



OPEN ENROLLMENT PRESENTATION

2023-2024

AGENDA

Review Open Enrollment & Eligibility

Medical - Kaiser

Dental - Ameritas

Vision - Ameritas

FSA & DCAP - Clarity Benefit Solutions

Basic Life/AD&D - Equitable Life

Supplemental Basic Life/AD&D - Equitable Life

EAP - Equitable Life

STD & LTD - Equitable Life

Worksite Benefits (Critical Illness & Accident) - Reliance Standard

TransAmerica TransElite UL - TransAmerica

Online Enrollment

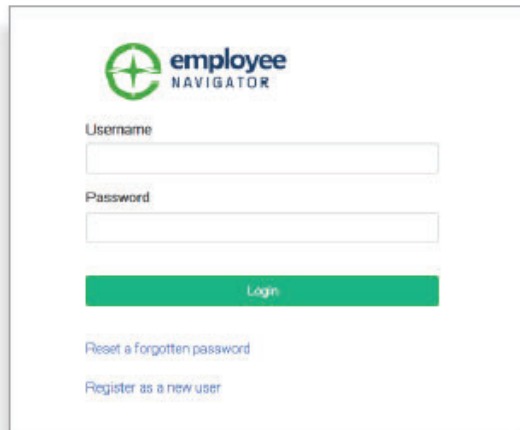
What is Open Enrollment?

This is the only time during the year that the IRS will allow you to make plan changes (e.g., enroll, drop, add dependents, etc.), unless you have a qualifying event

Examples of qualifying life events include, but are not limited to birth/adoption, marriage, divorce and loss of other coverage. If you have a life status change during the year, please see HR to determine if you are allowed to make plan changes. **All changes must be received by the carrier within 30 days from the qualifying event or you will have to wait until the next Open Enrollment to make the change.**

The coverage choices that you make during open enrollment this year will go into effect on September 1st, 2023 and will continue until the next plan year renewal on September 1st, 2024.

Enroll Online: August 14th - 31st

A screenshot of the Employee Navigator login page. At the top left is the logo, which consists of a green circle with a white crosshair and the text "employee NAVIGATOR" to its right. Below the logo are two input fields: the first is labeled "Username" and the second is labeled "Password". Below these fields is a green rectangular button with the word "Login" in white text. At the bottom of the form, there are two links: "Reset a forgotten password" and "Register as a new user".

employee
NAVIGATOR

Username

Password

Login

[Reset a forgotten password](#)

[Register as a new user](#)

Step 1: Log In

Go to www.employeenavigator.com and click **Login**

- **Returning users:** Log in with the username and password you selected. Click **Reset a forgotten password**.
- **First time users:** Click on your Registration Link in the email sent to you by your admin or **Register as a new user**. Create an account, and create your own username and password.

Key Terms

Deductible – The amount a member must pay for covered services before the insurance plan starts to pay.

Copayment – A fixed dollar amount a member will pay for covered services.

Coinsurance – The percentage of cost of a member must pay until the out-of-pocket maximum is reached.

Out-of-Pocket Maximum – The maximum dollar amount a member will pay out-of-pocket in coinsurance, copays and/or deductibles in a plan year for covered expenses. Once the out-of-pocket limit is met, the plan pays 100% of the allowed amount for covered services for the remainder of the benefit period.

Allowed Amount – The maximum dollar amount allowed for services covered, regardless of the provider's actual charge. A provider who participates in the network cannot charge the member more than this amount for any covered service.

Balance Billing – When a non-participating provider bills a member for the difference between the provider's charge and the allowed amount.



Medical



KAISER
PERMANENTE®

Plan Name	Kaiser	
	DHMO 7	
Type of Plan	HMO	
Network Utilized	KP Signature	
Out-of-Network Reimbursement	None	
Referrals Required?	Yes	
	In-Network	Out-of-Network
Medical Deductible	\$750 Ind/\$1,500 Fam	N/A
Maximum Out of Pocket for Medical	\$3,000 Ind/\$6,000 Fam	N/A
Coinsurance	80%	N/A
Primary Care Visit	\$20	N/A
Specialist Visit	\$30	N/A
Lab	\$20	N/A
X-Ray	\$20	N/A
Imaging	20% (AD)	N/A
Inpatient Facility	20% (AD)	N/A
Outpatient Facility	20% (AD)	N/A
Urgent Care	\$30	N/A
Emergency Room Services	\$100	N/A
Prescription Deductible	\$0 Deductible	
Generic	\$15/\$20	
Preferred	\$25/\$45	
Non-Preferred	\$40/\$60	
Maintenance/Mail Order (90-day supply)	2x 30-day supply copay	

AD= After Deductible

MEDICAL Kaiser DHMO 7

Employee Only:

Covered at 100% by
Pathways Schools

Dependent Coverage:

Covered at 75% by
Pathways Schools

Plan Name	Kaiser	
	DHMO 11	
Type of Plan	HMO	
Network Utilized	KP Signature	
Out-of-Network Reimbursement	None	
Referrals Required?	Yes	
	In-Network	Out-of-Network
Medical Deductible	\$500 Ind/\$1,000 Fam	N/A
Maximum Out of Pocket for Medical	\$3,000 Ind/\$6,000 Fam	N/A
Coinsurance	100%	N/A
Primary Care Visit	\$20	N/A
Specialist Visit	\$30	N/A
Lab	No Charge	N/A
X-Ray	No Charge	N/A
Imaging	No charge (AD)	N/A
Inpatient Facility	No charge (AD)	N/A
Outpatient Facility	No charge (AD)	N/A
Urgent Care	\$30	N/A
Emergency Room Services	\$100	N/A
Prescription Deductible	\$0 Deductible	
Generic	\$15/\$20	
Preferred	\$25/\$45	
Non-Preferred	\$40/\$60	
Maintenance/Mail Order (90-day supply)	2x 30-day supply copay	

AD= After Deductible

MEDICAL Kaiser DHMO 11

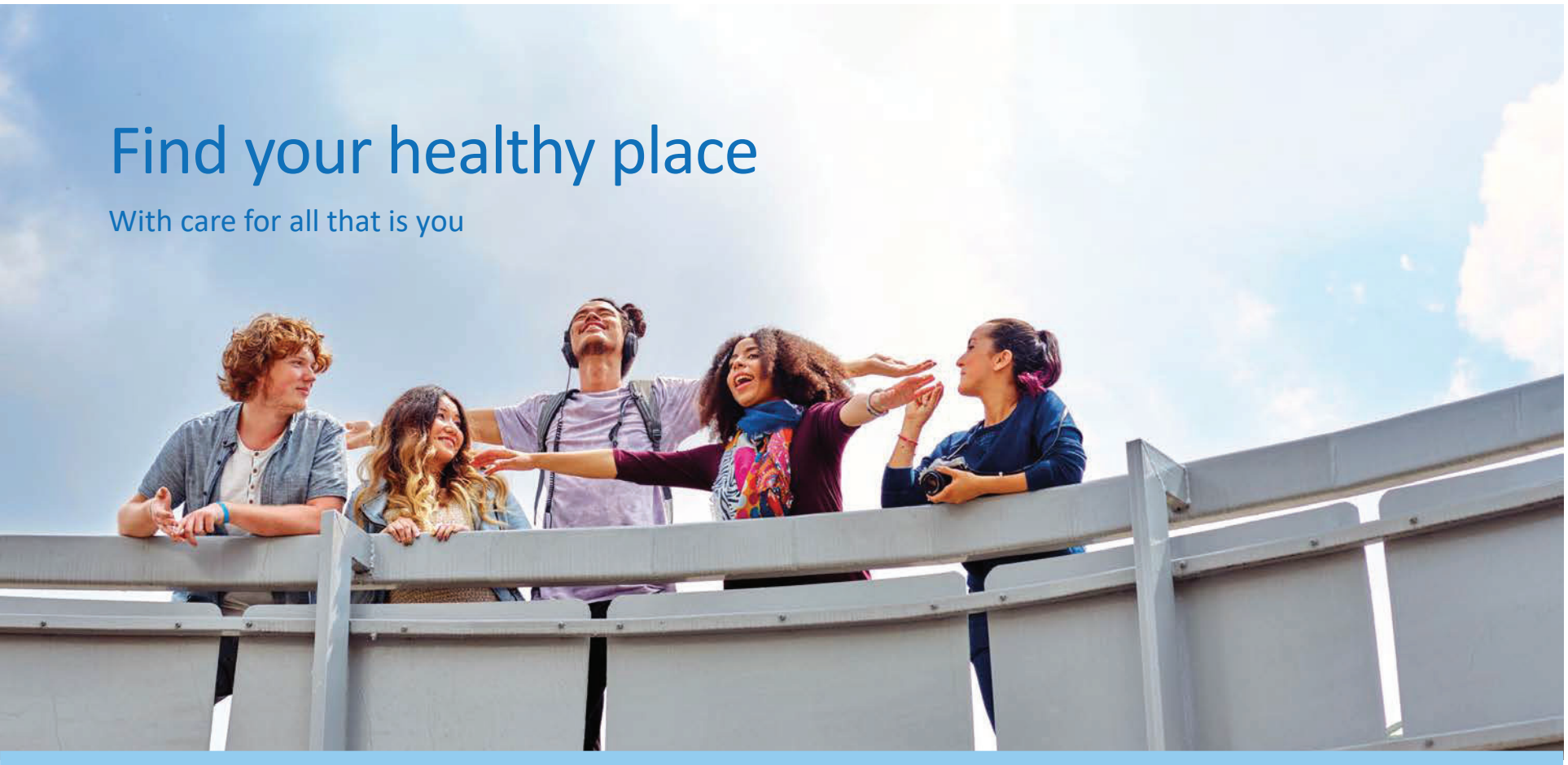
Plan Name	Kaiser	
	Flex Choice I	
Type of Plan	POS	
Network Utilized	Option 1: KP Signature Option 2: PHCS/Multiplan	
Out-of-Network Reimbursement	Included	
Referrals Required?	Option 1: Yes	
	In-Network Option 1 Option 2	Out-of-Network Option 3
Medical Deductible	\$0 Ind/\$0 Fam \$1,000 Ind/ \$2,000 Fam	\$2,000 Ind/\$4,000 Fam
Maximum Out of Pocket	\$2,250 Ind/\$4,500 Fam \$3,000 Ind/\$6,000 Fam	\$6,000 Ind/\$12,000 Fam
Coinsurance	100%/80%	60%
Primary Care Visit	\$30/\$45	40% (AD)
Specialist Visit	\$40/\$55	40% (AD)
Lab	\$0/20% (AD)	40% (AD)
X-Ray	\$0/20% (AD)	40% (AD)
Imaging	\$100/20% (AD)	40% (AD)
Inpatient Facility	\$250/20% (AD)	40% (AD)
Outpatient Facility	\$100/ 20% (AD)	40% (AD)
Urgent Care	\$40/\$55	\$75
Emergency Room Services	\$100/\$100	\$100
Prescription Deductible	\$0 Deductible	
Generic	\$15/\$30/\$35	
Preferred	\$35/\$50/\$55	
Non-Preferred	\$60/\$80/\$85	
Maintenance/Mail Order (90-day supply)	2x 30-day supply	

