



# Community Action of Southern Indiana (CASI) Employee Benefits Guide

Benefits Effective  
12.1.22-11.30.23



Important Information about Medicare inside





# Your 2023 Benefits

## Table of Contents

Benefits at a Glance .....	3
Getting Started .....	
<b>Health</b> .....	4
Medial Coverage	
Dental Coverage	
Vision Coverage	
<b>Sydney Health</b> .....	10
<b>One America</b> .....	15
Basic Life/ AD&D	
Short Term Disability (STD)	
Long Term Disability (LLTD)	
<b>Aflac</b> .....	30
Accident	
Cancer	
Hospital	
Critical Illness	
Short Term Disability (STD)	
<b>Liberty National</b> .....	98
Accident	
Cancer	
Term Life	
<b>Legal Shield</b> .....	119
<b>Employee Navigator</b> .....	120
<b>Notices</b> .....	122
<b>Contact Information</b> .....	134







# Your Benefit Plans

Community Action of Southern Indiana (CASI) is committed to providing a first-class benefits program for its employees. We make every effort to provide choices to meet the diverse needs of you and your families. Community Action of Southern Indiana will pay 100% of the employee only cost for medical, and 100% of all tiers of dental and vision. Employee's dental and vision coverage only. The remainder medical dependent costs are paid by the employee.

## Eligibility

All full-time and part-time employees of Community Action of Southern Indiana who consistently work 20+ hours per week are eligible to elect and participate in the benefits described in this guide.

Each eligible employee may cover their dependents including legal spouse, and child(ren) up to age 26.

## Benefit Basics

- Benefits become effective on the first of the month following 45 days after the date of hire.
- You must enroll within 30 days of your eligibility date.
- If you choose not to enroll in benefits at that time, your next time to enroll would be the next open enrollment period.
- You have the opportunity to enroll in benefits due to a qualifying life event (please see the information to the right under Qualifying Life Events).

## Qualifying Life Events

### These include:

- Change in status: marital, number of dependents, employment, dependent satisfies or ceases to satisfy eligibility
- Dependent's employer's open enrollment
- Significant cost or coverage changes
- HIPAA special enrollment rights
- FMLA special requirements
- Changes due to a judgment, decree or court order
- Entitlement to Medicare or Medicaid

## EMPLOYEE BENEFITS







# Community Action of Southern Indiana Medical Plan

This chart shows the medical plan options when using in-network providers through Anthem Blue Access for your High Deductible Health Plan (HDHP)

Benefits	PPO Option E4 with Rx T8
Annual Deductible (Single / Family) The amount you pay each year before the Plan pays benefits	\$5,000 / \$10,000
Out-of-Pocket Maximum (Single / Family)	The most you will pay is \$6,900 / \$13,800
Preventive Services	You pay 0%
Primary Care Office Visits	\$30/ visit
Specialist Office Visits	\$50/ visit
Urgent Care Visits	\$75/ visit
Emergency Room	\$250/ visit then 0% coinsurance
Inpatient Hospitalization	0% coinsurance
Outpatient Facility Services	0% coinsurance
Outpatient Facility Physicians	0% coinsurance
Major Diagnostics (MRI, CAT, Pet Scans, etc.)	0% coinsurance
<b>Prescription Drugs – Retail:</b>	
Tier 1 (generic)	Level 1- pharmacy \$10/ prescription deductible does not apply, in network \$20/ prescription
Tier 2 (preferred brand)	Level 1 Pharmacy \$35/ prescription deductible does not apply, \$45/ prescription in network
Tier 3 (non-preferred brand)	Level 1 Pharmacy \$75/ prescription deductible does not apply, \$85/ prescription in network
Tier 4 (specialty)	25% coinsurance up to \$350/ prescription deductible does not apply, 25% coinsurance up to \$450/ prescription in network
<b>Prescription Drugs – Mail Order:</b>	
Tier 1 (generic)	\$25/ prescription
Tier 2 (preferred brand)	\$105/ prescription, deductible does not apply
Tier 3 (non-preferred brand)	\$225/ prescription
Tier 4 (brand and generic)	\$350/ prescription

This chart shows the monthly medical premium the employee will pay. CASI Pays 100% of the employee only premium for medical.

Coverage Category	Medical Monthly Premium	Medical Bi-weekly Premium
Employee Only	\$0	\$0
Employee & Spouse	\$844.55	\$389.79
Employee & Child(ren)	\$691.00	\$318.92
Family	\$1,689.06	\$779.57





# COMPLIANCE BULLETIN



## HSA/HDHP Limits

The following chart shows the HSA and HDHP limits for 2023 as compared to 2022. It also includes the catch-up contribution limit that applies to HSA-eligible individuals who are age 55 or older, which is not adjusted for inflation and stays the same from year to year.

Type of Limit		2022	2023	Change	
HSA Contribution Limit	Self-only	\$3,650	\$3,850	Up \$200	
	Family	\$7,300	\$7,750	Up \$450	
HSA Catch-up Contributions ( <i>not subject to adjustment for inflation</i> )* *		Age 55 or older	\$1,000	\$1,000	No change
* HDHP Minimum Deductible	Self-only	\$1,400	\$1,500	Up \$100	
	Family	\$2,800	\$3,000	Up \$200	
* HDHP Maximum Out-of-pocket Expense Limit ( <i>deductibles, copayments and other amounts, but not premiums</i> )	Self-only	\$7,050	\$7,500	Up \$450	
	Family	\$14,100	\$15,000	Up \$900	

\* HDHP – High Deductible Health Plan

\* Those individuals over the age 55 can contribute an extra \$1,000 to max total of \$4,850 for the year.





# Don't Forget About Your Teeth ...

The Dental Plan is insured by Anthem using the Anthem Essential Choice network to provide broad national coverage.

In Network Dentists	Out of Network Dentists
<ul style="list-style-type: none"> <li>• Lowest out of pocket costs to you</li> <li>• Contracted with Anthem</li> <li>• Cannot bill you for charges in excess of insurance payment</li> </ul>	<ul style="list-style-type: none"> <li>• Higher out of pocket costs to you</li> <li>• Not contracted with Anthem</li> <li>• Can bill you for charges in excess of insurance payments</li> </ul>

## Dental Coverage

The premiums for the coverage are 100% paid by CASI.

To find a network dentist, go to the Sydney Health App or go to [www.Anthem.com](http://www.Anthem.com)

Coverage Category	Dental Bi-weekly Premium
Employee Only	\$0
Employee & Spouse	\$0
Employee & Child(ren)	\$0
Family	\$0

## Benefit Highlights

Type of Service	Low Plan Benefit
Annual Deductible (Waived for Preventive Care)	\$50
Annual Maximum	\$1,500
Benefit Paid by the Plan	
<ul style="list-style-type: none"> <li>• Diagnostic &amp; Preventive Routine Cleanings, Oral Exams, X-Rays, Sealants, Space Maintainers</li> </ul>	100%
<ul style="list-style-type: none"> <li>• Basic Fillings, Emergency Treatment</li> </ul>	80%
<ul style="list-style-type: none"> <li>• Major Extractions, Crowns, Bridges, Dentures</li> </ul>	50%





# ... and Your Eyes

## Vision Coverage

The Blue View Vision Plan is insured by Anthem using the Blue View Vision network.

The premiums for the coverage are 100% paid by CASI.

Coverage Category	Medical Bi-weekly Premium
Employee Only	\$0
Employee & Spouse	\$0
Employee & Child(ren)	\$0
Family	\$0

To find a network vision provider, go to [www.anthem.com](http://www.anthem.com).

The Blue View Vision Care Network includes thousands of independent and retail providers nationwide, including LensCrafters, Pearle Vision, Sears, Target, JCPenney, and more.

## Benefit Highlights




Type of Service	In-Network Member Cost	Out-of-Network Allowance
<b>EXAMS (1 every 12 months)</b>		
Copay	You pay \$20 copay	\$42 allowance
<b>MATERIALS</b>		
Frames (1 every 24 months)	Covered in Full up to a \$130 Retail Allowance; 20% discount on remaining balance	\$45 allowance
Lenses (1 every 12 months) <ul style="list-style-type: none"> <li>• Single Vision</li> <li>• Lined Bifocal</li> <li>• Lined Trifocal</li> </ul>	\$20 copay \$20 copay \$20 copay	\$40 allowance \$60 allowance \$80 allowance
<b>CONTACT LENSES (1 every 24 months, in lieu of material lenses)</b>		
Elective Conventional Lenses	\$130 allowance then 15% off remaining balance	\$105 allowance
Elective Disposable Lenses	\$130 allowance (no additional discount)	\$105 allowance
Medically Necessary	Covered in Full	\$210 allowance
<b>LENS OPTIONS</b>		
Standard Scratch Coating; Polycarbonate Lenses for Children to Age 19	Covered in Full	Not Applicable
Standard Progressive	\$65	Not Applicable
Transition Lenses	\$75	Not Applicable



## Focus on your well-being and earn rewards up to \$200

The more activities you complete, the greater your reward.

The Wellbeing Solutions program connects you with easy-to-use digital health and wellness tools that can help you stay your best. When you complete any of the activities listed below sponsored by your employer, you'll earn rewards to put toward electronic gift cards for select retailers. You choose the activities you'd like to complete to receive the maximum of \$200 in rewards.

Activity Type	Activities	Amount
 <p><b>Preventive care measures</b> <i>How you earn:</i> Receive your reward when claims are processed</p>	Complete an annual preventive wellness exam or well woman exam with your doctor	\$25
	Get an annual cholesterol test <sup>1</sup>	\$20
	Complete a colorectal cancer screening (adults 45 years and older)	\$25
	Complete a routine mammogram (women 40 to 74)	\$25
	Have an annual eye exam <sup>2</sup>	\$25
	Get an annual flu shot	\$20
 <p><b>Condition management programs</b> <i>How you earn:</i> Reach certain benchmarks or complete a program</p>	ConditionCare program: Work one-on-one with your health coach for a chronic condition and earn rewards for participating in and completing the program <sup>3</sup>	Up to \$50 (\$20/\$30) <sup>3</sup>
	Future Moms program: Moms-to-be can receive support from a registered nurse and earn rewards for completing initial, interim, and postpartum assessments <sup>4</sup>	Up to \$40 (\$20/\$10/\$10) <sup>4</sup>
	Well-being Coach Telephonic – Weight Management Program: Receive one-on-one support and lifestyle coaching for weight management. Complete your goal to earn a reward. <sup>5</sup>	\$25
	Well-being Coach Telephonic – Tobacco Cessation Program: Receive one-on-one support and lifestyle coaching for tobacco cessation. Complete your goal to earn a reward. <sup>6</sup>	\$25
 <p><b>Digital Wellness activities</b> <i>How you earn:</i> Complete activities in the Sydney Health app or on anthem.com</p>	Log in to your Anthem account	\$5
	Connect a fitness or lifestyle device	\$5
	Complete a health assessment and receive tailored health recommendations	\$20
	Complete action plans around eating healthy, weight management, physical activity, and more	Up to \$25 (\$5 per action plan)
	Track your steps	Up to \$60 (\$2 per 50,000 steps tracked)
	Complete Well-being Coach Digital daily mission check-ins <sup>7</sup>	Up to \$20 (\$4 per milestone)
Update your contact information	\$10	

### Do you have questions about the Wellbeing Solutions activities?

Login at [anthem.com](http://anthem.com) or open the Sydney<sup>SM</sup> Health app. Then go to *My Health Dashboard* and select *My Rewards* to learn more. You can also call the number on the back of your Member ID card.



