BC/DENTAL RIDER (R. 4/08)

## Preferred Dental Summary of Benefits

### Advantages of the plan

- Most plans cover 100% of preventive and diagnostic services
- No claim forms or paperwork to fill out when a member sees a participating dentist
- We coordinate benefits for members with dental coverage from another carrier
- More than 123,000 participating dentists and specialists across the United States.

### Our plans

With Preferred Dental, you'll save the most money by seeing a participating provider.

### What's a participating provider?

It's a dentist or specialist who is in our network and accepts our reduced negotiated fees as payment in full. This means no balance for you to pay, keeping your out-of-pocket costs low.

- **Option 1**—By choosing a dentist in the Preferred Provider Network, you pay the lowest out-of-pocket costs. These dentists accept CareFirst's allowed benefit as payment in full. You're only responsible for deductibles and coinsurance. And for your convenience, your provider is reimbursed directly.
- **Option 2**—You can receive out-of-network coverage from a dentist who participates with CareFirst, but not through the Preferred Provider Network. Similar to Option 1, there is no balance billing. You are responsible for out-of-network deductibles and coinsurance, and also have the convenience of your provider being reimbursed directly.
- **Option 3**—You can receive out-of-network coverage from a dentist who has no relationship with CareFirst. With this option, you may experience higher out-of-pocket costs since you pay your provider directly. You can be balance billed and must pay your deductible and coinsurance as well.

### Where can I find a dentist?

Visit [carefirst.com/doctor](https://carefirst.com/doctor) and select *Preferred Dental PPO* to view in-network providers.

### When do I get my ID card?

Member ID cards are mailed to your home after enrollment. You can also access your ID card—along with other claims and benefit information—at *My Account* or on the CareFirst mobile app. Visit [carefirst.com/myaccount](https://carefirst.com/myaccount) to register.

### Who can I call with questions about my dental plan?

Call Dental Customer Service toll free at 866-891-2802 between 8 a.m. and 6 p.m. ET, Monday–Friday.

### Common dental insurance terms

**Deductible:** The amount you are responsible for before CareFirst pays for dental services.

**Family deductible:** A deductible that is satisfied by the combined expenses of all covered family members. For example, a plan with a \$25 deductible may be limited to a maximum of three deductibles (\$75 per family) regardless of the number of family members.

**Coinsurance:** Your share of the dentist's fee after CareFirst has paid its share.

**Annual maximum:** The yearly reimbursement level for an individual/family set by your CareFirst dental plan.



CareFirst BlueCross BlueShield is the shared business name of CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services, Inc. CareFirst BlueCross BlueShield Medicare Advantage is the shared business name of CareFirst Advantage, Inc., CareFirst Advantage PPO, Inc. and CareFirst Advantage DSNP, Inc. CareFirst BlueCross BlueShield Community Health Plan Maryland is the business name of CareFirst Community Partners, Inc. In the District of Columbia and Maryland, CareFirst MedPlus is the business name of First Care, Inc. In Virginia, CareFirst MedPlus is the business name of First Care, Inc. of Maryland (used in VA by: First Care, Inc.). CareFirst of Maryland, Inc., Group Hospitalization and Medical Services, Inc., CareFirst Advantage, Inc., CareFirst Advantage PPO, Inc., CareFirst Advantage DSNP, Inc., CareFirst Community Partners, Inc., CareFirst BlueCross BlueShield Community Health Plan District of Columbia, CareFirst BlueChoice, Inc., First Care, Inc., and The Dental Network, Inc. are independent licensees of the Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.



# Keep smiling

## Delta Dental PPO™



### Save with PPO

Visit a dentist in the PPO network to maximize your savings.<sup>1</sup> These dentists have agreed to reduced fees, and you won't get charged more than your expected share of the bill.<sup>2</sup> Find a PPO dentist at [deltadentalins.com](https://deltadentalins.com).

### Set up an online account

Get information about your plan, check benefits and eligibility information, find a network dentist and more. Sign up for an online account at [deltadentalins.com](https://deltadentalins.com).

### Check in without an ID card

You don't need a Delta Dental ID card when you visit the dentist. Just provide your name, birth date and member ID or Social Security number. If your family members are covered under your plan, they'll need your information. Prefer to have an ID card? Simply log in to your account to view or print your card.

### Coordinate dual coverage

If you're covered under two plans, ask your dental office to include information about both plans with your claim — we'll handle the rest.

### Understand transition of care

Generally, multi-stage procedures are covered under your current plan only if treatment began after your plan's effective date of coverage.<sup>3</sup> Log in to your online account to find this date.

### Get LASIK and hearing aid discounts

With access to QualSight and Amplifon Hearing Health Care<sup>4</sup>, you can save as much as 35% on LASIK procedures and more than 60% on hearing aids. To take advantage of these discounts, call QualSight at **855-248-2020** and Amplifon at **888-779-1429**.

Maryland law requires we make the following statement:

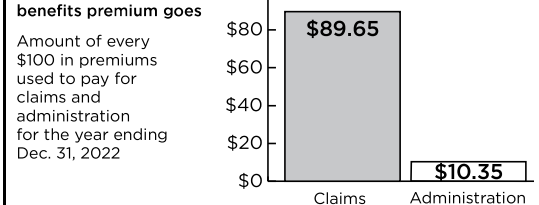
Our compensation to physicians who offer health care services to our insured members or enrollees may be based on a variety of payment mechanisms such as fee-for-service payments, salary or capitation. Bonuses may be used with these various types of payment methods. If you desire additional information about our methods of paying physicians or if you want to know which method(s) apply to your physician, call 800-932-0783 or write to: Delta Dental of Pennsylvania, One Delta Drive, Mechanicsburg, PA 17055.

Please note that the benefit payments made by Delta Dental to dentists, other dental care providers or enrollees are based on fee-for-service payment mechanisms and do not include salary, capitation or bonuses.

In Maryland, Delta Dental PPO™ and Delta Dental Premier® are underwritten by Delta Dental of Pennsylvania, a not-for-profit dental service company.

FFS #135944C (rev. 02/23)

Where your dental benefits premium goes



<sup>1</sup> You are responsible for any applicable deductibles, coinsurance, amounts over annual or lifetime maximums and charges for non-covered services. Out-of-network dentists may bill the difference between their usual fee and Delta Dental's maximum contract allowance.

<sup>2</sup> You can still visit any licensed dentist, but your out-of-pocket costs may be higher if you choose a non-PPO dentist. Network dentists are paid contracted fees.

<sup>3</sup> Applies only to procedures covered under your plan. If you began treatment prior to your effective date of coverage, you or your prior carrier is responsible for any costs. Group- and state-specific exceptions may apply. If you are currently undergoing active orthodontic treatment, you may be eligible to continue treatment under Delta Dental PPO. Review your Evidence of Coverage, Summary Plan Description or Group Dental Service Contract for specific details about your plan.

<sup>4</sup> Vision corrective services and Amplifon's hearing health care services are not insured benefits. Delta Dental makes the vision corrective services program and hearing health care services program available to you to provide access to the preferred pricing for LASIK surgery and for hearing aids and other hearing health services.

Legal notices: Access federal and state legal notices related to your plan at [deltadentalins.com](https://deltadentalins.com) > Privacy & Legal center.

# Benefit Highlights: Delta Dental PPO <sup>TM</sup>

Plan Benefit Highlights for: Charles County Government  
Group No: 07144

<b>Eligibility</b>	For eligibility details, refer to the plan's Evidence/Certificate of Coverage (on file with your benefits administrator, plan sponsor or employer).			
<b>Deductibles</b> Deductibles waived for Diagnostic & Preventive (D & P) and Orthodontics?	\$25 per person / \$75 per family each plan year Yes			
<b>Maximums</b> D & P counts toward maximum?	\$2,000 per person each plan year Yes			
<b>Waiting Period(s)</b>	Basic Services None	Major Services None	Prosthodontics None	Orthodontics None

<b>Benefits and Covered Services*</b>	<b>Delta Dental PPO dentists**</b>	<b>Non-Delta Dental PPO dentists**</b>
<b>Diagnostic &amp; Preventive Services (D &amp; P)</b> Exams, cleanings, x-rays and sealants	100%	100%
<b>Basic Services</b> Fillings and simple extractions	100%	100%
<b>Endodontics</b> (root canals)	80%	80%
<b>Periodontics</b> (gum treatment)	80%	80%
<b>Oral Surgery</b>	80%	80%
<b>Major Services</b> Crowns, onlays and cast restorations	50%	50%
<b>Prosthodontics</b> Bridges, dentures and implants	50%	50%
<b>Orthodontic Benefits</b> Adults and dependent children	50%	50%
<b>Orthodontic Maximums</b>	\$2,000 Lifetime	\$2,000 Lifetime

\* Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental maximum contract allowances and not necessarily each dentist's submitted fees.

\*\*Reimbursement is based on PPO contracted fees for PPO dentists, PPO contracted fees for Premier dentists and PPO contracted fees for non-Delta Dental dentists.

<b>Delta Dental of Pennsylvania</b> One Delta Drive Mechanicsburg, PA 17055	<b>Customer Service</b> 800-932-0783	<b>Claims Address</b> P.O. Box 2105 Mechanicsburg, PA 17055-6999
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deltadentalins.com

This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your company's benefits representative.



# Your Group Accident Insurance Proposal

**Prepared for:** Charles County Government

**Presented by:** Bolton Partners, Inc. - Baltimore

**Proposal prepared on:**

March 22, 2022

**Proposal effective date:**

July 1, 2022

Standard Insurance Company

# Accident Insurance

Nobody plans to have an accident - and most people don't budget for one, either. Accident insurance helps your employees pay for out-of-pocket expenses medical insurance won't cover. If an employee's covered child gets injured while participating in an organized sport, we'll pay an additional 25 percent of the total benefit owed. It's an affordable way for employees to make sure they can keep their financial lives moving in the right direction.

## Covered Members

A regular employee of the employer working 20 hrs per week in the United States.

All eligible

	Premier
Minimum Employee Participation	10 Lives
Policy Situs State	MD
Type of Coverage	24 hr
Age eligible for coverage	18–99 for Employee, Spouse; Birth to age 26 for children
Termination Age	None for Employee, Spouse; 26 for children

## Plan Design

Emergency Care	Premier
Air Ambulance	\$1,500
Blood, Plasma, Platelets	\$600
Emergency Dental (Crown)	\$350
Emergency Dental (Extraction)	\$150
Emergency Room Benefit	\$125
Ground Ambulance	\$600
Initial Physician's Office	\$60
Major Diagnostic Exam	\$300
Urgent Care	\$60
X-Ray	\$60
Specific Injury	Premier
Burns, 2nd degree, <15%	\$500
Burns, 2nd degree, >15%	\$1,500





## Plan Design

Specific Injury	Premier
Burns, 3rd degree, <15%	\$7,500
Burns, 3rd degree, >15%	\$12,500
Coma	\$15,000
Concussion	\$200
Eye Injury	\$300
Lacerations, < 2"	\$100
Lacerations, 2" - 6"	\$400
Lacerations, > 6"	\$800
Skin Graft	50% of Burn Benefit
Fractures Non-Surgical/Surgical	Premier
Ankle, Arm, Collarbone, Elbow, Foot, Hand, Kneecap, Lower Jaw, Shoulder blade, Sternum, Wrist	\$650/\$1,300
Bones of Face, Coccyx, Nose, Vertebrae	\$750/\$1,500
Finger, Toe	\$200/\$400
Hip	\$3,000/\$6,000
Leg (hip to knee)	\$3,000/\$6,000
Leg (knee to ankle), Pelvis, Vertebral Column	\$1,700/\$3,400
Rib	\$500/\$1,000
Skull (depressed)	\$5,250/\$10,500
Skull (non-depressed)	\$2,000/\$4,000
Chip Fracture	25% of Non-Surgical Fracture Amount
Dislocations	Premier
Ankle, Collarbone (Sternoclavicular), Elbow, Foot, Hand, Lower Jaw, Shoulder, Wrist	\$1,000/\$2,000
Collar Bone (Acromioclavicular)	\$500/\$1,000
Finger, Rib, Toe	\$200/\$400
Hip	\$3,500/\$7,000
Knee	\$1,000/\$2,000
Spine	\$500/\$1,000
Partial Dislocation	25% of Non-Surgical Dislocation Amount
Surgical Benefits	Premier

continued

Proposed Effective Date:

Presented By:

Prepared For:

July 1, 2022

Bolton Partners, Inc.- Baltimore

Charles County Government



## Plan Design

### Surgical Benefits

### Premier

Knee Cartilage Repair	\$1,000
Knee Cartilage Exploratory Surgery	\$250
Tendon, Ligament, Rotator Cuff Repair of One	\$1,000
Tendon, Ligament, Rotator Cuff Repair of Two or More	\$1,500
Tendon, Ligament, Rotator Cuff Exploratory Surgery	\$250
Ruptured Disk, Repair	\$1,000
Exploratory Abdominal/Thoracic Surgery	\$400
Laparoscopic Repair Abdominal/Thoracic Surgery	\$1,000
Open Repair Abdominal/Thoracic Surgery	\$2,000
Surgical Facility (Outpatient)	\$500

### Hospital

### Premier

Critical Care Unit Admission	\$1,000
Daily Rehabilitation Facility (up to 90 days per accident)	\$150/day
Daily Critical Care Unit Confinement (up to 15 day)	\$200/day
Daily Hospital Confinement (up to 365 days)	\$400/day
Hospital Admission	\$1,500
Second Opinion Benefit	\$25

### Follow-Up Care

### Premier

Medical Appliance	\$200
Chiropractic	\$60 up to 2 days
Accident Follow-Up Treatment	\$70 up to 3 days
Hearing Device	\$600
Prosthesis, One	\$1,000
Prostheses, Two or more	\$2,000
Therapy Services	\$50 up to 4 days

### Additional Benefits

### Premier

continued

Plan ID: 3

Rating Request: 2853615

Standard Insurance Company

4



Proposed Effective Date:

July 1, 2022

Presented By:

Bolton Partners, Inc.- Baltimore

Prepared For:

Charles County Government



## Plan Design

### Additional Benefits

Lodging (up to 30 days per accident)	\$200/per day
Transportation (up to 30 days per accident)	\$200/per day

### Accidental Death & Dismemberment

#### Premier

Accidental Death - Employee	\$100,000
Accidental Death - Spouse	\$50,000
Accidental Death - Child	\$25,000
Common Carrier	100% of Accidental Death
Line of Duty	100% of Accidental Death and Dismemberment
Loss of 2 or more fingers or toes	5% of Accidental Death
Loss of one finger or one toe	2% of Accidental Death
Loss of Both Hands, or Both Feet	30% of Accidental Death
Loss of Sight for Both Eyes	30% of Accidental Death
Loss of Hearing of Both Ears	30% of Accidental Death
Loss of One Hand or One Foot	15% of Accidental Death
Loss of One Hand and One Foot	30% of Accidental Death
Loss of Sight in One Eye	15% of Accidental Death
Loss of Hearing in One Ear	15% of Accidental Death

### Accidental Impairment

#### Premier

Uniplegia	15% of Accidental Death
Paraplegia, Triplegia, or Hemiplegia	30% of Accidental Death
Quadriplegia	50% of Accidental Death
Seatbelt Benefit	10% of Accidental Death
Airbag Benefit	10% of Accidental Death
Helmet Benefit	10% of Accidental Death
Repatriation Benefit	10% of Accidental Death

\*Customized Emergency Room benefit amount.

continued

Plan ID: 3

Rating Request: 2853615

Standard Insurance Company

5

**Additional Plan Design Details:**

- A Youth Organized Sports benefit is included with EE+CH and Family coverage. If a covered child 18 age or younger is injured while playing an organized sport, the Standard pays an additional 25% of the total benefits for treatment received.
- If multiple fractures and/or dislocations are sustained in a covered accident, the Standard pays for each fracture and/or each dislocation.
- Critical Care Admission and Critical Care Confinement pay in addition to the Hospital Admission and Hospital Confinement daily benefit.
- Line of Duty Benefit provides an additional 100% of the accidental death, accidental dismemberment benefit, or accidental impairment benefit for public safety officers (police officers, firefighters, corrections officers, judicial officers and officially recognized or designated volunteer firefighters).
- Portability is automatically included. Employees are able to take their Accident coverage with no change in coverage or rates.
- Benefits paid under the Accident Insurance policy when purchased with employee post-tax income are excluded from claimant gross income under current federal tax law.
- 24 hour - Coverage includes accidents that occur anytime, including work related accidents.

continued



# Group Hospital Indemnity Insurance

Keep your finances on track when you're in the hospital.

## 1 You're admitted to the hospital.

Your health insurance covers many costs of your stay and treatment. But you still have a lot of expenses, including deductibles, copays, and other costs you couldn't predict.

## 2 We send you a check.

The Standard will send a check directly to you - not to your medical providers - upon approval of your claim. You decide how you spend the money.

## 3 You focus on recovering.

With The Standard helping you handle the costs of your hospital stay, you get to concentrate on what matters most - your health.

### Here's what it does:

- **Pays you directly**, so you can choose how to spend the money
- **Goes with you** if you leave your employer
- **Provides coverage** without answering any medical questions
- Gives you the option to **cover your spouse and children**
- **Protects your HSA Account**
- Provides the convenience of having your **premium payments deducted directly from your paycheck**

This coverage from Standard Insurance Company (The Standard) can help protect your finances and provides you peace of mind.

