



EMPLOYEE BENEFITS 2022-2023

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DISCLAIMER

The intent of this summary is to briefly highlight your benefits and NOT to replace your insurance contracts or booklets. The information has been compiled into summary form to outline the voluntary benefits offered by Keystone Learning Services.

If this benefit summary does not address your specific benefit questions, please contact Amerilife Benefits-Benefits Direct for assistance.

Phone: 1-833-900-0928

Email: CustomerSupport@AmerilifeBenefits.com

Web: www.benefits-direct.com/keystone

The information provided in this summary is for comparative purposes only. Actual claims paid are subject to the specific terms and conditions of each contract. This benefit summary does not constitute a contract. The information in this booklet is proprietary. Please do not copy or distribute to others.

OUR BENEFITS PARTNER



For over 50 years, Benefits Direct has serviced the insurance needs of public-school systems, employees, and retirees. The primary focus of the agency is serving the needs of school system employees. The name "Benefits Direct" has become an icon within public school systems across the state. We have built the respect of our clients and the carriers we represent, as well as our competition in our market.

Our objective at Benefits Direct is to be recognized as the best, in each and every area in which we do business, and to provide our best advice, products, and services. We continue to be sensitive to our clients' needs and make the satisfaction of those needs our most important job. We inform our clients of developments in our constantly changing marketplace. Service is our main priority each and every day. Our administrative office staff and field professionals are well-trained, experienced, competent, and courteous.

Benefits Direct strives to provide cost-effective programs for a diverse group of businesses, professionals, educators, and individuals. Our mission is to effectively meet each client's financial and insurance goals through our firm's relationship with major carriers.

For help or assistance, we are always just a phone call or email away!

Telephone: 833-900-0928
Email: CustomerSupport@AmerilifeBenefits.com
Employee Portal: www.benefits-direct.com/keystone

The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the guide and actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about the guide, please contact HR.

ENROLLMENT FAQ

Who is eligible?

If you're a full-time employee at Keystone Learning Services, you're eligible to enroll in the benefits outlined in this guide. Full-time employees are those who work 30 or more hours per week and are eligible for benefits the First of the Month following 30 days. In addition, the following family members are eligible for medical, dental and vision coverage: legal spouses and dependent children to age 26.

How to Enroll

Are you ready to enroll? The first step is to review your current benefits and the new benefit information and then schedule an appointment to meet with a Benefit Counselor or Self-Enroll via the benefit portal www.benefits-direct.com/keystone. Did you move recently or get married? Verify all of your personal information and make any necessary changes.

Once all your information is up to date, it's time to make your benefit elections. The decisions you make during open enrollment can have a significant impact on your life and finances, so it is important to weigh your options carefully before you meet with a Benefits Direct benefits counselor.

Every employee is asked to provide their information, including but not limited to, address and phone numbers, to the Human Resource Office. Benefits Direct will assist Keystone Learning Services in verifying this information. If any changes need to occur, please report these changes directly to the Human Resources Office.

When to Enroll

Open enrollment begins on Monday July 25, 2022 and runs through midnight Friday August 5, 2022. The benefits you choose during open enrollment will be effective on September 1, 2022 for all benefits except Medical which will be effective October 1, 2022 with deductions being taken out of your first paycheck in September.

How to Make Changes

Unless you experience a life-changing qualifying event, you **cannot** make changes to your benefits until the next open enrollment period. Qualifying events include things like:

- Marriage, divorce or legal separation
- Birth or adoption of a child
- Change in child's dependent status
- Death of a spouse, child or other qualified dependent
- Change in employment status or a change in coverage under another employer-sponsored plan

If you experience a qualifying life event and need to change your benefits, please contact Karla Bradford in Benefits at kbradford@keystonelearning.org or **785-876-2214 Ext. 213**.

Customer Service Contact Information

MEDICAL

BlueCross BlueShield-Kansas

Customer Service: (785) 291-4180 or (800) 432-3990

Website: www.bcbsks.com

DENTAL

Delta Dental of Kansas

Customer Service: (800) 234-3375

Website: www.deltadentalks.com

VISION

Surency

Customer Service: (866) 818-8805

Website: www.visioncaredirect.com

FLEXIBLE SPENDING ACCOUNT (FSA) ADMINISTRATION

Flex Made Easy

Customer Service: (855) 615-3679

Email: info@flexmadeeasy.com

VOLUNTARY TERM LIFE

One America

Customer Service: (800) 348-4512

Email: customersupport@amerilifebenefits.com

SHORT TERM DISABILITY

One America

Customer Service: (800) 348-4512

Email: customersupport@amerilifebenefits.com

CRITICAL ILLNESS / ACCIDENT / CANCER

Prosperity

Customer Service: (833) 900-0928

Email: customersupport@amerilifebenefits.com

PERMANENT LIFE INSURANCE WITH LONG TERM CARE AND HOSPITAL INDEMNITY

Trustmark

Customer Service: (833) 900-0928

Email: customersupport@amerilifebenefits.com

IDENTITY THEFT

Identity Force

Customer Service: (877) 694-3367

Website: www.identityforce.com

PRE-PAID LEGAL

Metlife

Customer Service: 1-800-821-6400

Website: www.legalplans.com

403b PARTICIPATION

Security Benefit Life – Leasa Huffman

(785) 267-6556

Email: leasahuffman@ofgfinancial.com

American Fidelity Assurance Co. – Steve Schwartz (785) 232-8100

Email: steve.schwartz@americanfidelity.com

Lincoln Investment Planning

Customer Service: (800) 242-1421

Medical Insurance

Keystone Learning Services will offer three medical plans through Blue Cross Blue Shield of Kansas (BCBSKS) starting with the 10/1/2022 plan year. The charts below are a brief outline of what is offered. Please refer to the summary plan description for complete plan details on the employee portal www.benefits-direct.com/keystone

	BCBSKS Plan A: \$1,000	BCBSKS Plan B: \$3,500	BCBSKS Plan C: \$3,000 (QHDHP/HSA)
	In-Network Benefits	In-Network Benefits	In-Network Benefits
Annual Deductible			
Individual	\$1,000	\$3,500	\$3,000
Family	\$2,000	\$7,000	\$6,000
Member Coinsurance after deductible	20%	50%	\$0
Maximum Out-Of-Pocket			
Individual	\$5,000	\$6,350	\$6,350
Family	\$10,000	\$12,700	\$12,700
Preventative Care			
Primary Care/Specialty Office Visit	\$35 copay per visit	\$35 copay per visit	Subject to deductible
Preventative screenings, immunizations	100%	100%	100%
Diagnostic Services			
X-ray and Lab Tests	20% after deductible	50% after deductible	Subject to deductible
Complex Radiology	20% after deductible	50% after deductible	Subject to deductible
Urgent Care Facility	Co-pay applicable to type	Co-pay applicable to type	Subject to deductible
Emergency Room Facility Charges*	\$250 copay then 20% after deductible	\$250 copay then 80% after deductible	Subject to deductible
Inpatient Facility Charges	20% after deductible	50% after deductible	Subject to deductible
Outpatient Facility and Surgical Charges	20% after deductible	50% after deductible	Subject to deductible
Mental Health/Substance Abuse			
Inpatient pre-admission certification required	20% after deductible	50% after deductible	Subject to deductible
Outpatient	\$35 copay/visit, other outpatient services subject to 20% after deductible	\$35 copay/visit, other outpatient services subject to 50% after deductible	Subject to deductible
Inpatient pre-admission certification required	20% after deductible	50% after deductible	Subject to deductible
Outpatient	\$35 copay/visit, other outpatient services subject to 20% after deductible	\$35 copay/visit, other outpatient services subject to 50% after deductible	Subject to deductible

	BCBSKS Plan A: \$1,000	BCBSKS Plan B: \$3,500	BCBSKS Plan C: \$3,000 (QHDHP/HSA)
	In-Network Benefits	In-Network Benefits	In-Network Benefits
Retail Pharmacy (30 Day Supply)			
Generic (Tier 1)	\$15	\$15	\$15 after deductible
Preferred (Tier 2)	\$50	\$50	\$50 after deductible
Non-Preferred (Tier 3)	\$75	\$75	\$75 after deductible
Preferred Specialty- Formulary (Tier 4)	\$150	\$150	\$150 after deductible
Preferred Specialty- Non- Formulary (Tier 5)	20% up to \$250	20% up to \$250	20% up to \$250 after deductible
Mail Order Pharmacy (90 Day Supply)			
Generic (Tier 1)	\$37.50	\$37.50	\$37.50 after deductible
Preferred (Tier 2)	\$125	\$125	\$125 after deductible
Non-Preferred (Tier 3)	\$187.50	\$187.50	\$187.50 after deductible
Preferred Specialty (Tier 4 & 5)	Not covered	Not covered	Not covered
2022-2023 Total Medical Premiums			
Please subtract your employer contribution amount to determine your actual employee monthly cost			
Employee	741.77	641.38	668.67
Employee and Spouse	1593.58	1377.73	1436.43
Employee and Children	1501.96	1298.53	1353.85
Family	2353.78	2034.89	2121.60

Health Savings Account



UNDERSTANDING A HEALTH SAVINGS ACCOUNT (HSA)

Two ways you can put money into your HSA:

- (1) **Regular payroll deductions on pre-tax basis and**
- (2) **lump-sum contributions at amount, anytime, up to the maximum limit.**

YOU CAN USE HSA FUNDS FOR IRS-APPROVED ITEMS SUCH AS:

- Doctor's office visits
- Dental services
- Eye exams, eyeglasses, surgery, contact lenses and solution
- Hearing aids
- Orthodontia, dental cleanings, and fillings
- Prescription drugs and some over-the-counter medications (with a physician's prescription)
- Physical therapy, speech therapy, and chiropractic expenses
- More information about approved items, plus additional details about the HSA, is available at [irs.gov](https://www.irs.gov).

Every time you use your HSA, save your receipt in case the IRS asks you to prove your claim was for a qualified expense. If you use HSA funds for a non-qualified expense, you will pay tax and a penalty on those funds.

The HSA is your personal account and contains your personal funds. It can be considered an asset by a creditor and garnished as applicable. As an HSA account holder, you will be required to file a Form 8889 with the IRS each year. This form identifies any contributions, distributions, or earned interest associated with your account.

This may be the best plan option for you if any of the following is true:

- You want to save for the future on a pre-tax basis to use for medical expenses during retirement.
- You would like money in a savings account to pay for qualified expenses permitted under Federal Law.
- You would like the opportunity to contribute pre-tax income to a Health Savings Account.

2022 Contribute up to \$3,650 Single or \$7,300 Family

WHAT ARE THE RULES?

- You must be covered under the \$2800 QHDHP in order to establish an HSA.
- You cannot establish an HSA if you or your spouse also have a medical FSA, unless it is a Dependent Care or Limited Purpose FSA.
- You cannot be enrolled in Medicare, Medicaid or Tricare due to age or disability.
- You cannot set up an HSA if you have insurance coverage under another plan, for example your spouse's employer, unless that secondary coverage is also a qualified high deductible health plan.
- You cannot be claimed as a dependent under someone else's tax return.
- You can change your contribution amount during the year by contacting the Payroll department.

WHAT ELSE SHOULD I KNOW?

You can use the money in your HSA to pay for your deductible and other expenses not covered by your health plan, like dental or vision expenses. It is yours to:

- **SAVE:** You can invest up to the IRS's annual contribution limit. Contributions are based on a calendar year. The contribution limits for 2021 are \$3,600 for Single and \$7,200 for Family coverage. *If you are age 55 or older, you are allowed to make an extra \$1,000 contribution each year.
- **GROW:** The contributions grow tax-free and come out tax-free as long as you utilize the funds for approved services based on the IRS Publication 502, (medical, dental, vision and over-the-counter medications with a physician's prescription).
- **OWN:** Your unused contributions roll over from year to year and can be taken with you if you leave your current job.
- **CHOOSE:** Use for current expenses, save for the future, or explore investment options.
- Just like you report pre-tax dollars that you contribute to other benefit plans, like a 403(b), the IRS requires that you report your pre-tax contributions to your HSA using Form 8889. Your contribution will appear on your W-2 for easy reference.