## Well-being Coach can help you meet your goals

Well-being Coach is here to help you achieve your health goals. Our digital coaching app offers personal, 24/7 support on the go. Well-being Coach combines smart technology and proven behavioral therapy techniques to help you maintain a healthy weight, quit tobacco, and improve your nutrition, exercise habits, mindfulness, and sleep.

You can access Well-being Coach, powered by Lark, in the Sydney Health app or at [anthem.com](https://www.anthem.com). If you need extra support for high-risk weight management and tobacco cessation, you can also connect with a certified health coach by phone. You'll work together to identify healthy habits and develop custom action plans to meet your goals. No matter how you connect, you can earn rewards for making time for your health.



## How to redeem your rewards

- 1 When you're ready to redeem your rewards, open the Sydney Health app or go to [anthem.com](https://www.anthem.com).
- 2 Next, go to *My Health Dashboard* and select **Redeem Rewards**.
- 3 Use your rewards credit toward an electronic gift card. You can choose from popular retailers including Mastercard, Amazon, Bed Bath & Beyond, Gap Options (all brands), Staples, Target, The Home Depot and TJ Maxx. The minimum gift card amount is set by each individual retailer.



Scan this QR code with your smartphone's camera to download the Sydney Health app.

1 Annual cholesterol test eligibility: men 35 years and older, women 40 years and older with a total cholesterol (total) panel.  
 2 Annual eye exam reward is available if employer provides vision coverage through Anthem.  
 3 Adult members identified as moderate or high risk are eligible for ConditionCare and may receive a reward for participation in 1 of 5 ConditionCare programs and completion for 1 of 5 ConditionCare programs: (Chronic Obstructive Pulmonary Disease (COPD), Coronary Artery Disease (CAD), Asthma, Diabetes, and Congestive Heart Failure (CHF)). Rewards include: \$20 for program participation and \$30 for program completion.  
 4 Future Moms assessments completion dates: Initial assessment must be completed by day 57; Interim assessment must be completed by 1 day prior to delivery; Postpartum Assessment must be completed by 56 days after delivery. Rewards include: \$20 for an initial assessment; \$10 for an interim assessment; and \$10 for a postpartum assessment.  
 5 Well-being Coach Weight Management program (telephonic) is available for members who are identified as high risk based on a BMI of 30 or higher.  
 6 Well-being Coach Tobacco Cessation program (telephonic) is available for members who are identified as high risk based on any tobacco usage.  
 7 Members may earn rewards for completing quarterly Well-being Coach digital milestones while logging daily mission check-in activities on the digital coaching app. Daily mission check-in reward values: first check-in: \$4; next 15 check-ins during first quarter: \$4; 25 check-ins during second through fourth quarters: \$4 each quarter. Log in to Sydney Health or [anthem.com](https://www.anthem.com) to download the Well-being Coach Digital app. Well-being Coach Digital is provided by Lark Health.  
 All preventive care activities are claims-based. Medical waivers apply to all claim-based activities.  
 Rewards eligibility applies to only employees and their spouse/domestic partner. Members must be active on the plan and activity must take place during the plan effective year. It may take a little time once you complete a wellness activity before you see the reward amount in your account.  
 A subscriber and spouse/domestic partner may earn rewards when eligible activities are completed and, in some instances, are verified by an Anthem claim. Anthem claims are required for claims-based activity rewards. Anthem claims are required for claims-based activity rewards and may take up to 60 days to adjudicate.  
 Product availability may vary. The reward amount redeemed may be considered income to you and/or your spouse/domestic partner and subject to state and federal taxes in the tax year it is paid. You and/or your spouse/domestic partner should consult a tax expert with any questions regarding tax obligations.  
 The list of retailers available for electronic gift card rewards redemption is subject to change. Log on to [anthem.com](https://www.anthem.com) or open the Sydney Health app to explore the electronic gift card options available to you.  
 Sydney Health is offered through an arrangement with CareMarket, Inc., a separate company offering mobile application services on behalf of Anthem Blue Cross and Blue Shield ©2021-2022.  
 Anthem Blue Cross and Blue Shield is the trade name of: in Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. Copies of Colorado network access plans are available on request from member services or can be obtained by going to [anthem.com/co/networkaccess](https://www.anthem.com/co/networkaccess). In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightChoice® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. HMO products underwritten by HMO Colorado, Inc. and its Nevada area is all of Virginia except for the City of Fairfax, the town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), underwrites or administers PPO and indemnity policies and underwrites the out-of-network benefits in POS policies offered by Compare Health Services Insurance Corporation (Compare) or Wisconsin Collaborative Insurance Corporation (WCIC). Compare underwrites or administers HMO or POS policies. WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.





# Sydney Health makes health care easier

See your benefits. Find a doctor. Track your fitness. It's personalized and easy!

With Sydney Health, you can find everything you need to know about your medical, pharmacy, dental, vision, life insurance, and disability insurance benefits all in one place. Sydney Health makes it easier to get things done, so you can spend more time focused on your health.

Get started with Sydney Health  
Download the app today!



## Simple experience

Our **simple experience** makes it easy to find what you need — with one-click access to benefits info, Member Services, LiveHealth Online and wellness resources. And you can use the interactive chat to get answers quickly.

## My Health Dashboard

**My Health Dashboard** is your hub for personalized health and wellness. Find programs that interest you, build an action plan to help you meet your health goals, sync your fitness tracker and earn points for your progress.

## Personalized Match

**Personalized Match** helps you find a doctor in your plan who's right for you. You'll get results carefully matched with your unique needs, preferences and plan details.

## My Family Health Record

**My Family Health Record** gives you the full picture of your family's health — all in one place. It includes health history and electronic medical records. View, download and share the info right from the app.

### With just one click, you can:

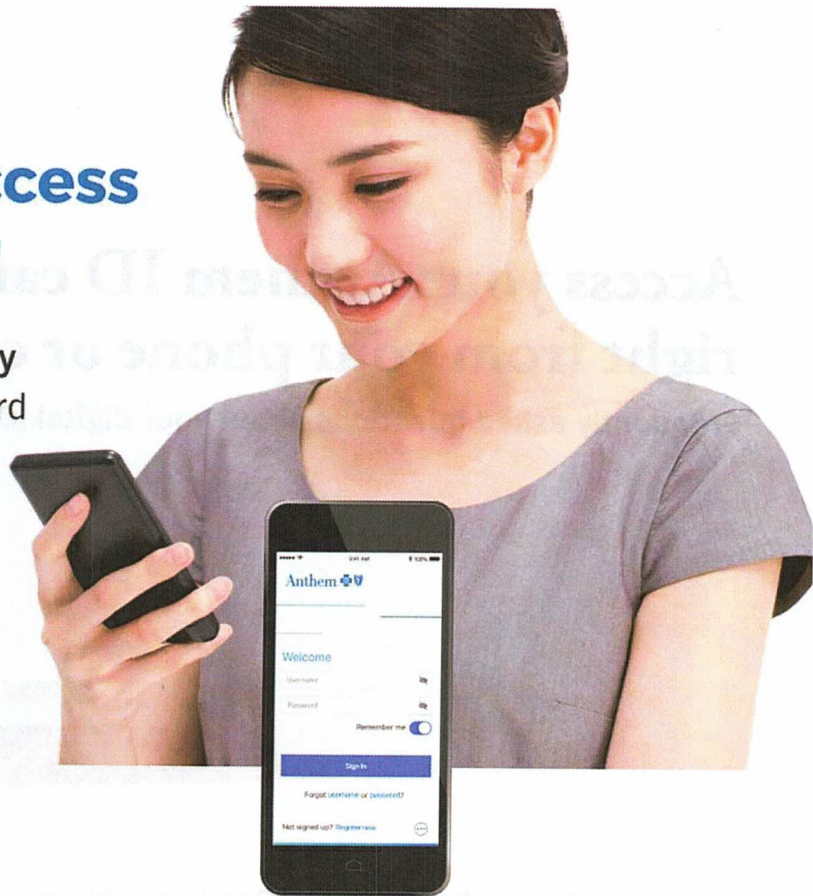
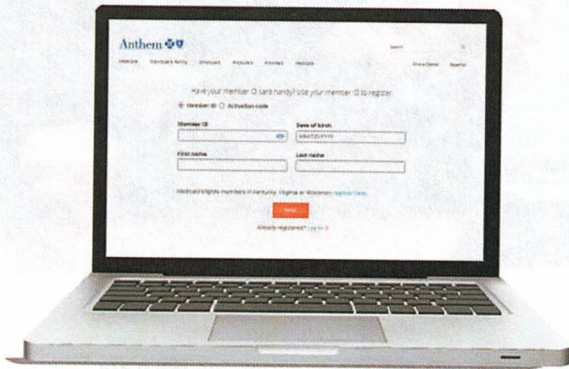
- Find care and check costs
- See all benefits
- View claims
- View and use digital ID cards
- Use the interactive chat feature to get answers quickly
- Sync your favorite fitness tracker

Life and Disability products underwritten by Anthem Life Insurance Company. In Georgia: Life and Disability products are underwritten by Greater Georgia Life Insurance Company using the trade name Anthem Life. Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc.; HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by CompCare Health Services Insurance Corporation (CompCare) or Wisconsin Collaborative Insurance Corporation (WCIC). CompCare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.



# You've got quick access to your health care!

Register on [anthem.com](http://anthem.com) or the **Sydney** mobile app.\* Have your member ID card handy to register



## From your computer

- 1 Go to [anthem.com/register](http://anthem.com/register)
- 2 Provide the information requested
- 3 Create a username and password
- 4 Set your email preferences
- 5 Follow the prompts to complete your registration

## From your mobile device

- 1 Download the free **Sydney** mobile app and select **Register**
- 2 Confirm your identity
- 3 Create a username and password
- 4 Confirm your email preferences
- 5 Follow the prompts to complete your registration

It's easy. Everything you need to know about your plan — including medical — in one place. Making your health care journey simple, personal — all about you.



\* You must be 18 years or older to register your own account.

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. Copies of Colorado network access plans are available on request from member services or can be obtained by going to [anthem.com/co/networkaccess](http://anthem.com/co/networkaccess). In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE<sup>SM</sup> Managed Care, Inc. RIT, Healthy Alliance<sup>SM</sup> Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In Ohio: Community Insurance Company, In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by CompCare Health Services Insurance Corporation (CompCare) or Wisconsin Collaborative Insurance Corporation (WCIC). CompCare underwrites or administers HMO or POS policies; WCIC underwrites or administers WellPriority HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

1320ANMEMBAS YPOD Rev 06/19

5557760421769575

Need help signing up?  
Call us at **1-866-755-2680**.



# Access your Anthem ID card right from your phone or computer

Frequently asked questions about your digital ID card



As an Anthem member, your member ID card is available anytime through your smartphone or computer. Here are answers to some commonly asked questions about using your digital ID card.

• **How do I access my digital ID card?**

Register at [anthem.com](http://anthem.com) or on the Sydney app to see your digital ID card, anytime. You can use your member ID to register online. New members may have received an activation code to register after enrollment.

• **How does my digital ID card work?**

It works just like the one you would get in the mail. You can show, email, or fax it to your doctors right from your phone or computer. You can even share it with family members. And why wait until your appointment? You can send your digital ID card to your doctor at the same time that you make your appointment. Many doctors can even look up your digital ID card through our system.

• **Why do I want my ID card on my phone instead of in my wallet?**

You probably always carry your phone. So your card will always be with you. Plus, it thins your wallet, it's secure, always current and you can share it easily.