## Here's how it works:

**Ruptured Ulcer:** Kim is out of town on a business trip when she experiences abdominal pain and a racing heartbeat. Diagnosis: ruptured gastric ulcer. She is rushed to the hospital, admitted and taken into surgery. She ends up being hospitalized for 10 days, three of which are in a critical care unit. Kim's spouse leaves their two kids with their daycare provider and flies to be at her side. The family now faces additional costs for medical bills, travel, and childcare amounting to \$3,850.

### Here's what your plan would cover for this example:

Benefits Paid to You	Benefit Amount
Hospital admission	\$1,500
Hospital confinement (10 days)	\$1,000
Critical care unit admission	\$500
Critical care unit confinement (3 days)	\$300
<b>Total paid to you</b>	<b>\$3,300</b>

### Here's what it would cost you:

Coverage for...	Semimonthly Premium
<b>You</b>	<b>\$7.99</b>
<b>You and your spouse</b>	<b>\$13.82</b>
<b>You and your children</b>	<b>\$11.21</b>
<b>You, your spouse and your children</b>	<b>\$19.98</b>



### Here's what it covers:

Benefits Paid to You	Benefit Amount
Hospital Admission <sup>1</sup>	\$1,500 Maximum 1 per calendar year
Daily Hospital Confinement <sup>1</sup>	\$100 per day Maximum 15 days per stay
Critical Care Unit Admission <sup>1,2</sup>	\$500 Maximum 1 per calendar year
Daily Critical Care Unit Confinement <sup>1,2</sup>	\$100 per day Maximum 15 days per stay

1 Defined as a stay for at least 20 consecutive hours in a hospital setting.

2 Payable in addition to the Hospital Admission and Daily Hospital Confinement benefit you may be eligible to receive.

## Additional Benefits

**Waiver of Premium** – Premium waived if you are confined to a hospital for more than 30 days.

**Health Maintenance Screening Benefit** — Pays a \$100 benefit once per calendar year when you or your dependents go to the doctor for a covered wellness screening, which may include a novel infectious disease test (including COVID-19) or a mammogram.

**Protect your HSA Account** — Hospital Indemnity insurance provides financial protection while you are building your HSA assets. Contact your employer to determine if this Hospital Indemnity plan impacts the taxability of your contributions to an HSA. It's protection that's also convenient: Your premium payments can be deducted directly from your paycheck.

## Important Details

Here's where you'll find the nitty-gritty details about Hospital Indemnity insurance.

### Portability

This coverage is portable. That means that you may be able to continue your coverage through direct bill if your employment ends, the group policy terminates or your insurance ends because you no longer meet the eligibility requirements.

### Eligibility Requirements

To be eligible for this coverage, you must be 18 years old or older, a regular employee of Charles County Government, actively working in the United States at least 20 hours per week and a citizen or resident of the United States. Temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors are not eligible.

You can choose to cover your spouse, 18 years old or older, a person to whom you are legally married. You can also cover your children from birth through age 25. Your child cannot be insured by more than one employee. Your spouse or children must not be full-time member(s) of the armed forces. You cannot be insured as both an individual and a dependent.

A minimum number of eligible employees must apply and qualify for the proposed plan before Hospital Indemnity insurance coverage can become effective.

### Your Effective Date

You must satisfy the eligibility requirements listed above, serve an eligibility waiting period, agree to pay premium, and be actively at work (able to perform all normal duties of your job) on the day before the scheduled effective date of insurance.

If you are not actively at work on the day before the scheduled effective date of insurance, your insurance will not become effective until the day after you complete one full day of active work as an eligible employee.

Please contact your human resources representative or plan administrator for more information regarding the requirements that must be satisfied for your insurance to become effective.

### Annual Open Enrollment

You may enroll for coverage for you and your dependents if you enroll within 31 days after becoming eligible. However, if you do not enroll during this period, you may do so during your employer's annual open enrollment period.

### Waiver of Premium

Your insurance will continue without payment of premiums if you are confined in a hospital for more than 30 days in a row. We will waive payment of premium for your insurance from the 31st day of your confinement until the last day of the month you are in the hospital.

### Exclusions

Benefits are not payable if an injury or sickness is caused or contributed to by any of the following:

- War or any act of war
- Attempted suicide or other intentionally self-inflicted injury, while sane or insane
- Travel or flight in or on any aircraft, except as a fare-paying passenger on a commercial aircraft
- Surgery or other procedure directed at improving your or your dependent's appearance which is determined by your treating physician to be elective or cosmetic.
- Any injury or sickness which arises out of or in the course of you or your dependent being incarcerated in a jail, penal or correctional institution
- Dental care or dental procedures, unless treatment is the result of an injury
- Routine newborn nursing or well-baby care
- Hospital confinement of a newborn child following the child's birth unless the confinement is as a result of an injury or sickness
- Riding in or driving any automobile in a race, stunt show or speed test

### When Insurance Ends

Your insurance ends if you notify your employer or policyholder to terminate your coverage, your employment terminates, you cease meeting the member definition or the group policy terminates.

Child and spouse insurance ends when your insurance ends, they cease to meet the definition of child or spouse, at the end of the 30 day grace period that follows the last period for which the premium was paid for your child or spouse premium (if the premium is not received for that 30 day grace period), spouse or child insurance is no longer offered under the group policy or the group policy terminates.

### Group Insurance Certificate

If coverage becomes effective and you become insured,



you will receive a group insurance certificate containing a detailed description of the insurance coverage, including the definitions, exclusions, limitations, reductions and terminating events. The controlling provisions will be in the group policy. The information present in this summary does not modify the group policy, certificate or the insurance coverage in any way.

**IMPORTANT NOTICE TO PERSONS ON MEDICARE:  
THIS IS NOT MEDICARE SUPPLEMENT INSURANCE**

**Some healthcare services paid for by Medicare may also trigger the payment of benefits from this policy.**

This insurance pays a fixed dollar amount, regardless of your expenses, for each day you meet the policy conditions. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

**Medicare generally pays for most or all of these expenses.**

**Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:**

- Hospitalization
- Physician services
- Hospice
- Outpatient prescription drugs if you are enrolled in Medicare Part D
- Other approved items and services

**This policy must pay benefits without regard to other health benefit coverage to which you may be entitled under Medicare or other insurance.**

**Before you buy this insurance:**

- Check the coverage in all health insurance policies you already have.
- For more information about Medicare and Medicare Supplement insurance, review the Guide to Health Insurance for People with Medicare, available from Standard Insurance Company.
- For help in understanding your health insurance, contact your state insurance department or state health insurance assistance program (SHIP).

## About Standard Insurance Company

For more than 100 years, we have been dedicated to our core purpose: to help people achieve financial well-being and peace of mind. Headquartered in Portland, Oregon, The Standard is a nationally recognized provider of group employee benefits. To learn more about products from The Standard, visit us at **[www.standard.com](http://www.standard.com)**.

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon, in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.

This is a limited benefit policy.

GP0614-HI

Standard Insurance Company  
1100 SW Sixth Avenue  
Portland OR 97204

**[www.standard.com](http://www.standard.com)**

SI 17617-D-MD-760825 (5/22)  
7065967-849725

**Proposed Effective Date:**  
July 1, 2022

**Presented By:**  
Bolton Partners, Inc.- Baltimore

**Prepared For:**  
Charles County Government



## Cost

	Rollup: Monthly Premium
	Premier
Employee	\$14.82
Employee and Spouse	\$20.52
Employee and Child(ren)	\$27.20
Employee and Family	\$32.90
Includes the following benefits:	
Health Maintenance Screening Benefit	\$50 Benefit

- Auto-pay is available for the Health Maintenance Screening benefit when covered screenings are completed by employees at their employer's Health Fair.
- The Health Maintenance Screening Benefit pays an annual benefit when the insured receives one of the twenty-two covered health screening tests, including novel infectious disease testing (including COVID-19), lipid panel, mammography, and colonoscopy.
- To convert monthly rates to deductions, multiply by twelve, then divide by the number of deductions per year and round to two decimals.

continued





# Your Group Hospital Indemnity Insurance Proposal

**Prepared for:** Charles County Government

**Presented by:** Bolton Partners, Inc - Baltimore

**Proposal prepared on:**

Wednesday, March 2, 2022

**Proposal effective date:**

Friday, July 1, 2022

Standard Insurance Company



# Hospital Indemnity Insurance

A trip to the hospital can be costly — and most people are surprised to learn that they are responsible for a good portion of the bill. Hospital Indemnity insurance provides a direct benefit in the event of a hospitalization, regardless of treatment costs or other insurance coverage. It's an affordable way for employees to protect themselves from rising health care costs.

## Covered Members

A regular employee of the employer working 20 hrs per week in the United States.

Class Definition: All eligible

## Plan Design

Hospital Confinement Benefit	\$100/Day
Number of Covered Days per Hospital	15 Days
Hospital Admission	\$1500/Calendar year
Critical Care Unit (CCU) Confinement - Pays in addition to Hospital Confinement	\$100/Day
Number of Covered Days per CCU	15 Days
Critical Care Unit (CCU) Admission	\$500/Calendar year
Second Opinion Benefit	\$50
Health Maintenance Screening	\$100
Annual Open Enrollment	Included
Minimum Participation	10 Lives
Policy Situs State	MD
Pre-existing Limitation	None
Ages eligible for coverage	18-99 for Employee, Spouse Birth to age 26 for children
Termination age	None for Employee, Spouse 26 for children

**Additional Plan Design Details:**

- Second Opinion Benefit pays an additional benefit for the day that the employee or their dependent receives and objective second opinion of the hospital confinement as required by the Hospital's utilization review program.
- Portability is automatically included. Employees are able to take their Hospital Indemnity coverage with no change in coverage.
- Benefits paid under the Hospital Indemnity insurance policy when purchased with employee post-tax income are excluded from claimant gross income under current federal tax law.
- Evidence of insurability is not required at initial enrollment or during the annual open enrollment period. Members and dependents that do not enroll when they are first eligible may enroll during the annual open enrollment period.
- Plans that include the Hospital Confinement and/or CCU Confinement Benefit are compatible with an Health Savings Account (HSA). Plans that include the Hospital Admission Benefit and/or CCU Admission Benefit may not be compatible with an HSA. Consult your tax advisor for advice.
- Critical Care Confinement pays in addition to the Hospital Confinement benefit.
- Critical Care Admission pays in addition to the Hospital Admission benefit.
- Provides coverage for injuries and illnesses, including pregnancy.

continued

**Proposed Effective Date:**  
July 1, 2022

**Presented By:**  
Bolton Partners, Inc - Baltimore

**Prepared For:**  
Charles County Government



## Costs

Rollup	Monthly Premium
Benefit	
CCU Admission Benefit	\$500/Calendar year.
Daily CCU Confinement Benefit	\$100/Day
Daily Hospital Confinement	\$100/Day
HMS Benefit	\$100 Benefit
Hospital Admission Benefit	\$1500/Calendar year
Second Opinion Benefit	\$50/Day
	Base Coverage: Monthly Premium
Employee	\$15.98
Employee and Spouse	\$27.64
Employee and Child(ren)	\$22.42
Employee and Family	\$39.96

- The Health Maintenance Screening Benefit pays an annual benefit when the insured receives one of the twenty-two covered health screening tests, including novel infectious disease testing (including COVID-19), lipid panel, mammography, and colonoscopy.
- Auto-pay is available for the Health Maintenance Screening benefit when covered screenings are completed by employees at their employer's Health Fair.

continued



## Assumptions

- New hires will be enrolled on an perpetual basis.
- Proposal assumes heaped commissions.
- This proposal assumes 1000 eligible lives.
- The proposed rates are guaranteed for 24 Months.

## Conditions

- Minimum of 10 lives enrolled is required.
- No competing hospital indemnity plan will be offered on payroll deduction.
- Proposed rate includes electronic documents. Printed certificates are available for an additional cost.
- Continuity of coverage is included.

## Exclusions

Benefits are not payable if the injury or sickness was caused or contributed to by any of the following:

- War or act of war.
- Attempted suicide or other intentionally self-inflicted Injury, while sane or insane.
- Travel or flight in or on any aircraft, except:
  - As a fare-paying passenger on a regularly scheduled commercial flight.
  - As a passenger or pilot in the policyholder's or employer's aircraft while flying on the policyholder's or employer's business provided:
    - The aircraft has a valid U.S. airworthiness certificate (or foreign equivalent).
    - The pilot has a valid pilot's certificate with a non-student rating authorizing him or her to fly the aircraft.
- Dental care or dental procedures, unless treatment is the result of an Injury.
- Routine newborn nursing or well-baby care.
- Hospital confinement of a newborn child following the child's birth unless the confinement is a result of an injury or sickness.
- Riding in or driving any automobile in a race, stunt show, or speed test.
- Surgery or other procedure directed at improving your or your Dependent's appearance which is determined by your treating Physician to be elective or cosmetic.
- Any injury or sickness which arises out of or in the course of an insured's incarceration in a jail, penal or correctional institution.

continued





## Producer Compensation Disclosure

We recognize the valuable role of insurance advisors, consultants and brokers ("producers") in helping their clients design an employee benefits program, and we support reasonable and fair compensation for these services. Producers may be eligible to receive compensation from The Standard.

The commission quoted in this proposal are noted below. Additionally, fees for administrative, marketing or consulting services may apply. If applicable, fees are noted below.

Normal commission scale (<https://www.standard.com/financial-professional/insurance-benefits/compensation>) included for Hospital Indemnity Insurance.

Unless participation is declined by the producer or client, contingent compensation is additional compensation that may also be paid and is dependent on the satisfaction of one or more minimum requirements, such as a specified amount of new premium volume or persistency in connection with the producer's block of business. For information about our customary producer rewards program visit <https://www.standard.com/financial-professional/insurance-benefits/compensation>. Some producers may have a contingent compensation arrangement that differs from our customary program. Please consult with your producer for additional details.

## About This Employee Benefits Proposal

We appreciate the opportunity to provide you with this benefit and cost summary proposal from The Standard. This document outlines certain important features of the group insurance coverages available. This is not a contract or an offer to contract for such coverages. Detailed information about other important features of the coverage proposed is available on request. Just ask your broker/consultant or your representative at The Standard.

A completed application must be submitted before a group can be considered for coverage. Insurance will be effective after the application is accepted by The Standard. If approved, we will issue a contract containing our customary language. It will not duplicate policy language from another carrier. The group contract will contain provisions and defined terms not described in this Employee Benefits Proposal. The group contract will control if there are discrepancies between it and this proposal.

This benefit and cost summary proposal expires on Tuesday, May 31, 2022 unless replaced or withdrawn by The Standard.

The proposed premium rate and plan design for each coverage are based on the underwriting data received by The Standard. Final premium rates and plan provisions will be determined by The Standard on the basis of: applicable state laws, policyholder contributions, confirmation of occupations, the actual composition of the group of persons who will become insured and our current underwriting rules and practices proposal.

## Standard Insurance Company Financial Strength Ratings

For information about our financial strengths ratings visit [www.standard.com/about](http://www.standard.com/about)

This is a limited benefit policy.

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company, 1100 SW 6th Avenue, Portland, Oregon, 97204 in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.



## Assumptions

- No Underwriting required.
- Proposal assumes normal heaped commissions.
- This proposal assumes 1000 eligible lives.

## Conditions

- Minimum of 10 lives enrolled is required.
- The proposed rates are guaranteed for 24 months.
- No competing Accident plan will be offered on payroll deduction.
- Proposed rate includes electronic documents. Printed certificates available at an additional cost.
- New hires will be enrolled on a perpetual basis.

## Exclusions

Benefits are not payable if the accident was caused or contributed by the following:

- War or act of war.
- Suicide or other intentionally self-inflicted Injury, while sane or insane.
- The accident (loss) is caused or contributed to by the insured's committing or attempting to commit a felony. This exclusion applies only to the Accidental Death and Dismemberment Benefits.
- The accident (loss) is sustained or contracted in the consequence of the insured's being intoxicated or under the influence of any narcotic. This exclusion applies only to the Accidental Death and Dismemberment Benefits.
- Sickness existing at the time of the accident, including any medical or surgical treatment or diagnostic procedure for a sickness.
- Travel or flight in or on any aircraft (certain exceptions apply, including as a fare paying passenger on a regularly scheduled commercial flight).
- Engaging in mountain climbing, caving, heli-skiing, boxing, full contact martial arts, skydiving, hang gliding, sail gliding, parasailing, parakiting, kitesurfing, kiteboarding, or scuba diving.
- Practicing for, or participating in, any semi-professional or professional competitive athletic contests.
- Routine eye exams and dental procedures other than a crown or extraction for a tooth or teeth as a result of a covered accident.
- Riding in or driving any automobile in a race, stunt show, or speed test.
- Cosmetic surgery, unless such surgery or procedure is necessary to correct a deformity or restore bodily function resulting from covered accident.
- Any accident which arises out of or in the course of the insured's incarceration in a jail, penal, or correctional institution.

continued





## Producer Compensation Disclosure

We recognize the valuable role of insurance advisors, consultants and brokers ("producers") in helping their clients design an employee benefits program, and we support reasonable and fair compensation for these services. Producers may be eligible to receive compensation from The Standard.

The commission quoted in this proposal are noted below. Additionally, fees for administrative, marketing or consulting services may apply. If applicable, fees are noted below.

Normal commission scale (<https://www.standard.com/financial-professional/insurance-benefits/compensation>) included for Accident Insurance.

Unless participation is declined by the producer or client, contingent compensation is additional compensation that may also be paid and is dependent on the satisfaction of one or more minimum requirements, such as a specified amount of new premium volume or persistency in connection with the producer's block of business. For information about our customary producer rewards program visit <https://www.standard.com/financial-professional/insurance-benefits/compensation>. Some producers may have a contingent compensation arrangement that differs from our customary program. Please consult with your producer for additional details.