AD= After Deductible

MEDICAL Kaiser Flex Choice I

Find your healthy place

With care for all that is you



Kaiser Permanente in the Mid Atlantic States

Fast Facts about KP Mid Atlantic

- Located in the **District of Columbia, Maryland, and Virginia**
- **790,000+** Medical Members and Patients
- **1,700+** Medical Group Physicians
- Over **8,000** employees
- **36** Medical Facilities (**6** Multispecialty HUBs)
- **24 Hours / 7 Days / 365 Days** care is available to members
- Fully Supported by Comprehensive **Electronic Medical Record System**

Kaiser Permanente medical facilities (with premier hospitals)

Maryland

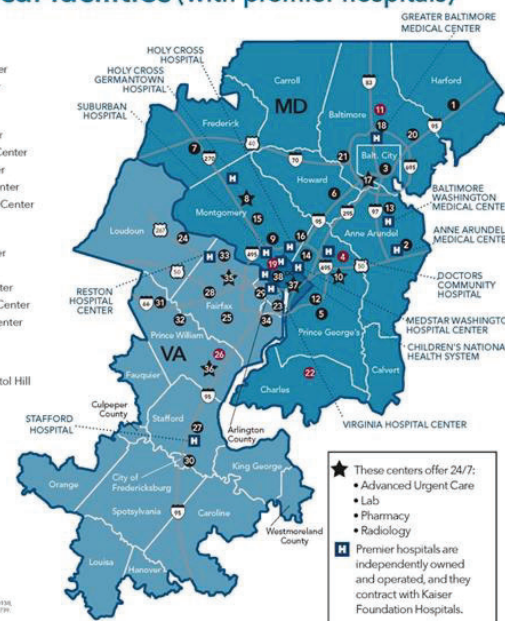
- 1 Abingdon Medical Center
- 2 Annapolis Medical Center
- 3 Kaiser Permanente Baltimore Harbor Medical Center
- 4 **OPENING 2021**
Bowie Fairwood Medical Center
- 5 Camp Springs Medical Center
- 6 Columbia Gateway Medical Center
- 7 Kaiser Permanente Frederick Medical Center
- 8 Gaithersburg Medical Center
- 9 Kensington Medical Center
- 10 Largo Medical Center
- 11 **OPENING 2022**
Lutherville-Timonium Medical Center
- 12 Marlow Heights Medical Center
- 13 North Arundel Medical Center
- 14 Prince George's Medical Center
- 15 Shady Grove Medical Center
- 16 Silver Spring Medical Center
- 17 South Baltimore County Medical Center
- 18 Towson Medical Center
- 19 **OPENING 2021**
Well Friendship Heights by Kaiser Permanente
- 20 White Marsh Medical Center
- 21 Woodlawn Medical Center
- 22 **PROJECT OPENING 2025**
Medical Center in Waldorf

Virginia

- 23 Alexandria Medical Center
- 24 Ashburn Medical Center
- 25 Burke Medical Center
- 26 **OPENING 2022**
Caton Hill Medical Center
- 27 Colonial Forge Medical Center
- 28 Fair Oaks Medical Center
- 29 Falls Church Medical Center
- 30 Fredericksburg Medical Center
- 31 Haymarket Crossroads Medical Center
- 32 Manassas Medical Center
- 33 Reston Medical Center
- 34 Springfield Medical Center
- 35 Tysons Corner Medical Center
- 36 Woodbridge Medical Center

Washington, DC

- 37 Kaiser Permanente Capitol Hill Medical Center
- 38 Northwest DC Medical Office Building



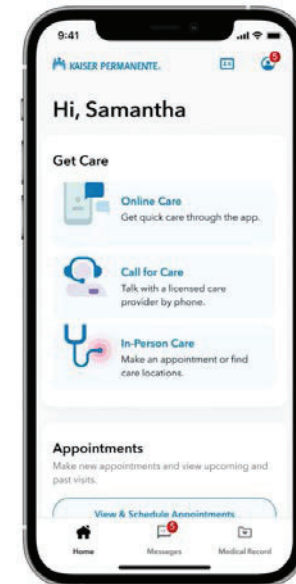
Please check kp.org/facilities for the most up-to-date listing of services available at Kaiser Permanente medical centers.