• **Why do I need my ID card?**

They ask for it at the doctor's office to help them figure out your benefits.

• **Is my information secure with my ID card on the mobile app?**

Absolutely. All of your health care information is secure and can only be accessed by you when you log in. You can even set up touch authentication so your fingerprint can be used to access your info.

• **Will I have access to other members' ID cards on my plan?**

If you're the subscriber, meaning the person carrying the health plan, yes. Otherwise, you'll only be able to view your own ID card. The subscriber can give other members on the plan viewing permission by updating their profiles and choosing their access rights once they log in.





- **What is the Apple Wallet?**

It's an app on your iPhone that stores your credit cards and rewards cards in one place. So you can easily use them without carrying them in your real wallet — or having to open a bunch of different apps on your phone. Our app gives you the option of also keeping your Anthem ID card on Apple Wallet if that's easier for you. If you choose to do that, it'll get updated automatically each time you start a new year on your plan. When you download the ID card, you can always access it without logging in, too.

- **Will I get a new ID card every year?**

Once you choose the digital ID card as your preference, it'll automatically be ready at the start of each new plan year. It'll also update on Apple Wallet if you've chosen to keep it on that app.

- **I'm a current member, so what happens to the ID card I'm using today?**

This does not affect the card you have in your wallet right now. You can even access and use your current ID card on **anthem.com** or the Sydney app. When your next plan year starts we'll update your ID card on the app automatically.

- **Will I still get an ID card in the mail?**

If you prefer to keep only a digital ID card, log in at **anthem.com** or the Sydney mobile app. Then select your **Communication Preferences** to digital ID card. That way we won't send you one in the mail in the future.

- **What if I prefer a printed ID card?**

You can print a copy of your ID card anytime on **anthem.com**. You can also request we send you a printed ID card by logging in to the Sydney app or **anthem.com**. Or give us a call and we'll take care of it for you.

## Questions?

Give us a call at the Member Services number on your ID card.



Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by CompCare Health Services Insurance Corporation (CompCare) or Wisconsin Collaborative Insurance Corporation (WCIC). CompCare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.



# Redeem Rewards

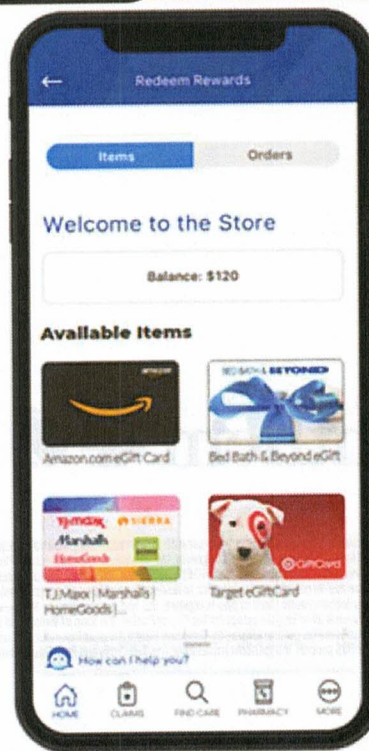
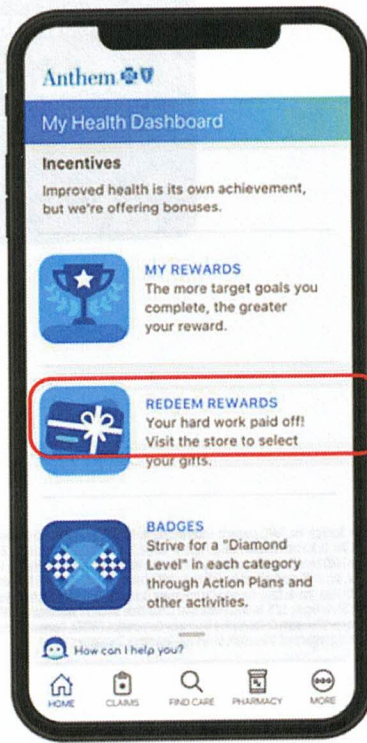
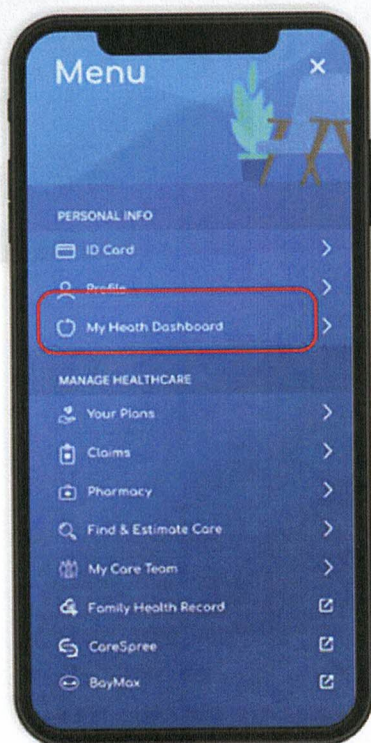
with Sydney Health

In three easy steps, choose from 8 retailers:

- ▲ When you're ready to redeem rewards for activities you've completed, **open the Sydney Health app** or go to [anthem.com](http://anthem.com).
- ▲ Next, go to **My Health Dashboard** and select **Redeem Rewards**.
- ▲ Choose a retailer and redeem your digital gift card with your balance.



Amazon  
Bed, Bath & Beyond  
Gap (all brands)  
Mastercard®  
Staples  
Target  
TJ Maxx  
The Home Depot



-Screenshots are for illustrative purposes only and are subject to change as Sydney/Anthem.com enhances

-Physical gift cards will incur an additional fee

-Incentives only applicable if offered by the health plan

- Incentives only available to employee, spouses, & domestic partners over the age of 18 covered under the medical health plan





## Community Action of Southern Indiana

### Basic Life Benefit Summary

#### Class 1 - All Eligible Part-Time Employees

#### Full-time Employee Requirement

An eligible employee is a full-time permanent employee authorized to work and reside in the United States. Eligible employees must work 20 or more hours per week and cannot be considered a part-time, temporary or seasonal employee. If any eligible employee is not actively at work on the individual effective date, group insurance coverage for that employee will not exist until he/she returns to full-time active work.

#### Life Amount

\$15,000

#### Accidental Death & Dismemberment (AD&D) Principal Sum Amount

\$15,000

#### Guaranteed Issue Amount

\$15,000

#### Reduction Schedule

The Life Amount and AD&D Principal Sum will reduce to 65% of the amount shown above when the Employee reaches age 65. See Certificate for further benefit reductions due to age.

#### Accelerated Life Benefit

The Employee may request payment of 25%, 50%, or 75% of the Life Amount if the Employee is diagnosed with a terminal condition, as defined in the Certificate.

#### Waiver of Premium

AUL may waive further premium payments for the Employee's Life Amount if the Employee becomes Totally Disabled before age 60 while insured under the Policy, and remains continuously Totally Disabled for 9 months, and submits proof of Total Disability.



**Conversion**

If the Employee's Life Insurance or a portion of it ceases, the Employee may be entitled to convert his / her life amount. The Employee can refer to his or her Certificate for specific details of this provision.

**Accidental Death & Dismemberment**

While insured under the Policy, if the Employee has an accident which results in a loss or condition specified in the chart below, AUL will pay the amount shown. The loss or condition must occur within 365 days from the date of the accident and AUL must receive acceptable proof of loss or condition.

**Loss Schedule**

Loss

- Life [AD&D Principal Sum]
- Both hands or both feet or sight of both eyes [AD&D Principal Sum]
- Speech and hearing [AD&D Principal Sum]
- One hand and one foot [AD&D Principal Sum]
- One hand and sight of one eye [AD&D Principal Sum]
- One foot and sight of one eye [AD&D Principal Sum]
- Sight of one eye [Half of AD&D Principal Sum]
- One hand or one foot [Half of AD&D Principal Sum]
- Speech or hearing [Half of AD&D Principal Sum]
- Thumb and index finger [Quarter of AD&D Principal Sum]

Conditions

- Quadriplegia or Loss of Use of Upper and Lower Limbs of the Body [AD&D Principal Sum]
- Paraplegia or Loss of Use of Both Lower Limbs of the Body [Half of AD&D Principal Sum]
- Hemiplegia or Loss of Use of Upper and Lower Limbs on the Same Side of the Body [Half of AD&D Principal]
- Monoplegia or Loss of Use of One Limb of the Body [Quarter of AD&D Principal]
- Severe Burns [AD&D Principal Sum]
- The total amount payable will never exceed the AD&D Principal Sum for all losses or conditions sustained by the Employee.

**Benefit Features Offered for Basic Term Life and AD&D**

- Seat Belt
- Air Bag
- Exposure
- Disappearance
- Repatriation
- Child Higher Education
- Child Care

This information is provided as a Benefit Outline. It is not a part of the insurance policy and does not change or extend American United Life Insurance Company's® liability under the group Policy. Employers may receive either a group Policy or a Certificate of Insurance containing a detailed description of the insurance coverage under the group Policy. If there are any discrepancies between this information and the group Policy, the Policy will prevail.





## Community Action of Southern Indiana

### Basic Life Benefit Summary

#### Class 2 - All Other Eligible Full-Time Employees

<b>Full-time Employee Requirement</b>	An eligible employee is a full-time permanent employee authorized to work and reside in the United States. Eligible employees must work 30 or more hours per week and cannot be considered a part-time, temporary or seasonal employee. If any eligible employee is not actively at work on the individual effective date, group insurance coverage for that employee will not exist until he/she returns to full-time active work.
<b>Life Amount</b>	1 times annual base salary, then rounded to the next \$1,000 with a minimum of \$10,000 and a maximum of \$50,000.
<b>Accidental Death &amp; Dismemberment (AD&amp;D) Principal Sum Amount</b>	1 times annual base salary, then rounded to the next \$1,000 with a minimum of \$10,000 and a maximum of \$50,000.
<b>Definition of Earnings</b>	Annual base salary only: The amount of coverage will be based upon earnings as last reported in writing to and approved by AUL. In no event will the amount of earnings used to calculate benefits under the AUL contract exceed the lesser of the amount approved by AUL, amount shown in the Employer's payroll records, or for which premium has been paid.
<b>Guaranteed Issue Amount</b>	\$50,000
<b>Reduction Schedule</b>	The Life Amount and AD&D Principal Sum will reduce to 65% of the amount shown above when the Employee reaches age 65. See Certificate for further benefit reductions due to age.
<b>Accelerated Life Benefit</b>	The Employee may request payment of 25%, 50%, or 75% of the Life Amount if the Employee is diagnosed with a terminal condition, as defined in the Certificate.
<b>Waiver of Premium</b>	AUL may waive further premium payments for the Employee's Life Amount if the Employee becomes Totally Disabled before age 60 while insured under the Policy, and remains continuously Totally Disabled for 9 months, and submits proof of Total Disability.



## Conversion

If the Employee's Life Insurance or a portion of it ceases, the Employee may be entitled to convert his / her life amount. The Employee can refer to his or her Certificate for specific details of this provision.

## Accidental Death & Dismemberment

While insured under the Policy, if the Employee has an accident which results in a loss or condition specified in the chart below, AUL will pay the amount shown. The loss or condition must occur within 365 days from the date of the accident and AUL must receive acceptable proof of loss or condition.