## About This Employee Benefits Proposal

We appreciate the opportunity to provide you with this benefit and cost summary proposal from The Standard. This document outlines certain important features of the group insurance coverages available. This is not a contract or an offer to contract for such coverages. Detailed information about other important features of the coverage proposed is available on request. Just ask your broker/consultant or your representative at The Standard.

A completed application must be submitted before a group can be considered for coverage. Insurance will be effective after the application is accepted by The Standard. If approved, we will issue a contract containing our customary language. It will not duplicate policy language from another carrier. The group contract will contain provisions and defined terms not described in this Employee Benefits Proposal. The group contract will control if there are discrepancies between it and this proposal.

This benefit and cost summary proposal expires on Monday, June 20, 2022 unless replaced or withdrawn by The Standard.

The proposed premium rate and plan design for each coverage are based on the underwriting data received by The Standard. Final premium rates and plan provisions will be determined by The Standard on the basis of: applicable state laws, policyholder contributions, confirmation of occupations, the actual composition of the group of persons who will become insured and our current underwriting rules and practices.

## Standard Insurance Company Financial Strength Ratings

For information about our financial strengths ratings visit [www.standard.com/about](http://www.standard.com/about).

This is a limited benefit policy.

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company, 1100 SW 6th Avenue, Portland, Oregon, 97204 in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.

continued





# Group Critical Illness Insurance

Plan for the Costs of a Serious Illness So You Can Focus on Getting Well.

## 1 You get a critical illness diagnosis

Your health insurance covers many of your treatment costs, but you still have a lot of expenses that your finances aren't ready for.

## 2 The Standard is there for you

The Standard helps shield your finances by paying benefits directly to you. And you get to decide how you spend that money.

## 3 Focus on getting better

With The Standard helping cover your out-of-pocket or everyday expenses, you get to concentrate on what's most important to you, getting better.

### Here's what it does:

- **Pays you directly**, so you can choose how to spend the money
- **Goes with you** if you leave your employer
- **Provides coverage** without answering any medical questions
- **Covers children** at a 50% of your benefit amount at no additional cost
- Gives you the option to **cover your spouse**

---

This coverage from Standard Insurance Company (The Standard) helps fill the gap caused by out-of-pocket costs, creating a financial safety net for you and your family.

## Here's how it works:

**Cancer:** Shayna beat cancer, but faced many costs she didn't expect. There were her medical plan's copays for doctor visits and what she owed for chemotherapy after meeting her deductible. She also bought hair prosthetics, paid for travel to specialists, and had alternative treatments. The benefits from Shayna's Critical Illness insurance helped cover the expenses. And, her plan also gave her access to Health Advocate™. Through this service, Shayna received the support of a personal guide who helped her make sense of her diagnosis and treatment options.

### Here's an example of what this benefit could cover:

#### Example Of Out-Of-Pocket Expenses

Medical plan	\$1,400
Lost wages	\$5,000
Alternate treatments and diets not covered by medical plan	\$4,500
<b>Total Out-Of-Pocket Expenses</b>	<b>\$10,900</b>

#### Example Of Benefits

Critical Illness Benefit Option	\$10,000
<b>Total Out-Of-Pocket Expenses</b>	<b>\$10,900</b>
Remaining Out-Of-Pocket Expenses	\$900
<b>Remaining Benefit For Other Expenses</b>	<b>\$0</b>

## These are the benefit options you may elect:

Coverage for...	Coverage Amount...
You	\$5,000-\$30,000 in increments of \$5,000
Your spouse	\$5,000-\$30,000 in increments of \$5,000, as long as it's not more than your coverage amount
Your children	Automatically covered at 50% of your coverage amount

See the Important Details section for more information, including requirements, exclusions and definitions.

## Affordable Group Rates

Because you'll be buying this insurance through Charles County Government, you'll have access to affordable group rates. You'll also have the convenience of having your premium deducted directly from your paycheck. Your rates will not increase as you grow older – meaning you'll have the same semimonthly payment for as long as you have your coverage.

The semimonthly premiums you would pay for Critical Illness insurance benefits are below.

Employee Non-Tobacco Semimonthly Issue Age Premiums						
Coverage Amount	Employee Age					
	18-29	30-39	40-49	50-59	60-69	70+
\$5,000	\$0.98	\$1.45	\$2.40	\$3.78	\$6.13	\$10.33
\$10,000	\$1.95	\$2.90	\$4.80	\$7.55	\$12.25	\$20.65
\$15,000	\$2.93	\$4.35	\$7.20	\$11.33	\$18.38	\$30.98
\$20,000	\$3.90	\$5.80	\$9.60	\$15.10	\$24.50	\$41.30
\$25,000	\$4.88	\$7.25	\$12.00	\$18.88	\$30.63	\$51.63
\$30,000	\$5.85	\$8.70	\$14.40	\$22.65	\$36.75	\$61.95

Employee Tobacco Semimonthly Issue Age Premiums						
Coverage Amount	Employee Age					
	18-29	30-39	40-49	50-59	60-69	70+
\$5,000	\$1.13	\$1.90	\$3.78	\$6.93	\$12.48	\$20.15
\$10,000	\$2.25	\$3.80	\$7.55	\$13.85	\$24.95	\$40.30
\$15,000	\$3.38	\$5.70	\$11.33	\$20.78	\$37.43	\$60.45
\$20,000	\$4.50	\$7.60	\$15.10	\$27.70	\$49.90	\$80.60
\$25,000	\$5.63	\$9.50	\$18.88	\$34.63	\$62.38	\$100.75
\$30,000	\$6.75	\$11.40	\$22.65	\$41.55	\$74.85	\$120.90

Spouse Semimonthly Issue Age Premiums - Based on Employee's Age and Non-Tobacco status						
Coverage Amount	Employee Age					
	18-29	30-39	40-49	50-59	60-69	70+
\$5,000	\$0.98	\$1.45	\$2.40	\$3.78	\$6.13	\$10.33
\$10,000	\$1.95	\$2.90	\$4.80	\$7.55	\$12.25	\$20.65
\$15,000	\$2.93	\$4.35	\$7.20	\$11.33	\$18.38	\$30.98
\$20,000	\$3.90	\$5.80	\$9.60	\$15.10	\$24.50	\$41.30
\$25,000	\$4.88	\$7.25	\$12.00	\$18.88	\$30.63	\$51.63
\$30,000	\$5.85	\$8.70	\$14.40	\$22.65	\$36.75	\$61.95



Spouse Semimonthly Issue Age Premiums - Based on Employee's Age and Tobacco status						
Coverage Amount	Employee Age					
	18-29	30-39	40-49	50-59	60-69	70+
\$5,000	\$1.13	\$1.90	\$3.78	\$6.93	\$12.48	\$20.15
\$10,000	\$2.25	\$3.80	\$7.55	\$13.85	\$24.95	\$40.30
\$15,000	\$3.38	\$5.70	\$11.33	\$20.78	\$37.43	\$60.45
\$20,000	\$4.50	\$7.60	\$15.10	\$27.70	\$49.90	\$80.60
\$25,000	\$5.63	\$9.50	\$18.88	\$34.63	\$62.38	\$100.75
\$30,000	\$6.75	\$11.40	\$22.65	\$41.55	\$74.85	\$120.90

## With Critical Illness insurance, you can:

- **Protect your loved ones.** Cover your spouse up to \$30,000, as long as it's not more than your benefit amount. Your kids are automatically covered at 50 percent of the amount elected for yourself for the same critical illnesses that you are. Kids are also covered for 21 additional childhood diseases, including cystic fibrosis, Down syndrome, muscular dystrophy, spina bifida and cerebral palsy.
- **Receive a benefit for taking care of your health.** You and your covered loved ones receive a Health Maintenance Screening benefit of \$100 once per calendar year when visiting the doctor for a covered wellness screening, which may include a novel infectious disease test (including COVID-19) or a mammogram — that typically cost you nothing under your medical insurance.
- **Receive additional benefits.** If you are diagnosed with a covered illness again after a treatment-free period of 6 months, you will receive 50 percent of the original benefit amount. If you are diagnosed with a different and subsequent covered illness after the diagnosis of the first critical illness, you will receive an additional Critical Illness insurance benefit.
- **Access a Health Advocate\*.** Additional services available through Health Advocate, include access to specialists for a second opinion upon approval of a covered claim.
- **Update your coverage as needed.** As your life circumstances change, increase or decrease your coverage, in accordance with your employer's plan.

### Covered Conditions

#### Receive 100 percent of your coverage amount for:

- Heart attack
- Stroke
- Cancer (cancer that has spread beyond initial tissue)
- End stage renal (kidney) failure
- Major organ failure
- Coma
- Paralysis of two or more limbs
- Loss of sight
- Occupational HIV
- Occupational Hepatitis
- ALS (Lou Gehrig's Disease)
- Advanced Alzheimer's Disease
- Advanced Multiple sclerosis
- Advanced Parkinson's disease
- Benign brain tumor
- Bone marrow transplant
- Loss of hearing
- Loss of speech

#### Receive 25 percent of your coverage amount for:

- Severe coronary artery disease with recommendation for bypass
- Cancer that has not spread beyond initial tissue, also known as Carcinoma in situ

Payment of benefit is subject to the terms and conditions of the policy.  
Diagnosis and recommendation must occur after your coverage becomes effective.

\* Health Advocacy services are provided through an arrangement with Health Advocate, a leading health advocacy and assistance company. Health Advocate is not affiliated with The Standard or any insurance or third-party provider, and does not replace health insurance coverage, provide medical care or recommend treatment.



## Important Details

Here's where you'll find the nitty-gritty details about Critical Illness Insurance.

### Portability

This coverage is portable. That means that you may be able to continue your coverage through direct bill — at the same rate you would pay today — if your employment ends, the group policy terminates or your insurance ends because you no longer meet the eligibility requirements.

### Eligibility Requirements

To be eligible for this coverage, you must be 18 years old or older, a regular employee of Charles County Government, actively working in the United States at least 20 hours per week and a citizen or resident of the United States. Temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors are not eligible.

You can choose to cover your spouse, 18 years old or older, a person to whom you are legally married. You can also cover your child(ren) from birth through age 25. Your child(ren) cannot be insured by more than one employee. Your spouse or child(ren) must not be full-time member(s) of the armed forces. You cannot be insured as both an individual and a dependent.

A minimum number of eligible employees must apply and qualify for the proposed plan before Critical Illness insurance coverage can become effective.

### Your Effective Date

You must satisfy the eligibility requirements listed above, serve an eligibility waiting period, agree to pay premium and be actively at work (able to perform all normal duties of your job) on the day before the scheduled effective date of insurance.

If you are not actively at work on the day before the scheduled effective date of insurance, your insurance will not become effective until the day after you complete one full day of active work as an eligible employee.

Please contact your human resources representative or plan administrator for more information regarding the requirements that must be satisfied for your insurance to become effective.

### Annual Open Enrollment

You may enroll for coverage for you and your spouse up to the maximum amount if you enroll within 31 days after becoming eligible. However, if you do not enroll during this period or want to increase your coverage up to the maximum amount, you may do so during your employer's annual open enrollment period.

### Reoccurrence Benefit

If you or your dependents receive a benefit for a covered critical illness and are later diagnosed with the same critical illness, a one-time reoccurrence benefit will be paid if you or your dependents have:

- Been continuously insured under the group policy between the initial and subsequent diagnosis or recommendation from the date of the preceding diagnosis or recommendation
- Served a 6-month treatment-free period in connection with the critical illness during which you or your dependents did not:
  - Consult a physician or other licensed medical professional
  - Receive medical treatment, services or advice
  - Undergo diagnostic procedures, including self-administered procedures
  - Take prescribed drugs or medications

### Exclusions

Benefits are not payable if a critical illness is caused or contributed to by any of the following:

- War or any act of war
- Attempted suicide or other intentionally self-inflicted injury, while sane or insane
- Elective surgery or other procedure which:
  - Does not promote the proper function of your or your dependent's body or prevent or treat sickness or injury
  - Is directed at improving your or your dependent's appearance, unless such surgery or procedure is necessary to correct a deformity resulting from a congenital abnormality or disfigurement

Note: This exclusion will not apply to a critical illness caused or contributed to by your or your dependent's donation of an organ or tissue.

### When Your Insurance Ends

Your insurance ends if you notify your employer or policyholder to terminate your coverage, you stop making premium payments, your employment terminates, the date you become covered by Medicaid, you cease meeting the member definition or the group policy terminates.

Child and spouse insurance ends when your insurance ends, they cease to meet the definition of child or spouse, you stop making premium payments for spouse



insurance, the date your spouse or child becomes covered by Medicaid, spouse or child insurance is no longer offered under the group policy or the group policy terminates.

### **Group Insurance Certificate**

If coverage becomes effective and you become insured, you will receive a group insurance certificate containing a detailed description of the insurance coverage, including the definitions, exclusions, limitations, reductions and terminating events. The controlling provisions will be in the group policy. The information present in this summary does not modify the group policy, certificate or the insurance coverage in any way.

### **IMPORTANT NOTICE TO PERSONS ON MEDICARE: THIS IS NOT MEDICARE SUPPLEMENT INSURANCE**

**Some healthcare services paid for by Medicare may also trigger the payment of benefits from this policy.**

This insurance pays a fixed dollar amount, regardless of your expenses, if you meet the policy conditions, for one of the specific diseases or health conditions named in the policy. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

**Medicare generally pays for most or all of these expenses.**

**Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:**

- Hospitalization
- Physician services
- Hospice
- Outpatient prescription drugs if you are enrolled in Medicare Part D
- Other approved items and services

**This policy must pay benefits without regard to other health benefit coverage to which you may be entitled under Medicare or other insurance.**

### **Before you buy this insurance:**

- Check the coverage in all health insurance policies you already have.
- For more information about Medicare and Medicare Supplement insurance, review the Guide to Health Insurance for People with Medicare, available from Standard Insurance Company.
- For help in understanding your health insurance,

contact your state insurance department or state health insurance assistance program (SHIP).

### **About Standard Insurance Company**

For more than 100 years, we have been dedicated to our core purpose: to help people achieve financial well-being and peace of mind. Headquartered in Portland, Oregon, The Standard is a nationally recognized provider of group employee benefits. To learn more about products from The Standard, visit us at **[www.standard.com](http://www.standard.com)**.

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon, in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.

This is a limited benefit policy.

GP0614-CI

[Standard Insurance Company](http://www.standard.com)  
1100 SW Sixth Avenue  
Portland OR 97204

[www.standard.com](http://www.standard.com)

SI 17616-D-MD-760825 (5/22)

7065967-849724

## Notes



# Your Group Critical Illness Insurance Proposal

**Prepared for:** Charles County Government

**Presented by:** Bolton Partners, Inc - Baltimore

**Proposal prepared on:**

Monday, April 11, 2022

**Proposal effective date:**

Friday, July 1, 2022

Standard Insurance Company



# Group Critical Illness Insurance

Medical insurance alone can't stop a major diagnosis from draining an employee's finances. Copays, deductibles, alternative treatments — these unexpected expenses add up quickly. Critical Illness insurance gives your employees an affordable option for easing the financial burden that can come with a serious illness. Under this plan, children are covered automatically at no extra cost.

## Covered Members

A regular employee of the employer working 20 hrs per week in the United States.