Keystone Learning Services Plan 125 - 2022/2023 Benefits

<div></div> <div>Short Term Disability Premium Based on Option 1st day accident / 4th day sickness 8th day accident / 8th day sickness 15th day accident / 15th day sickness 31st day accident / 31st day sickness</div> <div>Plan</div>	<div>PROSPERITY</div> <div>Cancer Employee / Employee & Spouse / Single Parent /Family Coverage available Two levels of coverage Premium based on plan and coverage tier</div>	<div></div> <div>Vision In Network Doctor Service Wellness Exams Frames / Contact Lenses Single / Bifocal / Trifocal / Lenticular Lenses Monthly Premium Employee Only: \$8.72 Employee+Spouse: 16.57 Employee+Child(ren): \$17.45 Family: \$25.72</div>																				
<div></div> <div>Voluntary Term Life Premium based on age / coverage amount Coverage available for employee, spouse, and children</div>	<div>PROSPERITY</div> <div>Critical Illness Premium based on benefit amount Employee can elect between \$5000 - \$50,000 Spouse covered at 50% of Employee amount Children covered at 25% of Employee amount Benefit paid in Lump Sum amount upon diagnosis</div>	<div>PROSPERITY</div> <div>Accident Employee, spouse, and dependent coverage Guarantee Issue and Portable Monthly Premium Employee Only: \$15.31 Employee+Spouse: \$24.92 Employee+Child(ren): \$34.81 Family: \$45.14</div>																				
<div></div> <div>Permanent Life & Long Term Care Rates are locked in Fully Portable Up to \$100,000 Guarantee Issue</div>	<div></div> <div>Identity Theft Offers consumers comprehensive, proactive identity theft defense Employee Only: \$9.50 Family Coverage: \$17.50</div>	<div></div> <div>Pre-Paid Legal Telephone and office consultations Resources: downloadable legal documents, financial planning, insurance and work resources Services: estate planning, financial matters, traffic offenses, defense of civil lawsuits, juvenile matters, etc. \$18.75 per month</div>																				
<div></div> <div>Dental Monthly Premium Employee Only: \$35.66 Employee+Spouse: \$70.58 Employee+Child(ren): \$69.91 Family: \$118.70</div>	<div></div> <div>Medical / Health Savings Account 3 Plans <table><tr><th>Rates</th><th>\$1,000 PPO</th><th>\$3500 PPO</th><th>\$3,000 QHDHP</th></tr><tr><td>EE Only</td><td>\$74.177</td><td>\$64.138</td><td>\$66.867</td></tr><tr><td>EE+SP</td><td>\$159.358</td><td>\$1,377.73</td><td>\$1,436.43</td></tr><tr><td>EE+CH</td><td>\$150.196</td><td>\$1,298.33</td><td>\$1,353.85</td></tr><tr><td>FAM</td><td>\$215.178</td><td>\$2,034.89</td><td>\$2,121.60</td></tr></table> * Total Premiums - district contribution not included</div>	Rates	\$1,000 PPO	\$3500 PPO	\$3,000 QHDHP	EE Only	\$74.177	\$64.138	\$66.867	EE+SP	\$159.358	\$1,377.73	\$1,436.43	EE+CH	\$150.196	\$1,298.33	\$1,353.85	FAM	\$215.178	\$2,034.89	\$2,121.60	<div></div> <div>Flex Made Easy Use pre-tax dollars to save 25% or more on health, dental, vision or dependent care expenses</div>
Rates	\$1,000 PPO	\$3500 PPO	\$3,000 QHDHP																			
EE Only	\$74.177	\$64.138	\$66.867																			
EE+SP	\$159.358	\$1,377.73	\$1,436.43																			
EE+CH	\$150.196	\$1,298.33	\$1,353.85																			
FAM	\$215.178	\$2,034.89	\$2,121.60																			
	<div></div> <div>Hospital Indemnity \$1,000 Initial Hospital Admission Benefit \$100 per day / \$200 per day for ICU Guaranteed Issue, no Pre-Existing Condition Limitations</div>																					



Summary of Dental Plan Benefits

NORTHEAST KANSAS EDUCATION SERVICE CENTER DBA KEYSTONE LEARNING SERVICES

Group #53241-000-00001-00000

Effective September 1, 2022

MAXIMUM BENEFIT(S)

PER PERSON:

The Maximum Benefit for all Covered Services, for each Enrollee in any one Calendar Year is: One Thousand Five Hundred Dollars (\$1,500.00).

DEDUCTIBLE LIMITATIONS:

Coverage for Diagnostic and Preventive Services are not subject to any Deductible amount. For all other covered benefits, the Calendar Year Deductible is: \$50x3

RIGHT START 4 KIDSSM (RS4K):

Kids 12 and under receive coverage at 100% for all services covered under the plan. Not subject to deductible. Subject to plan's Annual Maximum, frequencies and limitations apply. Must see an in-network dentist or the plan's underlying contract applies including waiting periods, deductibles and coinsurance levels.

ELIGIBLE CHILDREN AGES:

Children are eligible for coverage to age twenty-six (26).

MONTHLY RATES:

Employee: \$35.66
Employee + Spouse: \$70.58
Employee + Child(ren): \$69.91
Family: \$118.70

Benefit % Paid

Delta Dental PPO Delta Dental Premier/ Out-of-Network

100%

100%

DIAGNOSTIC & PREVENTIVE (Not Subject to Deductible)

Diagnostic:

Includes the following procedures necessary to evaluate existing dental conditions and the dental care required:

- Oral evaluations – two (2) times per Calendar Year.
- Bitewing x-rays – bitewings two (2) times per Calendar Year for dependents under age eighteen (18) and once (1) each twelve (12) months for adults age eighteen (18) and over.
- Full mouth or panoramic x-rays – once (1) each five (5) years.

Preventive:

Provides for the following:

- Prophylaxis (Cleanings) – unlimited.
- Topical Fluoride – two (2) times per Calendar Year for dependent children under age nineteen (19).
- Space Maintainers – for dependent children under age fourteen (14) and only for premature loss of primary molars.
- Sealants – once (1) per tooth per lifetime for dependent children under age sixteen (16) when applied only to permanent molars with no caries (decay) or restorations on the occlusal surface and with the occlusal surface intact.

BASIC (Subject to Deductible)

Ancillary:

Provides for one (1) emergency examination per plan year by the Dentist for the relief of pain.

Oral Surgery:

Provides for extractions and other oral surgery including pre and post-operative care.

Regular Restorative:

Provides amalgam (silver) restorations; composite (white) resin restorations on all teeth; and stainless steel crowns for dependents under age twelve (12).

Endodontics:

Includes procedures for root canal treatments and root canal fillings. When covered, payment for root canal therapy is limited to only once (1) in any twenty-four (24) month period, per tooth.

Periodontics:

- Includes procedures for the treatment of diseases of the tissues supporting the teeth. Periodontal maintenance is unlimited if diagnosed with periodontal treatment history.
- Surgical periodontal procedures.

MAJOR (Subject to Deductible)

Special Restorative:

When teeth cannot be restored with a filling material listed in Regular Restorative Dentistry, provides for individual crowns.

Prosthodontics:

- Includes bridges, partial and complete dentures.
- Repairs and adjustments of bridges and dentures.

ORTHODONTICS (Subject to Deductible)

Orthodontics:

Orthodontic appliances and treatment.

This is a summary of benefits only and does not bind Delta Dental of Kansas to any coverage. Subscribers are encouraged to familiarize themselves with the details of their individual plan benefits. Subscribers are responsible for any required copayments, deductibles, or fees for services not covered by their plan at the time services are performed. Please refer to the Description of Dental Care Coverage ("Benefits Booklet") for complete coverage information, including but not limited to any applicable exclusions and limitations. Coverage as described in the employer group's dental benefits contract with Delta Dental of Kansas is binding on all parties and supersedes all other written or oral communications.



Welcome to Delta Dental of Kansas

With Delta Dental of Kansas you receive the expertise of the largest, most experienced dental benefits carrier in the nation, paired with our unparalleled customer service. With your employer, we have designed a dental benefit plan to help protect you and your family's oral health. Regular, preventive dental care is fundamental to making your smile last, and a healthy mouth contributes to your overall wellbeing.

CHOOSING A DENTIST

You are free to go to any dentist of your choice, but there may be a difference in the amount you pay if the dentist is not a Delta Dental in-network dentist. It is to your advantage to choose a Delta Dental PPO™ or Delta Dental Premier® network dentist. Nearly 4 out of 5 dentists nationwide participate with Delta Dental, so chances are excellent your dentist is already in-network. You can search for an in-network dentist at DeltaDentalKS.com, on the Delta Dental mobile app or by contacting our customer service team at 800.234.3375.

MANAGING MY BENEFITS

At DeltaDentalKS.com, you can log in to your member account to:

- Print your member ID card
- Review your eligibility and benefit information
- See how your claims paid
- Estimate your out-of-pocket costs*
- Sign-up to receive your Explanation of Benefits (EOBs) electronically
- Access member-only discounts
- And more!

Through Delta Dental's mobile app, you can:

- Use your mobile ID card
- Find a dentist
- Estimate your out-of-pocket costs*
- Review your coverage and claims
- Take an oral health risk assessment
- Use the toothbrush timer
- And more!



*The Dental Care Cost Estimator provides an estimate and does not guarantee the exact fees for dental procedures, what your dental benefits plan will cover or your out-of-pocket costs. Estimates should not be construed as financial or medical advice. For more detailed information on your actual dental care costs, please consult your dentist and call Delta Dental of Kansas at 800-234-3375.

Monthly Costs:

Employee Only:	\$35.66
Employee & Spouse	\$70.58
Employee & Child(ren)	\$69.91
Family	\$118.70

SUMMARY OF BENEFITS



Keystone Learning Services, Group # 53241-0-1-0, Effective September 1, 2022

Plan Design #680 – H

VISION CARE SERVICES	IN-NETWORK	OUT-OF-NETWORK	FREQUENCY
Vision Examination with Dilation as Necessary Retinal Imaging	\$10 Copay Up to \$39	\$35 Not Covered	Once every Calendar Year
Contact Lens Fit & Follow-Up: (Contact lens fit and two (2) follow-up visits are available once a comprehensive eye exam has been completed.) Standard – spherical clear contact lenses in conventional wear and planned replacement (Examples include but not limited to disposable, frequent replacement, etc.) Premium – all lens designs, materials, and specialty fittings other than Standard Contact Lenses (Examples include toric, multifocal, etc.)	\$40 Copay. Paid-in-full fit and two follow-up visits 10% off balance	Not Covered Not Covered	Once every Calendar Year
Frames: Any available frames at provider location	\$130 Allowance, 20% off balance	\$65	Once every Calendar Year
Standard Plastic Lenses: Single Vision Bifocal Trifocal Lenticular	\$10 Copay \$10 Copay \$10 Copay \$10 Copay	\$25 \$40 \$65 \$65	Once every Calendar Year
Lens Options: Standard polycarbonate UV Coating Tint (Solid and Gradient) Standard Scratch-Resistance Standard Anti-Reflective Coating Standard Progressive (Includes Copay amount) Premium Progressive (Includes Copay amount)	Adults: \$40 Dependents under 19: \$0 \$15 \$15 \$15 \$45 \$75 Copay Tier 1 - \$95 Copay Tier 2 - \$105 Copay Tier 3 - \$120 Copay Tier 4 - \$75 Copay, \$120 Allowance, and 20% off balance	Not Covered \$25 Not Covered Not Covered Not Covered Not Covered \$40 \$40	Once every Calendar Year Once every Calendar Year
Other Add-ons and Services	20% off balance	Not Covered	
Contact Lenses: (Contact lens allowance includes materials only) (Allowance not available if eyeglass lenses are elected)			
Conventional	\$130 Allowance, additional 15% off balance over Allowance	\$100	Once every Calendar Year
Disposable	\$130 Allowance	\$100	
Medically Necessary	\$0 Copay	\$200	
Additional Pairs Benefit	40% discount off complete pair of eyeglass purchase and 15% off conventional contact lenses	N/A	N/A
Laser Vision Correction For Lasik providers call 1-877-5LASER8	15% off retail price or 5% off promotional price	N/A	N/A

Service frequencies are computed by Calendar Year, not date-of-service. This plan utilizes the Insight Network.
SEE SECTION ON EXCLUSIONS AND LIMITATIONS FOR ADDITIONAL INFORMATION.

This is a Summary of Benefits only, and various exceptions and limitations may apply. Your actual coverage is described in the agreement which is binding on all of the parties and supersedes all other written or oral communications.



Get the convenience you need and the provider choices you want with your Surency Vision plan.



With access to over 100,000 providers nationwide using EyeMed's extensive provider network, finding an in-network provider is easy. Search for a provider by location, provider name, services and more. Locate a provider at Surency.com or use the [Surency Vision Mobile App](#).



You have access to your benefit information through the [Surency Vision Mobile App](#) or your [Member Account](#) at Surency.com.

Questions? Call Surency Customer Service at 866-818-8805.



Surency Vision is underwritten by Surency Life & Health Insurance Company ("Surency").

Surency has been selected by your employer to provide your group vision coverage. We are pleased to bring these important benefits to you and any eligible dependents you have enrolled for coverage.

This Summary of Vision Plan Benefits describes the essential features of your group vision coverage. This Summary of Vision Plan Benefits is a summary of benefits only and does not bind Surency to any coverage. All benefits are paid according to the terms, conditions and provisions of your employer's Agreement with Surency, which is binding on all parties and supersedes all other written or oral communications.

A child is eligible for coverage under the Plan if the child is under the age of 26.

Additional Value Added Savings:

- Members may receive additional discounts not covered by the plan's in-network providers. Please check with your provider regarding any additional discounts. Discount does not apply to in-network providers' professional services or contact lenses. Plan discounts cannot be combined with any other discounts or promotional offers. Retail prices may vary by location. Services or materials provided by any other group benefit plan providing vision care may not be covered.
- After initial purchase, replacement contact lenses may be obtained via online at substantial savings and mailed directly to the member. Details are available at Surency.com/Vision/Member-Perks. The contact lens benefit allowance is not applicable to this service.