## Loss Schedule

### Loss

Life [AD&D Principal Sum]

Both hands or both feet or sight of both eyes [AD&D Principal Sum]

Speech and hearing [AD&D Principal Sum]

One hand and one foot [AD&D Principal Sum]

One hand and sight of one eye [AD&D Principal Sum]

One foot and sight of one eye [AD&D Principal Sum]

Sight of one eye [Half of AD&D Principal Sum]

One hand or one foot [Half of AD&D Principal Sum]

Speech or hearing [Half of AD&D Principal Sum]

Thumb and index finger [Quarter of AD&D Principal Sum]

### Conditions

Quadriplegia or Loss of Use of Upper and Lower Limbs of the Body [AD&D Principal Sum]

Paraplegia or Loss of Use of Both Lower Limbs of the Body [Half of AD&D Principal Sum]

Hemiplegia or Loss of Use of Upper and Lower Limbs on the Same Side of the Body [Half of AD&D Principal]

Monoplegia or Loss of Use of One Limb of the Body [Quarter of AD&D Principal]

Severe Burns [AD&D Principal Sum]

The total amount payable will never exceed the AD&D Principal Sum for all losses or conditions sustained by the Employee.

## Benefit Features Offered for Basic

### Term Life and AD&D

Seat Belt

Air Bag

Exposure

Disappearance

Repatriation

Child Higher Education

Child Care

This information is provided as a Benefit Outline. It is not a part of the insurance policy and does not change or extend American United Life Insurance Company's® liability under the group Policy. Employers may receive either a group Policy or a Certificate of Insurance containing a detailed description of the insurance coverage under the group Policy. If there are any discrepancies between this information and the group Policy, the Policy will prevail.



## What you need to know:

- **Are you eligible?** Benefits are available to employees who are actively at work on the effective date of coverage and working the minimum number of hours per week stated in the contract.
- **Your premiums and benefits may vary.** Actual premiums and benefit amounts will be calculated by OneAmerica and may change upon reaching certain ages, according to contract terms, and are subject to change. Volumes and benefit amounts shown may be subject to reductions due to age.
- **Enroll timely for guaranteed issue coverage.** You may be eligible for coverage without having to answer any health questions if you enroll during the initial enrollment period when benefits are first offered by OneAmerica®, or if you enroll as a newly hired employee within 31 days after any applicable waiting period.
- **Enrolling later requires approval.** If you decline coverage now, you will lose your only chance to apply for group insurance coverage without having to first undergo medical underwriting. If you decide to enroll later, you will need to submit a Statement of Insurability form for review. OneAmerica will then decide to approve or deny your coverage based on your health history. You may not be approved for any type of coverage at a later date if you have any current or future medical conditions.

## What you need to do:

- **Carefully review the contents of this packet.** Enclosed is personal information about the benefits offered to you by OneAmerica on behalf of your employer. This is your opportunity to learn more about group insurance from OneAmerica, but it is not a complete explanation of benefits. For more information, consult the contract about exclusions, limitations, reduction of benefits, and terms under which the contract may be continued in force or discontinued.
- **Review the Notices and Limitations.** Visit [www.employeebenefits.aul.com](http://www.employeebenefits.aul.com) to find the Notices and Limitations, G-14320 (05 NonPrudent) 12/28/12. Go to Forms, Policy/Employee Admin, and Notices and Limitations.
- **Submit your enrollment form.** Please return your completed enrollment form to your employer.

**Note:** Products issued and underwritten by American United Life Insurance Company® (AUL), a OneAmerica company.  
Not available in all states or may vary by state.





**What you need to know about your Basic Life and AD&D Benefits**

**Guaranteed Issue:** Employee: \$50,000

**Accidental Death and Dismemberment (AD&D):** Additional life insurance benefits may be payable in the event of an accident which results in death or dismemberment as defined in the contract. Additional AD&D benefits include seat belt, air bag, repatriation, child higher education, child care, paralysis/loss of use, severe burns, disappearance, and exposure.

**Accelerated Life Benefit:** If diagnosed with a terminal illness and have less than 12 months to live, you may apply to receive 25%, 50% or 75% of your life insurance benefit to use for whatever you choose.

**Reductions:** Upon reaching certain ages, your original benefit amount will reduce to the percentage shown in the following schedule.

Age:	65	70
Reduces To:	65%	50%

**Basic Employee Life and AD&D Coverage**

Your Life and AD&D insurance coverage amount is 1 times your salary to a maximum of \$50,000.

Coverage is provided at no cost to you.

OneAmerica<sup>®</sup> is the marketing name for the companies of OneAmerica.





# Protect Your Income with Disability Insurance

You probably have insurance for the things you depend on most. That could include protecting your home against fire or flood and protecting your vehicle in case of an accident.

You may even have life insurance to make sure that your loved ones are taken care of after you die. But have you ever considered insuring your income?

It's an important question. Your income is the cornerstone of your financial stability. It's how you afford that home's mortgage, your car's monthly payments and the food and other necessities your household needs. That stability is threatened, however, if you experience a severe injury or illness that leaves you unable to work.

## **Worker's Compensation Might Not Be Enough**

Although worker's compensation does offer some protections, it only covers injuries that happen on the job. To qualify for coverage, you also must meet certain eligibility requirements. If you have medical insurance, that can help too, but only to cover your actual medical costs. It still won't replace your lost income while you're unable to work.

**16%**  
of American workers had disability insurance coverage<sup>1</sup>.

**50%**  
of working Americans would have to tap into their savings if they couldn't work due to an injury or illness.<sup>2</sup>

Ready to learn more? Reach out to your human resources department today to get started.

**ONEAMERICA**<sup>®</sup> is the marketing name for the companies of OneAmerica | [OneAmerica.com](https://www.OneAmerica.com)



### **If You're Not Prepared, You're Not Alone**

In 2020 only 16% of American workers had disability insurance coverage.<sup>1</sup> That's probably why half of those surveyed said they'd have to turn to savings if they were disabled and could no longer work.<sup>2</sup>

At a time when most Americans would drain their bank accounts in just 10 weeks<sup>3</sup>, that's not a good long-term solution. Yet it's still better than the 20% of workers who said they just didn't know how they would make up the lost income.<sup>2</sup>

### **Disability Insurance Protects Your Paycheck**

Anyone can be affected by illness or injury, but it doesn't have to threaten your financial security. With disability insurance, a portion of your income is replaced, and you can have peace of mind knowing that your family is protected, and that you can focus on healing.

### **Did you know?**

According to the Council for Disability Awareness<sup>4</sup>, some of the most common reasons for short-term disability claims include:

- Pregnancy
- Back, spine, knee and hip injuries
- Fractures, sprains and muscle strains
- Digestive disorders
- Mental health, including anxiety and depression

1. Source: <https://lifehappens.org/blog/is-life-insurance-tomorrows-problem-findings-from-the-2020-insurance-barometer-study/> June 16, 2020

2. Source: <https://www.limra.com/globalassets/limra/newsroom/industry-trends/2020-images/DIAM2020factsheet.pdf> Accessed September 9, 2020

3. Source: <https://www.magnifymoney.com/blog/news/paycheck-survey/> February 4, 2020

4. Source: <https://disabilitycanhappen.org/disability-statistic/> March 28, 2018

*If you were to face serious illness or injury, would you be financially prepared?*

**Note:** Products issued and underwritten by American United Life Insurance Company® (AUL), Indianapolis, IN, a OneAmerica company. Not available in all states or may vary by state.

**ONEAMERICA**® is the marketing name for the companies of OneAmerica | [OneAmerica.com](https://www.OneAmerica.com)





**What you need to know about your Worksite Short Term Disability Benefits**

- Elimination Period:** This is a period of consecutive days of disability before benefits may become payable under the contract.
- Maximum Benefit Duration:** This is the length of time that you may be paid benefits if continuously disabled as outlined in the contract.
- Pre-Existing Condition Period:** Certain disabilities are not covered if the cause of the disability is traceable to a condition existing prior to your effective date of coverage.

**Worksite Short Term Disability Coverage Option 1**

Your benefit is 60% of your weekly pre-disability earnings, up to a maximum weekly benefit of \$1,150.

Elimination Period	Maximum Benefit Duration	Pre-Existing Condition Period
7 days injury / 7 days sickness	13 weeks	3 months / 12 months

**Payroll Deduction Illustration: Bi-weekly**

To estimate your payroll deduction amount:

	Example*	Option 1
1. Benefit percentage	.600	.600
2. Maximum weekly benefit	\$1,150	\$1,150
3. Multiply your weekly salary by Step 1	\$346	
4. Enter the lesser of Step 2 or Step 3	\$346	
5. Divide Step 4 by 10	\$34.62	
6. Using your age as of 12/01, find the corresponding rate from the chart below	\$.73	
7. Multiply Step 5 by your age rate	\$25.27	
8. Multiply Step 7 by 12 and divide by 26 to determine your estimated payroll deduction amount	\$11.66	

\*Example based on a 35 year old electing option 1 earning \$577 per week.

Age Category:	Option 1
0 - 19	\$.730
20 - 24	\$.730
25 - 29	\$.730
30 - 34	\$.730
35 - 39	\$.730
40 - 44	\$.640
45 - 49	\$.640
50 - 54	\$.810
55 - 59	\$1.020
60 - 64	\$1.170
65 - 69	\$1.280
70 - 74	\$1.370
75 +	\$1.370

**Note:** Premiums are based on your weekly salary and your age as of 12/01.

OneAmerica® is the marketing name for the companies of OneAmerica.





**Community Action of Southern Indiana**  
**Worksite Disability - Short Term Benefit Summary**  
**Class 1 - All Eligible Full-Time Employees - Plan 1**

<b>Full-time Employee Requirement</b>	An eligible employee is a full-time permanent employee authorized to work and reside in the United States. Eligible employees must work 30 or more hours per week and cannot be considered a part-time, temporary or seasonal employee. If any eligible employee is not actively at work on the individual effective date, group insurance coverage for that employee will not exist until he/she returns to full-time active work.
<b>Benefit Amount</b>	60% of an Employee's Covered Weekly Earnings to a maximum benefit of \$1,150, then reduced by Other Income Benefits as outlined in the certificate. The minimum weekly benefit is \$25.
<b>Definition of Earnings</b>	Basic monthly earnings only: The amount of coverage will be based upon earnings as last reported in writing to and approved by AUL. In no event will the amount of earnings used to calculate benefits under the AUL contract exceed the lesser of the amount approved by AUL, amount shown in the Employer's payroll records, or for which premium has been paid.
<b>Elimination Period</b>	7 days for injury or 7 days for sickness. This is the period of consecutive days of disability for which no benefit is payable.
<b>Maximum Benefit Duration</b>	13 weeks. This is the length of time that an insured Employee may be entitled to benefits if continuously disabled as outlined in the Certificate.
<b>Maternity Coverage</b>	Benefits will be paid the same as any other qualifying disability, subject to any applicable pre-existing condition exclusion.
<b>Partial Disability</b>	A partial disability benefit may be paid, if because of injury or sickness an Employee, while unable to perform every material and substantial duty of any gainful occupation on a full-time basis, is performing at least one of the material and substantial duties of any gainful occupation, or another occupation, on a full or part-time basis, and is earning less than 80% of his or her pre-disability earnings due to the same injury or sickness.
<b>Residual Disability</b>	The elimination period can be met using total disability, partial disability, or a combination of both.



**Recurrent Disability**

A recurrent disability is the direct result of the injury or sickness that caused a prior disability. This benefit allows claim payments to continue without satisfying a new elimination period if an Employee returns to active full-time work and has a recurrent disability within 30 consecutive days of return to active work.