Kaiser Permanente's service area in Maryland includes the following ZIP codes: 20715, 20716, 20717, 20718, 20719, 20720, 20721, 20722, 20723, 20724, 20725, 20726, 20727, 20728, 20729, 20730, 20731, 20732, 20733, 20734, 20735, 20736, 20737, 20738, 20739, 20740, 20741, 20742, 20743, 20744, 20745, 20746, 20747, 20748, 20749, 20750, 20751, 20752, 20753, 20754, 20755, 20756, 20757, 20758, 20759, 20760, 20761, 20762, 20763, 20764, 20765, 20766, 20767, 20768, 20769, 20770, 20771, 20772, 20773, 20774, 20775, 20776, 20777, 20778, 20779, 20780, 20781, 20782, 20783, 20784, 20785, 20786, 20787, 20788, 20789, 20790, 20791, 20792, 20793, 20794, 20795, 20796, 20797, 20798, 20799, 20800, 20801, 20802, 20803, 20804, 20805, 20806, 20807, 20808, 20809, 20810, 20811, 20812, 20813, 20814, 20815, 20816, 20817, 20818, 20819, 20820, 20821, 20822, 20823, 20824, 20825, 20826, 20827, 20828, 20829, 20830, 20831, 20832, 20833, 20834, 20835, 20836, 20837, 20838, 20839, 20840, 20841, 20842, 20843, 20844, 20845, 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Kaiser Permanente mobile app and kp.org make it easy for members to manage their health

With kp.org and the Kaiser Permanente app, members can simply and securely:

- Email your doctor's office or Member Services with nonurgent questions
- Schedule, view, and cancel routine appointments, and see information about past visits
- Fill or refill most prescriptions, check the status of a pharmacy order, and see a list of your medications
- View your medical history, including allergies and immunizations, ongoing health conditions, and most lab test results
- Get care in a way that works for them — online, by phone, or in person



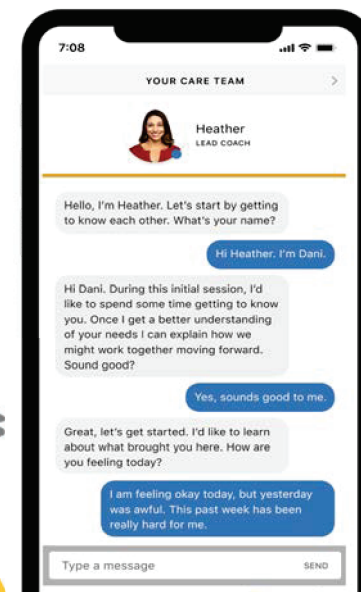
24/7 emotional support coaching app

The Ginger app offers 1-on-1 support for many common challenges — like anxiety, stress, low mood, relationship issues, and more. Adult members can use the app for 90 days a year at no cost.

What can you do with Ginger?

- Text with a coach anytime, anywhere, 24/7 for 90 days.
- Discuss goals, share challenges, and create an action plan with your coach.
- Get personalized, interactive skill-building tools from a library of more than 200 activities.
- View recaps from each texting session, track progress, and work with your coach to adjust your action plan as needed.

47 %
of users
say Ginger
helps with
anxiety*



*Sarah Kunkle et al., "Association Between Care Utilization and Anxiety Outcomes in an On-Demand Mental Health System: Retrospective Observational Study," *Journal of Medical Internet Research*, January 2021. This service isn't covered under your health plan benefits and isn't subject to the terms set forth in your *Evidence of Coverage* or other plan documents. It may be discontinued at any time without notice.



Care away from home

- If you get hurt or sick while traveling outside a Kaiser Permanente area, you're covered for urgent and emergency care anywhere in the world.
- And when you're planning to travel, we can help you stay on top of your health while you're away. We'll work with you before you leave to see if you need a vaccination, refill prescriptions, and more. Just call us or go online:



24/7 Away from Home Travel Line: **951-268-3900***
or [kp.org/travel](https://www.kp.org/travel)

*This number can be dialed inside and outside the United States. Before the phone number, dial "001" for landlines and "+1" for mobile lines if you're outside the United States. Long-distance charges may apply, and we can't accept collect calls. The phone line is closed on major holidays (New Year's Day, Easter, Memorial Day, July Fourth, Labor Day, Thanksgiving, and Christmas). It closes early the day before a holiday at 10 p.m. Pacific time (PT), and it reopens the day after a holiday at 4 a.m. PT.