Class Definition: All eligible

## Plan Design

Plan Level	Premier
Covered Critical Illnesses	<ul style="list-style-type: none"><li>• Cancer</li><li>• Carcinoma In Situ</li><li>• End-stage Renal (Kidney) Failure</li><li>• Major Organ Failure</li><li>• Myocardial Infarction (Heart Attack)</li><li>• Severe Coronary Artery Disease with Recommendation of Bypass</li><li>• Stroke</li><li>• Coma</li><li>• Paralysis</li><li>• Loss of Hearing, Sight, or Speech</li><li>• Occupational Hepatitis</li><li>• Occupational HIV</li><li>• Advanced Alzheimer's Disease</li><li>• Advanced Multiple Sclerosis</li><li>• Advanced Parkinson's Disease</li><li>• Amyotrophic Lateral Sclerosis</li><li>• Benign Brain Tumor</li><li>• Bone Marrow Transplant</li><li>• 21 childhood diseases<sup>1</sup></li></ul>
Family Coverage	Employee/Child(ren), Spouse

continued

**Proposed Effective Date:**

July 1, 2022

**Presented By:**

Bolton Partners, Inc - Baltimore

**Prepared For:**

Charles County Government



Plan Level	Premier
<b>Termination Age</b>	None for Employee, Spouse / 26 for children.
<b>Ages eligible for coverage</b>	18 - 99 for Employee, Spouse / Birth to age 26 for children
<b>Additional Occurrence Benefit - separation period</b>	None
<b>Coverage Amount: Employee</b>	\$5,000 to \$30,000 in \$5K increments
<b>Coverage Amount: Spouse</b>	\$5,000 to \$30,000 in \$5K increments
<b>Rates</b>	Issue Age, Unisex, Tobacco Distinct
<b>Guarantee Issue (Employee)</b>	\$30,000
<b>Guarantee Issue (Spouse)</b>	\$30,000
<b>Guarantee Issue (Children)</b>	50% of the Employee Amount
<b>Annual Open Enrollment</b>	Included
<b>Minimum Participation</b>	10 Lives
<b>Employer Contribution</b>	0%

continued

Plan ID: 11

Rating Request: 2853615



**Proposed Effective Date:**

July 1, 2022

**Presented By:**

Bolton Partners, Inc - Baltimore

**Prepared For:**

Charles County Government



Plan Level	Premier
Policy Situs State	MD
Pre-existing Condition	None
Health Maintenance Screening Benefit	\$100 per insured per calendar year.
Portability	Included
Reoccurrence	50%
Reoccurrence Treatment-Free Period	6 months

\*Carcinoma in situ and Severe Coronary Artery Disease with Recommendation of Bypass are paid at 25% of the coverage amount. All other critical illnesses are paid at 100% of the coverage amount unless otherwise indicated.

continued

Plan ID: 11

Rating Request: 2853615

3

Standard Insurance Company





### Additional Plan Design Details:

- <sup>1</sup>Covered Child critical illness: Anal Atresia, Anencephaly, Biliary Atresia, Cerebral Palsy, Cleft Lip or Cleft Palate, Club Foot, Coarctation of the Aorta, Cystic Fibrosis, Diaphragmatic Hernia, Down's Syndrome, Gastroschisis, Hirschsprung's Disease, Hypoplastic Left Heart Syndrome, Infantile Hypertrophic Pyloric Stenosis, Muscular Dystrophy, Omphalocele, Patent Ductus Arteriosus, Spina Bifida Cystica with Myelomeningocele, Tetralogy of Fallot, Transposition of the Great Arteries.
- Spouse Coverage cannot exceed 100% of the Employee Amount.
- The diagnosis of a covered critical illness must occur while the insured is covered under the group policy. Benefits will not be paid for a diagnosis that occurs prior to the effective date.
- Benefits paid under the Critical Illness Insurance policy when purchased with employee post-tax income are excluded from claimant gross income under current federal tax law.
- Evidence of insurability is not required at initial enrollment or during the annual open enrollment period. Members and spouses that do not enroll when they are first eligible may enroll during the annual open enrollment period.
- Portability is automatically included. Employees are able to take their Critical Illness coverage with no change in coverage or rates.
- Additional Occurrence Benefit: The amount payable for any additional covered critical illness that is different and subsequent to an initial critical illness is 100% of the coverage amount.
- Reoccurrence Benefit: If a critical illness benefit is payable and there is a subsequent diagnosis or recommendation for the same critical illness, a reoccurrence benefit is payable if the insured has been continuously insured under the group policy between the initial and subsequent diagnosis or recommendation, and completes the applicable treatment free period noted in the table above.
- Health Maintenance Screening Benefit: Auto-pay is available for covered screenings completed by employees at their employer's Health Fair.
- The Health Maintenance Screening Benefit pays an annual benefit when the insured receives one of the twenty-two covered health screening tests, including novel infectious disease testing (including COVID-19), lipid panel, mammography, and colonoscopy.
- Additional services available through Health Advocate, including access to specialists for a second opinion upon approval of a covered claim.
- If replacement coverage, the following will be required:

Current plan certificate.

Plan inventory/census showing who is currently enrolled and coverage amount.

Current benefit amounts may need to be reviewed for eligibility to be carried forward to this plan.

continued

Proposed Effective Date:

Presented By:

Prepared For:

July 1, 2022

Bolton Partners, Inc - Baltimore

Charles County Government



## Issue Age Monthly Premiums - Premier

## Employee

## Non-Tobacco

	18-29	30-39	40-49	50-59	60-69	70-79
\$5,000	\$1.95	\$2.90	\$4.80	\$7.55	\$12.25	\$20.65
\$10,000	\$3.90	\$5.80	\$9.60	\$15.10	\$24.50	\$41.30
\$15,000	\$5.85	\$8.70	\$14.40	\$22.65	\$36.75	\$61.95
\$20,000	\$7.80	\$11.60	\$19.20	\$30.20	\$49.00	\$82.60
\$25,000	\$9.75	\$14.50	\$24.00	\$37.75	\$61.25	\$103.25
\$30,000	\$11.70	\$17.40	\$28.80	\$45.30	\$73.50	\$123.90

## Tobacco

	18-29	30-39	40-49	50-59	60-69	70-79
\$5,000	\$2.25	\$3.80	\$7.55	\$13.85	\$24.95	\$40.30
\$10,000	\$4.50	\$7.60	\$15.10	\$27.70	\$49.90	\$80.60
\$15,000	\$6.75	\$11.40	\$22.65	\$41.55	\$74.85	\$120.90
\$20,000	\$9.00	\$15.20	\$30.20	\$55.40	\$99.80	\$161.20
\$25,000	\$11.25	\$19.00	\$37.75	\$69.25	\$124.75	\$201.50
\$30,000	\$13.50	\$22.80	\$45.30	\$83.10	\$149.70	\$241.80

## Spouse

## Non-Tobacco

	18-29	30-39	40-49	50-59	60-69	70-79
\$5,000	\$1.95	\$2.90	\$4.80	\$7.55	\$12.25	\$20.65
\$10,000	\$3.90	\$5.80	\$9.60	\$15.10	\$24.50	\$41.30
\$15,000	\$5.85	\$8.70	\$14.40	\$22.65	\$36.75	\$61.95
\$20,000	\$7.80	\$11.60	\$19.20	\$30.20	\$49.00	\$82.60
\$25,000	\$9.75	\$14.50	\$24.00	\$37.75	\$61.25	\$103.25
\$30,000	\$11.70	\$17.40	\$28.80	\$45.30	\$73.50	\$123.90

## Tobacco

	18-29	30-39	40-49	50-59	60-69	70-79
\$5,000	\$2.25	\$3.80	\$7.55	\$13.85	\$24.95	\$40.30
\$10,000	\$4.50	\$7.60	\$15.10	\$27.70	\$49.90	\$80.60
\$15,000	\$6.75	\$11.40	\$22.65	\$41.55	\$74.85	\$120.90
\$20,000	\$9.00	\$15.20	\$30.20	\$55.40	\$99.80	\$161.20

continued

Plan ID: 11

Rating Request: 2853615

**Proposed Effective Date:**  
July 1, 2022

**Presented By:**  
Bolton Partners, Inc - Baltimore

**Prepared For:**  
Charles County Government



	\$25,000	\$11.25	\$19.00	\$37.75	\$69.25	\$124.75	\$201.50	
	\$30,000	\$13.50	\$22.80	\$45.30	\$83.10	\$149.70	\$241.80	

continued

**Proposed Effective Date:****Presented By:****Prepared For:**

July 1, 2022

Bolton Partners, Inc - Baltimore

Charles County Government



Annual Rate per \$1000		
Premier		
Age Band	Non-Tobacco	Tobacco
18 - 29	\$4.68	\$5.40
30 - 39	\$6.96	\$9.12
40 - 49	\$11.52	\$18.12
50 - 59	\$18.12	\$33.24
60 - 69	\$29.40	\$59.88
70 - 79	\$49.56	\$96.72

\* Displayed rates apply to Employee or Spouse

To convert annual rates to deductions, multiply by units of coverage, divide by the number of deductions per year and round to the nearest penny.

continued

Plan ID: 11

Rating Request: 2853615

Standard Insurance Company



## Assumptions

- Rate assumes a 24 month rate guarantee.
- Proposal assumes heaped commissions.
- Proposal assumes coverage is currently in force with another carrier.
- This proposal assumes 1000 eligible lives.
- Employee age and tobacco status used for spouse rates.

## Conditions

- Minimum of 10 lives enrolled is required.
- Proposed rate includes electronic documents. Printed certificates are available at an additional cost.
- New hires will be enrolled on a perpetual basis.
- No competing critical illness plan will be offered on payroll deduction.
- Continuity of Coverage is included.

## Exclusions and Limitations

Benefits are not payable if a critical illness is caused or contributed to by any of the following:

- War or act of war.
- Attempted suicide or other intentionally self-inflicted Injury, while sane or insane.
- Elective surgery or other procedure which:

Does not promote the proper function of the body or prevent or treat sickness or injury.

Is directed at improving the insured's appearance, unless such cosmetic surgery or procedure is necessary to correct a deformity resulting from a congenital abnormality or disfigurement.

This exclusion will not apply to a critical illness caused or contributed to by donation of an organ or tissue.

continued





## Producer Compensation Disclosure

We recognize the valuable role of insurance advisors, consultants and brokers ("producers") in helping their clients design an employee benefits program, and we support reasonable and fair compensation for these services. Producers may be eligible to receive compensation from The Standard.

The commission quoted in this proposal are noted below. Additionally, fees for administrative, marketing or consulting services may apply. If applicable, fees are noted below.

Normal commission scale (<https://www.standard.com/financial-professional/insurance-benefits/compensation>) included for critical illness insurance.

Unless participation is declined by the producer or client, contingent compensation is additional compensation that may also be paid and is dependent on the satisfaction of one or more minimum requirements, such as a specified amount of new premium volume or persistency in connection with the producer's block of business. For information about our customary producer rewards program visit <https://www.standard.com/financial-professional/insurance-benefits/compensation>. Some producers may have a contingent compensation arrangement that differs from our customary program. Please consult with your producer for additional details.

continued





## About this Employee Benefits Proposal

We appreciate the opportunity to provide you with this benefit and cost summary proposal from The Standard. This document outlines certain important features of the group insurance coverages available. This is not a contract or an offer to contract for such coverages. Detailed information about other important features of the coverage proposed is available on request. Just ask your broker/consultant or your representative at The Standard.

A completed application must be submitted before a group can be considered for coverage. Insurance will be effective after the application is accepted by The Standard. If approved, we will issue a contract containing our customary language. It will not duplicate policy language from another carrier. The group contract will contain provisions and defined terms not described in this Employee Benefits Proposal. The group contract will control if there are discrepancies between it and this proposal.

This benefit and cost summary proposal expires on Sunday, July 10, 2022 unless replaced or withdrawn by The Standard.

The proposed premium rate and plan design for each coverage are based on the underwriting data received by The Standard. Final premium rates and plan provisions will be determined by The Standard on the basis of: applicable state laws, policyholder contributions, confirmation of occupations, the actual composition of the group of persons who will become insured and our current underwriting rules and practices.

## Standard Insurance Company Financial Strength Ratings

For information about our financial strength ratings visit [www.standard.com/about](http://www.standard.com/about).

This is a limited benefit policy.

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company, 1100 SW 6th Avenue, Portland, Oregon, 97204 in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.

## Notes

# BASIC GROUP TERM LIFE and ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE BENEFIT HIGHLIGHTS



More than half of Americans  
(53%) expressed a  
heightened need for life  
insurance because of  
COVID-19.<sup>1</sup>

## COUNTY COMMISSIONERS OF CHARLES COUNTY MD

The group term Life and Accidental Death and Dismemberment (AD&D) insurance available through your employer gives extra protection that you and your family may need. Life and AD&D insurance offers financial protection by providing you coverage in case of an untimely death or an accident that destroys your income-earning ability. Life benefits are disbursed to your beneficiaries in a lump sum in the event of your death.



To learn more about Life and AD&D insurance, visit  
[thehartford.com/employee-benefits/employees](https://thehartford.com/employee-benefits/employees)

## COVERAGE INFORMATION

APPLICANT	LIFE COVERAGE	AD&D COVERAGE
Employee	Benefit <sup>2</sup> : 1.5 times earnings Maximum: \$250,000	AD&D: Included

### AD&D BENEFITS – PERCENT OF COVERAGE AMOUNT PER ACCIDENT

Covered accidents or death can occur up to 365 days after the accident. The total benefit for all losses due to the same accident will not exceed 100% of your coverage amount.

LOSS FROM ACCIDENT	COVERAGE
Life	100%
Both Hands or Both Feet or Sight of Both Eyes	100%
One Hand and One Foot	100%
Speech and Hearing in Both Ears	100%
Either Hand or Foot and Sight of One Eye	100%
Movement of Both Upper and Lower Limbs (Quadriplegia)	100%
Movement of Both Lower Limbs (Paraplegia)	75%
Movement of Three Limbs (Triplegia)	75%
Movement of the Upper and Lower Limbs of One Side of the Body (Hemiplegia)	50%
Either Hand or Foot	50%
Sight of One Eye	50%
Speech or Hearing in Both Ears	50%
Movement of One Limb (Uniplegia)	25%
Thumb and Index Finger of Either Hand	25%

## PREMIUMS

Your employer pays 100% of the premium for your coverage.<sup>3</sup>

## ASKED & ANSWERED

### WHO IS ELIGIBLE?

You are eligible if you are an active full time employee who works at least 25 hours per week on a regularly scheduled basis.

<sup>2</sup>35% at age 70, 50% at age 75

**AM I GUARANTEED COVERAGE?**

This insurance is guaranteed issue coverage - it is available without having to provide information about your health.

AD&D is available without having to provide information about your health.

**HOW MUCH DOES IT COST AND HOW DO I PAY FOR THIS INSURANCE?**

Your employer pays 100% of the premium for your (employee) coverage.

**WHEN CAN I ENROLL?**

Your employer will automatically enroll you for this coverage. If you have not already done so, you must designate a beneficiary.

**WHEN DOES THIS INSURANCE BEGIN?**

This insurance will become effective for you on the date you become eligible.

You must be actively at work with your employer on the day your coverage takes effect.

**WHEN DOES THIS INSURANCE END?**

This insurance will end when you no longer satisfy the applicable eligibility conditions, premium is unpaid, you are no longer actively working, you leave your employer, or the coverage is no longer offered.

**CAN I KEEP THIS INSURANCE IF I LEAVE MY EMPLOYER OR AM NO LONGER A MEMBER OF THIS GROUP?**

Yes, you can take this life coverage with you. Coverage may be continued for you under a group portability certificate or an individual conversion life certificate. The specific terms and qualifying events for conversion and portability are described in the certificate. Conversion and portability are not available for AD&D coverage.

<sup>1</sup>LIMRA, Facts About Life 2020: <https://www.limra.com/globalassets/limra/newsroom/fact-tank/fact-sheets/liam-facts-2020-final.pdf>, as viewed on October 14, 2020.

<sup>3</sup>Rates and/or benefits may be changed on a class basis.

**The Buck's Got Your Back<sup>®</sup>**

The Hartford<sup>®</sup> is The Hartford Financial Services Group, Inc. and its subsidiaries, including underwriting company Hartford Life and Accident Insurance Company. Home Office is Hartford, CT. All benefits are subject to the terms and conditions of the policy. Policies underwritten by the underwriting company listed above detail exclusions, limitations, reduction of benefits and terms under which the policies may be continued in force or discontinued. This Benefit Highlights document explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this document and the policy, the terms of the policy apply. Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder. Benefits are subject to state availability. © 2020 The Hartford.

The Hartford compensates both internal and external producers, as well as others, for the sale and service of our products. For additional information regarding The Hartford's compensation practices, please review our website <http://thehartford.com/group-benefits-producer-compensation>. Life Form Series includes GBD-1000, GBD-1100, or state equivalent. 5962a and 5962b NS 07/21

# VOLUNTARY GROUP TERM LIFE INSURANCE BENEFIT HIGHLIGHTS



More than half of Americans  
(53%) expressed a  
heightened need for life  
insurance because of  
COVID-19.<sup>1</sup>

## COUNTY COMMISSIONERS OF CHARLES COUNTY MD

The group term life insurance available through your employer is a smart, affordable way to purchase the extra protection that you and your family may need. Life insurance offers financial protection by providing you coverage in case of an untimely death. Life insurance is disbursed to your beneficiaries in a lump sum in the event of your death.



To learn more about Life insurance, visit  
[thehartford.com/employee-benefits/employees](https://thehartford.com/employee-benefits/employees)

## COVERAGE INFORMATION

APPLICANT	LIFE COVERAGE
Employee	Benefit <sup>2</sup> : 1x earnings; 2x earnings; or 3x earnings Maximum: the lesser of 3x earnings or \$500,000
Spouse	Benefit <sup>2</sup> : in the amount of 100% of your employee Voluntary/Supplemental Life Insurance coverage to a maximum of \$20,000.
Child(ren)	Benefit: Maximum: \$10,000

## PREMIUMS

See the Life Premium Worksheet.<sup>3</sup>

## ASKED & ANSWERED

### WHO IS ELIGIBLE?

You are eligible if you are an active full time employee who works at least 25 hours per week on a regularly scheduled basis.

Your spouse and child(ren) are also eligible for coverage. Any child(ren) must be under age 18 (or under age 26 if a full-time student).

### CAN I INSURE MY DOMESTIC OR CIVIL UNION PARTNER?

Yes. Any reference to "spouse" in this document includes your domestic partner, civil union partner or equivalent, as recognized and allowed by applicable law.

### AM I GUARANTEED COVERAGE?

If you are newly eligible and elect an amount that exceeds the guaranteed issue amount of the lesser of 3 times your annual earnings or \$400,000, you will need to provide evidence of insurability that is satisfactory to The Hartford before the excess can become effective.

If you are currently participating in this coverage you may increase your current coverage by 1 times your annual earnings, not to exceed the lesser of 3 times your annual earnings or \$400,000, without providing evidence of insurability. Additional coverage amounts will require evidence of insurability that is satisfactory to The Hartford before the excess can become effective. If you were previously eligible and are electing coverage for the first time, evidence of insurability that is satisfactory to The Hartford will be required before any coverage can become effective.

<sup>3</sup>35% at age 70, 50% at age 75



If you are newly eligible and elect an amount that exceeds the guaranteed issue amount of , your spouse will need to provide evidence of insurability that is satisfactory to The Hartford before the excess can become effective. If you were previously eligible and are electing coverage for the first time or electing to increase your spouse's current coverage, your spouse will need to provide evidence of insurability that is satisfactory to The Hartford before coverage can become effective.