**Pre-Existing Condition Exclusions**

The pre-existing period is 3/12. Benefits will not be paid if the Person's disability begins in the first 12 months of coverage; and the disability is caused by, contributed to, or the result of a condition, whether or not that condition is diagnosed at all or is misdiagnosed, for which the Person received medical treatment, consultation, care or services, including diagnostic measures, or was prescribed medicines in the 3 months just prior to the Individual's effective date of insurance.

**Portability**

You may be eligible to apply for continuation of coverage should your coverage terminate. Approval for this benefit will extend your coverage for an additional period of time.

**Continuation of Coverage During:**

FMLA  
Temporary Lay Off or LOA  
LOA for Military Service

**Exclusions**

This plan may not cover any disability resulting from war, declared or undeclared or any act of war; active participation in a riot; intentionally self-inflicted injuries; commission of an assault or felony.

This information is provided as a Benefit Outline. It is not a part of the insurance policy and does not change or extend American United Life Insurance Company's® liability under the group Policy. Employers may receive either a group Policy or a Certificate of Insurance containing a detailed description of the insurance coverage under the group Policy. If there are any discrepancies between this information and the group Policy, the Policy will prevail.





**What you need to know about your Long Term Disability (LTD) Benefits**

- Elimination Period:** This is a period of consecutive days of disability before benefits may become payable under the contract.
- Maximum Benefit Duration:** This is the length of time that you may be paid benefits if continuously disabled as outlined in the contract.
- Pre-Existing Condition Period:** Certain disabilities are not covered if the cause of the disability is traceable to a condition existing prior to your effective date of coverage.

**Long Term Disability Coverage**

Your benefit is 60% of your monthly pre-disability earnings, up to a maximum monthly benefit of \$5,000.

Elimination Period	Maximum Benefit Duration	Pre-Existing Condition Period	
180 days injury / 180 days sickness	<b>Age When Total Disability Begins</b> Less than age 60 60 61 62 63 64 65 66 67 68 69 and over	<b>Maximum Duration</b> Greater of Social Security Full Retirement Age or: To age 65 5 years 4 years 3.5 years 3 years 2.5 years 2 years 21 months 18 months 15 months 12 months	3 months / 6 months / 12 months

Coverage is provided at no cost to you. 100% of the total premium is paid for by your employer.





**Community Action of Southern Indiana  
Long Term Disability Benefit Summary  
Class 1 - All Eligible Full-Time Employees**

<b>Full-time Employee Requirement</b>	An eligible employee is a full-time permanent employee authorized to work and reside in the United States. Eligible employees must work 30 or more hours per week and cannot be considered a part-time, temporary or seasonal employee. If any eligible employee is not actively at work on the individual effective date, group insurance coverage for that employee will not exist until he/she returns to full-time active work.
<b>Monthly Benefit Amount</b>	60% of an Employee's covered monthly earnings to a maximum benefit of \$5,000; reduced by Other Income Benefits as outlined in the contract.
<b>Definition of Earnings</b>	Basic monthly earnings only: The amount of coverage will be based upon earnings as last reported in writing to and approved by AUL. In no event will the amount of earnings used to calculate benefits under the AUL contract exceed the lesser of the amount approved by AUL, amount shown in the Employer's payroll records, or for which premium has been paid.
<b>Elimination Period</b>	A period of 180 consecutive days of Total Disability for which no benefit is payable and during which the Person does not become eligible for any other group long term disability insurance.
<b>Maximum Benefit Duration</b>	SSFRA. The maximum amount of time that an insured Employee may be entitled to benefits if continuously disabled as outlined in the contract.
<b>Minimum Monthly Benefit</b>	The minimum monthly benefit is \$50. While a monthly benefit amount is payable, the monthly benefit shall not be reduced to an amount less than the minimum monthly benefit.
<b>Accumulation of Elimination Period</b>	If disability ends during the elimination period and reoccurs, the time while the Insured is Disabled will be treated as continuous and a new elimination period will not be required, if the elimination period is satisfied within 360 days.
<b>Special Conditions</b>	Benefits for Disability due to Special Conditions, whether or not benefits were sought because of the condition, will not be payable beyond 24 months as outlined in the contract. Benefit payments for disabilities due to Special Conditions are cumulative for the lifetime of the contract.



## **Mental & Nervous/Drug & Alcohol**

The duration of benefit payments due to drug and alcohol abuse and / or mental illness may not be payable beyond the maximum benefit duration and may be limited as outlined in the contract.

## **Pre-Existing Condition Exclusions**

The pre-existing period is 3/6/12. Benefits will not be paid if the Person's Disability begins in the first 12 months of coverage; and the Disability is caused by, contributed to, or the result of a condition, whether or not that condition is diagnosed at all or is misdiagnosed, for which the Person received medical treatment, consultation, care or services, including diagnostic measures, or was prescribed medicines in the 3 months just prior to the Individual's effective date of insurance.

## **Recurrent Disability**

A recurrent disability is the direct result of the injury or sickness that caused a prior disability. This benefit allows payments to resume without satisfying a new elimination period if an Employee returns to active full-time work and has a recurrent disability within 6 months of return to active work.

## **Residual Disability**

The elimination period can be met using total disability, partial disability, or a combination of both.

## **Accidental Dismemberment & Loss of Sight**

A monthly benefit will be paid to an Employee for the loss of limb(s) or sight due to an accidental injury. The loss must occur within 100 days of the covered accident.

## **Cost of Living Freeze**

Any inflationary increases in other benefit payment(s) (i.e., Social Security) that an Employee may be receiving will not further reduce monthly disability benefits paid under the contract.



**Continuation of Coverage During:** FMLA  
Temporary Lay Off or LOA  
LOA for Military Service

**Additional Benefits:** Workplace Modification  
Return To Work

**Exclusions** This plan may not cover any disability resulting from war, declared or undeclared or any act of war; active participation in a riot; intentionally self-inflicted injuries; commission of an assault or felony.

This information is provided as a Benefit Outline. It is not a part of the insurance policy and does not change or extend American United Life Insurance Company's® liability under the group Policy. Employers may receive either a group Policy or a Certificate of Insurance containing a detailed description of the insurance coverage under the group Policy. If there are any discrepancies between this information and the group Policy, the Policy will prevail.



# Aflac Accident Advantage

## ACCIDENT-ONLY INSURANCE – OPTION 4

We've been dedicated to helping provide  
peace of mind and financial security  
for more than 60 years.



THE POLICY IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES.

A36475NINW

RC(3/21)



# AFLAC ACCIDENT ADVANTAGE

## ACCIDENT-ONLY INSURANCE – OPTION 4

Policy Series A36000

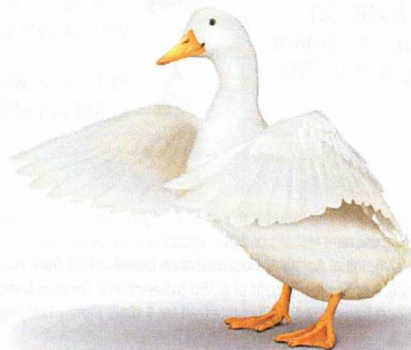
# AA<sup>4</sup>

### Be prepared for life's unexpected mishaps

Accidents can happen at any time. You could suffer an accidental injury while you are working around the house or walking into work. Or your child may get injured at basketball practice. When an accident happens, it can be costly. Even with major medical insurance, there may be out-of-pocket expenses that you'll have to pay.

In the event of an unexpected injury, Aflac can help protect your personal finances. We provide individuals and families affordable insurance that helps with expenses that may not be covered by major medical insurance. Aflac pays cash benefits directly to you (unless otherwise assigned), so you can use the cash for anything you want. Which means uncovered medical expenses won't break the bank if you are injured.

And since we can process your claim quickly, Aflac helps give you the peace of mind knowing you can spend more time recovering and less time worrying about bills.



Aflac herein means American Family Life Assurance Company of Columbus.



## Understand the difference Aflac can make in your financial security.

Aflac pays cash benefits for covered accidental injuries directly to you, unless assigned. Your own peace of mind and the assurance that your family will have help financially are powerful reasons to consider Aflac.

The financial impact of an accident is often surprising. Most people have expenses after an accident they never thought of before. From out-of-pocket medical costs to a temporary loss of income, your finances may be strained. If you or a family member suffered an accidental injury, can your finances handle it?



### What does the Aflac Accident Advantage policy include?

- A wellness benefit payable for routine medical exams to encourage early detection and prevention.
- Benefits payable for fractures, dislocations, lacerations, concussions, burns, emergency dental work, eye injuries, and surgical procedures.
- Benefits payable for initial treatment, X-rays, major diagnostic exams, and follow-up treatments.
- Benefits payable for physical, speech, and occupational therapy.
- Daily hospitalization benefits payable for hospital stays, and additional daily benefits paid for stays in a hospital intensive care unit.

### Why Aflac Accident Advantage may be the right choice for you:

- No underwriting questions to answer<sup>1</sup>
- No coordination of benefits—we pay regardless of any other insurance you may have
- No network restrictions—you choose your own health care provider
- Portable—take the plan with you if you change jobs or retire
- 24-hour accident insurance

### How it works

AFLAC ACCIDENT ADVANTAGE		
<b>AFLAC ACCIDENT ADVANTAGE – OPTION 4 COVERAGE IS SELECTED</b>	 WHILE PLAYING IN THE STATE HOCKEY PLAYOFFS, YOUR CHILD WAS INJURED AND WAS TAKEN TO THE ER BY AMBULANCE.  HIS LEG IS BROKEN AND SURGERY IS PERFORMED.	<b>AFLAC ACCIDENT ADVANTAGE – OPTION 4 COVERAGE PROVIDES THE FOLLOWING:</b> <b>\$6,620</b> <b>TOTAL BENEFITS</b>

The above example is based on a scenario for the Aflac Accident Advantage – Option 4 that includes the following benefit conditions: Ambulance Benefit of \$250 (ground ambulance transportation); Accident Treatment Benefit of \$200 (hospital emergency room treatment with X-rays); Accident Specific-Sum Injuries Benefit of \$2,000 (fractured leg (femur)—open reduction under anesthesia); Initial Accident Hospitalization Benefit of \$1,500; Accident Hospital Confinement Benefit of \$300 (hospitalized for 1 day); Major Diagnostic and Imaging Exams Benefit of \$250 (CT scan); Appliances Benefit of \$350 (wheelchair); Therapy Benefit of \$360 (9 physical therapy treatments); Accident Follow-Up Treatment Benefit of \$240 (6 follow-up treatments); Family Support Benefit of \$20 (hospitalized for 1 day); Family Lodging Benefit of \$150 (hospital and motel/hotel more than 50 miles from residence); and Organized Sporting Activity Benefit of \$1,000.

Benefits and/or premium may vary based on state and benefit option selected. The policy has limitations and exclusions that may affect benefits payable. Riders are available for an additional cost. For costs and complete details of the coverage, contact your Aflac insurance agent/producer. This brochure is for illustrative purposes only. Refer to the policy for complete benefit details, definitions, limitations and exclusions.

<sup>1</sup>Association and associate-only accounts have one underwriting question.