Plan Limitations/Exclusions:

- Allowances are one-time use benefits; no remaining balance.
- Orthoptic or vision training, subnormal vision aids and any associated supplemental testing.
- Medical and/or surgical treatment of the eye, eyes or supporting structures.
- Services provided as a result of any Worker's Compensation law.
- Benefit is not available on certain frame brands in which the manufacturer imposes a no discount policy.
- Corrective eyewear required by an employer as a condition of employment, and safety eyewear unless specifically covered under plan.
- Plano lenses and non-prescription sunglasses (except for 20% discount).
- Services or materials provided by major medical coverage under any other group benefit providing vision care.
- Two pair of glasses in lieu of bifocals.
- Aniseikonic lenses.
- Discounts do not apply for benefits provided by other group benefit plans.
- Lost or broken materials are not covered.

Monthly Rates

Employee:	\$8.72
Employee + Spouse:	\$16.57
Employee + Child(ren):	\$17.45
Family:	\$25.72

FLEXIBLE SPENDING ACCOUNT Program Overview



USE YOUR FSA TO SAVE 25% OR MORE on the things you buy every day...

We all pay taxes. We all buy things like prescriptions, bandages, and glasses or contacts - not to mention co-pays, deductibles, dental bills, braces, and child care. And we all like to save money.

A Flexible Spending Account (FSA) uses pre-tax dollars to help you save on health care and dependent care expenses. Once the plan year begins, the money in your Health Care FSA is yours to spend immediately. The funds in your Dependent Care FSA are available when your payroll deductions are posted to your account. And because this FSA from **Flex Made Easy** is so easy to use, there's no hassle, less waiting - **and no reason to miss out on enrollment.**

It's Easy...

It's your money.

The program just helps you save it from taxes, and spend it on your health and your family. **Flex Made Easy** provides convenient payment and reimbursement options. Just swipe your FSA Debit Card to pay for eligible medical and/or dependent care expenses.

If you need to submit a claim, you can complete your transaction through our secure mobile application, our online portal, by email, fax or regular postal mail. *Sign up for direct deposit, and get your funds back fast!!*

Once you enroll, you will receive detailed instructions for accessing your account online through the **Flex Made Easy** secure online portal.



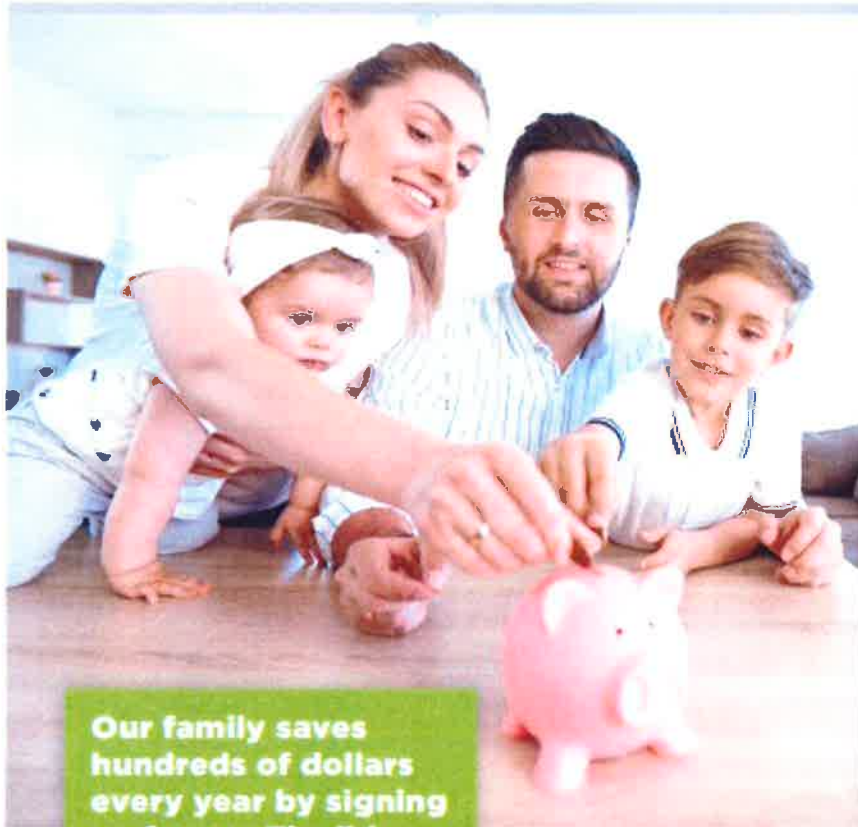
Everyday savings...

Saving is simple.

When you enroll in the program, you set aside some of your pay before taxes to use on eligible expenses. The more you put in, the more you save on your tax bill.

Maximum Annual Election for 2022

- Healthcare FSA - \$2,850
- Dependent Care FSA - \$5,000 or \$2,500 if married and filing separate income tax returns



Our family saves hundreds of dollars every year by signing up for our Flexible Spending Account.

**FLEXIBLE SPENDING ACCOUNT
Program Overview**

C06092102

FLEX MADE
Easy

4551 W. 107th Street
Overland Park, KS 66207

(855) 615-3679

info@FlexMadeEasy.com

It's Covered

You probably know you can cover your co-pays, deductibles, dental and vision care, and prescriptions with your health care FSA.

But did you know it's good for hundreds of over-the-counter items such as bandages and contact lenses solution, not to mention many services, too? You can also use it for Over-the-Counter drugs and medicines.

QUALIFIED MEDICAL EXPENSES INCLUDE:

- Co-pays, deductibles, co-insurance
- Dental expenses
- Eyeglasses, laser surgery, contact lenses
- Prescription drugs
- Over-the-counter medicine and supplies
- Chiropractic care

QUALIFIED DEPENDENT CARE EXPENSES INCLUDE:

- Daycare
- Babysitting
- Before & after school care
- Pre-k
- Summer day camps
- Care for older dependents in need of assistance

For a more complete list of eligible expenses, a calculator to help you determine your annual election and other information on FSA Plans, please visit www.FlexMadeEasy.com.



This worksheet will help you determine the dollar amount you will spend for medical expenses during the plan year. In order to maximize your savings, please include expenses for you, your spouse and any of your dependents in your calculation.

Medical Expenses not covered by Insurance

Deductibles, Co-pays, Coinsurance
Physician Visits/Routine Exams
Prescription Drugs
Insulin/Syringes
Chiropractic Treatments
Over-the-Counter Drugs and Medicine
Other: _____

Annual Estimate

\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____

Subtotal Medical Expenses

\$ _____

Dental Expenses Not Covered by Insurance

Checkups/Cleanings
Fillings
Root Canals
Crowns/Bridges/Dentures
Oral Surgery
Orthodontia
Other: _____

Annual Estimate

\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____

Subtotal Dental Expenses

\$ _____

Vision/Hearing Expenses Not Covered by Insurance

Exams
Eyeglasses
Prescription Sunglasses
Contact Lenses & Cleaning Solutions
Corrective Eye Surgery (LASIK, cataract etc.)
Hearing Exams/Hearing Aids & Batteries

Annual Estimate

\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____

Subtotal Vision Expenses

\$ _____

TOTAL MEDICAL EXPENSES \$ _____

4551 W. 107th Street, Overland Park, KS 66207 | www.FlexMadeEasy.com



Qualified Expenses

- Acupuncture
- Alcoholism treatment
- Ambulance
- Birth control pills and other birth control devices
- Braille books and magazines
- Chiropractors
- Coinsurance amounts and deductibles
- Contact lenses, solutions and cleaners
- Copays
- Crutches, canes and wheelchairs
- Dental treatment
- Dermatologist visits
- Diabetic monitors, test kits, strips and supplies
- Eyeglasses (prescription); vision exams
- Hearing devices and batteries
- Hospital services
- Immunizations (including flu shots)
- Infertility treatments
- Insulin
- Laboratory/diagnostic fees
- Language training for child with disability
- Laser eye surgery
- Learning disability
- Massage therapy (letter of medical necessity)*
- Menstrual Care Products
- Nursing services
- Nutritionist's expenses (letter of medical necessity)*
- Occlusal guards to prevent teeth grinding
- Orthodontia
- Over-the-counter drugs
- Pap smears
- Physical therapy
- Prescription drugs
- Prosthetics
- Psychologist/Psychiatrist
- Reading glasses
- Smoking cessation programs/counseling
- Sterilization
- TMJ related treatments
- Transplants
- Travel expenses related to medical care only
- Wigs (medical reasons only)
- X-ray fees

Ineligible Expenses

- Burial expenses
- COBRA premiums
- Concierge medical fees (billed for future availability of services, with no services actually received)
- Cosmetic procedures (unless necessary to improve a deformity arising from congenital abnormality, personal injury from an accident or trauma, or a disfiguring disease)
- Dental products for general health
- Drugs or medical supplies purchased outside the United States.
- Exercise equipment, unless prescribed for a specific medical condition
- Face lifts (see cosmetic procedures)
- Fitness programs for general health
- Hair regrowth products, hair removal or hair transplants
- Health club dues
- Holistic or natural remedies
- Illegal operations and treatments
- Items paid or payable by insurance
- Items you intend to claim as a credit for income tax purposes
- Late payment or missed appointment fees
- Marriage counseling
- Maternity clothes
- Non-prescription sunglasses (sunclips)
- Nursing care for a healthy baby
- Nutritional supplements (general good health)
- Overnight camp (Dependent Care)
- Premiums for group health coverage maintained through spouse's employer or individual insurance premiums, including long term care insurance
- Safety glasses (unless prescription)
- Swimming lessons
- Tanning salons and equipment
- Teeth whitening or bleaching (even if as a result of a congenital defect)
- Vision discount programs or warranty charges
- Vitamins (general good health)
- Warranties for eyeglasses and/or hearing aids
- Weight loss programs and drugs (unless a medical necessity exists for a specific medical condition)

* Items are eligible for reimbursement through a Health Care FSA or an HRA if they are treating a current or imminent medical condition. Some items may require additional documentation such as a letter of medical necessity or a prescription (for over-the-counter medications) from your medical provider. Please visit www.FlexMadeEasy.com for more detailed information and a more comprehensive list of eligible expenses.

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What you need to know about your Voluntary Term Life and AD&D Benefits

- Flexible Options:** Employee: \$10,000 to \$500,000, in \$10,000 increments, not to exceed 5 times your annual salary
Spouse under age 70: \$5,000 to \$250,000, in \$5,000 increments, not to exceed 100% of the employee's amount
- Guaranteed Issue:** Employee: \$150,000 Spouse: \$30,000 Child: \$10,000
- Dependent Life Coverage:** Optional dependent life coverage is available to eligible employees. You must select employee coverage in order to cover your spouse and/or child(ren).
- 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.
- 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.
- Guaranteed Increase in Benefit:** You may be eligible to increase your coverage annually until you reach your maximum amount without providing evidence of insurability.
- Reductions:** Upon reaching certain ages, your original benefit amount will reduce to the percentage shown in the following schedule. The amounts of dependent life insurance and dependent AD&D principal sum will reduce according to the employee's reduction schedule.

Age:	65	70	75	80	85	90
Reduces To:	65%	45%	30%	20%	15%	10%

Payroll Deduction Illustration: Monthly Employee Options

Life & AD&D	0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$10,000	\$3.70	\$5.20	\$7.70	\$9.90	\$11.00	\$11.40	\$21.00	\$31.00	\$55.00	\$88.00	\$153.00	\$179.00	\$179.00
\$20,000	\$11.40	\$16.40	\$21.40	\$28.00	\$32.20	\$33.60	\$62.00	\$92.00	\$160.00	\$256.00	\$453.00	\$535.00	\$535.00
\$30,000	\$21.00	\$25.60	\$32.10	\$42.70	\$49.30	\$51.00	\$96.30	\$143.00	\$255.00	\$404.00	\$745.90	\$883.70	\$883.70
\$40,000	\$28.00	\$33.80	\$42.80	\$56.00	\$64.40	\$66.40	\$128.40	\$192.00	\$336.00	\$532.00	\$961.20	\$1136.00	\$1136.00
\$50,000	\$35.00	\$42.00	\$53.50	\$69.50	\$80.50	\$83.00	\$160.50	\$240.50	\$420.00	\$644.00	\$1176.50	\$1399.50	\$1399.50
\$100,000	\$70.00	\$84.00	\$107.00	\$139.00	\$161.00	\$166.00	\$321.00	\$481.00	\$840.00	\$1288.00	\$2353.00	\$2799.00	\$2799.00
\$110,000	\$77.00	\$92.40	\$115.40	\$149.60	\$173.20	\$178.00	\$348.00	\$522.00	\$924.00	\$1396.00	\$2568.00	\$3069.00	\$3069.00
\$120,000	\$84.00	\$100.80	\$125.60	\$161.60	\$187.20	\$192.00	\$372.00	\$552.00	\$984.00	\$1496.00	\$2816.00	\$3388.00	\$3388.00
\$130,000	\$91.00	\$109.20	\$136.30	\$175.30	\$202.30	\$207.00	\$400.30	\$595.00	\$1056.00	\$1616.00	\$3032.00	\$3664.00	\$3664.00
\$150,000	\$105.00	\$126.00	\$157.50	\$201.00	\$231.00	\$236.00	\$465.00	\$695.00	\$1220.00	\$1830.00	\$3385.00	\$4062.00	\$4062.00

Spouse Options

Life & AD&D	0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69
\$5,000	\$3.35	\$4.35	\$5.35	\$6.45	\$7.55	\$8.70	\$11.05	\$15.55	\$22.50	\$34.40	\$53.65
\$10,000	\$6.70	\$8.70	\$10.70	\$12.90	\$15.10	\$17.40	\$22.10	\$31.10	\$45.00	\$68.80	\$107.30
\$20,000	\$13.40	\$17.40	\$21.40	\$25.80	\$30.20	\$34.80	\$44.20	\$62.20	\$90.00	\$137.60	\$214.60
\$25,000	\$16.75	\$21.75	\$26.75	\$32.25	\$37.75	\$43.50	\$55.25	\$77.75	\$112.50	\$172.00	\$268.25
\$30,000	\$20.10	\$26.10	\$32.10	\$38.70	\$46.30	\$53.00	\$66.30	\$93.30	\$139.00	\$208.40	\$316.90

Child Options

Life & AD&D	Child(ren) 6 months to age 19, or 25 if full-time student	Child(ren) live birth to 6 months	Deduction amount Child(ren)
Option 1:	\$10,000	\$1,000	\$2.40

Note: Employee and Spouse premiums are based on your age as of 03/01 and amount of coverage chosen. Child premiums are for all eligible children combined.