This insurance is guaranteed issue coverage – it is available without having to provide information about your child(ren)'s health.

#### **HOW MUCH DOES IT COST AND HOW DO I PAY FOR THIS INSURANCE?**

Premiums are provided on the Life Premium Worksheet. You have a choice of coverage amounts. You may elect insurance for you only, or for you and your dependent(s).

Premiums will be automatically paid through payroll deduction, as authorized by you during the enrollment process. This ensures you don't have to worry about writing a check or missing a payment.

#### **WHEN CAN I ENROLL?**

You may enroll during any scheduled enrollment period, or within 31 days of the date you have a change in family status.

#### **WHEN DOES THIS INSURANCE BEGIN?**

Insurance will become effective in accordance with the terms of the certificate (usually the first day of the month following the date you elect coverage).

You must be actively at work with your employer on the day your coverage takes effect.

Your spouse and child(ren) must be performing normal activities and not be confined (at home or in a hospital/care facility), unless already insured with the prior carrier.

#### **WHEN DOES THIS INSURANCE END?**

This insurance will end when you (or your dependent(s)) no longer satisfy the applicable eligibility conditions, premium is unpaid, or the coverage is no longer offered.

#### **CAN I KEEP THIS INSURANCE IF I LEAVE MY EMPLOYER OR AM NO LONGER A MEMBER OF THIS GROUP?**

Yes, you can take this life coverage with you. Coverage may be continued for you and your dependent(s) under a group portability certificate or an individual conversion life certificate. Your spouse may also continue insurance in certain circumstances. The specific terms and qualifying events for conversion and portability are described in the certificate.

<sup>1</sup>LIMRA, Facts About Life 2020: <https://www.limra.com/globalassets/limra/newsroom/fact-tank/fact-sheets/liam-facts-2020-final.pdf>, as viewed on October 14, 2020.

<sup>3</sup>Rates and/or benefits may be changed on a class basis. Rates are based on the age of the insured person and increase on the policy anniversary date on or following your birthday as you enter each new age category.

#### **The Buck's Got Your Back<sup>®</sup>**

The Hartford<sup>®</sup> is The Hartford Financial Services Group, Inc. and its subsidiaries, including underwriting company Hartford Life and Accident Insurance Company. Home Office is Hartford, CT. All benefits are subject to the terms and conditions of the policy. Policies underwritten by the underwriting company listed above detail exclusions, limitations, reduction of benefits and terms under which the policies may be continued in force or discontinued. This Benefit Highlights document explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this document and the policy, the terms of the policy apply. Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder. Benefits are subject to state availability. © 2020 The Hartford.

The Hartford compensates both internal and external producers, as well as others, for the sale and service of our products. For additional information regarding The Hartford's compensation practices, please review our website <http://thehartford.com/group-benefits-producer-compensation>. Life Form Series includes GBD-1000, GBD-1100, or state equivalent.

5962a NS 07/21

# LIMITATIONS & EXCLUSIONS



This insurance coverage includes certain limitations and exclusions. The certificate details all provisions, limitations, and exclusions for this insurance coverage. A copy of the certificate can be obtained from your employer.

## GROUP LIFE INSURANCE

### GENERAL LIMITATIONS AND EXCLUSIONS

- 35% at age 70, 50% at age 75
- 35% at age 70, 50% at age 75
- A supplemental or voluntary life benefit will not be paid if death occurs by suicide within two years (or as allowed by state law) of purchasing this coverage.
- You and your dependent(s) must be citizens or legal residents of the United States, its territories and protectorates.

### DEPENDENT LIMITATIONS AND EXCLUSIONS

- Coverage may only be elected for dependents when you elect and are approved for coverage for yourself.
- Coverage may not be elected for a dependent who has employee coverage under this certificate.
- Coverage may not be elected for a dependent who is in active full-time military service.
- Child(ren) may only be covered as a dependent of one employee.
- Infants may receive a reduced benefit prior to the age of six months.

5962a NS 05/21 Life Form Series includes GBD-1000, GBD-1100, or state equivalent.

## GROUP ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

### GENERAL LIMITATIONS AND EXCLUSIONS

- 35% at age 70, 50% at age 75
- 35% at age 70, 50% at age 75
- This insurance does not cover losses caused by:
  - Sickness; disease; or any treatment for either
  - Any infection, except certain ones caused by an accidental cut or wound
  - Intentionally self-inflicted injury, suicide or suicide attempt
  - War or act of war, whether declared or not
  - Injury sustained while in the armed forces of any country or international authority
  - Taking prescription or illegal drugs unless prescribed by or administered by a licensed physician
  - Injury sustained while committing or attempting to commit a felony
  - Injury sustained while driving while intoxicated
- You must be a citizen or legal resident of the United States, its territories and protectorates.

### DEFINITIONS

- Loss means, with regard to hands and feet, actual severance through or above wrist or ankle joints; with regard to sight, speech or hearing, entire and irrecoverable loss thereof; with regard to thumb and index finger, actual severance through or above the metacarpophalangeal joints; with regard to movement, complete and irreversible paralysis of such limbs.
- Injury means bodily injury resulting directly from an accident, independent of all other causes, which occurs while you have coverage.

5962c NS 05/21 Accident Form Series includes GBD-1000, GBD-1300, or state equivalent.

## VOLUNTARY ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

- This insurance does not cover losses caused by:
  - Sickness; disease; or any treatment for either
  - Any infection, except certain ones caused by an accidental cut or wound
  - Intentionally self-inflicted injury, suicide or suicide attempt
  - War or act of war, whether declared or not
  - Injury sustained while in the armed forces of any country or international authority
  - Taking prescription or illegal drugs unless prescribed by or administered by a licensed physician
  - Injury sustained while committing or attempting to commit a felony
  - Injury sustained while driving while intoxicated
- You must be a citizen or legal resident of the United States, its territories and protectorates.

### DEFINITIONS

- Loss means, with regard to hands and feet, actual severance through or above wrist or ankle joints; with regard to sight, speech or hearing, entire and irrecoverable loss thereof; with regard to thumb and index finger, actual severance through or above the metacarpophalangeal joints; with regard to movement, complete and irreversible paralysis of such limbs.
- Injury means bodily injury resulting directly from an accident, independent of all other causes, which occurs while you have coverage.

5962c NS 05/21 Accident Form Series includes GBD-1000, GBD-1300, or state equivalent.

## The Buck's Got Your Back®

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including underwriting company Hartford Life and Accident Insurance Company. Home Office is Hartford, CT. All benefits are subject to the terms and conditions of the policy. Policies underwritten by the underwriting company listed above detail exclusions, limitations, reduction of benefits and terms under which the policies may be continued in force or discontinued. This Benefit Highlights document explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this document and the policy, the terms of the policy apply. Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder. Benefits are subject to state availability. © 2020 The Hartford.





## Whole Life Insurance

can pay money to your family if you die. It can help them with basic living expenses, final arrangements, tuition and more.

### How does it work?

You can keep Whole Life Insurance as long as you want. Once you've bought coverage, your cost won't increase as you age. The benefit amount stays the same, too — it doesn't decrease as you get older. That means you get protection during your working years and into retirement.

Whole Life Insurance also builds cash value at a guaranteed rate of 3.75%.\* You can borrow from that cash value, or you can buy a smaller, paid-up policy — with no more premiums due.

### What's included?

#### A "Living" Benefit

You can request an early payout of your policy's death benefit (up to \$150,000 maximum) if you're diagnosed with a terminal illness and expected to live 12 months or less. It can help cover your costs while you're still alive. The payout would reduce the benefit that's paid when you die.

#### Long Term Care Rider

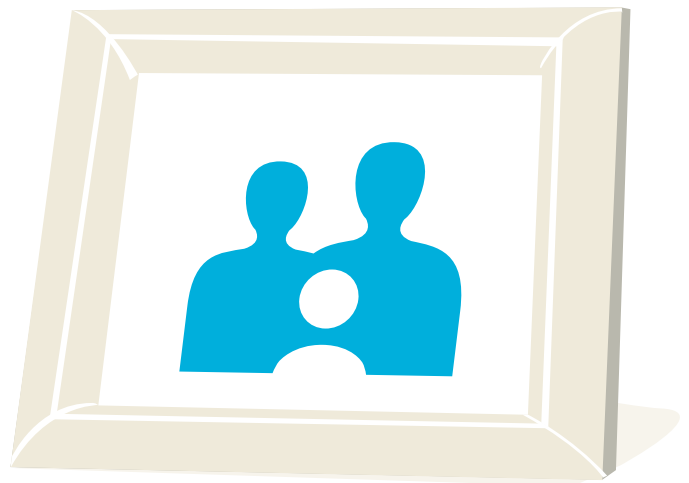
You may be able to use your death benefit to pay for long term care. Subject to rider conditions. See your plan administrator for more information.

### Who can get coverage?

<b>You:</b>	You can purchase a minimum benefit amount of \$10,000, to a maximum of \$200,000 if you're between 15 and 80 years old. The cost is based on your age when coverage is issued and whether you use tobacco.
<b>Your spouse: Individual coverage</b>	Available for your spouse between the ages of 15 to 80, even if you do not purchase coverage for yourself. If you leave your employer, you can keep this coverage and be billed at home. You can purchase a minimum benefit amount of \$10,000, to a maximum of \$50,000. The cost is based on your spouse's age and whether they use tobacco.
<b>Your children: Term Life coverage</b>	You can also purchase a Child Term Life benefit up to \$10,000, which can be added to an employee or spouse policy. Eligible children, legally adopted children and stepchildren are covered from 14 days until the earlier of their 25th birthday or the date your policy ends. At that time, the child has a right to buy an individual Whole Life policy at up to 5 times the amount of their rider.

### Why should I buy coverage now?

- It's more affordable when you're younger. Once you've bought coverage, your cost stays the same as long as you keep it.
- The cost is conveniently deducted from your paycheck.
- Whole life gives you valuable protection in addition to any term life insurance you might have.



## Whole Life Insurance

### Sample coverage amounts\*\* (paid up at age 120)

#### Lifetime premium

You'll have coverage as long as you make your payments. Your premiums are spread out over your lifetime.

\$25,000 coverage		
Issue age	Weekly cost	Guaranteed cash value at 65
25	\$5.24	\$9,660
35	\$7.12	\$8,623
45	\$11.39	\$6,994
\$35,000 coverage		
Issue age	Weekly cost	Guaranteed cash value at 65
25	\$7.33	\$13,524
35	\$9.96	\$12,073
45	\$15.94	\$9,792
\$45,000 coverage		
Issue age	Weekly cost	Guaranteed cash value at 65
25	\$9.43	\$17,388
35	\$12.80	\$15,522
45	\$20.50	\$12,589

\*\*Sample amounts shown are for non-tobacco users.  
Cash values may vary for policies effective prior to 01/01/2022.

When you buy life insurance, you name the people who will receive the money from the policy when you die. These people are called beneficiaries. Unum will pay benefits to the beneficiaries in one lump sum; however, if a beneficiary is a minor (typically younger than 18, but this may vary by state) and no financial guardian has been appointed, the benefits will be paid to that minor through a Unum Retained Asset Account.

A Unum Retained Asset Account is a fund held in Unum's general account for the named minor beneficiary. The account accrues interest regardless of Unum's actual investment performance, and, while not FDIC insured, the account funds are fully guaranteed by Unum. For more information about the retained asset account, please contact Unum.

\*The policy accumulates cash value based on a non-forfeiture interest rate of 3.75% and the 2017 CSO mortality table. The cash value is guaranteed and will be equal to the values shown in the policy. Cash value will be reduced by any outstanding loans against the policy. Eligible employees must be actively at work to apply for coverage.

Employees must be U.S. citizens, Canadian citizens working in the U.S., or have a Green Card to receive coverage.

#### Effective date of coverage

Your coverage will be effective on the first day of the month in which payroll deductions begin.

#### Exclusions

Life Insurance benefits will not be paid for deaths caused by suicide. If within two years from the policy effective date, the insured commits suicide, whether sane or insane, Unum will not pay the death benefit. The amount payable by us in place of all other benefits, shall be the sum of premiums paid, without interest, less the sum of any debt and the cost of any riders.

#### Termination of coverage

All coverage under this policy will terminate on the earliest of the following:

- Written request by you to terminate the policy;
- The insured dies;
- The policy matures; or
- The loan value exceeds the guaranteed cash value of this policy.

In Virginia, this life insurance does not specifically cover funeral goods or services and may not cover the entire cost of your funeral at the time of your death. The beneficiary of this life insurance may use the proceeds for any purpose, unless otherwise directed.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form L-21848 et al. or contact your Unum representative.

Unum complies with state civil union and domestic partner laws when applicable.

Underwritten by: Provident Life and Accident Insurance Company, Chattanooga, TN  
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## CHARLES COUNTY GOVERNMENT

### Your voluntary benefits proposal

**Presented by:** Bolton Partners, Inc.

**UNUM Sales Team:**

**Address:** 8601 Robert Fulton Drive  
Suite 110  
Columbia, MD  
21046

**Telephone:** (800) 638-7747

**Fax:** (410) 872-8999

**Sales Team:** Joey Wilkins, Account Executive  
Vanessa Rochette, Underwriting Consultant



For Broker Use Only\*

## Whole Life Insurance

Unum's Whole Life insurance offers protection beyond an individual's working years, potentially for your lifetime. With a guaranteed death benefit that will never decrease, level premiums that will never increase, cash value accumulation, living benefits and other options, Whole Life goes beyond typical term life insurance.

**Proposed coverage effective date:** July 1, 2022

**Number of eligible employees:** 1483

**Eligibility class descriptions:** Class 1: All Employees

<b><u>Plan Description</u></b>	<b><u>Class 1</u></b>
Family Coverage Options	Employee, Spouse and Child
Purchase Option Type	Volume Purchase
Purchase Option Type Child	Volume Purchase
Paid Up Option	Payable to Age 120, with option for Paid Up at Age 70 Paid Up at Age 70 Issue Ages 15-50 *Child always Paid Up at Age 70
Benefit Amounts	Employee - \$2,000 - \$200,000 in increments of \$5,000 Spouse - \$2,000 - \$50,000 in increments of \$5,000 Child - \$5,000 - \$50,000 in increments of \$1,000 *All Policies issued are subject to minimum premium limits*
Issue Ages	15-80 - Employee and Spouse 14 days to 26 years - Juvenile
Rates	Employee and Spouse - Age last birthday, unisex, tobacco distinct Juvenile - Unisex
Coverage Effective Date	The first day of the month in which payroll deductions begin
Minimum Number of Applications Required for Policy to Issue	2% of approved adult applications based on total eligible employees
Participation Basis	Guaranteed Issue: Guaranteed Issue is available from application one. Should participation at the initial enrollment event not meet the expected participation level, the Underwriting Offer may be changed for future enrollments.
Evidence of Insurability (Health Questions)	See grid below for details
Guaranteed Renewable	To age 120 - as long as the required premiums are paid
<b><u>Employer Elected Options</u></b>	
- Long Term Care (LTC) Rider	Included *Exclusions and limitations apply for some states and product combinations.

**Benefits Summary: Whole Life**

CHARLES COUNTY GOVERNMENT

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<b><u>Employee Elected Options</u></b>	
- Child Term Rider	\$1,000 - \$10,000 in increments of \$1,000 *Issue Ages 14 days to 24 years
- Long Term Care (LTC) Rider	Included *Exclusions and limitations apply for some states and product combinations.
Enrollment Frequency	Anytime/Scheduled
Primary Enrollment Method	Employee self service
New Employee Waiting Period	0 days* *For new employees who complete their waiting period on or after the plan effective date, coverage will begin on the first of the month following the date they are approved by Unum which is the first of the month payroll deductions begin.
Present Employee Waiting Period	0 days* *This is the period of time that current employees must be actively employed before they are eligible for coverage .
Minimum Hours for Eligibility	20 hours per week
<b><u>Reenrollment Information</u></b>	
Increase Coverage Levels for Currently Enrolled Employees	Currently enrolled employees may purchase an increase in coverage to the maximum Guaranteed Issue amount without health questions.
Coverage Levels for Previously Eligible Employees Not Currently Enrolled	Previously eligible employees not currently enrolled may qualify for coverage at any level subject to health questions.
Increase Coverage Levels for Currently Enrolled Spouses	Currently enrolled spouses may purchase an increase in coverage to any level subject to health questions.
Coverage Levels for Previously Eligible Spouses Not Currently Enrolled	Previously eligible spouses not currently enrolled may qualify for coverage at any level subject to health questions.

**Benefits Summary: Whole Life**

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**States where enrollment will take place:** MO, FL, MD, PA, SC, VA, DC  
(Actual enrollment states will depend on product availability.)