## AFLAC ACCIDENT ADVANTAGE – OPTION 4 BENEFIT OVERVIEW

BENEFIT NAME	BENEFIT AMOUNT																
INITIAL ACCIDENT HOSPITALIZATION BENEFIT	\$1,500 when admitted for a hospital confinement of at least 18 hours or \$2,500 when admitted directly to an intensive care unit of a hospital for a covered accident, per calendar year, per covered person																
ACCIDENT HOSPITAL CONFINEMENT BENEFIT	\$300 per day, up to 365 days per covered accident, per covered person																
INTENSIVE CARE UNIT CONFINEMENT BENEFIT	Additional \$500 per day for up to 15 days, per covered accident, per covered person Payable once per 24-hour period and only once per covered accident, per covered person																
ACCIDENT TREATMENT BENEFIT	Hospital emergency room with X-ray: \$200 Hospital emergency room without X-ray: \$170 Office or facility (other than a hospital emergency room) with X-ray: \$150 Office or facility (other than a hospital emergency room) without X-ray: \$120																
AMBULANCE BENEFIT	\$250 ground ambulance transportation or \$1,875 air ambulance transportation																
BLOOD/PLASMA/PLATELETS BENEFIT	\$300 once per covered accident, per covered person																
MAJOR DIAGNOSTIC AND IMAGING EXAMS BENEFIT	\$250 per calendar year, per covered person																
ACCIDENT FOLLOW-UP TREATMENT BENEFIT	\$40 for one treatment per day (up to a max of 6 treatments), per covered accident, per covered person																
THERAPY BENEFIT	\$40 for one treatment per day (up to a max of 10 treatments), per covered accident, per covered person																
APPLIANCES BENEFIT	Benefits are payable for the medical appliances listed below: Back brace: \$350      Wheelchair: \$350      Walker: \$120 Body jacket: \$350      Leg brace: \$150      Walking boot: \$120 Knee scooter: \$350      Crutches: \$120      Cane: \$25 Payable once per covered accident, per covered person																
PROSTHESIS BENEFIT	\$1,000 once per covered accident, per covered person																
PROSTHESIS REPAIR OR REPLACEMENT BENEFIT	\$1,000 once per covered person, per lifetime																
REHABILITATION FACILITY BENEFIT	\$200 per day																
HOME MODIFICATION BENEFIT	\$4,000 once per covered accident, per covered person																
ACCIDENT SPECIFIC-SUM INJURIES BENEFITS	Pays benefits for the treatments listed below: <b>DISLOCATIONS</b> .....\$120–\$4,500 <b>BURNS</b> .....\$135–\$13,000 <b>SKIN GRAFTS</b> ..... 50% of the burns benefit .....amount paid for the burn involved <b>EYE INJURIES</b> Surgical repair.....\$350 Removal of foreign body by a physician..... \$75 <b>LACERATIONS</b> Not requiring sutures.....\$40 Less than 5 centimeters.....\$90 At least 5 cm but not more than 15 cm.....\$300 Over 15 centimeters.....\$600 <b>FRACTURES</b> .....\$150–\$4,000 <b>CONCUSSION (BRAIN)</b> .....\$150 <b>EMERGENCY DENTAL WORK</b> Broken tooth repaired with crown.....\$500 Broken tooth resulting in extraction.....\$160 <b>COMA</b> .....\$12,500 <b>PARALYSIS</b> Quadriplegia.....\$12,500 Paraplegia.....\$6,250 Hemiplegia.....\$4,750 <b>SURGICAL PROCEDURES</b> .....\$250–\$1,500 <b>MISCELLANEOUS SURGICAL PROCEDURES</b> .....\$140–\$350 <b>PAIN MANAGEMENT (NON-SURGICAL)</b> Epidural.....\$100																
ACCIDENTAL-DEATH BENEFIT	<table border="1"> <thead> <tr> <th></th> <th>Common-Carrier Accident</th> <th>Other Accident</th> <th>Hazardous Activity Accident</th> </tr> </thead> <tbody> <tr> <td>INSURED</td> <td>\$200,000</td> <td>\$50,000</td> <td>\$10,000</td> </tr> <tr> <td>SPOUSE</td> <td>\$200,000</td> <td>\$50,000</td> <td>\$10,000</td> </tr> <tr> <td>CHILD</td> <td>\$30,000</td> <td>\$15,000</td> <td>\$5,000</td> </tr> </tbody> </table>		Common-Carrier Accident	Other Accident	Hazardous Activity Accident	INSURED	\$200,000	\$50,000	\$10,000	SPOUSE	\$200,000	\$50,000	\$10,000	CHILD	\$30,000	\$15,000	\$5,000
	Common-Carrier Accident	Other Accident	Hazardous Activity Accident														
INSURED	\$200,000	\$50,000	\$10,000														
SPOUSE	\$200,000	\$50,000	\$10,000														
CHILD	\$30,000	\$15,000	\$5,000														
ACCIDENTAL-DISEMBLEMENT BENEFIT	\$300–\$50,000																
WELLNESS BENEFIT	\$60 once per calendar year																
FAMILY SUPPORT BENEFIT	\$20 per day (up to 30 days), per covered accident																
ORGANIZED SPORTING ACTIVITY BENEFIT	Additional 25% of the benefits payable, limited to \$1,000 per policy, per calendar year																
CONTINUATION OF COVERAGE BENEFIT	Waives all monthly premiums for up to two months, if conditions are met																
WAIVER OF PREMIUM BENEFIT	Yes																
TRANSPORTATION BENEFIT	\$700 per round trip, up to 3 round trips per calendar year, per covered person																
FAMILY LODGING BENEFIT	\$150 per night, up to 30 days per covered accident																

REFER TO THE FOLLOWING PAGES AND POLICY FOR COMPLETE BENEFIT DETAILS, DEFINITIONS, LIMITATIONS AND EXCLUSIONS.



American Family Life Assurance Company of Columbus  
(herein referred to as Aflac)  
Worldwide Headquarters • 1932 Wynnton Road Columbus, Georgia 31999  
1.800.99.AFLAC (1.800.992.3522)

**ACCIDENT-ONLY COVERAGE**

**THE POLICY PROVIDES LIMITED BENEFITS.**

**BENEFITS PROVIDED ARE SUPPLEMENTAL  
AND NOT INTENDED TO COVER ALL MEDICAL EXPENSES.**

1. **Read Your Policy Carefully.** This document provides a very brief description of the important features of the coverage. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and Aflac. It is, therefore, important that you **READ YOUR POLICY CAREFULLY!**
2. Accident-Only coverage is designed to provide, to persons insured, coverage for certain losses resulting from a covered accident **ONLY**, subject to any limitations contained in the policy. **Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.**
3. **Benefits.** Aflac will pay the following benefits as applicable if a Covered Person's Accidental-Death, Dismemberment, or Injury is caused by a covered accident that occurs on or off the job. Accidental-Death, Dismemberment, or Injury must be independent of Sickness or the medical or surgical treatment of Sickness, or of any cause other than a covered accident. A covered Accidental-Death, Dismemberment, or Injury must also occur while coverage is in force and is subject to the Limitations and Exclusions. Treatment or confinement in a U.S. government Hospital does not require a charge for benefits to be payable.

**HOSPITAL BENEFITS:**

**INITIAL ACCIDENT HOSPITALIZATION BENEFIT:** Aflac will pay \$1,500 when a Covered Person is admitted for a Hospital Confinement of at least 18 hours for treatment of Injuries sustained in a covered accident or Aflac will pay \$2,500 if a Covered Person is admitted directly to an Intensive Care Unit of a Hospital for treatment for Injuries sustained in a covered accident. This benefit is payable only once per Period of Hospital Confinement (including Intensive Care Unit confinement) and only once per Calendar Year, per Covered Person. Hospital Confinements must start within 30 days of the accident.

**ACCIDENT HOSPITAL CONFINEMENT BENEFIT:** Aflac will pay \$300 per day when a Covered Person is admitted for a Hospital Confinement of at least 18 hours for treatment of Injuries sustained in a covered accident. Aflac will pay this benefit up to 365 days per covered accident, per Covered Person. Hospital Confinements must start within 30 days of the accident. **The Accident Hospital Confinement Benefit and the Rehabilitation Facility Benefit will not be paid on the same day. The highest eligible benefit will be paid.**

**INTENSIVE CARE UNIT CONFINEMENT BENEFIT:** Aflac will pay an additional \$500 for each day a Covered Person receives the Accident Hospital Confinement Benefit and is confined and charged for a room in an Intensive Care Unit for treatment of Injuries sustained in a covered accident. This Intensive Care Unit Confinement Benefit is payable for up to 15 days per covered accident, per Covered Person. Hospital Confinements must start within 30 days of the accident.

**SERVICE BENEFITS:**

**ACCIDENT TREATMENT BENEFIT:** Aflac will pay the applicable amount shown below when a Covered Person receives treatment for Injuries sustained in a covered accident. This benefit is payable for treatment received under the care of a Physician at a(n):

Hospital Emergency Room with X-Ray	\$200
Hospital Emergency Room without X-Ray	\$170
Office or facility (other than a Hospital Emergency Room) with X-Ray	\$150
Office or facility (other than a Hospital Emergency Room) without X-Ray	\$120

Treatment must be received within 72 hours of the accident for benefits to be payable. This benefit is payable once per 24-hour period and only once per covered accident, per Covered Person.

**AMBULANCE BENEFIT:** Aflac will pay \$250 when a Covered Person requires ambulance transportation to a Hospital for Injuries sustained in a covered accident. Ambulance transportation must be within 72 hours of the covered accident. Aflac will pay \$1,875 when a Covered Person requires transportation provided by an air ambulance for Injuries sustained in a covered accident. A licensed professional ambulance company must provide the ambulance service.

**BLOOD/PLASMA/PLATELETS BENEFIT:** Aflac will pay \$300 when a Covered Person receives blood/plasma and/or platelets for the treatment of Injuries sustained in a covered accident. This benefit does not pay for immunoglobulins and is payable only one time per covered accident, per Covered Person.

**MAJOR DIAGNOSTIC AND IMAGING EXAMS BENEFIT:** Aflac will pay \$250 when a Covered Person requires one of the following exams for Injuries sustained in a covered accident and a charge is incurred: computerized tomography (CT scan), computerized axial tomography (CAT), magnetic resonance imaging (MRI), or electroencephalography (EEG). These exams must be performed in a Hospital, Medical Diagnostic Imaging Center, a Physician's office, or an Ambulatory Surgical Center. This benefit is limited to one payment per Calendar Year, per Covered Person. No lifetime maximum.

**AFTER CARE SERVICES:**

**ACCIDENT FOLLOW-UP TREATMENT BENEFIT:** Aflac will pay \$40 per day when a Covered Person receives treatment for Injuries sustained in a covered accident and later requires additional treatment over and above treatment administered in the first 72 hours following the accident. Aflac will pay for one treatment per day for up to a maximum of six treatments per covered accident, per Covered Person. The treatment must begin within 30 days of the covered accident or discharge from the Hospital. Treatments must be received



under the care of a Physician. This benefit is payable for acupuncture when furnished by a licensed certified acupuncturist. **The Accident Follow-Up Benefit is not payable for the same days that the Therapy Benefit is paid.**

**THERAPY BENEFIT:** Aflac will pay \$40 per therapy treatment when a Covered Person receives treatment for Injuries sustained in a covered accident and later a Physician advises the Covered Person to seek treatment from a licensed Occupational, Physical, or Speech Therapist. Occupational, physical, or speech therapy must be for Injuries sustained in a covered accident and must start within 30 days of the covered accident or discharge from the Hospital. Aflac will pay for one treatment per day for up to a maximum of ten treatments per covered accident, per Covered Person. The treatment must take place within six months after the accident. **The Therapy Benefit is not payable for the same days that the Accident Follow-Up Treatment Benefit is paid.**

**APPLIANCES BENEFIT:** Aflac will pay the applicable amount shown below when a Covered Person receives a medical appliance, prescribed by a Physician, as an aid in personal locomotion, for Injuries sustained in a covered accident. Benefits are payable for the following types of appliances:

Back brace	\$350
Body jacket	\$350
Knee scooter	\$350
Wheelchair	\$350
Leg brace	\$150
Crutches	\$120
Walker	\$120
Walking boot	\$120
Cane	\$25

This benefit is payable once per covered accident, per Covered Person.