OneAmericaSM is the marketing name for the companies of OneAmerica.

Keystone Learning Services

Class: 1

Rate Effective Date: 9/1/2019



Keystone Learning Services
Voluntary Life Benefit Summary
Class 1 - All FT Eligible 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	A flat amount in \$10,000 increments with a Minimum of \$10,000 and a Maximum of \$500,000 not to exceed 5 times your annual base salary, rounded to the next higher \$10,000.
Guaranteed Issue Amount	\$150,000
Accidental Death & Dismemberment (AD&D) Principal Sum Amount	A flat amount in \$10,000 increments with a Minimum of \$10,000 and a Maximum of \$500,000 not to exceed 5 times your annual base salary, rounded to the next higher \$10,000.
Definition of Earnings	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.
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% 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 6 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 policy. The Employee can refer to his or her Certificate for specific details of this provision.
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.

Guaranteed Increase Benefit (GIB)

If eligible, you may apply for an additional amount of coverage offered by AUL at each approved scheduled enrollment period without providing Evidence of Insurability. The amount of coverage after the increase can not be greater than the maximum amount of coverage available.

Life Event Benefit (LEB)

If eligible and a qualifying Life event has occurred, you may apply for an additional amount of coverage. The amount of coverage after the increase can not be greater than the maximum amount of coverage available.

Accidental Death & Dismemberment (AD&D)

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.

Voluntary Dependent Term Life and AD&D

Plan 1

Employee's Spouse Under age 70 - A flat amount in \$5,000 increments with a Minimum of \$5,000 and a Maximum of \$250,000 not to exceed 100% of your Life amount. The spouse Guaranteed Issue amount is \$30,000.

Dependent Child* - 6 months to age 19, or 25 if full-time student \$10,000

Dependent Child - Live birth to 6 months \$1,000

*Age and definition of Child(ren) may vary by state.

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

Repatriation
Spouse/Child Higher Education
Disappearance
Exposure
Spouse/Child Care
Dependent Spouse Accelerated Life Benefit (ALB)

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 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

You may select a minimum weekly benefit of \$200 up to a maximum Weekly benefit of \$1,500, in increments of \$100, not to exceed 66.67% of your weekly pre-disability earnings.

Elimination Period	Maximum Benefit Duration	Pre-Existing Condition Period
0 days injury / 3 days sickness	26 weeks	3 months / 12 months

Option 1 Payroll Deduction Illustration: Monthly

If your annual salary is at least:	You may select a Weekly benefit of:	0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$15,599	\$200	\$19.50	\$19.50	\$19.50	\$19.50	\$19.50	\$19.50	\$19.50	\$19.50	\$19.50	\$19.50	\$19.50	\$19.50	\$19.50
\$23,399	\$300	\$29.25	\$29.25	\$29.25	\$29.25	\$29.25	\$29.25	\$29.25	\$29.25	\$29.25	\$29.25	\$29.25	\$29.25	\$29.25
\$31,198	\$400	\$39.00	\$39.00	\$39.00	\$39.00	\$39.00	\$39.00	\$39.00	\$39.00	\$39.00	\$39.00	\$39.00	\$39.00	\$39.00
\$38,998	\$500	\$48.75	\$48.75	\$48.75	\$48.75	\$48.75	\$48.75	\$48.75	\$48.75	\$48.75	\$48.75	\$48.75	\$48.75	\$48.75
\$46,798	\$600	\$58.50	\$58.50	\$58.50	\$58.50	\$58.50	\$58.50	\$58.50	\$58.50	\$58.50	\$58.50	\$58.50	\$58.50	\$58.50
\$54,597	\$700	\$68.25	\$68.25	\$68.25	\$68.25	\$68.25	\$68.25	\$68.25	\$68.25	\$68.25	\$68.25	\$68.25	\$68.25	\$68.25
\$62,397	\$800	\$78.00	\$78.00	\$78.00	\$78.00	\$78.00	\$78.00	\$78.00	\$78.00	\$78.00	\$78.00	\$78.00	\$78.00	\$78.00
\$70,196	\$900	\$87.75	\$87.75	\$87.75	\$87.75	\$87.75	\$87.75	\$87.75	\$87.75	\$87.75	\$87.75	\$87.75	\$87.75	\$87.75
\$77,996	\$1,000	\$97.50	\$97.50	\$97.50	\$97.50	\$97.50	\$97.50	\$97.50	\$97.50	\$97.50	\$97.50	\$97.50	\$97.50	\$97.50
\$116,994	\$1,500	\$146.25	\$146.25	\$146.25	\$146.25	\$146.25	\$146.25	\$146.25	\$146.25	\$146.25	\$146.25	\$146.25	\$146.25	\$146.25

Worksite Short Term Disability Coverage Option 2

You may select a minimum weekly benefit of \$200 up to a maximum Weekly benefit of \$1,500, in increments of \$100, not to exceed 66.67% of your weekly pre-disability earnings.

Elimination Period	Maximum Benefit Duration	Pre-Existing Condition Period
7 days injury / 7 days sickness	26 weeks	3 months / 12 months

Option 2 Payroll Deduction Illustration: Monthly

If your annual salary is at least:	You may select a Weekly benefit of:	0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$15,599	\$200	\$14.70	\$14.70	\$14.70	\$14.70	\$14.70	\$14.70	\$14.70	\$14.70	\$14.70	\$14.70	\$14.70	\$14.70	\$14.70
\$23,399	\$300	\$22.05	\$22.05	\$22.05	\$22.05	\$22.05	\$22.05	\$22.05	\$22.05	\$22.05	\$22.05	\$22.05	\$22.05	\$22.05
\$31,198	\$400	\$29.40	\$29.40	\$29.40	\$29.40	\$29.40	\$29.40	\$29.40	\$29.40	\$29.40	\$29.40	\$29.40	\$29.40	\$29.40
\$38,998	\$500	\$36.75	\$36.75	\$36.75	\$36.75	\$36.75	\$36.75	\$36.75	\$36.75	\$36.75	\$36.75	\$36.75	\$36.75	\$36.75
\$46,798	\$600	\$44.10	\$44.10	\$44.10	\$44.10	\$44.10	\$44.10	\$44.10	\$44.10	\$44.10	\$44.10	\$44.10	\$44.10	\$44.10
\$54,597	\$700	\$51.45	\$51.45	\$51.45	\$51.45	\$51.45	\$51.45	\$51.45	\$51.45	\$51.45	\$51.45	\$51.45	\$51.45	\$51.45
\$62,397	\$800	\$58.80	\$58.80	\$58.80	\$58.80	\$58.80	\$58.80	\$58.80	\$58.80	\$58.80	\$58.80	\$58.80	\$58.80	\$58.80
\$70,196	\$900	\$66.15	\$66.15	\$66.15	\$66.15	\$66.15	\$66.15	\$66.15	\$66.15	\$66.15	\$66.15	\$66.15	\$66.15	\$66.15
\$77,996	\$1,000	\$73.50	\$73.50	\$73.50	\$73.50	\$73.50	\$73.50	\$73.50	\$73.50	\$73.50	\$73.50	\$73.50	\$73.50	\$73.50
\$116,994	\$1,500	\$110.25	\$110.25	\$110.25	\$110.25	\$110.25	\$110.25	\$110.25	\$110.25	\$110.25	\$110.25	\$110.25	\$110.25	\$110.25

Note: Premiums are based on your weekly salary and your age as of 03/01.

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

Keystone Learning Services

Class: 1

Rate Effective Date: 9/1/2019



Worksite Short Term Disability Coverage Option 3

You may select a minimum weekly benefit of \$200 up to a maximum Weekly benefit of \$1,500, in increments of \$100, not to exceed 66.67% of your weekly pre-disability earnings.

Elimination Period

14 days injury / 14 days sickness

Maximum Benefit Duration

26 weeks

Pre-Existing Condition Period

3 months / 12 months

Option 3 Payroll Deduction Illustration: Monthly

If your annual salary is at least:	You may select a Weekly benefit of:	0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$15,599	\$200	\$11.60	\$11.60	\$11.60	\$11.60	\$11.60	\$11.60	\$11.60	\$11.60	\$11.60	\$11.60	\$11.60	\$11.60	\$11.60
\$23,399	\$300	\$17.40	\$17.40	\$17.40	\$17.40	\$17.40	\$17.40	\$17.40	\$17.40	\$17.40	\$17.40	\$17.40	\$17.40	\$17.40
\$31,198	\$400	\$23.20	\$23.20	\$23.20	\$23.20	\$23.20	\$23.20	\$23.20	\$23.20	\$23.20	\$23.20	\$23.20	\$23.20	\$23.20
\$38,998	\$500	\$29.00	\$29.00	\$29.00	\$29.00	\$29.00	\$29.00	\$29.00	\$29.00	\$29.00	\$29.00	\$29.00	\$29.00	\$29.00
\$46,798	\$600	\$34.80	\$34.80	\$34.80	\$34.80	\$34.80	\$34.80	\$34.80	\$34.80	\$34.80	\$34.80	\$34.80	\$34.80	\$34.80
\$54,597	\$700	\$40.60	\$40.60	\$40.60	\$40.60	\$40.60	\$40.60	\$40.60	\$40.60	\$40.60	\$40.60	\$40.60	\$40.60	\$40.60
\$62,397	\$800	\$46.40	\$46.40	\$46.40	\$46.40	\$46.40	\$46.40	\$46.40	\$46.40	\$46.40	\$46.40	\$46.40	\$46.40	\$46.40
\$70,196	\$900	\$52.20	\$52.20	\$52.20	\$52.20	\$52.20	\$52.20	\$52.20	\$52.20	\$52.20	\$52.20	\$52.20	\$52.20	\$52.20
\$77,996	\$1,000	\$58.00	\$58.00	\$58.00	\$58.00	\$58.00	\$58.00	\$58.00	\$58.00	\$58.00	\$58.00	\$58.00	\$58.00	\$58.00
\$116,994	\$1,500	\$87.00	\$87.00	\$87.00	\$87.00	\$87.00	\$87.00	\$87.00	\$87.00	\$87.00	\$87.00	\$87.00	\$87.00	\$87.00

Worksite Short Term Disability Coverage Option 4

You may select a minimum weekly benefit of \$200 up to a maximum Weekly benefit of \$1,500, in increments of \$100, not to exceed 66.67% of your weekly pre-disability earnings.

Elimination Period

30 days injury / 30 days sickness

Maximum Benefit Duration

26 weeks

Pre-Existing Condition Period

3 months / 12 months

Option 4 Payroll Deduction Illustration: Monthly

If your annual salary is at least:	You may select a Weekly benefit of:	0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$15,599	\$200	\$9.00	\$9.00	\$9.00	\$9.00	\$9.00	\$9.00	\$9.00	\$9.00	\$9.00	\$9.00	\$9.00	\$9.00	\$9.00
\$23,399	\$300	\$13.50	\$13.50	\$13.50	\$13.50	\$13.50	\$13.50	\$13.50	\$13.50	\$13.50	\$13.50	\$13.50	\$13.50	\$13.50
\$31,198	\$400	\$18.00	\$18.00	\$18.00	\$18.00	\$18.00	\$18.00	\$18.00	\$18.00	\$18.00	\$18.00	\$18.00	\$18.00	\$18.00
\$38,998	\$500	\$22.50	\$22.50	\$22.50	\$22.50	\$22.50	\$22.50	\$22.50	\$22.50	\$22.50	\$22.50	\$22.50	\$22.50	\$22.50
\$46,798	\$600	\$27.00	\$27.00	\$27.00	\$27.00	\$27.00	\$27.00	\$27.00	\$27.00	\$27.00	\$27.00	\$27.00	\$27.00	\$27.00
\$54,597	\$700	\$31.50	\$31.50	\$31.50	\$31.50	\$31.50	\$31.50	\$31.50	\$31.50	\$31.50	\$31.50	\$31.50	\$31.50	\$31.50
\$62,397	\$800	\$36.00	\$36.00	\$36.00	\$36.00	\$36.00	\$36.00	\$36.00	\$36.00	\$36.00	\$36.00	\$36.00	\$36.00	\$36.00
\$70,196	\$900	\$40.50	\$40.50	\$40.50	\$40.50	\$40.50	\$40.50	\$40.50	\$40.50	\$40.50	\$40.50	\$40.50	\$40.50	\$40.50
\$77,996	\$1,000	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00
\$116,994	\$1,500	\$67.50	\$67.50	\$67.50	\$67.50	\$67.50	\$67.50	\$67.50	\$67.50	\$67.50	\$67.50	\$67.50	\$67.50	\$67.50

Note: Premiums are based on your weekly salary and your age as of 03/01.