**Class 1**

<b>Evidence of Insurability (Health Questions)</b>	
Tier I Amounts	Tier II Amounts
<b>Employee ages 15-50 (Volume Purchase)</b> Health questions are not required for amounts up to \$100,000 benefit amount.	<b>Employee ages 15-50 (Volume Purchase)</b> Tier I and Tier II health questions are required for amounts over \$100,000 benefit amount, up to \$200,000 benefit amount.
<b>Employee ages 51-80 (Volume Purchase)</b> Health questions are not required for amounts up to \$50,000 benefit amount.	<b>Employee ages 51-80 (Volume Purchase)</b> Tier I and Tier II health questions are required for amounts over \$50,000 benefit amount, up to \$200,000 benefit amount.
<b>Spouse ages 15-50 (Volume Purchase)</b> One qualifying question is always required. Spouse may receive up to \$25,000 benefit amount Conditional Guaranteed Issue.	<b>Spouse ages 15-50 (Volume Purchase)</b> Tier I and Tier II health questions are required for amounts over \$25,000 benefit amount, up to \$50,000 benefit amount.
<b>Spouse ages 51-80 (Volume Purchase)</b> One qualifying question is always required. Spouse may receive up to \$10,000 benefit amount Conditional Guaranteed Issue.	<b>Spouse ages 51-80 (Volume Purchase)</b> Tier I and Tier II health questions are required for amounts over \$10,000 benefit amount, up to \$50,000 benefit amount.
<b>Child (Volume Purchase)</b> Health questions are not required for amounts up to \$25,000 benefit amount.	<b>Child (Volume Purchase)</b> Not Applicable

**Rates and Cost Information****See Rate Sheets section below**

LTC coverage is not included on policies with a face amount less than \$10,000. LTC coverage is not available in HI, NY and UT. Only base LTC coverage is offered in CA, CT, FL, NC, NH, PA, TX and WA. LTC is available to employees and spouses for issue ages up to 70.

Child Term Rider not available in WA.



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**Rates and Cost Information****Whole Life**

Some rates and costs listed below may be applicable only to certain quotes and/or classes. Please see the "Plan Description" section of your Benefits Summary for specific plan details.

Premium illustrates base product premium only; optional rider premium is in addition to base premium.

The guaranteed interest rate is 3.75%. Surrender value will be reduced by any outstanding loans.

<b>Employee and Spouse Volume Purchase</b> <b>Paid Up Age 120</b> <b>Cash Value at 65</b> For use in all states except New York				
Monthly premiums based on a volume purchase of \$5,000				
Non-Tobacco			Tobacco	
Issue Age	Premium	Cash Value	Premium	Cash Value
15	N/A	N/A	N/A	N/A
20	N/A	N/A	N/A	N/A
25	N/A	N/A	N/A	N/A
30	N/A	N/A	N/A	N/A
35	N/A	N/A	N/A	N/A
40	N/A	N/A	N/A	N/A
45	N/A	N/A	\$15.86	\$1,687
50	N/A	N/A	\$20.89	\$1,387
55	\$17.90	\$828	\$27.95	\$980
60	\$22.84	\$1,028	\$37.23	\$1,110
Monthly premiums based on a volume purchase of \$10,000				
Non-Tobacco			Tobacco	
Issue Age	Premium	Cash Value	Premium	Cash Value
15	N/A	N/A	\$14.78	\$4,367
20	N/A	N/A	\$15.43	\$4,830
25	N/A	N/A	\$15.82	\$4,663
30	N/A	N/A	\$17.25	\$4,449
35	N/A	N/A	\$19.33	\$4,173
40	\$15.34	\$3,164	\$23.84	\$3,823
45	\$19.76	\$2,798	\$31.68	\$3,374
50	\$25.74	\$2,310	\$41.73	\$2,774
55	\$35.75	\$1,656	\$55.90	\$1,960
60	\$45.68	\$2,055	\$74.45	\$2,219
Monthly premiums based on a volume purchase of \$25,000				
Non-Tobacco			Tobacco	
Issue Age	Premium	Cash Value	Premium	Cash Value
15	\$22.10	\$10,917	\$36.88	\$10,917
20	\$22.54	\$10,014	\$38.57	\$12,076
25	\$22.71	\$9,660	\$39.57	\$11,658
30	\$25.66	\$9,204	\$43.12	\$11,124
35	\$30.81	\$8,623	\$48.28	\$10,433
40	\$38.35	\$7,910	\$59.59	\$9,557
45	\$49.36	\$6,994	\$79.22	\$8,434
50	\$64.35	\$5,774	\$104.31	\$6,934
55	\$89.31	\$4,141	\$139.71	\$4,900
60	\$114.19	\$5,138	\$186.08	\$5,549





## Rates and Cost Information: Whole Life

CHARLES COUNTY GOVERNMENT

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Monthly premiums based on a volume purchase of \$50,000				
Non-Tobacco			Tobacco	
Issue Age	Premium	Cash Value	Premium	Cash Value
15	\$44.20	\$21,834	\$73.76	\$21,835
20	\$45.07	\$20,027	\$77.09	\$24,151
25	\$45.42	\$19,320	\$79.09	\$23,316
30	\$51.31	\$18,408	\$86.24	\$22,247
35	\$61.67	\$17,246	\$96.51	\$20,865
40	\$76.70	\$15,820	\$119.17	\$19,115
45	\$98.67	\$13,988	\$158.39	\$16,869
50	\$128.70	\$11,548	\$208.57	\$13,868
55	\$178.62	\$8,282	\$279.42	\$9,800
60	\$228.41	\$10,276	\$372.11	\$11,097
Monthly premiums based on a volume purchase of \$75,000				
Non-Tobacco			Tobacco	
Issue Age	Premium	Cash Value	Premium	Cash Value
15	\$66.26	\$32,752	\$110.63	\$32,752
20	\$67.60	\$30,040	\$115.66	\$36,227
25	\$68.08	\$28,980	\$118.65	\$34,974
30	\$76.96	\$27,611	\$129.35	\$33,371
35	\$92.48	\$25,870	\$144.78	\$31,298
40	\$115.01	\$23,731	\$178.75	\$28,672
45	\$148.03	\$20,982	\$237.60	\$25,303
50	\$193.01	\$17,323	\$312.83	\$20,801
55	\$267.89	\$12,422	\$419.08	\$14,699
60	\$342.60	\$15,413	\$558.14	\$16,646
Monthly premiums based on a volume purchase of \$100,000				
Non-Tobacco			Tobacco	
Issue Age	Premium	Cash Value	Premium	Cash Value
15	\$88.36	\$43,669	\$147.51	\$43,669
20	\$90.09	\$40,054	\$154.18	\$48,302
25	\$90.79	\$38,640	\$158.17	\$46,632
30	\$102.62	\$36,815	\$172.43	\$44,494
35	\$123.29	\$34,493	\$193.01	\$41,730
40	\$153.36	\$31,641	\$238.34	\$38,229
45	\$197.34	\$27,976	\$316.77	\$33,737
50	\$257.36	\$23,097	\$417.09	\$27,735
55	\$357.20	\$16,563	\$558.79	\$19,599
60	\$456.78	\$20,551	\$744.17	\$22,194
Monthly premiums based on a volume purchase of \$150,000				
Non-Tobacco			Tobacco	
Issue Age	Premium	Cash Value	Premium	Cash Value
15	\$132.52	\$65,504	\$221.26	\$65,504
20	\$135.16	\$60,081	\$231.27	\$72,453
25	\$136.16	\$57,960	\$237.25	\$69,948
30	\$153.88	\$55,222	\$258.66	\$66,741
35	\$184.91	\$51,740	\$289.51	\$62,595
40	\$230.02	\$47,462	\$357.50	\$57,344
45	\$296.01	\$41,964	\$475.15	\$50,606
50	\$386.02	\$34,646	\$625.65	\$41,603
55	\$535.78	\$24,844	\$838.16	\$29,399
60	\$685.15	\$30,826	\$1,116.27	\$33,291
Monthly premiums based on a volume purchase of \$200,000				
Non-Tobacco			Tobacco	
Issue Age	Premium	Cash Value	Premium	Cash Value
15	\$176.67	\$87,338	\$295.02	\$87,338
20	\$180.18	\$80,108	\$308.36	\$96,604



## Rates and Cost Information: Whole Life

CHARLES COUNTY GOVERNMENT

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Monthly premiums based on a volume purchase of \$200,000				
Issue Age	Non-Tobacco		Tobacco	
	Premium	Cash Value	Premium	Cash Value
25	\$181.53	\$77,280	\$316.34	\$93,264
30	\$205.19	\$73,630	\$344.85	\$88,988
35	\$246.53	\$68,986	\$386.02	\$83,460
40	\$306.67	\$63,282	\$476.67	\$76,458
45	\$394.68	\$55,952	\$633.54	\$67,474
50	\$514.67	\$46,194	\$834.17	\$55,470
55	\$714.35	\$33,126	\$1,117.53	\$39,198
60	\$913.51	\$41,102	\$1,488.37	\$44,388

Employee and Spouse Volume Purchase				
Paid Up Age 70				
Cash Value at 65				
For use in all states except New York				
Monthly premiums based on a volume purchase of \$5,000				
Issue Age	Non-Tobacco		Tobacco	
	Premium	Cash Value	Premium	Cash Value
15	N/A	N/A	N/A	N/A
20	N/A	N/A	N/A	N/A
25	N/A	N/A	N/A	N/A
30	N/A	N/A	N/A	N/A
35	N/A	N/A	N/A	N/A
40	N/A	N/A	\$14.13	\$2,430
45	N/A	N/A	\$19.24	\$2,309
50	\$17.60	\$1,829	\$23.88	\$2,126
55	N/A	N/A	N/A	N/A
60	N/A	N/A	N/A	N/A
Monthly premiums based on a volume purchase of \$10,000				
Issue Age	Non-Tobacco		Tobacco	
	Premium	Cash Value	Premium	Cash Value
15	N/A	N/A	\$14.82	\$4,792
20	N/A	N/A	\$15.52	\$5,320
25	N/A	N/A	\$16.69	\$5,249
30	N/A	N/A	\$18.12	\$5,156
35	\$14.69	\$4,271	\$22.28	\$5,030
40	\$19.11	\$4,140	\$28.21	\$4,859
45	\$25.35	\$3,952	\$38.48	\$4,619
50	\$35.15	\$3,658	\$47.71	\$4,251
55	N/A	N/A	N/A	N/A
60	N/A	N/A	N/A	N/A
Monthly premiums based on a volume purchase of \$25,000				
Issue Age	Non-Tobacco		Tobacco	
	Premium	Cash Value	Premium	Cash Value
15	\$22.19	\$11,980	\$37.01	\$11,980
20	\$22.84	\$11,238	\$38.79	\$13,300
25	\$24.10	\$11,104	\$41.69	\$13,124
30	\$29.17	\$10,922	\$45.29	\$12,890
35	\$36.71	\$10,678	\$55.64	\$12,575
40	\$47.71	\$10,350	\$70.51	\$12,148
45	\$63.31	\$9,879	\$96.25	\$11,547
50	\$87.88	\$9,146	\$119.30	\$10,628
55	N/A	N/A	N/A	N/A
60	N/A	N/A	N/A	N/A



## Rates and Cost Information: Whole Life

CHARLES COUNTY GOVERNMENT

For Broker Use Only\*

Monthly premiums based on a volume purchase of \$50,000				
Non-Tobacco			Tobacco	
Issue Age	Premium	Cash Value	Premium	Cash Value
15	\$44.38	\$23,960	\$73.97	\$23,960
20	\$45.63	\$22,476	\$77.53	\$26,600
25	\$48.15	\$22,207	\$83.38	\$26,247
30	\$58.29	\$21,844	\$90.57	\$25,780
35	\$73.37	\$21,356	\$111.28	\$25,150
40	\$95.42	\$20,700	\$141.01	\$24,296
45	\$126.67	\$19,758	\$192.45	\$23,094
50	\$175.72	\$18,292	\$238.55	\$21,255
55	N/A	N/A	N/A	N/A
60	N/A	N/A	N/A	N/A
Monthly premiums based on a volume purchase of \$75,000				
Non-Tobacco			Tobacco	
Issue Age	Premium	Cash Value	Premium	Cash Value
15	\$66.56	\$35,939	\$110.94	\$35,939
20	\$68.47	\$33,715	\$116.27	\$39,900
25	\$72.20	\$33,310	\$125.06	\$39,371
30	\$87.41	\$32,767	\$135.85	\$38,670
35	\$110.03	\$32,033	\$166.88	\$37,724
40	\$143.13	\$31,050	\$211.51	\$36,444
45	\$189.98	\$29,638	\$288.65	\$34,641
50	\$263.60	\$27,438	\$357.85	\$31,883
55	N/A	N/A	N/A	N/A
60	N/A	N/A	N/A	N/A
Monthly premiums based on a volume purchase of \$100,000				
Non-Tobacco			Tobacco	
Issue Age	Premium	Cash Value	Premium	Cash Value
15	\$88.75	\$47,919	\$147.94	\$47,919
20	\$91.26	\$44,953	\$155.01	\$53,200
25	\$96.29	\$44,414	\$166.75	\$52,494
30	\$116.53	\$43,689	\$181.09	\$51,560
35	\$146.69	\$42,711	\$222.52	\$50,299
40	\$190.84	\$41,400	\$282.02	\$48,592
45	\$253.29	\$39,517	\$384.85	\$46,188
50	\$351.44	\$36,584	\$477.10	\$42,510
55	N/A	N/A	N/A	N/A
60	N/A	N/A	N/A	N/A
Monthly premiums based on a volume purchase of \$150,000				
Non-Tobacco			Tobacco	
Issue Age	Premium	Cash Value	Premium	Cash Value
15	\$133.17	\$71,878	\$221.91	\$71,879
20	\$136.89	\$67,430	\$232.53	\$79,800
25	\$144.39	\$66,621	\$250.17	\$78,741
30	\$174.77	\$65,534	\$271.66	\$77,340
35	\$220.01	\$64,066	\$333.76	\$75,449
40	\$286.26	\$62,100	\$423.02	\$72,888
45	\$379.91	\$59,276	\$577.29	\$69,282
50	\$527.15	\$54,876	\$715.65	\$63,765
55	N/A	N/A	N/A	N/A
60	N/A	N/A	N/A	N/A
Monthly premiums based on a volume purchase of \$200,000				
Non-Tobacco			Tobacco	
Issue Age	Premium	Cash Value	Premium	Cash Value
15	\$177.54	\$95,838	\$295.84	\$95,838
20	\$182.52	\$89,906	\$310.01	\$106,400



## Rates and Cost Information: Whole Life

CHARLES COUNTY GOVERNMENT

For Broker Use Only\*

Monthly premiums based on a volume purchase of \$200,000				
Issue Age	Non-Tobacco		Tobacco	
	Premium	Cash Value	Premium	Cash Value
25	\$192.53	\$88,828	\$333.54	\$104,988
30	\$233.01	\$87,378	\$362.18	\$103,120
35	\$293.37	\$85,422	\$445.04	\$100,598
40	\$381.68	\$82,800	\$564.03	\$97,184
45	\$506.53	\$79,034	\$769.69	\$92,376
50	\$702.87	\$73,168	\$954.20	\$85,020
55	N/A	N/A	N/A	N/A
60	N/A	N/A	N/A	N/A

Child Volume Purchase		
Child Maximum Amount is \$7,000 in Washington		
Paid Up Age 70		
Cash Value at 65		
Child monthly premiums based on a volume purchase of \$5,000		
Issue Age	Uni-Tobacco	
	Premium	Cash Value
0	N/A	N/A
1	N/A	N/A
2	N/A	N/A
3	N/A	N/A
4	N/A	N/A
5	N/A	N/A
10	\$4.60	\$2,416
15	\$5.42	\$2,396
25	\$7.02	\$2,343
Child monthly premiums based on a volume purchase of \$10,000		
Issue Age	Uni-Tobacco	
	Premium	Cash Value
0	\$6.81	\$4,888
1	\$7.07	\$4,884
2	\$7.28	\$4,879
3	\$7.50	\$4,874
4	\$7.72	\$4,869
5	\$7.98	\$4,863
10	\$9.23	\$4,832
15	\$10.84	\$4,792
25	\$14.00	\$4,685
Child monthly premiums based on a volume purchase of \$25,000		
Issue Age	Uni-Tobacco	
	Premium	Cash Value
0	\$16.99	\$12,220
1	\$17.60	\$12,209
2	\$18.16	\$12,198
3	\$18.72	\$12,185
4	\$19.29	\$12,172
5	\$19.89	\$12,158
10	\$23.01	\$12,079
15	\$27.04	\$11,980
25	\$35.02	\$11,714



## Rates and Cost Information: Whole Life

CHARLES COUNTY GOVERNMENT

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Child monthly premiums based on a volume purchase of \$30,000		
Uni-Tobacco		
Issue Age	Premium	Cash Value
0	\$20.41	\$14,664
1	\$21.11	\$14,651
2	\$21.76	\$14,637
3	\$22.45	\$14,622
4	\$23.14	\$14,606
5	\$23.84	\$14,590
10	\$27.61	\$14,495
15	\$32.46	\$14,376
25	\$42.04	\$14,056
Child monthly premiums based on a volume purchase of \$40,000		
Uni-Tobacco		
Issue Age	Premium	Cash Value
0	\$27.17	\$19,552
1	\$28.13	\$19,535
2	\$29.04	\$19,516
3	\$29.95	\$19,496
4	\$30.86	\$19,475
5	\$31.77	\$19,453
10	\$36.79	\$19,326
15	\$43.25	\$19,168
25	\$56.03	\$18,742
Child monthly premiums based on a volume purchase of \$50,000		
Uni-Tobacco		
Issue Age	Premium	Cash Value
0	\$33.98	\$24,440
1	\$35.15	\$24,418
2	\$36.27	\$24,395
3	\$37.44	\$24,370
4	\$38.57	\$24,344
5	\$39.74	\$24,316
10	\$45.98	\$24,158
15	\$54.08	\$23,960
25	\$70.03	\$23,427

Child Term Rider
Not available in Washington
<b>\$6.00 Annually per \$1,000 up to a maximum of \$10,000</b>