Kaiser Permanente's new partnership with Cigna

This collaboration delivers more convenient access to care to members traveling outside of Kaiser Permanente service areas.

What you should know:

- Kaiser Permanente's commercial HMO and EPO members who need urgent or emergent care while traveling have access to Cigna's national network of providers.
- Members can access an extensive provider directory to find care convenient to them while away from home.
- Prescriptions resulting from these care visits filled at community pharmacies still require payment and reimbursement as they do now.

Administration:

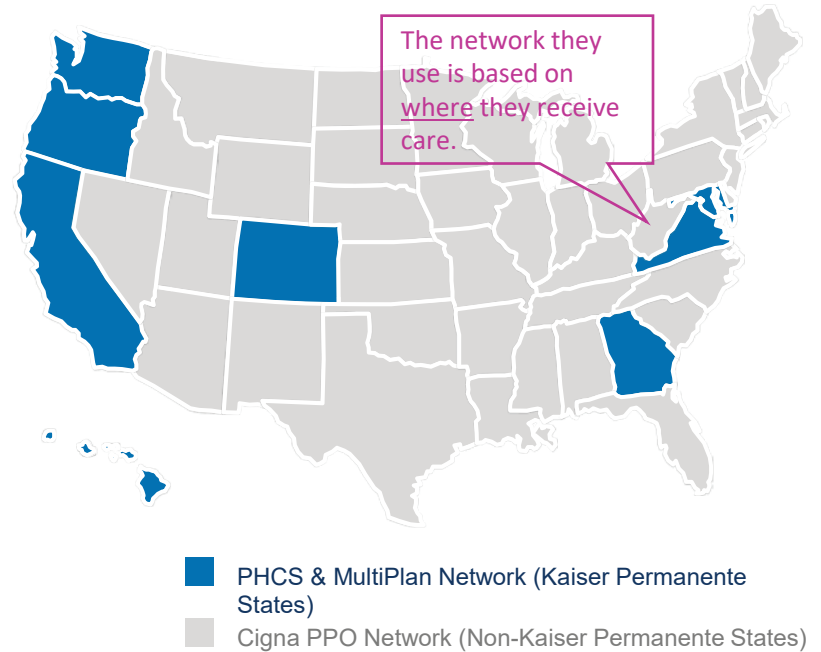
- To ensure a great and consistent experience for our members, Mid-Atlantic States, California and Hawaii regions will be internalizing claims processing for KPIC Choice Products by the end of 2022.



Cigna Collaboration Overview

Kaiser Permanente's collaboration with Cigna will benefit Flexible Choice and Out-of-Area PPO members who live or travel outside a Kaiser Permanente state.

- **Starting January 1, 2023**, the Cigna PPO Network will replace the PHCS & MultiPlan network outside of Kaiser Permanente states for Flexible Choice and Out-of-Area PPO members **for all covered services**
- Inside the Mid-Atlantic States and other Kaiser Permanente states, Flexible Choice and Out-of-Area PPO members will continue to receive care from the PHCS & MultiPlan network of providers
- Benefits for members:
 - Cigna is a nationally recognized brand
 - Shared utilization management—Cigna providers are responsible for obtaining prior authorization and members are held harmless
 - Lower out of pocket costs with deductible and coinsurance related expenses



Added support — for all that is you¹



ClassPass reduced rates on fitness classes



Self-care apps Calm and myStrength



Wellness Coaching by Phone



Online healthy lifestyle programs, videos, podcasts, recipes, and more



Reduced rates on specialty care services like acupuncture, chiropractic care, massage therapy, and gym memberships



On-site and virtual health education classes and support groups²



Seasonal farmers markets³

[Learn more](#)

1. These services aren't covered under your health plan benefits and aren't subject to the terms set forth in your *Evidence of Coverage* or other plan documents. These services may be discontinued at any time without notice. 2. Classes vary at each location and some may require a fee. 3. Not available in all areas.



Group #: 59861

Dental

Ameritas[®] 

Plan Name	Ameritas Dental High Plan	
	In-Network	Out-of-Network
Annual Deductible (Individual / Family)	Type 1: Waived; Type 2&3: \$50/150	Type 1: Waived; Type 2&3: \$50/150
Preventative and Diagnostic Services <i>(Oral Exams, Cleanings, Fluoride, X-rays, Sealants, Space Maintainers)</i>	No Charge	20% (AD)
Basic Services <i>(Fillings, Oral Surgery, Endodontics, Periodontics)</i>	20% (AD)	30% (AD)
Major Services <i>(Inlays, Onlays, Crowns, Bridges, Implants, and Anesthesia)</i>	50% (AD)	60% (AD)
Orthodontia <i>Child and Adult</i>	50% (AD)	50% (AD)
Orthodontia Lifetime Maximum	\$1,500 per insured	
Annual Plan Maximum	\$2,000 per insured	