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

Keystone Learning Services

Class: 1

Rate Effective Date: 9/1/2019



Keystone Learning Services
Worksite Disability - Short Term Benefit Summary
Class 1 - All eligible full-time employees - Plan 1

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.
Benefit Amount	Increments of \$100 per week, not to exceed 66.67% of an Employee's Covered Weekly Earnings to a maximum benefit of \$1,500, then reduced by Other Income Benefits as outlined in the certificate. The minimum weekly benefit is \$25.
Definition of Earnings	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.
Elimination Period	0 days for injury or 3 days for sickness. This is the period of consecutive days of disability for which no benefit is payable.
Maximum Benefit Duration	26 weeks. This is the length of time that an insured Employee may be entitled to benefits if continuously disabled as outlined in the Certificate.
Maternity Coverage	Benefits will be paid the same as any other qualifying disability, subject to any applicable pre-existing condition exclusion.
Total Disability	You are considered disabled if, because of injury or sickness, you cannot perform the material and substantial duties of your regular job; you are not working in any occupation and are under the regular attendance of a physician for that injury or sickness.
Partial Disability	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 your regular job on a full-time basis, is performing at least one of the material and substantial duties of your regular job, 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.
Residual Disability	The elimination period can be met using total disability, partial disability, or a combination of both.



Keystone Learning Services
Worksite Disability - Short Term Benefit Summary
Class 1 - All eligible full-time employees - Plan 2

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.
Benefit Amount	Increments of \$100 per week, not to exceed 66.67% of an Employee's Covered Weekly Earnings to a maximum benefit of \$1,500, then reduced by Other Income Benefits as outlined in the certificate. The minimum weekly benefit is \$25.
Definition of Earnings	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.
Elimination Period	7 days for injury or 7 days for sickness. This is the period of consecutive days of disability for which no benefit is payable.
Maximum Benefit Duration	26 weeks. This is the length of time that an insured Employee may be entitled to benefits if continuously disabled as outlined in the Certificate.
Maternity Coverage	Benefits will be paid the same as any other qualifying disability, subject to any applicable pre-existing condition exclusion.
Total Disability	You are considered disabled if, because of injury or sickness, you cannot perform the material and substantial duties of your regular job; you are not working in any occupation and are under the regular attendance of a physician for that injury or sickness.
Partial Disability	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 your regular job on a full-time basis, is performing at least one of the material and substantial duties of your regular job, 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.
Residual Disability	The elimination period can be met using total disability, partial disability, or a combination of both.



Keystone Learning Services
Worksite Disability - Short Term Benefit Summary
Class 1 - All eligible full-time employees - Plan 3

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.
Benefit Amount	Increments of \$100 per week, not to exceed 66.67% of an Employee's Covered Weekly Earnings to a maximum benefit of \$1,500, then reduced by Other Income Benefits as outlined in the certificate. The minimum weekly benefit is \$25.
Definition of Earnings	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.
Elimination Period	14 days for injury or 14 days for sickness. This is the period of consecutive days of disability for which no benefit is payable.
Maximum Benefit Duration	26 weeks. This is the length of time that an insured Employee may be entitled to benefits if continuously disabled as outlined in the Certificate.
Maternity Coverage	Benefits will be paid the same as any other qualifying disability, subject to any applicable pre-existing condition exclusion.
Total Disability	You are considered disabled if, because of injury or sickness, you cannot perform the material and substantial duties of your regular job; you are not working in any occupation and are under the regular attendance of a physician for that injury or sickness.
Partial Disability	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 your regular job on a full-time basis, is performing at least one of the material and substantial duties of your regular job, 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.
Residual Disability	The elimination period can be met using total disability, partial disability, or a combination of both.



Keystone Learning Services
Worksite Disability - Short Term Benefit Summary
Class 1 - All eligible full-time employees - Plan 4

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.
Benefit Amount	Increments of \$100 per week, not to exceed 66.67% of an Employee's Covered Weekly Earnings to a maximum benefit of \$1,500, then reduced by Other Income Benefits as outlined in the certificate. The minimum weekly benefit is \$25.
Definition of Earnings	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.
Elimination Period	30 days for injury or 30 days for sickness. This is the period of consecutive days of disability for which no benefit is payable.
Maximum Benefit Duration	26 weeks. This is the length of time that an insured Employee may be entitled to benefits if continuously disabled as outlined in the Certificate.
Maternity Coverage	Benefits will be paid the same as any other qualifying disability, subject to any applicable pre-existing condition exclusion.
Total Disability	You are considered disabled if, because of injury or sickness, you cannot perform the material and substantial duties of your regular job; you are not working in any occupation and are under the regular attendance of a physician for that injury or sickness.
Partial Disability	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 your regular job on a full-time basis, is performing at least one of the material and substantial duties of your regular job, 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.
Residual Disability	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.

Voluntary Cancer Insurance

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U.S. men have slightly less than a 1 in 2 risk of developing cancer; for women, the risk is a little more than 1 in 3.

- American Cancer Society.
Cancer Facts & Figures, 2017.

Underwritten by:
 **SHENANDOAH LIFE**
INSURANCE COMPANY
A Prosperity Life Group[®] Company



Cancer voluntary coverage pays cash benefits when you may need it most

With our cancer plan, you'll receive benefits that follow a positive diagnosis of an internal cancer during the term of your coverage. You and your loved ones can rest a little easier knowing you have protection in place to help avoid depleting your bank accounts or taking on additional debt to cover day-to-day living expenses.

Why do I need cancer coverage?

Cancer plans can assist you with a variety of expenses so you can focus on getting better. You can spend the benefits however you want, on direct or indirect costs associated with the illness:

- Make your mortgage payments
- Hire extra help for around the house, such as in-home caregivers
- Help cover medical bills as well as therapy and training
- Pay for travel to treatment facilities away from home - and for family visits

In addition to the physical and emotional effects, people who are diagnosed with cancer may see a costly impact on their expenses. You may need additional help to absorb the expense of paying for drugs and other direct and indirect costs associated with cancer.

Here's how it works

Benefit payments are made directly to you in most cases, placing you in control at a time when you may feel that your options are limited. The base benefit is available to you upon your initial cancer diagnosis, so it's there when you need it most. You'll save on your premiums because coverage through your employer typically is less expensive than purchasing on your own. And you can pay premiums through automatic payroll deduction. You can continue the coverage even if you change employers.

Act now

You've probably taken some steps to protect your assets and future financial stability with a health plan, life insurance, savings, etc. Take an additional step to round out your coverage and help you and your loved ones financially in the event of an unexpected cancer occurrence.

Product is issued by Shenandoah Life Insurance Company, a member of Prosperity Life Group. Prosperity Life Group is a marketing name for the member companies of Prosperity Life Insurance Group LLC. The issuing company is solely responsible for its own financial and contractual obligations. AM Best rating is as of date of publication. For latest rating, see www.ambest.com.

Form 6180 KS -4/20

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Voluntary Cancer Insurance

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Kansas

Keystone Learning Center

Coverage type

Cancer Insurance provides benefits for treatment and care related to a positive diagnosis of Cancer (as defined below) first made during the term of the coverage. Coverage is available to the employee, spouse, and dependent children. **Certain limitations and exclusions, including a pre-existing condition limitation, apply. See page 14 for further details.**

Base Coverage Benefit	Level 1	Level 2
<p>First Occurrence Cancer Benefit</p> <p>If a Covered Person receives a positive diagnosis of Cancer while coverage is in force, we will pay the First Occurrence Cancer Benefit amount. If the Covered Person is a child under the age of 21, we will pay one and one-half times this amount. This benefit is payable one time only per lifetime of each Covered Person, regardless of the number of positive diagnoses of Cancer that a Covered Person may have.</p> <p>For purposes of this cancer plan, "Cancer" means a malignant neoplasm, which is characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue, and which is not specifically hereafter excluded. Leukemias and lymphomas are included. Cancer must be diagnosed pursuant to a pathological or clinical diagnosis.</p> <p>The following are not considered Cancer:</p> <ul style="list-style-type: none"> • pre-malignant lesions (such as intraepithelial neoplasia); or • benign tumors or polyps; or • early prostate Cancer diagnosed as T1N0M0 or equivalent staging; <p>or</p> <ul style="list-style-type: none"> • Cancer In Situ; or • any skin cancer (other than invasive malignant melanoma in the dermis or deeper or skin malignancies that have become metastatic). <p>Continuation of Coverage Benefit</p> <p>We will waive all monthly premiums due for the Certificate and in force riders for two months if You meet all of the following conditions:</p> <ul style="list-style-type: none"> • Your Certificate has been in force for at least six months; • We have received premiums for at least six consecutive months; • Your premiums have been paid through list bill, common remitter or payroll deduction; • You or the Policyholder has notified Us in writing within 31 days of the date Your premium payments ceased due to You being no longer affiliated with the Policyholder; and • You re-establish premium payments through: a) a new list bill, common remitter or payroll deduction process through current employment; or b) direct payment to Us in an automatic deduction system established by Us. <p>You will become eligible again to receive this benefit after: a) You re-establish the premium payments through list bill, common remitter or payroll deduction for a period of at least six months; and b) We receive premiums for at least six consecutive months.</p>	<p>\$3,000</p> <p>per lifetime</p>	<p>\$5,000</p> <p>per lifetime</p>

This is not a complete disclosure of plan qualifications and limitations. Please review this information before applying for coverage. The amount of benefits provided depends on the plan selected. Premiums will vary according to the selection made. **THIS POLICY PROVIDES LIMITED BENEFITS AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE.**

Policy/Rider Numbers: L-1061P, L-1061C – 10/16 KS, R-2068, R-2069, R-2070, R-2073, R-2074, R-2076, R-2077, R-2078.

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Not available in all states.

Voluntary Cancer Insurance

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Waiver of Premium Benefit

We will waive the premiums for the Certificate and in force riders starting on the first premium due date following a 60 day period of Total Disability of the Named Insured due to Cancer. If 60 days or less separate two periods of Total Disability for the same Cancer, the second will be a continuation of the first. The Named Insured must: (1) be receiving treatment for such Cancer for which benefits are payable under the Certificate; and (2) remains disabled for 60 consecutive days. We will waive premiums for as long as the Named Insured remains Totally Disabled. Premiums will be waived in accordance with the mode of payment in effect when treatment began. If the Named Insured is retired or age 65 and over at the time he or she becomes Totally Disabled, the definition of Total Disability will mean the inability to perform two (2) or more Activities of Daily Living (ADLs) without the assistance of another person. We may ask for and use an independent consultant to determine whether the Named Insured can perform an ADL when this benefit is in force.

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Policy/Rider Numbers: L-1061P, L-1061C – 10/16 KS, R-2068, R-2069, R-2070, R-2073, R-2074, R-2076, R-2077, R-2078.

Underwritten by: Shenandoah Life Insurance Company, member of the Prosperity Life Group.

Not available in all states.