Long Term Care Rider							
Paid Up Age 120							
CA, RI and WI have different base LTC rates							
*LTC Supplemental benefits are not available in CA, CT, FL, NC, NH, PA, TX and WA							
Monthly premiums based on a volume purchase of \$5,000							
Issue Age	Non-Tobacco				Tobacco		
	Base		*Rest'n		Base		*Rest'n
15	N/A		N/A		N/A		N/A
20	N/A		N/A		N/A		N/A
25	N/A		N/A		N/A		N/A
30	N/A		N/A		N/A		N/A
35	N/A		N/A		N/A		N/A
40	N/A		N/A		N/A		N/A



## Rates and Cost Information: Whole Life

CHARLES COUNTY GOVERNMENT

For Broker Use Only\*

Monthly premiums based on a volume purchase of \$5,000								
Non-Tobacco					Tobacco			
Issue Age	Base		*Rest'n		Base		*Rest'n	
45	N/A		N/A		N/A		N/A	
50	N/A		N/A		N/A		N/A	
55	N/A		N/A		N/A		N/A	
60	N/A		N/A		N/A		N/A	
Monthly premiums based on a volume purchase of \$10,000								
Non-Tobacco					Tobacco			
Issue Age	Base		*Rest'n		Base		*Rest'n	
15	N/A		N/A		\$0.10		\$0.67	
20	N/A		N/A		\$0.10		\$0.68	
25	N/A		N/A		\$0.10		\$0.70	
30	N/A		N/A		\$0.10		\$0.81	
35	N/A		N/A		\$0.20		\$0.85	
40	\$0.20		\$0.76		\$0.20		\$1.06	
45	\$0.30		\$0.95		\$0.30		\$1.30	
50	\$0.40		\$1.38		\$0.40		\$1.83	
55	\$0.60		\$2.13		\$0.70		\$2.68	
60	\$1.10		\$3.79		\$1.20		\$4.84	
Monthly premiums based on a volume purchase of \$25,000								
Non-Tobacco					Tobacco			
Issue Age	Base		*Rest'n		Base		*Rest'n	
15	\$0.25		\$1.13		\$0.25		\$1.67	
20	\$0.25		\$1.15		\$0.25		\$1.69	
25	\$0.25		\$1.21		\$0.25		\$1.75	
30	\$0.25		\$1.42		\$0.25		\$2.02	
35	\$0.50		\$1.46		\$0.50		\$2.13	
40	\$0.50		\$1.90		\$0.50		\$2.65	
45	\$0.75		\$2.38		\$0.75		\$3.25	
50	\$1.00		\$3.46		\$1.00		\$4.56	
55	\$1.50		\$5.33		\$1.75		\$6.69	
60	\$2.75		\$9.48		\$3.00		\$12.10	
Monthly premiums based on a volume purchase of \$50,000								
Non-Tobacco					Tobacco			
Issue Age	Base		*Rest'n		Base		*Rest'n	
15	\$0.50		\$2.25		\$0.50		\$3.33	
20	\$0.50		\$2.29		\$0.50		\$3.38	
25	\$0.50		\$2.42		\$0.50		\$3.50	
30	\$0.50		\$2.83		\$0.50		\$4.04	
35	\$1.00		\$2.92		\$1.00		\$4.25	
40	\$1.00		\$3.79		\$1.00		\$5.29	
45	\$1.50		\$4.75		\$1.50		\$6.50	
50	\$2.00		\$6.92		\$2.00		\$9.13	
55	\$3.00		\$10.67		\$3.50		\$13.38	
60	\$5.50		\$18.96		\$6.00		\$24.21	
Monthly premiums based on a volume purchase of \$75,000								
Non-Tobacco					Tobacco			
Issue Age	Base		*Rest'n		Base		*Rest'n	
15	\$0.75		\$3.38		\$0.75		\$5.00	
20	\$0.75		\$3.44		\$0.75		\$5.06	
25	\$0.75		\$3.63		\$0.75		\$5.25	





## Rates and Cost Information: Whole Life

CHARLES COUNTY GOVERNMENT

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Monthly premiums based on a volume purchase of \$75,000							
Non-Tobacco				Tobacco			
Issue Age	Base		*Rest'n		Base		*Rest'n
30	\$0.75		\$4.25		\$0.75		\$6.06
35	\$1.50		\$4.38		\$1.50		\$6.38
40	\$1.50		\$5.69		\$1.50		\$7.94
45	\$2.25		\$7.13		\$2.25		\$9.75
50	\$3.00		\$10.38		\$3.00		\$13.69
55	\$4.50		\$16.00		\$5.25		\$20.06
60	\$8.25		\$28.44		\$9.00		\$36.31
Monthly premiums based on a volume purchase of \$100,000							
Non-Tobacco				Tobacco			
Issue Age	Base		*Rest'n		Base		*Rest'n
15	\$1.00		\$4.50		\$1.00		\$6.67
20	\$1.00		\$4.58		\$1.00		\$6.75
25	\$1.00		\$4.83		\$1.00		\$7.00
30	\$1.00		\$5.67		\$1.00		\$8.08
35	\$2.00		\$5.83		\$2.00		\$8.50
40	\$2.00		\$7.58		\$2.00		\$10.58
45	\$3.00		\$9.50		\$3.00		\$13.00
50	\$4.00		\$13.83		\$4.00		\$18.25
55	\$6.00		\$21.33		\$7.00		\$26.75
60	\$11.00		\$37.92		\$12.00		\$48.42
Monthly premiums based on a volume purchase of \$150,000							
Non-Tobacco				Tobacco			
Issue Age	Base		*Rest'n		Base		*Rest'n
15	\$1.50		\$6.75		\$1.50		\$10.00
20	\$1.50		\$6.88		\$1.50		\$10.13
25	\$1.50		\$7.25		\$1.50		\$10.50
30	\$1.50		\$8.50		\$1.50		\$12.13
35	\$3.00		\$8.75		\$3.00		\$12.75
40	\$3.00		\$11.38		\$3.00		\$15.88
45	\$4.50		\$14.25		\$4.50		\$19.50
50	\$6.00		\$20.75		\$6.00		\$27.38
55	\$9.00		\$32.00		\$10.50		\$40.13
60	\$16.50		\$56.88		\$18.00		\$72.63
Monthly premiums based on a volume purchase of \$200,000							
Non-Tobacco				Tobacco			
Issue Age	Base		*Rest'n		Base		*Rest'n
15	\$2.00		\$9.00		\$2.00		\$13.33
20	\$2.00		\$9.17		\$2.00		\$13.50
25	\$2.00		\$9.67		\$2.00		\$14.00
30	\$2.00		\$11.33		\$2.00		\$16.17
35	\$4.00		\$11.67		\$4.00		\$17.00
40	\$4.00		\$15.17		\$4.00		\$21.17
45	\$6.00		\$19.00		\$6.00		\$26.00
50	\$8.00		\$27.67		\$8.00		\$36.50
55	\$12.00		\$42.67		\$14.00		\$53.50
60	\$22.00		\$75.83		\$24.00		\$96.83



For Broker Use Only\*

<b>Long Term Care Rider</b> <b>Paid Up Age 70</b> CA, RI and WI have different base LTC rates *LTC Supplemental benefits are not available in CA, CT, FL, NC, NH, PA, TX and WA				
Monthly premiums based on a volume purchase of \$5,000				
	Non-Tobacco		Tobacco	
Issue Age	Base		Base	
15	N/A		N/A	
20	N/A		N/A	
25	N/A		N/A	
30	N/A		N/A	
35	N/A		N/A	
40	N/A		N/A	
45	N/A		N/A	
50	N/A		N/A	
55	N/A		N/A	
60	N/A		N/A	
Monthly premiums based on a volume purchase of \$10,000				
	Non-Tobacco		Tobacco	
Issue Age	Base		Base	
15	N/A		\$0.10	
20	N/A		\$0.10	
25	N/A		\$0.10	
30	N/A		\$0.10	
35	\$0.20		\$0.20	
40	\$0.20		\$0.20	
45	\$0.30		\$0.30	
50	\$0.40		\$0.40	
55	N/A		N/A	
60	N/A		N/A	
Monthly premiums based on a volume purchase of \$25,000				
	Non-Tobacco		Tobacco	
Issue Age	Base		Base	
15	\$0.25		\$0.25	
20	\$0.25		\$0.25	
25	\$0.25		\$0.25	
30	\$0.25		\$0.25	
35	\$0.50		\$0.50	
40	\$0.50		\$0.50	
45	\$0.75		\$0.75	
50	\$1.00		\$1.00	
55	N/A		N/A	
60	N/A		N/A	
Monthly premiums based on a volume purchase of \$50,000				
	Non-Tobacco		Tobacco	
Issue Age	Base		Base	
15	\$0.50		\$0.50	
20	\$0.50		\$0.50	
25	\$0.50		\$0.50	
30	\$0.50		\$0.50	
35	\$1.00		\$1.00	
40	\$1.00		\$1.00	
45	\$1.50		\$1.50	
50	\$2.00		\$2.00	
55	N/A		N/A	
60	N/A		N/A	



## Rates and Cost Information: Whole Life

CHARLES COUNTY GOVERNMENT

For Broker Use Only\*

Monthly premiums based on a volume purchase of \$75,000				
	Non-Tobacco		Tobacco	
Issue Age	Base		Base	
15	\$0.75		\$0.75	
20	\$0.75		\$0.75	
25	\$0.75		\$0.75	
30	\$0.75		\$0.75	
35	\$1.50		\$1.50	
40	\$1.50		\$1.50	
45	\$2.25		\$2.25	
50	\$3.00		\$3.00	
55	N/A		N/A	
60	N/A		N/A	
Monthly premiums based on a volume purchase of \$100,000				
	Non-Tobacco		Tobacco	
Issue Age	Base		Base	
15	\$1.00		\$1.00	
20	\$1.00		\$1.00	
25	\$1.00		\$1.00	
30	\$1.00		\$1.00	
35	\$2.00		\$2.00	
40	\$2.00		\$2.00	
45	\$3.00		\$3.00	
50	\$4.00		\$4.00	
55	N/A		N/A	
60	N/A		N/A	
Monthly premiums based on a volume purchase of \$150,000				
	Non-Tobacco		Tobacco	
Issue Age	Base		Base	
15	\$1.50		\$1.50	
20	\$1.50		\$1.50	
25	\$1.50		\$1.50	
30	\$1.50		\$1.50	
35	\$3.00		\$3.00	
40	\$3.00		\$3.00	
45	\$4.50		\$4.50	
50	\$6.00		\$6.00	
55	N/A		N/A	
60	N/A		N/A	
Monthly premiums based on a volume purchase of \$200,000				
	Non-Tobacco		Tobacco	
Issue Age	Base		Base	
15	\$2.00		\$2.00	
20	\$2.00		\$2.00	
25	\$2.00		\$2.00	
30	\$2.00		\$2.00	
35	\$4.00		\$4.00	
40	\$4.00		\$4.00	
45	\$6.00		\$6.00	
50	\$8.00		\$8.00	
55	N/A		N/A	
60	N/A		N/A	



For Broker Use Only\*

<b>Long Term Care Rider</b> <b>Paid Up Age 120</b> For use in CT, FL, NC, NH, PA, TX and WA only Rest'n, Cont, Combo benefits are not available in these states		
Monthly premiums based on a volume purchase of \$5,000		
	Non-Tobacco	Tobacco
Issue Age	Base	Base
15	N/A	N/A
20	N/A	N/A
25	N/A	N/A
30	N/A	N/A
35	N/A	N/A
40	N/A	N/A
45	N/A	N/A
50	N/A	N/A
55	N/A	N/A
60	N/A	N/A
Monthly premiums based on a volume purchase of \$10,000		
	Non-Tobacco	Tobacco
Issue Age	Base	Base
15	N/A	\$0.10
20	N/A	\$0.10
25	N/A	\$0.10
30	N/A	\$0.10
35	N/A	\$0.20
40	\$0.20	\$0.20
45	\$0.30	\$0.30
50	\$0.40	\$0.40
55	\$0.60	\$0.70
60	\$1.10	\$1.20
Monthly premiums based on a volume purchase of \$25,000		
	Non-Tobacco	Tobacco
Issue Age	Base	Base
15	\$0.25	\$0.25
20	\$0.25	\$0.25
25	\$0.25	\$0.25
30	\$0.25	\$0.25
35	\$0.50	\$0.50
40	\$0.50	\$0.50
45	\$0.75	\$0.75
50	\$1.00	\$1.00
55	\$1.50	\$1.75
60	\$2.75	\$3.00
Monthly premiums based on a volume purchase of \$50,000		
	Non-Tobacco	Tobacco
Issue Age	Base	Base
15	\$0.50	\$0.50
20	\$0.50	\$0.50
25	\$0.50	\$0.50
30	\$0.50	\$0.50
35	\$1.00	\$1.00
40	\$1.00	\$1.00
45	\$1.50	\$1.50
50	\$2.00	\$2.00
55	\$3.00	\$3.50
60	\$5.50	\$6.00



## Rates and Cost Information: Whole Life

CHARLES COUNTY GOVERNMENT

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Monthly premiums based on a volume purchase of \$75,000		
	Non-Tobacco	Tobacco
Issue Age	Base	Base
15	\$0.75	\$0.75
20	\$0.75	\$0.75
25	\$0.75	\$0.75
30	\$0.75	\$0.75
35	\$1.50	\$1.50
40	\$1.50	\$1.50
45	\$2.25	\$2.25
50	\$3.00	\$3.00
55	\$4.50	\$5.25
60	\$8.25	\$9.00
Monthly premiums based on a volume purchase of \$100,000		
	Non-Tobacco	Tobacco
Issue Age	Base	Base
15	\$1.00	\$1.00
20	\$1.00	\$1.00
25	\$1.00	\$1.00
30	\$1.00	\$1.00
35	\$2.00	\$2.00
40	\$2.00	\$2.00
45	\$3.00	\$3.00
50	\$4.00	\$4.00
55	\$6.00	\$7.00
60	\$11.00	\$12.00
Monthly premiums based on a volume purchase of \$150,000		
	Non-Tobacco	Tobacco
Issue Age	Base	Base
15	\$1.50	\$1.50
20	\$1.50	\$1.50
25	\$1.50	\$1.50
30	\$1.50	\$1.50
35	\$3.00	\$3.00
40	\$3.00	\$3.00
45	\$4.50	\$4.50
50	\$6.00	\$6.00
55	\$9.00	\$10.50
60	\$16.50	\$18.00
Monthly premiums based on a volume purchase of \$200,000		
	Non-Tobacco	Tobacco
Issue Age	Base	Base
15	\$2.00	\$2.00
20	\$2.00	\$2.00
25	\$2.00	\$2.00
30	\$2.00	\$2.00
35	\$4.00	\$4.00
40	\$4.00	\$4.00
45	\$6.00	\$6.00
50	\$8.00	\$8.00
55	\$12.00	\$14.00
60	\$22.00	\$24.00



For Broker Use Only\*

<b>Long Term Care Rider</b> <b>Paid Up Age 70</b> For use in CT, FL, NC, NH, PA, TX and WA only Rest'n, Cont, Combo benefits are not available in these states		
Monthly premiums based on a volume purchase of \$5,000		
	Non-Tobacco	Tobacco
Issue Age	Base	Base
15	N/A	N/A
20	N/A	N/A
25	N/A	N/A
30	N/A	N/A
35	N/A	N/A
40	N/A	N/A
45	N/A	N/A
50	N/A	N/A
55	N/A	N/A
60	N/A	N/A
Monthly premiums based on a volume purchase of \$10,000		
	Non-Tobacco	Tobacco
Issue Age	Base	Base
15	N/A	\$0.10
20	N/A	\$0.10
25	N/A	\$0.10
30	N/A	\$0.10
35	\$0.20	\$0.20
40	\$0.20	\$0.20
45	\$0.30	\$0.30
50	\$0.40	\$0.40
55	N/A	N/A
60	N/A	N/A
Monthly premiums based on a volume purchase of \$25,000		
	Non-Tobacco	Tobacco
Issue Age	Base	Base
15	\$0.25	\$0.25
20	\$0.25	\$0.25
25	\$0.25	\$0.25
30	\$0.25	\$0.25
35	\$0.50	\$0.50
40	\$0.50	\$0.50
45	\$0.75	\$0.75
50	\$1.00	\$1.00
55	N/A	N/A
60	N/A	N/A
Monthly premiums based on a volume purchase of \$50,000		
	Non-Tobacco	Tobacco
Issue Age	Base	Base
15	\$0.50	\$0.50
20	\$0.50	\$0.50
25	\$0.50	\$0.50
30	\$0.50	\$0.50
35	\$1.00	\$1.00
40	\$1.00	\$1.00
45	\$1.50	\$1.50
50	\$2.00	\$2.00
55	N/A	N/A
60	N/A	N/A



**Rates and Cost Information: Whole Life**

CHARLES COUNTY GOVERNMENT

For Broker Use Only\*

Monthly premiums based on a volume purchase of \$75,000		
	Non-Tobacco	Tobacco
Issue Age	Base	Base
15	\$0.75	\$0.75
20	\$0.75	\$0.75
25	\$0.75	\$0.75
30	\$0.75	\$0.75
35	\$1.50	\$1.50
40	\$1.50	\$1.50
45	\$2.25	\$2.25
50	\$3.00	\$3.00
55	N/A	N/A
60	N/A	N/A
Monthly premiums based on a volume purchase of \$100,000		
	Non-Tobacco	Tobacco
Issue Age	Base	Base
15	\$1.00	\$1.00
20	\$1.00	\$1.00
25	\$1.00	\$1.00
30	\$1.00	\$1.00
35	\$2.00	\$2.00
40	\$2.00	\$2.00
45	\$3.00	\$3.00
50	\$4.00	\$4.00
55	N/A	N/A
60	N/A	N/A
Monthly premiums based on a volume purchase of \$150,000		
	Non-Tobacco	Tobacco
Issue Age	Base	Base
15	\$1.50	\$1.50
20	\$1.50	\$1.50
25	\$1.50	\$1.50
30	\$1.50	\$1.50
35	\$3.00	\$3.00
40	\$3.00	\$3.00
45	\$4.50	\$4.50
50	\$6.00	\$6.00
55	N/A	N/A
60	N/A	N/A
Monthly premiums based on a volume purchase of \$200,000		
	Non-Tobacco	Tobacco
Issue Age	Base	Base
15	\$2.00	\$2.00
20	\$2.00	\$2.00
25	\$2.00	\$2.00
30	\$2.00	\$2.00
35	\$4.00	\$4.00
40	\$4.00	\$4.00
45	\$6.00	\$6.00
50	\$8.00	\$8.00
55	N/A	N/A
60	N/A	N/A

Long Term Care Rider (LTC) coverage is not included on policies with Face Amounts less than \$10,000 (\$18,000 in Oregon). Coverage is not available in HI, NY and UT. For new coverage (not increased/stacked), employee may choose the LTC Restoration Rider (subject to availability). LTC Restoration is not available for Paid up at 70 plan design. LTC Continuation is required in Oregon.