AD= After Deductible

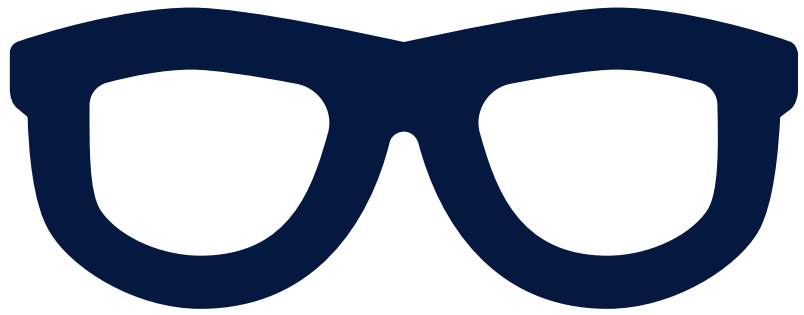
DENTAL – Ameritas
High Plan

Out of Network:
covered at the 90th
percentile of usual
and customary
charges

Plan Name	Ameritas Dental Low Plan	
	In-Network	Out-of-Network
Annual Deductible (Individual / Family)	Type 1: Waived; Type 2&3: \$50/150	Type 1: Waived; Type 2&3: \$50/150
Preventative and Diagnostic Services <i>(Oral Exams, Cleanings, Fluoride, X-rays, Sealants, Space Maintainers)</i>	No Charge	20% (AD)
Basic Services <i>(Fillings, Oral Surgery, Endodontics, Periodontics)</i>	50% (AD)	60% (AD)
Major Surgical Services – Restorative & Surgical <i>(Inlays, Onlays, Crowns, Bridges, Implants, Anesthesia)</i>	50% (AD)	60% (AD)
Orthodontia <i>Children Only</i>	50% (AD)	50% (AD)
Orthodontia Lifetime Maximum	\$1,500 per insured	
Annual Plan Maximum	\$1,500 per insured	

AD= After Deductible

DENTAL – Ameritas Low Plan



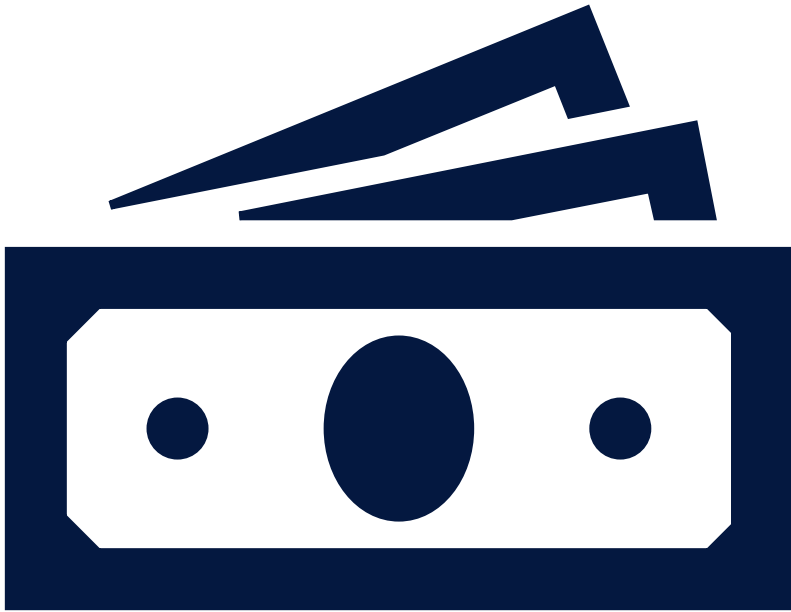
Vision

Ameritas[®] 

eyeSM
Med

Ameritas EyeMed Vision Plan		
	In Network	Out-of-Network
Eye Examinations	\$10 copay	Plan pays \$52, you pay balance
Frames	\$10 copay; \$150 allowance + 20% discount off of balance	Plan pays \$120, you pay balance
Lenses		
Single	Covered in Full	Plan pays \$68, you pay balance
Bifocal	Covered in Full	Plan pays \$96, you pay balance
Trifocal	Covered in Full	Plan pays \$129, you pay balance
Contact Lenses		
Medically Necessary Contact Lenses	Covered in Full	Plan pays \$200, you pay balance
Elective Single Vision Contact Lenses	Up to \$150 allowance + 15% discount off of balance	Plan pays \$120, you pay balance
Frequency		
Exam, Lenses (glasses or contacts) and Frames	12 Months Exam; 12 Months Frames; 12 Months Lenses	

VISION – Ameritas/EyeMed



FSA & DCA

Clarity | BENEFIT
SOLUTIONS™



Your Clarity Medical FSA:

If you are eligible for the medical benefits, participating in the FSA will allow you to contribute up to \$3,050 in pre-tax dollars.

FSA dollars are available immediately and can be used to meet your out-of-pocket expenses, as well as vision or dental expenses, qualified over the counter items.

If you have a remaining FSA balance at the end of your plan year, you will be eligible to carry over up to \$610 of FSA funds into the next plan year.