Form 6180 KS -4/20

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Voluntary Cancer Insurance

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Optional Benefit Riders	Level 1	Level 2
<div><div>ANNUAL WELLNESS SCREENING BENEFIT RIDER</div><div><div>Basic Screening Benefit</div><p>We will pay the Basic Screening Benefit amount per Calendar Year per Covered Person for screening tests performed to determine whether Cancer exists in a Covered Person. Covered annual Cancer screening tests include but are not limited to the following:</p><div><div><ul style="list-style-type: none">MammogramBreast UltrasoundPap SmearThin-PrepFlexible SigmoidoscopyBiopsyHemoccultStool SpecimenChest X-Ray</div><div><ul style="list-style-type: none">CEA (blood test for colon cancer)ThermographyPSA (blood test for prostate cancer)ColonoscopyCA 125 (blood test for ovarian cancer)Serum Protein Electrophoresis (blood test for myeloma)CA 15-3 (blood test for breast cancer)</div></div><div><div>Additional Invasive Diagnostic Procedure Benefit</div><p>We will pay two times the Basic Screening Benefit amount per Calendar Year for the Basic Screening Benefit, per Covered Person for one additional invasive diagnostic procedure required as the result of an abnormal cancer screening test for which benefits are payable under the Basic Screening Benefit above. Invasive diagnostic procedure means a procedure requiring an excision or the insertion of an instrument in the body. This additional benefit is payable regardless of the results of the additional diagnostic procedure.</p><div><div>Cancer Vaccine Benefit</div><p>We will pay one-half the Basic Screening Benefit amount per lifetime of each Covered Person for a United States FDA approved cancer vaccine administered to a Covered Person.</p></div></div></div></div> <div><div>\$100</div><div>\$100</div><div>per Calendar Year</div><div>per Calendar Year</div><div>2x Basic Screening Benefit</div><div>per Calendar Year</div><div>½ Basic Screening Benefit</div><div>per lifetime</div></div>	<div><div>MEDICAL IMAGING AND MEDICATION BENEFITS RIDER</div><div><div>Medical Imaging, Treatment Planning, and Monitoring Expense Benefit</div><p>We will pay the Charge Incurred, but not to exceed \$1,000 per Calendar Year, for any combination of laboratory tests, routine or diagnostic X-rays, scans or medical images and their interpretation when used in the planning or monitoring of external radiation , internal radiation, Chemotherapy or Immunotherapy treatments of Cancer.</p></div></div> <div><div>Charge Incurred, up to \$1000 per Calendar Year</div><div>Charge Incurred, up to \$1000 per Calendar Year</div></div>	

This is not a complete disclosure of plan qualifications and limitations. Please review this information before applying for coverage. The amount of benefits provided depends on the plan selected. Premiums will vary according to the selection made. **THIS POLICY PROVIDES LIMITED BENEFITS.**
Policy/Rider Numbers: L-1061P, L-1061C – 10/16 KS, R-2068, R-2069, R-2070, R-2073, R-2074, R-2076, R-2077, R-2078.
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<p>Anti-Nausea Medication Expense Benefit</p> <p>We will pay the Charge Incurred for anti-nausea medication, but not to exceed \$150 per calendar month, when a Covered Person is prescribed such medication as the result of Radiation Treatment, Chemotherapy or Immunotherapy treatments for Cancer.</p>	<p>Charge Incurred, up to \$150 per Calendar Month</p> <p>Charge Incurred, up to \$150 per Calendar Month</p>
<p>Colony Stimulating Factor or Immunoglobulin Expense Benefit</p> <p>We will pay the Charge Incurred, but not to exceed \$1,000 per Calendar Month, for Colony Stimulating Factor drugs or Immunoglobulins prescribed by a Physician or Oncologist during a Covered Person's Cancer treatment regimen for which benefits are payable under the optional Daily, Monthly or Annual Radiation Treatment, Chemotherapy, Immunotherapy and Experimental Treatment Benefit Riders.</p>	<p>Charge Incurred, up to \$1000 per Calendar Month</p> <p>Charge Incurred, up to \$1000 per Calendar Month</p>
<p>• SURGICAL EXPENSE BENEFIT RIDER</p> <p>Surgical Expense Benefit</p> <p>We will pay a Surgical Expense Benefit for a surgical procedure for the treatment of Cancer (except Skin Cancer) in accordance with the Surgical Schedule contained in the Rider. The surgery may be performed either as an inpatient of a Hospital or as an outpatient in a Hospital, Ambulatory Surgical Center, Physician's office or other free standing medical facility.</p> <p>We will not pay more than the Charge Incurred for any surgical procedure.</p> <p>Anesthesia Expense Benefit</p> <p>When a surgical procedure is performed that is a covered surgical expense and the Covered Person incurs charges for anesthesia, we will pay the Charge Incurred for the anesthesia not to exceed an amount equal to 30% of the covered Surgical Expense Benefit for the operation performed. This includes the services of a professional anesthesiologist or of an anesthesiologist under supervision of a Physician for the purpose of administering anesthesia.</p> <p>Skin Cancer Surgical Expense Benefit</p> <p>When there is a positive diagnosis of Skin Cancer of a Covered Person and a cutting surgical procedure is performed to remove the positively diagnosed Skin Cancer, we will pay the Charge Incurred, not to exceed the amount shown below, for such surgical removal:</p> <ul style="list-style-type: none"> • Biopsy \$125 • Excision of lesion of skin \$350 • Excision of lesion of skin with flap or graft \$750 <p>This benefit is payable in lieu of any benefits for Surgical Expense and Anesthesia Expense which are not applicable to Skin Cancer.</p>	<p>\$4,500 Maximum Benefit Amount</p> <p>\$4,500 Maximum Benefit Amount</p> <p>Charge Incurred, up to 30% of the Surgical Expense Benefit Amount</p> <p>Charge Incurred, up to 30% of the Surgical Expense Benefit Amount</p> <p>Charge Incurred, up to Indicated Amounts</p> <p>Charge Incurred, up to Indicated Amounts</p>

This is not a complete disclosure of plan qualifications and limitations. Please review this information before applying for coverage. The amount of benefits provided depends on the plan selected. Premiums will vary according to the selection made. **THIS POLICY PROVIDES LIMITED BENEFITS.**
Policy/Rider Numbers: L-1061P, L-1061C - 10/16 KS, R-2068, R-2069, R-2070, R-2073, R-2074, R-2076, R-2077, R-2078.
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<p>• DAILY HOSPITAL CONFINEMENT BENEFIT RIDER</p> <p>Confinements of 30 Days or Less - We will pay the Daily Hospital Confinement Benefit amount for each of the first 30 days in each Period of Hospital Confinement during which a Covered Person is confined to a Hospital, including a Government or Charity Hospital, for the treatment of Cancer.</p> <p>Confinements lasting longer than 30 Consecutive Days – If a Covered Person is continuously confined to a Hospital, including a Government or Charity Hospital, for longer than 30 consecutive days for the treatment of Cancer, we will pay two times the Daily Hospital Confinement Benefit amount. This benefit payment will begin on the 31st continuous day of such confinement and continue for each day of confinement until the Covered Person is discharged from the Hospital.</p> <p>Benefits for an insured Dependent Child under Age 21 - Benefits payable under this Rider will be double the Daily Hospital Confinement Benefit amount if payable Daily Hospital Confinement Benefits are for a covered dependent child under the age of 21.</p>	<p>\$150 per day</p> <p>\$150 per day</p>
<p>• ANNUAL RADIATION, CHEMOTHERAPY, IMMUNOTHERAPY AND EXPERIMENTAL TREATMENT EXPENSE BENEFIT RIDER</p> <p>We will pay the Charge Incurred in any one Calendar Year by a Covered Person for:</p> <ol style="list-style-type: none"> 1. Chemotherapy (including Hormonal Therapy) or Immunotherapy injected by a Chemotherapist, an Oncologist, Physician, or other legally qualified medical personnel in the office of an Oncologist or Physician, a Chemotherapy Treatment Center, a Hospital or Clinic; 2. Self-administered or oral Chemotherapy or Immunotherapy; 3. Radiation Treatment administered by a Radiation Therapist, an Oncologist, Physician, or other legally qualified medical personnel in the office of an Oncologist or Physician, a Radiation Treatment Center, a Hospital or Clinic. Benefits payable for interstitial or intracavitary applications of Radiation Treatments are payable on the day of insertion only and not for each day the Radiation Treatment remains in the body; and 4. Experimental Treatment. <p>Treatment may be on an Inpatient or Outpatient basis.</p> <p>*The Annual Radiation Treatment, Chemotherapy, Immunotherapy, and Experimental Treatment Benefit amount is the maximum we will pay in any one Calendar Year for each Covered Person's Cancer treatments regardless of the number or types of treatments received.</p>	<p>Charge Incurred, up to \$10,000 per Calendar Year*</p> <p>Charge Incurred, up to \$10,000 per Calendar Year*</p>

This is not a complete disclosure of plan qualifications and limitations. Please review this information before applying for coverage. The amount of benefits provided depends on the plan selected. Premiums will vary according to the selection made. **THIS POLICY PROVIDES LIMITED BENEFITS.**

Policy/Rider Numbers: L-1061P, L-1061C – 10/16 KS, R-2068, R-2069, R-2070, R-2073, R-2074, R-2076, R-2077, R-2078.

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A limited benefit policy
Group product base



<p>• HOSPITAL INTENSIVE CARE UNIT BENEFITS RIDER</p> <p>When a Covered Person is confined in an Intensive Care Unit or a Step-Down Unit after the Covered Person's Rider Effective Date, We will pay the benefits described in A., B., or C., below.</p> <p>Benefits under A., B. and C., are combined and limited to 45 days per each Period of Hospital Intensive Care Unit Confinement.</p> <p>A. Hospital Intensive Care Unit Benefit - We will pay the Hospital Intensive Care Unit Benefit amount for each day a Covered Person is confined in an Intensive Care Unit as the result of Sickness or Injury. Intensive Care Unit benefits will begin on the first day of such confinement.</p> <p>B. Double Intensive Care Unit Benefit - We will double the Hospital Intensive Care Unit Benefit amount for the initial Intensive Care Unit confinement if resulting from a Travel Related Injury. The double benefit for a Travel Related Injury is payable only for the initial Intensive Care Unit confinement that commences within 24 hours of the accident causing the Travel Related Injury. Double Intensive Care Unit Benefits are not payable for successive periods of confinement, even when part of the same Period of Hospital Intensive Care Unit Confinement.</p> <p>C. Step-Down Unit Benefit - We will pay one-half of the Hospital Intensive Care Unit Benefit amount for each day the Covered Person is confined in a Step-Down Unit as the result of Sickness or Injury.</p> <p>**Reduction</p> <p>On the date a Covered Person attains Age 75, and continuing thereafter, the Hospital Intensive Care Unit Benefit amount will be reduced by one-half.</p>		<p>\$600 per day**</p> <p>\$600 per day**</p> <p>2x Hospital Intensive Care Unit Benefit Amount</p> <p>2x Hospital Intensive Care Unit Benefit Amount</p> <p>½ Hospital Intensive Care Unit Benefit Amount</p> <p>½ Hospital Intensive Care Unit Benefit Amount</p>
<p>• SPECIFIED DISEASE BENEFIT RIDER</p> <p>Covered Specified Diseases:</p> <ul style="list-style-type: none"> Addison's Disease Amyotrophic Lateral Sclerosis Botulism Bovine Spongiform Budd-Chiari Syndrome Cystic Fibrosis Diphtheria Encephalitis Encephalopathy Epilepsy Hansen's Disease Histoplasmosis Legionnaire's Disease Lupus Erythematosus Lyme Disease Malaria Meningitis Multiple Sclerosis Muscular Dystrophy Myasthenia Gravis Neimann-Pick Disease Osteomyelitis Poliomyelitis Q Fever Rabies Reye's Syndrome Rheumatic Fever Rocky Mountain Spotted Fever Sickle Cell Anemia Tay-Sachs Disease Tetanus Toxic Epidermal Necrolysis Tuberculosis Tularemia Typhoid Fever Undulant Fever West Nile Virus Whipple's Disease Whooping Cough 		

This is not a complete disclosure of plan qualifications and limitations. Please review this information before applying for coverage. The amount of benefits provided depends on the plan selected. Premiums will vary according to the selection made. **THIS POLICY PROVIDES LIMITED BENEFITS.**

Policy/Rider Numbers: L-1061P, L-1061C – 10/16 KS, R-2068, R-2069, R-2070, R-2073, R-2074, R-2076, R-2077, R-2078.

Underwritten by: Shenandoah Life Insurance Company, member of the Prosperity Life Group.

Not available in all states.

Voluntary Cancer Insurance

A limited benefit policy
Group product base



<p>If a Covered Person is diagnosed with one or more Covered Specified Diseases and is hospitalized for definitive treatment, we will pay the following benefits:</p> <p>Initial Hospitalization Benefit</p> <p>We will pay the Initial Hospitalization Benefit amount when a Covered Person is confined to a Hospital for 12 or more hours as a result of receiving treatment for a Covered Specified Disease. This benefit is payable only once per Period of Hospital Confinement and only once per Calendar Year for each Covered Person.</p> <p>The Period of Hospital Confinement must start while the Rider is in force for the Covered Person. If the confinement follows a previously covered confinement, it will be deemed a continuation of the first confinement unless it is the result of an entirely different Covered Specified Disease, or unless the confinements are separated by 30 days or more.</p> <p>Hospital Confinement Benefit</p> <p>We will pay the Hospital Confinement Benefit amount per day when a Covered Person is hospitalized during any continuous period of 30 days or less for the treatment of a Covered Specified Disease. Benefits will double per day beginning with the 31st day of continuous confinement.</p>	<table> <tr> <td>\$1,500</td><td>\$1,500</td></tr> <tr> <td>per Calendar Year</td><td>per Calendar Year</td></tr> <tr> <td> </td><td> </td></tr> <tr> <td>\$100</td><td>\$100</td></tr> <tr> <td>per day</td><td>per day</td></tr> </table>	\$1,500	\$1,500	per Calendar Year	per Calendar Year	 	 	\$100	\$100	per day	per day
\$1,500	\$1,500										
per Calendar Year	per Calendar Year										
\$100	\$100										
per day	per day										
<p>• ADDITIONAL BENEFITS RIDER</p> <p>Positive Diagnosis Benefit</p> <p>We will pay the Charge Incurred, not to exceed \$300 per Calendar Year, for one test that confirms the positive diagnosis of Cancer in a Covered Person. This benefit is not payable for multiple diagnoses of the same Cancer, for Cancer that metastasizes, or for recurrence of the same Cancer.</p> <p>National Cancer Institute Designated Comprehensive Cancer Treatment Center Evaluation/Consultation Benefit</p> <p>If a Covered Person receives a positive diagnosis of Cancer and seeks an evaluation or consultation at a National Cancer Institute designated Comprehensive Cancer Treatment Center for the purpose of obtaining a treatment option, we will pay the Charge Incurred not to exceed a lifetime maximum of \$750. If the Comprehensive Cancer Treatment Center is located more than 30 miles from the Covered Person's place of residence, we will also pay the transportation and lodging expenses incurred not to exceed a lifetime maximum of \$350. This benefit is not payable on the same day a Second or Third Surgical Opinion Benefit is payable. This benefit is payable in lieu of the Non-Local Transportation and Lodging Expense Benefits of the Rider. This benefit is payable one time during the lifetime of the Covered Person.</p> <p>Second and Third Surgical Opinion Expense Benefit</p> <p>If surgery is recommended for the removal of Cancer, we will pay the Charge Incurred for a written second surgical opinion concerning the Cancer surgery. If the second surgical opinion is in conflict with the first opinion, we will pay the Charge Incurred for a written third surgical opinion. The Physician providing the second or third surgical opinion cannot be associated with the Physician who originally recommended the surgery. This benefit is not payable for the same day the National Cancer Institute Evaluation/Consulting</p>	<table> <tr> <td>Charge Incurred, subject to various maximums (see below)</td><td>Charge Incurred, subject to various maximums (see below)</td></tr> </table>	Charge Incurred, subject to various maximums (see below)	Charge Incurred, subject to various maximums (see below)								
Charge Incurred, subject to various maximums (see below)	Charge Incurred, subject to various maximums (see below)										

This is not a complete disclosure of plan qualifications and limitations. Please review this information before applying for coverage. The amount of benefits provided depends on the plan selected. Premiums will vary according to the selection made. **THIS POLICY PROVIDES LIMITED BENEFITS.**
Policy/Rider Numbers: L-1061P, L-1061C – 10/16 KS, R-2068, R-2069, R-2070, R-2073, R-2074, R-2076, R-2077, R-2078.
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Voluntary Cancer Insurance

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Group product base



Benefit is payable.