## ***Rates and Cost Information: Whole Life***

CHARLES COUNTY GOVERNMENT

For Broker Use Only\*

\*Unless accompanied by the full proposal (Benefits Summary, Product Highlights and Proposal Conditions), the Rates and Cost information is not a complete description of the Unum products or services. Agreement to the terms of the full proposal is required before any coverage will take effect. Contact your Unum Representative for more details. **This quote will remain open until April 27, 2022 after which time it will automatically expire without notice or further action.**

Underwritten by the following subsidiary of Unum Group:

**Provident Life and Accident Insurance Company**

1 Fountain Square, Chattanooga, TN 37402

In New York, coverage is underwritten by:

**First Unum Life Insurance Company**

666 3rd Avenue, Suite 301, New York, NY 10017



# GROUP LONG-TERM DISABILITY INSURANCE BENEFIT HIGHLIGHTS



More than 1 in 4 adults in the U.S. has some type of disability.<sup>1</sup>

## COUNTY COMMISSIONERS OF CHARLES COUNTY MD

A disability can happen to anyone. Long-term disability insurance helps protect your paycheck if you're unable to work for a long period of time after a serious condition, injury or sickness.



To learn more about Long-Term Disability insurance, visit [thehartford.com/employee-benefits/employees](http://thehartford.com/employee-benefits/employees)

## COVERAGE INFORMATION

BENEFIT PERCENTAGE (PERCENT OF YOUR EARNINGS)	MAXIMUM	MINIMUM (BASED ON MONTHLY INCOME LOSS BEFORE THE DEDUCTION OF OTHER INCOME BENEFITS)	BENEFIT STARTS (ELIMINATION PERIOD)	BENEFIT DURATION
60%	\$5,000	The greater of \$100 or 10% of the benefit	After 120 disabled	Disabled before: Age 63 Benefit duration: As long as you are disabled Benefit duration maximum: The greater of your Social Security Normal Retirement Age or 3.5 years

## PREMIUMS

Your employer pays 100% of the premium for your coverage.<sup>2</sup>

## ASKED & ANSWERED

### WHO IS ELIGIBLE?

You are eligible if you are an active full time employee who works at least 25 hours per week on a regularly scheduled basis.

### AM I GUARANTEED COVERAGE?

This insurance is guaranteed issue coverage – it is available without having to provide information about your health.

This coverage is subject to a pre-existing condition exclusion. Please refer to the Limitations & Exclusions sheet provided with this benefit highlights sheet for more information on limitations and exclusions, such as pre-existing conditions.

### WHEN CAN I ENROLL?

Your employer will automatically enroll you for this coverage.

### WHEN DOES THIS INSURANCE BEGIN?

This insurance will become effective on the date you become eligible. You must be actively at work with your employer on the day your coverage takes effect.

### WHEN DOES THIS INSURANCE END?

This insurance will end when you no longer satisfy the applicable eligibility conditions, premium is unpaid, you leave your employer, or the coverage is no longer offered.

### WHAT DOES IT MEAN TO BE DISABLED?

Disability is defined in The Hartford's certificate with your employer. Typically, disability means that you cannot perform one or more of the essential duties of your occupation due to injury, sickness, pregnancy or other medical condition covered by the insurance, and as a result, your current monthly earnings are less than 80% of your pre-disability earnings. Once you have been disabled for 2 years following the elimination period, you must be prevented from performing one or more of the essential duties of any occupation and as a result, your

current monthly earnings are less than or equal to 60% of your pre-disability earnings.

Pre-disability earnings are defined in your policy.

**WILL MY BENEFIT BE TAXED?**

The cost of your core coverage is not included in your gross income on IRS Form W-2, unless you elect otherwise prior to the beginning of a new plan year. This means your benefit will be taxed.

<sup>1</sup>Center for Disease Control and Prevention "Disability Impacts All of Us," September 2020: <https://www.cdc.gov/ncbddd/disabilityandhealth/infographic-disability-impacts-all.html>, as viewed on 10/14/2020.

<sup>2</sup>Rates and/or benefits may be changed on a class basis.

**The Buck's Got Your Back<sup>®</sup>**

The Hartford<sup>®</sup> is The Hartford Financial Services Group, Inc. and its subsidiaries, including underwriting company Hartford Life and Accident Insurance Company. Home Office is Hartford, CT. All benefits are subject to the terms and conditions of the policy. Policies underwritten by the underwriting company listed above detail exclusions, limitations, reduction of benefits and terms under which the policies may be continued in force or discontinued. This Benefit Highlights document explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this document and the policy, the terms of the policy apply. Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder. Benefits are subject to state availability. © 2020 The Hartford.

The Hartford compensates both internal and external producers, as well as others, for the sale and service of our products. For additional information regarding Hartford's compensation practices, please review our website <http://thehartford.com/group-benefits-producer-compensation>. Disability Form Series includes GBD-1000, GBD-1200, or state equivalent.

# LIMITATIONS & EXCLUSIONS



This insurance coverage includes certain limitations and exclusions. The certificate details all provisions, limitations, and exclusions for this insurance coverage. A copy of the certificate can be obtained from your employer.

## GROUP LONG TERM DISABILITY INSURANCE LIMITATIONS AND EXCLUSIONS

### GENERAL EXCLUSIONS

- You must be under the regular care of a physician to receive benefits.
- You cannot receive disability insurance benefit payments for disabilities that are caused or contributed to by:
  - War or act of war (declared or not)
  - The commission of, or attempt to commit a felony
  - An intentionally self-inflicted injury
  - Your being engaged in an illegal occupation

### PRE-EXISTING CONDITIONS

- Your insurance excludes the benefits you can receive for pre-existing conditions. In general, if you were diagnosed or received care for a condition before the effective date of your certificate, you will be covered for a disability due to that condition only if:
  - You have not received treatment for your condition for 3 months before the effective date of your insurance, or
  - You have been insured under this coverage for 12 months prior to your disability commencing, so you can receive benefits even if you're receiving treatment, or
  - You have already satisfied the pre-existing condition requirement of your previous insurer

### LIMITATIONS

- **Mental Illness and Substance Abuse Limitation.** If you are disabled because of Mental Illness or because of alcoholism or the use of narcotics, sedatives, stimulants, hallucinogens or other similar substance, benefits will be payable for a maximum of 24 months in your lifetime, unless at the end of that 24 months, you are confined to a hospital or other place licensed to provide medical care for your disability.

### OFFSETS

- Your benefit payments will be reduced by other income you receive or are eligible to receive due to your disability, such as:
  - Social Security disability insurance (please see next section for exceptions)
  - Workers' compensation
  - Other employer-based insurance coverage you may have
  - Unemployment benefits
  - Settlements or judgments for income loss
  - Retirement benefits that your employer fully or partially pays for (such as a pension plan)
- Your benefit payments will not be reduced by certain kinds of other income, such as:
  - Retirement benefits if you were already receiving them before you became disabled
  - Retirement benefits that are funded by your after-tax contributions your personal savings, investments, IRAs or Keoghs profit-sharing
  - Most personal disability policies
  - Social Security cost-of-living increases

This example is for purposes of illustrating the effect of the benefit reductions and is not intended to reflect the situation of a particular claimant under the Policy:

Insured's monthly [Pre-Disability Earnings/Basic Monthly Pay] \$3,000  
Long term disability benefits percentage x 60%  
Unreduced maximum benefit \$1,800  
Less Social Security disability benefit per month - \$900  
Less state disability income benefit per month - \$300  
Total amount of long term disability benefit per month \$600

### THIS POLICY PROVIDES LIMITED BENEFITS.

This limited benefit plan (1) does not constitute major medical coverage, and (2) does not satisfy the individual mandate of the Affordable Care Act (ACA) because the coverage does not meet the requirements of minimum essential coverage.

In New York: This Disability policy provides disability income insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services.

5962d NS 05/21 Disability Form Series includes GBD-1000, GBD-1200, or state equivalent.

### The Buck's Got Your Back®

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including underwriting company Hartford Life and Accident Insurance Company. Home Office is Hartford, CT. All benefits are subject to the terms and conditions of the policy. Policies underwritten by the underwriting company listed above detail exclusions, limitations, reduction of benefits and terms under which the policies may be continued in force or discontinued. This Benefit Highlights document explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this document and the policy, the terms of the policy apply. Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder. Benefits are subject to state availability.  
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# PROTECT YOURSELF AND YOUR FAMILY FOR ONLY \$8.00 Per Pay Period!

The Legal Resources Legal Plan provides 100% coverage on a broad range of legal services. Whether it's an every day legal need or unexpected life event, you can relax...you're covered.

The annual cost is less than what you would pay for just one hour of attorney's time!

Go to your Employee Benefit Site to Enroll

Examples of Legal Life Events

20s

Renting an apartment  
Traffic violations  
Courtroom representation  
Auto purchase agreement  
Advice and consultation



30s

Getting married  
Buying a home  
Preparing a will  
Power of attorney for spouse  
Contractor disputes



40s

Teenage drivers  
Home refinance  
Power of attorney for parents  
Elder Law advice  
Property disputes



50s

Estate planning  
Family issues  
Landlord disputes  
Insurance claims  
HOA hearings



60s

Revision or review of will  
Advance medical directive  
Estate advice  
Home sale or purchase  
Warranty disputes



[OVERVIEW & MEMBER STORIES](#)



[FIND A LAW FIRM](#)

\*if prompted for access code, please use 7330012



[FAQs](#)



[CONTACT US](#)

# FULLY COVERED SERVICES

LEGAL RESOURCES COVERS 100% OF THE ATTORNEY FEES FOR FULLY COVERED LEGAL SERVICES<sup>1</sup>



## General Advice and Consultation

- Unlimited in-person or telephone advice and consultation for fully covered services



## Wills and Estate Planning

- Will preparation and periodic updates
- Advance medical directive
- Financial powers of attorney
- Contingent trust for minor children



## Preparation and Review of Routine Legal Documents

- Unlimited pages and occurrences



## Family Law

- Uncontested domestic adoption
- Uncontested divorce
- Uncontested name change



## Real Estate

- Purchase, sale, or refinance of primary residence
- Deed preparation
- Tenant-Landlord matters
- Landlord-Tenant consultation



## Traffic Violations

- Traffic infractions and misdemeanors
- Speeding
- Reckless driving
- Driving under the influence



## Consumer Relations and Credit Protection

- Warranty disputes
- Billing disputes
- Collection agency harassment



## Elder Law

- Estate advice
- Powers of attorney for members' parents



## Criminal Matters<sup>2</sup>

- Defense of misdemeanor
- Misdemeanor defense of juveniles

Fully covered for first offense involving alcohol or illegal drugs



## Civil Actions

- Representation as defendant
- Representation as plaintiff
- Insurance matters
- Initial administrative hearing
- Small Claims Court advice



## Identity Theft

- Prevention assistance
- Education services
- Identity recovery assistance

Don't see your legal need listed?  
**You're Still Covered!**

The Legal Resources Plan offers a **25% discount**<sup>3</sup>  
on any less common legal needs, *including pre-existing legal matters!*

## HOW THE PLAN WORKS

**1** Choose a law firm that best suits your needs from our highly rated law firm network. Use our Law Firm Finder at [LegalResources.com](http://LegalResources.com) to find a firm near you.<sup>4</sup> If you need to transfer to another Plan Law Firm, call Member Services.

**2** Certified paralegals in our Member Services Department provide backup and support to assist you with any coverage or attorney-related questions.





## WHAT QUESTIONS ARE MEMBERS ASKING?

### Does the plan cover dependents?

Yes! Legal Resources defines a “covered person” as someone related to the participating employee, also called the “Primary Member”.

### Are pre-existing issues covered?

Yes! Pre-existing matters are covered at a significant discount off the hourly rate of the attorney. It is very important to join Legal Resources before you have a legal need to enjoy the maximum savings from the plan.

### Are there any out of pocket expenses?

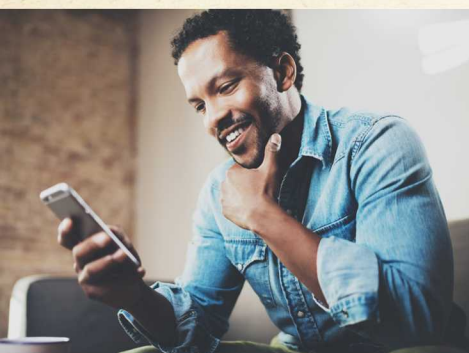
The Legal Resources Plan covers all attorney fees for fully covered services. However, you are responsible for non-attorney expenses such as court costs, filing fees or any fines assessed.

QUALITY

VALUE

SERVICE

PEACE OF MIND



Please call our Member Services Department with any questions. **We look forward to serving you and your family.**

**800.728.5768**

[LegalResources.com](http://LegalResources.com)



legalresources



legal\_resources

**LEGAL<sup>®</sup>**  
**RESOURCES**

Relax... you're covered.<sup>®</sup>

1 Member is responsible for all non-attorney costs such as filing fees, fines, court costs, etc. The Plan covers the individual, spouse, and qualifying dependents. 12-month commitment required. Courtroom representation, when necessary, is fully covered through General District Court for claims in excess of \$400. The definition of General District Court may vary by state.

2 Offenses involving illegal drugs, alcohol (except 1st offense DUI), and firearms are covered at a 25% discount.

3 Since your employer is the participating sponsor, you may not use the Plan in a dispute with your employer.

4 Timing of selection may vary based on your location or your employer's enrollment procedures.

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# PARENT COVERAGE

**INCLUDES SERVICES SUCH AS:**

- Advance Medical Directives
- Durable power of attorney
- Financial power of attorney
- Medical power of attorney
- Estate advice/Probate
- Living wills
- Will revisions/Codicils
- Periodic trust updates
- Housing and care
- And much more



Do you have parents who could use the advice of a trusted attorney, but don't think they can afford it?

**WE HAVE THE SOLUTION!**

Now, the parents of Legal Resources Members receive legal services at a **25% discount** on attorney fees and/or legal assistant/paralegal fees when using a Legal Resources Network Law Firm.

In order to be eligible, parents must reside in an area where a participating Legal Resources Network Law Firm is available.

Parent Coverage not available in all areas. Consult coverage information for details.

Please call our Member Services Department with any questions.  
**We look forward to serving you and your family.**

**800.728.5768** [LegalResources.com](http://LegalResources.com)





# Life comes with challenges. Your Assistance Program is here to help.

Your Assistance Program can help you reduce stress, improve mental health, and make life easier by connecting you to the right information, resources, and referrals.

All services are free, confidential, and available to you and your family members. This includes access to short-term counseling and the wide range of services listed below:

## **Mental Health Sessions**

Manage stress, anxiety, and depression, resolve conflict, improve relationships, and address any personal issues. Choose from in-person sessions, video counseling, or telephonic counseling.

## **Life Coaching**

Reach personal and professional goals, manage life transitions, overcome obstacles, strengthen relationships, and achieve greater balance.

## **Financial Consultation**

Build financial wellness related to budgeting, buying a home, paying off debt, resolving general tax questions, preventing identity theft, and saving for retirement or tuition.

## **Legal Referrals**

Receive referrals for personal legal matters including estate planning, wills, real estate, bankruptcy, divorce, custody, and more.

## **Work-Life Resources and Referrals**

Obtain information and referrals when seeking childcare, adoption, special needs support, eldercare, housing, transportation, education, and pet care.

## **Personal Assistant**

Save time with referrals for travel and entertainment, seeking professional services, cleaning services, home food delivery, and managing everyday tasks.

## **Medical Advocacy**

Get help navigating insurance, obtaining doctor referrals, securing medical equipment, and planning for transitional care and discharge.

## **Member Portal**

Access your benefits 24/7/365 through your member portal with online requests and chat options. Explore thousands of self-help tools and resources including articles, assessments, podcasts, and resource locators.

*Specific offerings may vary depending on your organization's assistance program plan design.*



Contact AllOne Health  
Call: 1-888-993-7650  
Visit: [allonehealth.com/deeroaks](https://allonehealth.com/deeroaks)

**ALLONE**  
HEALTH