FSA elections do not automatically roll over from one year to the next. You must re-enroll each year to participate.


When deciding how much to contribute to an FSA, estimate your future medical expenses to the best of your ability.

Your Clarity Dependent Care Account (DCA)

Your Dependent Care Account (DCA) lets you set aside tax-free funds to cover care-related expenses for your child, older parents, or disabled family members.

You can elect up to \$5,000 per household per year.

Dependent care covers things like:

- Before and after school care for children 12 and younger
 - Custodial care for dependent adults
 - Licensed daycare centers and pre-school
 - A nanny/au pair
 - Late pick-up fees
 - Summer or holiday day camps
- 

Your Clarity Benefit Card

The Clarity Benefit Card works as a credit card to give you access your FSA and DCA Funds.

Present your Clarity Benefit Card for payment at the pharmacy or medical facility, choose credit, and if prompted enter the zip code listed on your Clarity Benefit Solutions profile.

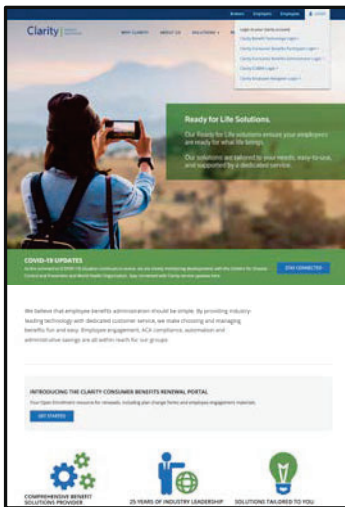


Each time you use your card to pay for qualified expenses the purchase will be deducted from the appropriate account.

If already enrolled, you will not receive a new card unless your card has expired.

New Enrollees: a card will arrive in a plain white envelope.

Access Your Benefits Online or on the Mobile App



1. Go to www.claritybenefitsolutions.com
2. Click on Login and select “Clarity Consumer Benefits Participant Login”
3. Click Register and follow the prompts
4. Sign up for direct deposit to receive reimbursements quickly
5. Sign up for Benefit Connect to get reimbursed automatically



1. Search for “Clarity Benefits” in the Google Play or Apple store and download
2. Launch the Clarity App and click Register
3. Follow the prompts

Using Prior Year Claims Reimbursement

Example of runout period

- The deadline for submitting claims for the new plan year is November 30, 2024
- Claims should be submitted along with documentation through the online portal or using the mobile app.
- If you have funds left in a prior year FSA on December 1, 2024 up to \$610 will be rolled over into the new plan year to be used for the new plan year's expenses



Life, Disability & EAP



EQUITABLE



EQUITABLE

Basic Group Life and AD&D

BENEFIT	COVERAGE
Eligibility Requirements	You must be actively working a minimum of 30 hours per week to be eligible for coverage
Premium Payment	The premium for this coverage is paid by The Pathways Schools
Employee Life Insurance Benefit Amount	2 times basic annual earnings up to \$200,000
Accidental Death & Dismemberment (AD&D)	100% of Life Insurance Benefit
FEATURES	
Accelerated Death Benefit	
The following shows how much benefits are reduced at certain ages:	
Age Band	Benefit Reduces to:
70	50%

Basic Group Life and AD&D



EQUITABLE

Supplemental Life and AD&D

BENEFIT	COVERAGE
Eligibility Requirements	You must be actively working at least 30 hours per week to be eligible for coverage
Premium Payment	The premium for this coverage is paid by Employee
Life Insurance Benefit Amount	Employee: Increments of \$10,000 up to 5 times annual earnings to \$300,000. \$150,000 guarantee issue Spouse: Increments of \$5,000; up to 50% of employee's amount \$25,000 guarantee issue Child: \$1,000 increments up to \$10,000
Accidental Death & Dismemberment (AD&D)	100% of the life Insurance Benefit
FEATURES	
Conversion and Portability Included	
The following shows how much benefits are reduced at certain ages:	
Age Band	Benefit Reduces to:
70	65%
75	50%

Supplemental Life and AD&D

Limited Annual Open Enrollment:

- You may increase up to 2 increments of \$10,000 without evidence of insurability not above the guaranteed issue amount

Evidence of Insurability is required if the employee:

- Is a late entrant (31 days after the initial eligibility)
- Apply for an amount above the guaranteed issue amount
- Voluntarily cancels coverage and reapplies



EQUITABLE

SHORT-TERM DISABILITY

PLAN FEATURES

Eligibility

Must be actively working at least 30 hours per week to be eligible for coverage

Premium Payment

The Pathways Schools pays the cost for this coverage for all eligible employees

BENEFITS

Employee Benefit Amount

60% of weekly earnings

Maximum Benefit Amount

up to \$1,000 per week

Elimination Period

If you become disabled, there is an elimination period before benefits are payable.