Outpatient Hospital or Ambulatory Surgical Center Expense Benefit

We will pay the Charge Incurred, not to exceed \$350 per day, made by an Ambulatory Surgical Center or Outpatient department of a Hospital for the use of its facilities during the performance of a surgical procedure covered under this Policy.

Outpatient Blood, Plasma and Platelets Expense Benefit

If, as the result of Cancer, a Covered Person requires blood, plasma, platelets or blood transfusions, on an Outpatient basis, we will pay the Charge Incurred not to exceed \$300 per day including the costs of procurement, administration, processing and cross matching.

Inpatient Blood, Plasma and Platelets Expense Benefit

If, as the result of Cancer, a Covered Person requires blood, plasma, platelets or blood transfusions, on an Inpatient basis, we will pay the Charge Incurred not to exceed \$300 per day including the costs of procurement, administration, processing and cross matching.

Bone Marrow Donor Expense Benefit

When a Covered Person receives bone marrow or stem cells from another live person for the purpose of a bone marrow or stem cell transplant in connection with the Covered Person's Cancer treatment, we will pay the Charge Incurred, not to exceed \$100 per day, for each day the donor is confined in a Hospital for the harvesting of bone marrow or stem cells used in a covered bone marrow or stem cell transplant.

Bone Marrow or Stem Cell Transplant Expense Benefit

We will pay the Charge Incurred not to exceed a lifetime maximum of \$15,000 for surgical and anesthesia procedures (including the harvesting and subsequent re-infusion of blood cells or peripheral stem cells) performed for a bone marrow transplant and/or a peripheral stem cell transplant for the treatment of a Covered Person's Cancer. This benefit will be paid in lieu of the benefit provided by the optional Surgical Expense Benefit Rider.

Inpatient Oxygen Expense Benefit

When a Covered Person is confined to a Hospital for the treatment of Cancer and requires oxygen used that is prescribed and ordered by a Physician, we will pay the Charge Incurred for the oxygen not to exceed \$300 per Hospital confinement.

Attending Physician Expense Benefit

We will pay the Charge Incurred not to exceed \$ 40 per day for the professional services of a Physician or Oncologist rendered to a Covered Person while he or she is confined in a Hospital for the treatment of Cancer. This benefit is payable only if the Physician or Oncologist personally visits the Hospital room occupied by the Covered Person. The benefit amount stated is the maximum amount payable for each day of Hospital confinement regardless of the number of visits made by one or more Physicians or Oncologists.

Inpatient Private Duty Nursing Expense Benefit

We will pay the Charge Incurred not to exceed \$150 per day for the full-time service of a Nurse that is required and ordered by a Physician when a Covered Person is confined in a Hospital for the treatment of Cancer. The Nurse must provide services other than those normally provided by the Hospital. The Nurse may not be an employee of the Hospital or an Immediate Family Member of the Covered Person.

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Policy/Rider Numbers: L-1061P, L-1061C – 10/16 KS, R-2068, R-2069, R-2070, R-2073, R-2074, R-2076, R-2077, R-2078.

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Voluntary Cancer Insurance

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Group product base



Outpatient Private Duty Nursing Expense Benefit

Following a Covered Person's Hospital confinement for the treatment of Cancer, we will pay the Charge Incurred not to exceed \$150 per day, limited to the same number of days of such Hospital confinement, for the full-time service of a Nurse that is required and ordered by a Physician when a Covered Person is confined indoors at home as the result of Cancer. This benefit is not payable if the services of the Nurse are custodial in nature or to assist the Covered Person in the activities of daily living. This benefit is not payable when the Nurse is a member of the Covered Person's Immediate Family.

Home Health Care Expense Benefit

We will pay benefits for the following covered charges when a Covered Person requires Home Health Care for the treatment of Cancer.

- a. Home Health Care Visits - We will pay the Charge Incurred for Home Health Care Visits not to exceed \$ 75 for each day on which one or more such visits occur. We will not pay this benefit for more than 60 days in any Calendar Year.
- b. Medicine and Supplies - We will pay the Charge Incurred not to exceed \$ 450 in any Calendar Year for drugs, medicine, and medical supplies provided by or on behalf of a Home Health Care Agency.
- c. Services of a Nutritionist - We will pay the Charge Incurred not to exceed a lifetime maximum of \$ 300 for the services of a nutritionist to set up programs for special dietary needs.

Convalescent Care Facility Expense Benefit

We will pay the Charge Incurred not to exceed \$ 100 per day for a Covered Person's confinement in a Convalescent Care Facility. The maximum number of days for which this benefit is payable will be the number of days in the Covered Person's last Period of Hospital Confinement that immediately preceded admission to the Convalescent Care Facility. The Convalescent Care Facility confinement must:

- a. be due to Cancer;
- b. begin within 14 days after the Covered Person has been discharged from a Hospital for the treatment of Cancer; and
- c. be authorized by a Physician as being medically necessary for the treatment of Cancer.

Hospice Care Expense Benefit

When a Covered Person, as a result of Cancer, requires Hospice Care, we will pay the Charge Incurred for Hospice Care not to exceed \$100 per day. This benefit is payable whether confinement is required in a Hospice Center or services are provided in the Covered Person's home by a Hospice Team. Eligibility for benefit payments will be based on the following conditions being met: (1) the Covered Person has been given a prognosis of being Terminally Ill with an estimated life expectancy of 6 months or less; and (2) We have received a written summary of such prognosis from the attending Physician. We will not pay this benefit while the Covered Person is confined to a Hospital or Convalescent Care Facility. The lifetime maximum benefit is 365 days of Hospice Care.

Non-Local Transportation Expense Benefit

We will pay the Charge Incurred for Non-Local transportation not to exceed coach fare on a Common Carrier for the Covered Person and one adult companion's travel to a Hospital, Radiation Therapy Treatment Center, Chemotherapy Treatment Center, Oncology Clinic or any other specialized treatment center where the Covered Person receives treatment for Cancer. This benefit is payable only if the treatment is not available Locally. The adult companion may include the live donor of bone marrow or stem cells used in a bone marrow or stem cell transplant for the Covered Person. At the option of the Covered Person, we will pay a single private vehicle mileage allowance of 50 cents per mile for Non-Local transportation in lieu of the common carrier coach fare.

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Policy/Rider Numbers: L-1061P, L-1061C – 10/16 KS, R-2068, R-2069, R-2070, R-2073, R-2074, R-2076, R-2077, R-2078.

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Voluntary Cancer Insurance

A limited benefit policy

Group product base



Lodging Expense Benefit

When a Covered Person receives treatment for Cancer at a Non-Local Hospital, Radiation Therapy Treatment Center, Chemotherapy Treatment Center, Oncology Clinic or any other specialized treatment center, we will pay the Charge Incurred not to exceed \$75 per day for a room in a motel, hotel or other appropriate lodging facility (other than a private residence). The room must be occupied by the Covered Person or an adult companion, which may include the live donor of bone marrow or stem cells used in a bone marrow or stem cell transplant for the Covered Person. This benefit is not payable for lodging expense incurred more than 24 hours before the treatment, nor for lodging expense incurred more than 24 hours following treatment. This benefit is limited to 100 days per Calendar Year.

Ambulance Expense Benefit

We will pay the Charge Incurred for ambulance service if a Covered Person is transported to a Hospital where he or she is admitted as an Inpatient for the treatment of Cancer. The ambulance service must be provided by a licensed professional ambulance company or an ambulance owned by the Hospital.

Prosthesis Expense Benefit

We will pay benefits for the following covered charges when a Covered Person requires a prosthesis for the treatment of Cancer:

- a. Surgically Implanted Breast Prosthesis – If a Covered Person sustains an amputation, as the result of treatment for Cancer, and a surgically implanted prosthetic device is prescribed by a Physician, we will pay the Charge Incurred not to exceed a maximum of \$3,000 per such device. This benefit has a total lifetime maximum benefit of \$6,000. The cost for the replacement of a prosthetic device is not covered. Hairpieces or wigs are not covered under this benefit.
- b. Non-Surgically Implanted Prosthesis – If a Covered Person sustains an amputation, as the result of treatment for Cancer, and an artificial limb or other non-surgically implanted prosthetic device is required and prescribed by a Physician to restore normal body function, we will pay the Charge Incurred not to exceed a lifetime maximum of \$2,000 per such device. The cost for the replacement of a prosthetic device is not covered. Hairpieces or wigs are not covered under this benefit.

Hairpiece Expense Benefit

If a Covered Person suffers hair loss due to treatment of Cancer, we will pay the Charge Incurred not to exceed a lifetime maximum of \$150 for the purchase of a wig or hairpiece.

Rental or Purchase of Medical Equipment Expense Benefit

If, as the result of Cancer, the attending Physician prescribes covered medical equipment designed for home use, we will pay the lesser of the Charge Incurred for the rental or purchase of such medical equipment not to exceed \$1,500 per Calendar Year. Monthly rental charges are not payable in advance. Covered medical equipment includes wheel chair, oxygen equipment, respirator, braces, crutches or hospital bed.

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Group product base



Physical, Speech And Audio Therapy Expense Benefit

We will pay the Charge Incurred not to exceed \$ 25 per therapy session for:

- a. Physical therapy treatments given by a licensed Physical Therapist, or
- b. Speech therapy given by a licensed Speech Pathologist/Therapist; or
- c. Audio therapy given by a licensed Audiologist.

These therapy sessions may be given at an institute of physical medicine and rehabilitation, a Hospital, or the Covered Person's home. These treatments must be given on an Outpatient basis, unless the primary purpose of a Hospital confinement is for treatment of Cancer other than with physical, speech or audio therapy. Benefits under this section may not exceed \$1,000 per Calendar Year.

Mental Health Consultation Benefit

We will pay the Charge Incurred not to exceed \$75 per session for mental health consultations provided by a Physician for a Covered Person receiving treatment for Cancer. Benefits are limited to a lifetime maximum of 50 sessions.

Child Tutorial Benefit

We will pay the Charge Incurred not to exceed \$20 per each one-hour session for educational tutoring provided by a qualified person for a covered Dependent child receiving treatment for Cancer. Benefits are limited to a lifetime maximum of 50 one-hour sessions. A qualified person providing the tutoring must not be an Immediate Family Member.

Wheelchair Accessible Home Modifications

When a Covered Person is confined to a wheel chair as the result of treatment of Cancer and benefits were paid for the wheel chair's rental or purchase under this Rider, we will pay the Charge Incurred not to exceed a lifetime maximum of \$1,000 for bathroom or door modification of the Covered Person's home which is required for wheel chair access by the Covered Person.

Child Care Benefit

We will pay the Charge Incurred not to exceed \$30 per day for each Dependent Child of Covered Person attending a Child Care Center while a Covered Person is confined to the Hospital or ICU due to treatment for Cancer. Benefits are limited to a lifetime maximum of 50 days.

Pet Boarding Benefit

We will pay the Charge Incurred not to exceed \$20 per day for all pets of a Covered Person attending a Pet Boarding Center while the Covered Person is confined to the Hospital or ICU due to treatment for Cancer. Benefits are limited to a lifetime maximum of 30 days.

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Policy/Rider Numbers: L-1061P, L-1061C – 10/16 KS, R-2068, R-2069, R-2070, R-2073, R-2074, R-2076, R-2077, R-2078.
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Voluntary Cancer Insurance

A limited benefit policy
Group product base



Pre-Existing Condition Limitation Period:
See page 14 for details.