**PROSTHESIS BENEFIT:** Aflac will pay \$1,000 when a Covered Person receives a Prosthetic Device, prescribed by a Physician, as a result of Injuries sustained in a covered accident. This benefit is not payable for repair or replacement of Prosthetic Devices, hearing aids, wigs, or dental aids to include false teeth. This benefit is payable once per covered accident, per Covered Person.

**PROSTHESIS REPAIR OR REPLACEMENT BENEFIT:** Aflac will pay \$1,000 when:

1. a Covered Person requires replacement of an existing Prosthetic Device for which benefits were previously paid under the Prosthesis Benefit. The replacement must occur 36 months or more after any previously paid Prosthesis Benefit, or
2. a Covered Person sustains damages, as a result of Injuries sustained in a covered accident, which require repair or replacement of an existing Prosthetic Device.

This benefit is not payable for hearing aids, wigs, or dental aids to include false teeth. This benefit is payable once per Covered Person, per lifetime.

**REHABILITATION FACILITY BENEFIT:** Aflac will pay \$200 per day when a Covered Person is admitted for a Hospital Confinement and is

transferred to a bed in a Rehabilitation Facility for treatment of Injuries sustained in a covered accident and a charge is incurred. This benefit is limited to 30 days for each Covered Person per Period of Hospital Confinement and is limited to a Calendar Year maximum of 60 days. No lifetime maximum. **The Rehabilitation Facility Benefit will not be payable for the same days that the Accident Hospital Confinement Benefit is paid. The highest eligible benefit will be paid.**

**HOME MODIFICATION BENEFIT:** Aflac will pay \$4,000 for a home modification aid when a Covered Person suffers a Catastrophic Loss in a covered accident. This benefit is payable once per covered accident, per Covered Person.

**ACCIDENT SPECIFIC-SUM INJURIES BENEFITS:** When a Covered Person receives treatment under the care of a Physician for Injuries sustained in a covered accident, Aflac will pay specified benefits ranging from \$40–\$13,000 for dislocations, burns, skin grafts, eye injuries, lacerations, fractures, concussion, emergency dental work, coma, paralysis, surgical procedures, miscellaneous surgical procedures and pain management. See policy for specific amounts payable.

**ACCIDENTAL-DEATH & DISMEMBERMENT BENEFITS:**

**ACCIDENTAL-DEATH BENEFIT:** Aflac will pay the applicable lump-sum benefit indicated below for an Accidental-Death. Accidental-Death must occur as a result of an Injury sustained in a covered accident and must occur within 90 days of such accident.

Named Insured or Spouse-

Common-Carrier Accident	\$200,000
Other Accident	\$50,000
Hazardous Activity Accident	\$10,000

Child-

Common-Carrier Accident	\$30,000
Other Accident	\$15,000
Hazardous Activity Accident	\$5,000

Aflac will pay an additional 25 percent of the Accidental-Death Benefit when two or more Accidental-Deaths occur in the same covered accident. Accidental-Death must occur as a result of an Injury sustained in a covered accident and must occur within 90 days of such accident.

**In the event of the Accidental-Death of a covered Spouse or Dependent Child,** Aflac will pay you the applicable lump-sum benefit indicated above. If you are disqualified from receiving the benefit by operation of law, then the benefit will be paid to the deceased Covered Person's estate unless Aflac has paid the benefit before receiving notice of your disqualification.

**In the event of your Accidental-Death,** Aflac will pay the applicable lump-sum benefit indicated above for your Accidental-Death to the beneficiary named in the application for the policy unless you subsequently changed your beneficiary. If you changed your beneficiary, then Aflac will pay this benefit to the beneficiary named in your last change of beneficiary request of record. If any beneficiary is a minor child, then any benefits payable to such minor beneficiary will not be paid until a guardian for the financial estate of the minor is appointed by the court or such beneficiary reaches the age of majority as defined by applicable state law. If any beneficiary is disqualified from receiving the benefit by operation of law, then the benefit will be



paid as though that beneficiary died before you unless Aflac has paid the benefit before receiving notice of the beneficiary's disqualification. If a beneficiary dies before you do, the interest of that beneficiary terminates. If a beneficiary does not survive you by 15 days, then the benefit will be paid as though the beneficiary died before you unless Aflac has paid the benefit before receiving notice of the beneficiary's death. If no beneficiary survives you, Aflac will pay the benefit to your estate.

**ACCIDENTAL-DISEMBEUREMENT BENEFIT:** Aflac will pay the applicable lump-sum benefit indicated below for Dismemberment. Dismemberment must occur as a result of an Injury sustained in a covered accident and must occur within 90 days of such accident. If a Covered Person does not qualify for the Accidental-Dismemberment Benefit but loses (with or without reattachment) at least one joint of a finger or toe, other than the first interphalangeal joint, we will pay the Partial Dismemberment Benefit.

**Named Insured or Spouse-**

Dismemberment or complete loss of, with or without reattachment:	
Both arms and both legs	\$50,000
Two eyes, feet, hands, arms or legs	\$50,000
One eye, foot, hand, arm, or leg	\$10,000
One or more fingers and/or one or more toes	\$2,000
Partial Dismemberment of finger or toe	\$700

**Child-**

Dismemberment or complete loss of, with or without reattachment:	
Both arms and both legs	\$15,000
Two eyes, feet, hands, arms or legs	\$15,000
One eye, foot, hand, arm, or leg	\$5,000
One or more fingers and/or one or more toes	\$625
Partial Dismemberment of finger or toe	\$300

Only the highest single benefit per Covered Person will be paid for Dismemberment. Benefits will be paid only once per Covered Person, per covered accident. If death and Dismemberment result from the same accident, only the Accidental-Death Benefit will be paid.

**ADDITIONAL BENEFITS:**

**WELLNESS BENEFIT (a preventive benefit; the Accidental-Death, Dismemberment, or Injury of a Covered Person is not required for this benefit to be payable):** Aflac will pay \$60 if you or any one Covered Person undergoes routine examinations or other preventive testing during the Calendar Year. Services covered are annual physical examinations, dental examinations, mammograms, Pap smears, eye examinations, immunizations, flexible sigmoidoscopies, ultrasounds, prostate-specific antigen tests (PSAs), and blood screenings. This benefit is payable only once per policy, per Calendar Year. Service must be under the supervision of or recommended by a Physician, received while your policy is in force, and a charge must be incurred.

**FAMILY SUPPORT BENEFIT:** Aflac will pay \$20 for each day a Covered Person qualifies for benefits under the Accident Hospital Confinement Benefit. Aflac will pay this benefit up to 30 days per covered accident.

**ORGANIZED SPORTING ACTIVITY BENEFIT:** Aflac will pay an additional 25 percent of the benefits payable when a Covered Person receives treatment for Injuries sustained in a covered accident while participating in an Organized Sporting Activity. This benefit is not payable for Injuries that are caused by or occur as a result of a Covered Person's participating in any sport or sporting activity for wage, compensation, or profit, including officiating or coaching; or racing any type vehicle in an organized event. This benefit is limited to \$1,000 per policy, per Calendar Year.

**CONTINUATION OF COVERAGE BENEFIT:** Aflac will waive all monthly premiums due for the policy and riders, if any, for up to two months if you meet all of the following conditions:

1. Your policy has been in force for at least six months;
2. We have received premiums for at least six consecutive months;
3. Your premiums have been paid through payroll deduction and you leave your employer for any reason;
4. You or your employer notifies us in writing within 30 days of the date your premium payments cease because of your leaving employment; and
5. You re-establish premium payments through:
  - (a) your new employer's payroll deduction process or
  - (b) direct payment to Aflac.

You will again become eligible to receive this benefit after:

1. You re-establish your premium payments through payroll deduction for a period of at least six months, and
2. We receive premiums for at least six consecutive months.

**"Payroll deduction" means your premium is remitted to Aflac for you by your employer through a payroll deduction process.**

**WAIVER OF PREMIUM BENEFIT:**

**Employed:** If you, due to Injuries sustained in a covered accident, are completely unable to do all of the usual and customary duties of your occupation or any occupation whatsoever, for more than 180 consecutive days while the policy is in force, Aflac will waive, from month to month, any premiums falling due during your continued inability. For premiums to be waived, Aflac will require an employer's statement (or proof of your inability to perform three or more ADLs) and a Physician's statement certifying your inability to perform said duties, and may each month thereafter require a Physician's statement that total inability continues.

**Not Employed:** If you, due to Injuries sustained in a covered accident, are completely unable to perform three or more of the Activities of Daily Living (ADLs) without Direct Personal Assistance for more than 180 consecutive days while the policy is in force, Aflac will waive, from month to month, any premiums falling due during your continued inability. For premiums to be waived, Aflac will require a Physician's statement certifying your inability to perform said activities, and may each month thereafter require a Physician's statement that total inability continues.

This Waiver of Premium Benefit is limited to a total maximum of 36 months per eligibility of the Waiver of Premium Benefit regardless of whether you are employed or not employed.

If you die and your Spouse becomes the new Named Insured, premiums will start again and be due on the first premium due date after the change. The new Named Insured will then be eligible for this benefit if the need arises.



While this benefit is being paid, Aflac may ask for and use an independent consultant to determine whether you can perform an ADL.

You must pay all premiums to keep the policy and any applicable rider(s) in force until Aflac approves your claim for this Waiver of Premium Benefit. You must also resume premium payment to keep the policy and any applicable rider(s) in force, beginning with the first premium due after you no longer qualify for Waiver of Premium Benefits.

**TRANSPORTATION BENEFIT:** Aflac will pay \$700 per round trip to a Hospital when a Covered Person requires Hospital Confinement for medical treatment due to an Injury sustained in a covered accident.

Aflac will also pay \$700 per round trip when a covered Dependent Child requires Hospital Confinement for medical treatment due to an Injury sustained in a covered accident if commercial travel (plane, train, or bus) is necessary and such Dependent Child is accompanied by any Immediate Family member.

This benefit is not payable for transportation to any Hospital located within a 50-mile radius of the site of the accident or residence of the Covered Person. The local attending Physician must prescribe the treatment requiring Hospital Confinement, and the treatment must not be available locally. This benefit is payable for up to three round trips per Calendar Year, per Covered Person. This benefit is not payable for transportation by ambulance or air ambulance to the Hospital.

**FAMILY LODGING BENEFIT:** Aflac will pay \$150 per night for one motel/hotel room for a member(s) of the Immediate Family that accompanies a Covered Person who is admitted for a Hospital Confinement for the treatment of Injuries sustained in a covered accident. This benefit is payable only during the same period of time the injured Covered Person is confined to the Hospital. The Hospital and motel/hotel must be more than 50 miles from the residence of the Covered Person. This benefit is limited to one motel/hotel room per night and is payable up to 30 days per covered accident.

#### 4. Optional Benefit

**Additional Accidental-Death Benefit Rider:**  
(Series A36050) Applied For:  Yes  No

**EXCEPTIONS, REDUCTIONS AND LIMITATIONS OF THE RIDER:** Aflac will not pay benefits under the rider for an Accidental-Death that is caused by or occurs as a result of a Hazardous Activity Accident. Refer to your policy for additional Limitations and Exclusions.

