

# VOLUNTARY SUPPLEMENTAL BENEFITS



## CRITICAL ILLNESS INSURANCE THE STANDARD INSURANCE COMPANY

**\*\*Premium deductions for supplemental benefits begin the month of your effective date of coverage\*\***

Critical Illness insurance gives an affordable option for easing the financial burden that can come with a serious illness.

### Pre-existing Conditions

excluded for the first 12 months while covered, if they are the result of a condition which existed up to 6 months before the plan effective date.



Covered Critical illnesses include:

Cancer	Stroke	Occupational Hepatitis
Carcinoma	Coma	Occupational HIV
End-Stage Renal (Kidney) failure	Severe Coronary Artery Disease with recommendation of bypass	21 childhood diseases <sup>1</sup>
Major Organ Failure	Paralysis	
Myocardial Infarction (Heart Attack)	Blindness	

### Portability

Included, with no change in coverages or rates.

### Coverage amount

- Employee: \$5,000 to \$30,000 in increments of \$5,000
- Spouse: \$5,000 to \$15,000 in increments of \$5,000
- Child: 25% of the Employee Amount

### Health Screening Benefit

- \$50 per insured per calendar year.

### Underwriting (Health Questions)

- Guarantee Issue:
  - Employee \$30,000
  - Spouse: \$15,000
- Underwriting (Health Questions) required when someone enrolls 31+ days after first eligible
- Dependent Children are automatically covered at 25% of the employee coverage amount without evidence of insurability (Health Questions)

<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 Employee Amount.

# Critical Illness

## Non-Tobacco Monthly Premiums

	18-29	30-39	40-49	50-59	60-70
\$5,000	\$1.25	\$2.30	\$4.05	\$8.00	\$14.65
\$10,000	\$2.50	\$4.60	\$8.10	\$16.00	\$29.30
\$15,000	\$3.75	\$6.90	\$12.15	\$24.00	\$43.95
\$20,000	\$5.00	\$9.20	\$16.20	\$32.00	\$58.60
\$25,000	\$6.25	\$11.50	\$20.25	\$40.00	\$73.25
\$30,000	\$7.50	\$13.80	\$24.30	\$48.00	\$87.90

## Tobacco Monthly Premiums

	18-29	30-39	40-49	50-59	60-70
\$5,000	\$1.70	\$3.70	\$7.55	\$16.80	\$32.50
\$10,000	\$3.40	\$7.40	\$15.10	\$33.60	\$65.00
\$15,000	\$5.10	\$11.10	\$22.65	\$50.40	\$97.50
\$20,000	\$6.80	\$14.80	\$30.20	\$67.20	\$130.00
\$25,000	\$8.50	\$18.50	\$37.75	\$84.00	\$162.50
\$30,000	\$10.20	\$22.20	\$45.30	\$100.80	\$195.00

# VOLUNTARY SUPPLEMENTAL BENEFITS



## ACCIDENT INSURANCE THE STANDARD INSURANCE COMPANY

**\*\*Premium deductions for supplemental benefits begin the month of your effective date of coverage\*\***

Accident insurance helps pay for out-of-pocket medical expenses that medical insurance won't cover.

### Covered Injuries:

Surgical Benefits	Hospital Benefits	Follow-up care
Dislocations	Fractures	Specific Injuries
Emergency Care	Accidental Death and Dismemberment	Accidental Impairment

### Additional Benefits:

Health and Maintenance Screening Benefit — \$50  
Automobile Accident Benefit—\$500



Coverage Level Options	Monthly Rate	Per Pay Period
Employee Only	\$12.57	\$6.29
Employee and Spouse	\$19.88	\$9.94
Employee and Children	\$23.85	\$11.93
Employee and Family	\$37.31	\$18.66