Your benefits begin:

31st day Accident / 31st day Sickness

Benefit Duration

Up to 13 weeks

Maternity Benefits

Pregnancy and childbirth are treated the same as any other disability

Short-Term Disability



EQUITABLE

LONG-TERM DISABILITY	
PLAN FEATURES	
Eligibility	Must be actively working at least 30 hours per week to be eligible for coverage
Premium Payment	The Pathways Schools pays the cost for this coverage for Advisers and All Other Employees
BENEFITS	
Employee Benefit Amount	60% of monthly earnings to a \$7,500 monthly max
Elimination Period	If you become disabled, there is an elimination period before benefits are payable. Your benefits begin: 91 st day
Benefit Duration	To Social Security Normal Retirement Age
Own Occupation	24 months
Limitations & Exclusions	
Pre-existing Conditions	12 months insured A preexisting condition is an injury or sickness (including pregnancy) and all related conditions and complications in the three months prior to your effective date under this policy, for which you: <ul style="list-style-type: none">• Received medical treatment, consultation, care or service or• Were prescribed or took prescription medications

Long-Term Disability



EQUITABLE

COMPSYCH[®]
GuidanceResources[®] Worldwide

Employee Benefits

Employee Assistance Program



TYPES SUPPORT:

CONFIDENTIAL EMOTIONAL SUPPORT

WORK-LIFE SOLUTIONS

FINANCIAL RESOURCES

IDENTITY THEFT SERVICES

LEGAL GUIDANCE



EQUITABLE

Contact your Employee Assistance Program
for 24/7 support, resources & information

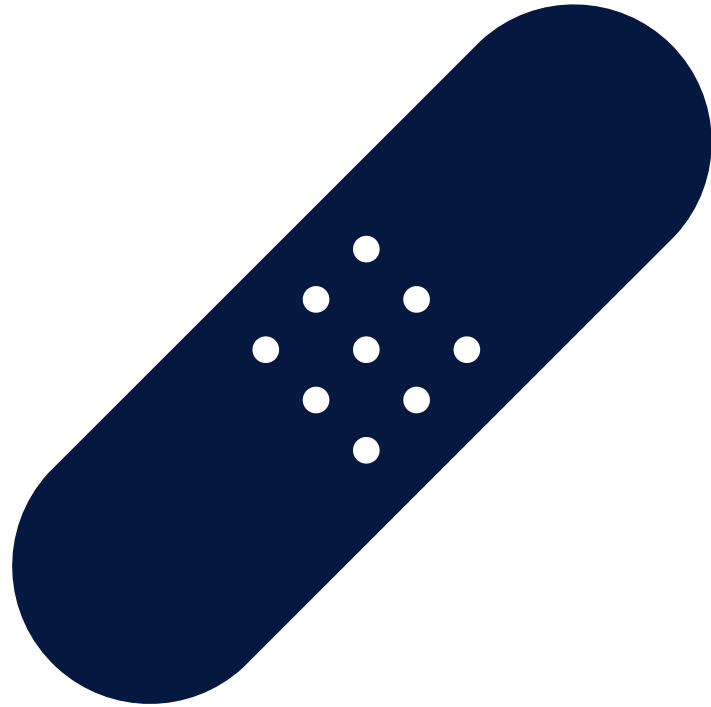
Call: (833) 256-5115

TDD: (800) 697-0353

Online: guidanceresources.com

App: Guidance Now[™]

Web ID: EQUITABLE3



Worksite Benefits

RELIANCE
STANDARD



ACCIDENT INSURANCE

BENEFIT	COVERAGE
Eligibility Requirements	You must be actively working a minimum of 30 hours per week to be eligible for coverage
Premium Payment	The premium for this coverage is paid by Employee
Coverage Type	On and off-the-Job (24-hour coverage)
Accidental Death & Dismemberment (AD&D)	Plan A: \$25,000 Plan B: \$50,000
FEATURES	
Wellness Benefit and Portability	
The following shows how much benefits are reduced at certain ages:	
Age Band	Benefit Reduces to:
65-69	50%
70+	25%

Accident Insurance

Critical Illness

BENEFIT	COVERAGE
Eligibility Requirements	You must be actively working a minimum of 30 hours per week to be eligible for coverage
Premium Payment	The premium for this coverage is paid by Employee
Coverage Amount(s)	Employee: Min. \$10,000 to Max. \$50,000; \$5,000 increments Spouse: Min. \$5,000 to Max. \$25,000; \$5,000 increments Children: 25% of approved employee amount up to \$12,500
Guaranteed Issue	\$30,000 employee; \$25,000 spouse
FEATURES	
Wellness Benefit, Portability	
The following shows how much benefits are reduced at certain ages:	
Age Band	Benefit Reduces to:
70+	50%

Critical Illness

- Proof of Good Health is required** if a person applies for coverage
- 31 days from the date he/she becomes eligible
 - Apply for an amount above the guaranteed issue amount



Voluntary Universal Life





TransElite Universal Life

- Coverage for you, your spouse, children, and grandchildren
- Benefits up to \$500,000, not to exceed 5x your annual earnings
- Cash value
- Guaranteed tax-deferred interest rate of 3%
- Apply online

THANK YOU!