**ACCIDENTAL-DEATH BENEFIT:** Aflac will pay the applicable lump-sum benefit indicated below for an Accidental-Death. Accidental-Death must occur as a result of an Injury sustained in a covered accident and must occur within 90 days of such accident.

	Named		
	Insured	Spouse	Child
Common-Carrier Accident	\$35,000	\$35,000	\$7,000
Other Accident	35,000	35,000	7,000

Aflac will pay an additional 25 percent of the Accidental-Death Benefit when two or more Accidental-Deaths occur in the same covered accident. Accidental-Death must occur as a result of an Injury sustained in a covered accident and must occur within 90 days of such accident.

**In the event of the Accidental-Death of a covered Spouse or Dependent Child,** Aflac will pay you the applicable lump-sum benefit indicated above. If you are disqualified from receiving the benefit by operation of law, then the benefit will be paid to the deceased Covered Person's estate unless Aflac has paid the benefit before receiving notice of your disqualification.

**In the event of your Accidental-Death,** Aflac will pay the applicable lump-sum benefit indicated above for your Accidental-Death to the beneficiary named in the application for the policy unless you subsequently changed your beneficiary. If you changed your beneficiary, then Aflac will pay this benefit to the beneficiary named in your last change of beneficiary request of record. If any beneficiary is a minor child, then any benefits payable to such minor beneficiary will not be paid until a guardian for the financial estate of the minor is appointed by the court or such beneficiary reaches the age of majority as defined by applicable state law. If any beneficiary is disqualified from receiving the benefit by operation of law, then the benefit will be paid as though that beneficiary died before you unless Aflac has paid the benefit before receiving notice of the beneficiary's disqualification. If a beneficiary dies before you do, the interest of that beneficiary terminates. If a beneficiary does not survive you by 15 days, then the benefit will be paid as though the beneficiary died before you unless Aflac has paid the benefit before receiving notice of the beneficiary's death. If no beneficiary survives you, Aflac will pay the benefit to your estate.

The rider will terminate upon the earlier of the termination of the policy to which it is attached, your failure to pay premiums for the rider, or your death.

#### 5. Exceptions, Reductions and Limitations of the Policy:

**Aflac will not pay benefits for services rendered by you or a member of the Immediate Family of a Covered Person.**

**For any benefit to be payable, the Injury, treatment, or loss must occur on or after the Effective Date of coverage and while coverage is in force.**

**Aflac will not pay benefits for treatment or loss due to Sickness including (1) any bacterial, viral, or microorganism infection or infestation or any condition resulting from insect, arachnid, or other arthropod bites or stings; or (2) an error, mishap, or malpractice during medical, diagnostic, or surgical treatment or procedure for any Sickness.**

**Aflac will not pay benefits whenever coverage provided by the policy is in violation of any U.S. economic or trade sanctions. If the coverage violates U.S. economic or trade sanctions, such coverage shall be null and void.**

**Aflac will not pay benefits whenever fraud is committed in making a claim under the coverage or any prior claim under any other Aflac coverage for which benefits were received that were not lawfully due and that fraudulently induced payment.**

**Aflac will not pay benefits for an Injury, treatment, or loss that is caused by or occurs as a result of a Covered Person's:**

- Being exposed to war or any act of war, declared or undeclared, or actively serving in any of the armed forces or units auxiliary thereto, including the National Guard or Reserve;
- Being intoxicated or under the influence of alcohol, drugs, or any narcotic, unless administered on the advice of a Physician and



taken according to the Physician's instructions (the term "intoxicated" refers to that condition as defined by the law of the jurisdiction in which the cause of the loss occurred);

- Using any drug, narcotic, hallucinogen, or chemical substance (unless administered by a Physician and taken according to the Physician's instructions) or voluntarily taking any kind of poison or inhaling any kind of gas or fumes;
- Participating in, or attempting to participate in, an illegal activity that is defined as a felony, whether charged or not ("felony" is as defined by the law of the jurisdiction in which the activity takes place); or being incarcerated in any detention facility or penal institution;
- Intentionally self-inflicting a bodily injury, or committing or attempting suicide, while sane or insane;

- Having cosmetic surgery or other elective procedures that are not Medically Necessary; or
- Having dental treatment except as a result of Injury.

6. **Renewability.** The policy is guaranteed-renewable for your lifetime by the timely payment of premiums at the rate in effect at the beginning of each term, except that we may discontinue or terminate the policy if you have performed an act or practice that constitutes fraud, or have made an intentional misrepresentation of material fact, relating in any way to the policy, including claims for benefits under the policy. Premium rates may be changed only if changed on all policies of the same form number and class in force in your state.

**RETAIN FOR YOUR RECORDS.**

**THIS IS ONLY A BRIEF SUMMARY OF THE COVERAGE PROVIDED.**

**REFER TO THE POLICY AND RIDER(S) FOR COMPLETE DEFINITIONS, DETAILS, LIMITATIONS AND EXCLUSIONS.**



## TERMS YOU NEED TO KNOW

**ACCIDENTAL-DEATH:** Death of a covered person caused by a covered injury. See the limitations and exclusions for injuries not covered by the policy.

**ACTIVITIES OF DAILY LIVING (ADLs):** Activities used in measuring your levels of personal functioning capacity. Normally, these activities are performed without direct personal assistance, allowing your personal independence in everyday living.

The ADLs are:

- Bathing: Washing oneself by sponge bath or in either a tub or shower, including the task of getting into or out of the tub or shower;
- Maintaining continence: Controlling urination and bowel movements, including your ability to use ostomy supplies or other devices such as catheters;
- Transferring: Moving between a bed and a chair, or a bed and a wheelchair;
- Dressing: Putting on and taking off all necessary items of clothing;
- Toileting: Getting to and from a toilet, getting on and off a toilet, and performing associated personal hygiene; and
- Eating: Performing all major tasks of getting food into your body.

**CATASTROPHIC LOSS:** An injury that results in total and permanent or irrevocable loss of: the sight of one eye; the use of one hand/arm; or the use of one foot/leg.

**COMMON-CARRIER ACCIDENT:** An accident directly involving a common-carrier vehicle in which a covered person is a passenger at the time of the accident. A common-carrier vehicle is limited to only an airplane, train, bus, trolley, or boat that is duly licensed by a proper authority to transport persons for a fee, holds itself out as a public conveyance, and is operating on a posted regularly scheduled basis between predetermined points or cities at the time of the accident. A passenger is a person aboard or riding in a common-carrier vehicle other than (1) a pilot, driver, operator, officer, or member of the crew of such vehicle; (2) a person having any duties aboard such vehicle; or (3) a person giving or receiving any kind of training or instruction. A common-carrier accident does not include any hazardous activity accident or any accident directly involving private, on demand, or chartered transportation in which a covered person is a passenger at the time of the accident.

**COVERED PERSON:** Any person insured under the coverage type you applied for on the application: individual (named insured listed in the Policy Schedule), named insured/spouse only (named insured and spouse), one-parent family (named insured and dependent children), or two-parent family (named insured, spouse, and dependent children). Spouse is defined as the person to whom you are legally married and who is listed on your application. Newborn children are automatically covered under the terms of the policy from the moment of birth. If individual or named insured/spouse only coverage is in force and you desire uninterrupted coverage for a newborn child, you must notify Aflac in writing within 31 days of the child's birth. Upon notification, Aflac will convert the policy to one-parent family or two-parent

family coverage and advise you of the additional premium due, if any. Coverage provided under any one-parent family or two-parent family policy will continue to include any other dependent child, regardless of age, who is incapable of self-sustaining employment by reason of mental retardation or physical handicap, and who became so incapacitated prior to age 26 and chiefly dependent upon the named insured for support and maintenance. Dependent children are your natural children, stepchildren, legally adopted children, or children for whom you or your spouse has been appointed as legal guardian who are under age 26. Children born to your dependent children or children born to the dependent children of your spouse are not covered under the policy. A dependent child (including persons incapable of self-sustaining employment by reason of mental retardation or physical handicap) must be under age 26 at the time of application to be eligible for coverage.

**EFFECTIVE DATE:** The date(s) coverage begins as shown in the Policy Schedule or any attached endorsements or riders. The effective date is not the date you signed the application for coverage.

**HAZARDOUS ACTIVITY ACCIDENT:** An accident while a covered person is participating in sky diving, scuba diving, hang gliding, motorized vehicle racing, cave exploration, bungee jumping, parachuting, or mountain or rock climbing. A hazardous activity accident does not include any common-carrier accidents.

**HOSPITAL CONFINEMENT:** A stay of a covered person confined to a bed in a hospital for which a room charge is made. The hospital confinement must be on the advice of a physician, medically necessary, and the result of a covered injury. Confinement in a U.S. government hospital does not require a charge for benefits to be payable.

**INJURY:** A bodily injury caused directly by an accident, independent of sickness, disease, bodily infirmity, or any other cause. See the limitations and exclusions for injuries not covered by the policy.

**ORGANIZED SPORTING ACTIVITY:** A competition or supervised organized practice for a competition. The competition must be governed by a set of written rules, be officiated by someone certified to act in that capacity, and overseen by a legal entity such as a public school system or sports conference. The legal entity must have a set of bylaws and competition must be on a regulation playing surface. Participation must be on an amateur basis. The organized sporting activity benefit is not payable for injuries that are caused by or occur as a result of a covered person's participating in any sport or sporting activity for wage, compensation, or profit, including officiating or coaching; or racing any type vehicle in an organized event.

**OTHER ACCIDENT:** An accident that is not classified as either a common-carrier accident or a hazardous activity accident and that is not specifically excluded in the limitations and exclusions.

**SICKNESS:** An illness, disease, infection, disorder, or condition not caused by an injury, occurring on or after the effective date of coverage and while coverage is in force.

Refer to the policy for complete benefit details, definitions, limitations and exclusions.









# Important Contact Information

## Important Contact Information

### **Community Action of Sothern Indiana (CASI)**



Marilyn Warren  
Human Resources  
812.288.6451 Ext.2113  
[MWarren@casi1.org](mailto:MWarren@casi1.org)

### **Shepherd Insurance**



Andrew Hunt  
Benefits Advisor  
317.343.3122  
[ahunt@shepherdins.com](mailto:ahunt@shepherdins.com)

Dana Cooper  
Benefits Advisor  
502.657.2326  
[dcooper@shepherdins.com](mailto:dcooper@shepherdins.com)

### **Anthem**



Medical, Dental & Vision  
Member Services: Refer to your ID Card  
[www.anthem.com](http://www.anthem.com)

### **One America**



Life and AD&D, STD & LTD  
Member Services: 800.249.6269  
[www.oneamerica.com](http://www.oneamerica.com)

### **Aflac**



Cancer, Hospital, Critical Illness & STD  
Shawn Colin  
812.920.0208  
[Shawn\\_Colin@us.alfac.com](mailto:Shawn_Colin@us.alfac.com)

### **Liberty National**



Accident, Cancer, Term Life & ICU  
Skip Bond  
317.488.7250  
[sbond@libnat.com](mailto:sbond@libnat.com)

### **Liberty National**



Timmer Halligan  
630.697.5657  
[timmerhalligan@gmail.com](mailto:timmerhalligan@gmail.com)

## Enroll in you Benefits Online!

To enroll in you CASI benefits as a new hire, or due to a qualifying life event, sign into your Employee Navigator account.

You will receive a registration emails or you may visit  
[www.employeenavigator.com](http://www.employeenavigator.com)