# The Standard Accident Insurance Benefits

<b>Dislocations</b>		<b>Amount Paid</b>
Ankle, Collarbone (Sternoclavicular), Elbow, Foot, Hand, Lower Jaw, Shoulder, Wrist		\$800/\$1,600
Collarbone (Acromioclavicular)		\$400/\$800
Finger, Rib, Toe		\$150/\$300
Hip		\$2,500/\$5,000
Knee		\$900/\$1,800
Spine		\$400/\$800
Partial Dislocation		25% on Non-Surgical Dislocation amount
<b>Surgical Benefits</b>		
Knee Cartilage Repair		\$750
Knee Cartilage Exploratory Surgery		\$200
Tendon, Ligament, Rotator Cuff Repair of one		\$750
Tendon, Ligament, Rotator Cuff Repair of two or more		\$1,000
Tendon, Ligament, Rotator Cuff Exploratory Surgery		\$200
Ruptured Disk, Repair		\$750
Exploratory Abdominal/Thoracic Surgery		\$200
Laparoscopic Repair Abdominal/Thoracic Surgery		\$750
Open Repair Abdominal/Thoracic Surgery		\$1,500
Surgical Facility (Outpatient)		\$150
<b>Hospital</b>		
Critical Care Unit Admission		\$750
Daily Rehabilitation Facility (up to 90 days per accident )		\$100/day
Daily Critical Care Unit Confinement (up to 15 day)		\$200/day
Daily Hospital Confinement (up to 365 days)		\$200/day
Hospital Admission		\$1,000
<b>Follow-Up Care</b>		
Medical Appliance		\$100
Chiropractic		\$50 up to 2 days
Accident Follow-Up Treatment		\$50 up to 2 days
Hearing Device		\$500
Prosthesis, One / two or more		\$500/\$1,000
Therapy Services		\$50 Up to 3 Days

# The Standard Accident Insurance Benefits

<b>Emergency Care</b>		<b>Amount Paid</b>
Air Ambulance		\$800
Blood, Plasma, Platelets		\$300
Emergency Dental (crown)		\$200
Emergency Dental (extraction)		\$100
Emergency Room Benefit		\$150
Ground Ambulance		\$300
Initial Physician's Office		\$50
Major Diagnostic Exam		\$200
Urgent Care		\$50
X-Ray		\$50
<b>Specific Injury</b>		
Burns, 2nd degree, <15% / >15%		\$200/\$1,000
Burns, 3rd degree, <15% / >15%		\$5,000/\$10,000
Coma		\$7,500
Concussion		\$150
<b>Specific Injury</b>		
Eye Injury		\$200
Lacerations, <2"		\$75
Lacerations, 2" - 6"		\$200
Lacerations, >6"		\$500
Skin Graft		25% of burn benefit
<b>Fractures Non-Surgical/Surgical</b>		
Ankle, Arm, Collarbone, Elbow, Foot, Hand, Kneecap, Lower Jaw, Shoulder Blade, Sternum, Wrist		\$550/\$1,100
Bones of Face, Coccyx, Nose, Vertebrae		\$500/\$1,000
Finger, Toe		\$100/\$200
Hip		\$2,500/ \$5,000
Leg (hip to knee)		\$2,000/\$4,000
Leg (knee to ankle), Pelvis, Vertebrae Column		\$1,200/\$2,400
Rib		\$400/\$800
Skull (depressed)		\$4,000/\$8,000
Skull (non-depressed)		\$1,500/\$3,000
Chip Fracture		25% of Non-Surgical Fracture amount

# VOLUNTARY SUPPLEMENTAL BENEFITS

**\*\*Premium deductions for supplemental benefits begin the month of your effective date of coverage\*\***



When you need legal help, LegalShield is here. Their network of experienced lawyers can provide advice on legal issues for you, your family, or your business, all directly through the app. With no hourly fee or retainer, LegalShield helps you worry less and live more.

Provides services to their members through a proprietary closed panel of attorneys to help with legal consultation and advice providing members with a broad spectrum of services.

#### Legal Protection Covers:

- Legal advice and consultation, including attorney letters and phone calls
- 24/7 emergency assistance
- Family law matters
- Contract and document review
- Attorney prepared estate planning (will, living will, health care POA and durable POA)
- Traffic violation and accident protection
- IRS audit assistance
- 25% member discount with network attorneys



Scan this code with your smart phone to go to [Legalshield.com](http://Legalshield.com)

Protect your cybersecurity with identity and credit monitoring and they cover up to \$1 million in lost expenses and legal fees due to fraud. IDShield not only alerts you about threats, IDShield also works for as long as it takes to restore your identity – **guaranteed**.

Offers their members a comprehensive and complete restoration in all areas of identity theft by a licensed team of licensed fraud investigators.

#### Identity Theft Protection Covers:

- Privacy monitoring
- Security monitoring
- Social media monitoring
- Credit monitoring
- Monthly credit score tracker
- Consultation
- Full service identity restoration



Scan this code with your smart phone to go to [IDshield.com](http://IDshield.com)

Legal Shield Plan	Employee only Family	\$23.95 \$23.95	\$11.98 \$11.98
ID Shield Plan	Employee Only Family	\$8.95 \$18.95	\$4.48 \$9.48
Combined Plans Legal Shield with ID Shield	Employee Only Family	\$32.90 \$38.90 *combination discount	\$16.45 \$19.45