12 months prior to Certificate Effective Date

Cancer Plan Proposed Rates:

Displaying monthly payroll deduction premium amounts (Plan premiums will not increase during the 2-year Rate Guarantee Period; after that premiums may be changed upon 45 days written notice).

Level One				Level Two			
EMPLOYEE	EMPLOYEE & SPOUSE	SINGLE PARENT FAMILY	TWO-PARENT FAMILY	EMPLOYEE	EMPLOYEE & SPOUSE	SINGLE PARENT FAMILY	TWO-PARENT FAMILY
\$25.77	\$40.24	\$28.96	\$43.53	\$27.77	\$43.31	\$31.20	\$46.83

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Group product base



CONDITIONS, LIMITATIONS AND EXCLUSIONS AFFECTING THE BENEFITS DESCRIBED ABOVE

ELIGIBILITY: All active employees over 18 years of age working a minimum of 20 hours per week.

LIMITATIONS AND EXCLUSIONS

Pre-Existing Condition Limitation

A pre-existing condition is a condition, whether diagnosed or not, for which symptoms existed within the Pre-Existing Condition Limitation Period, or for which medical advice or treatment was recommended or received from a physician within the same period. **Benefits will not be paid for any loss that is a Pre-Existing Condition, unless the Covered Person has satisfied the Pre-Existing Condition Limitation Period shown on the Certificate Schedule.**

No pre-existing condition limitation will be applied for dependent children who are born or adopted while the named insured is covered, and who are continuously covered from the date of birth or adoption. Credit toward the satisfaction of the Pre-Existing Condition Limitation Period will be given for any continuous time the covered person was covered under the pre-existing condition clause of previous coverage through another carrier if: (1) the previous coverage was similar to or exceeded coverage under this plan; (2) the covered person was insured under the previous coverage at the time of enrollment in this plan; and (3) the covered person was insured under the coverage provided under this plan on the Certificate Effective Date. The Covered Person is responsible for furnishing proof of their previous coverage, to include type of coverage, length the previous coverage was in force and the date the previous coverage terminated.

Other Exclusions

Benefits are not payable for:

- any loss due to any disease or illness other than Cancer;
- any loss due to a condition excluded by name or description within the Certificate or any attached rider;
- care or treatment received outside the territorial limits of the United States;
- treatment by any program engaged in research that does not meet the criteria for Experimental Treatment as defined;
- treatment that has not been approved by a physician as being medically necessary; or
- losses or medical expenses incurred prior to the Certificate Effective Date.

OTHER INFORMATION

Renewability: The coverage is guaranteed renewable during the named insured's lifetime, except for fraud or material misrepresentation, so long as premiums are paid on time.

Termination: Coverage for the employee (named insured) will terminate on the earliest of the following: (1) the date premium is not paid when due, subject to the grace period provision; (2) the date the employee so requests, subject to at least 31 days' written notification; (3) the date the Employer Policy terminates; or (4) the date the employee dies. Spouse and dependent care coverage, if applicable, will terminate on the earliest of: (1) the premium for the spouse or dependent child coverage, as applicable, is not paid when due subject to the grace period provisions; (2) the date the covered person ceases to qualify as a spouse or dependent child, as applicable; (3) the date the employee so requests, subject to at least 31 days' written notification; (4) the date coverage for the employee terminates; (5) for a dependent child, the date the coverage for the dependent child is converted.

Premiums: Premiums may be changed upon 45 days written notice. Premiums will not increase on the group plan during the rate guarantee period listed above.

Portability and Conversion: Portability coverage is available, subject to the timely payment of premiums, if the policy terminates for reasons other than non-payment of premium or cancellation by the employee, or if the employee ceases to be a member of the eligible class. Written request and payment of the first premiums for the portability coverage must be received no later than 30 days after such termination or change in eligibility status. Premium rates will be based on rates in effect at the time of the qualifying event.

If a spouse's coverage ends due to the death of the employee or a divorce, the spouse may elect to convert coverage for him/herself alone or for him/herself and any dependent children. If a dependent child's coverage ends due to attainment of the limiting age, the dependent child may elect to convert coverage. Written request and payment of the first premiums for conversion must be received no later than 30 days after the qualifying event. Premium rates will be based on rates in effect at the time of conversion and may change.

Free-Look Period: The employee has 30 days to review the Certificate and return it for a full refund of any premium paid.

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Policy/Rider Numbers: L-1061P, L-1061C – 10/16 KS, R-2068, R-2069, R-2070, R-2073, R-2074, R-2076, R-2077, R-2078.

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Not available in all states.

Voluntary Critical Illness Insurance

A limited benefit policy
Group product base

PROSPERITY
LIFE GROUP®

Critical Illness voluntary overage pays benefits however you want

With our critical illness plan, you'll receive a benefit after a serious illness or a condition such as a heart attack, stroke, or coronary artery bypass graft. During your recovery, you and your loved ones can rest a little easier knowing you won't have to deplete your bank accounts or take on additional debt to cover day-to-day living expenses.

Why do I need critical illness coverage?

These plans can assist you with a variety of expenses so you can focus on getting better. You can spend the benefits however you want, on direct or indirect costs associated with the illness:

- Make your mortgage payments
- Hire extra help for around the house, such as in-home caregivers
- Help cover medical bills as well as therapy and training not covered by your primary health insurance
- Pay for travel to treatment facilities away from home - and for family visits

In addition to the physical and emotional effects, people who are diagnosed with a serious condition may see a costly impact on their expenses. You may need additional help to absorb the expense of paying for drugs and other direct and indirect costs associated with these diseases.

Here's how it works

All benefit payments are made directly to you in most cases, placing you in control at a time when you may feel that your options are limited. Some or all of the benefit is available to you after your initial diagnosis, so it's there when you need it most. You'll save on your premiums because coverage through your employer typically is less expensive than purchasing on your own. And you can pay premiums through automatic payroll deduction. You can even bring the coverage with you if you change employers.

Protect your financial security

You've probably taken some steps to protect your assets and future financial stability with a health plan, life insurance, savings, etc. Take an additional step to round out your coverage and help you and your loved ones in the event of an unexpected critical illness.

Underwritten by
 **SHENANDOAH LIFE**
INSURANCE COMPANY
A Prosperity Life Group® Company



Product is issued by Shenandoah Life Insurance Company, a member of Prosperity Life Group. Prosperity Life Group is a marketing name for the member companies of Prosperity Life Insurance Group LLC. The issuing company is solely responsible for its own financial and contractual obligations. AM Best rating is as of date of publication. For latest rating, see www.ambest.com.

Voluntary Critical Illness Insurance

A limited benefit policy
Group product base



Kansas

Keystone Learning Services

Consider coverage that helps protect you, your family, and your assets in the event of a critical illness. It offers specialized benefits to supplement other health insurance when you and your family may be most vulnerable: during the working years. Benefit payments can assist in covering a variety of expenses associated with a critical illness: out-of-pocket medical care costs, home healthcare, travel to and from treatment facilities, rehabilitation, and other expenses.

Coverage type

Voluntary Critical Illness insurance is a group policy form that pays specified benefits upon initial diagnosis and re-occurrence of heart attack, stroke and other named covered critical illnesses. ***Certain limitations and exclusions, including a pre-existing condition limitation and a benefit suspension period, apply. See page 6 for further details.***

Base Coverage Benefit

COVERED CRITICAL ILLNESS/BENEFIT AMOUNT PERCENTAGE:

Heart Attack – 100%

Stroke – 100%

Coronary Artery Bypass Graft –

50% Major Organ Transplant-

100% Kidney Failure – 100%

Paralysis – 100%

Coma – 100%

Severe Burns – 100%

Motor Neuron Disease/ALS – 100%

Advanced Alzheimer's Disease - 100%

INITIAL BENEFIT AMOUNT – We will pay the Initial Benefit Amount when a Covered Person is diagnosed with a covered Critical Illness while the coverage is in force.

Initial Benefit Amount = the coverage amount for the Covered Person shown below multiplied by the percentage applicable to the covered Critical Illness shown above.

Limitations apply. See page 6.

- Named Insured: Level One: \$ 5,000-50,000
- Spouse: 50% of the Named Insured
- Dependent Children: 25% of the Named Insured

REOCCURRENCE BENEFIT AMOUNT – We will pay 100% of the Initial Benefit Amount if a Covered Person is diagnosed for the second time with the same Critical Illness for which an Initial Benefit Amount was previously paid if a covered participant is treatment-free for at least 180 days.

Limitations apply. See page 6.

ISSUE AGE UNI-TOBACCO RATES

Age banded rates based on the employee's age with level premiums that do not increase due to age.

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Policy/Rider Numbers: L-1062P, L-1062C-10/16 KS, R-2079.

Underwritten by: Shenandoah Life Insurance Company, member of the Prosperity Life Group.

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Voluntary Critical Illness Insurance

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Group product base



Optional Benefit Riders

Level 1

• ANNUAL HEALTH SCREENING TESTS BENEFIT RIDER

\$50

We will pay an amount not to exceed the Annual Health Screening Tests Benefit amount per calendar year per Covered Person for any of the following tests or procedures that occur while coverage under the rider is in force:

per Calendar
Year

- Blood test for triglycerides
- Bone marrow testing
- Breast ultrasound
- CA 15-3 (blood test for breast cancer)
- CA125 (blood test for ovarian cancer)
- Carotid doppler
- CEA (blood test for colon cancer)
- Chest x-ray
- Colonoscopy
- **Echocardiogram (ECHO)**
- **Electrocardiogram (EKG, ECG)**
- Fasting blood glucose test
- Flexible sigmoidoscopy
- Hemoccult stool analysis
- Mammography
- Pap smear
- PSA (blood test for prostate cancer)
- Serum cholesterol test to determine level of HDL and LDL
- Serum protein electrophoresis (blood test for myeloma)
- Stress test on a bicycle or treadmill
- Skin cancer biopsy
- Thermography
- ThinPrep pap test
- Virtual colonoscopy

Continuation of Coverage Benefit

We will waive all monthly premiums due for the Certificate and in force riders for two months if the Named Insured meets all of the following conditions:

- a. Your Certificate has been in force for at least six months;
- b. We have received premiums for at least six consecutive months;
- c. Your premiums have been paid through list bill, common remitter or payroll deduction;
- d. You or the Policyholder has notified Us in writing within 30 days of the date Your premium payments ceased due to You being no longer affiliated with the Policyholder; and
- e. You re-establish premium payments through: a) a new list bill, common remitter or payroll deduction process through current employment; or b) direct payment to Us in an automatic deduction system established by Us.

You will become eligible again to receive this benefit after: a) You re-establish the premium payments through list bill, common remitter or payroll deduction for a period of at least six months; and b) We receive premiums for at least six consecutive months.

Coverage Portability

Participants may continue coverage by paying premiums on a direct billing method. All ported certificates will be subject to any rate increases on the Group Policyholder's Master Policy.

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Policy/Rider Numbers: L-1062P, L-1062C-10/16 KS, R-2079.

Underwritten by: Shenandoah Life Insurance Company, member of the Prosperity Life Group.

Not available in all states.

Voluntary Critical Illness Insurance

A limited benefit policy
Group product base



Pre-Existing Condition Limitation Period: 12 months See

page 7 for details.

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1 2 3 4 5 6 7 8 9 10 11 12

Voluntary Critical Illness Insurance

A limited benefit policy

Group product base



Critical Illness Plan Proposed Monthly Rates:

Displaying Monthly payroll deductions based on monthly premium calculation.

		Level One								
Rate Tier	Issue Age	Monthly Premium by Benefit Amount								
		\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$50,000
Employee Only	17-29	1.57	2.74	3.91	5.07	6.24	7.41	8.58	9.75	12.08
	30-39	2.80	5.03	7.26	9.49	11.72	13.95	16.18	18.41	22.87
	40-49	5.41	9.92	14.44	18.96	23.48	27.99	32.51	37.03	46.06
	50-59	10.21	19.24	28.26	37.29	46.32	55.35	64.37	73.40	91.46
	60-64	16.52	31.61	46.71	61.80	76.90	91.99	107.09	122.19	152.38
	65-69	21.65	41.73	61.82	81.91	102.00	122.08	142.17	162.26	202.43
	70-74	30.32	58.94	87.56	116.18	144.80	173.42	202.04	230.66	287.89
	75-79	38.53	75.37	112.20	149.03	185.86	222.70	259.53	296.36	370.03
	80+	49.86	98.02	146.18	194.35	242.51	290.67	338.83	386.99	483.32
Employee & Spouse	17-29	2.42	4.09	5.77	7.44	9.12	10.79	12.47	14.14	17.49
	30-39	4.27	7.47	10.67	13.87	17.07	20.27	23.47	26.67	33.07
	40-49	8.15	14.63	21.11	27.60	34.08	40.56	47.04	53.52	66.48
	50-59	15.15	28.10	41.06	54.01	66.97	79.93	92.88	105.84	131.75
	60-64	24.31	45.98	67.64	89.31	110.97	132.64	154.30	175.97	219.30
	65-69	31.75	60.58	89.42	118.25	147.08	175.91	204.74	233.57	291.24
	70-74	44.25	85.32	126.39	167.46	208.54	249.61	290.68	331.75	413.89
	75-79	56.04	108.89	161.75	214.60	267.46	320.31	373.17	426.03	531.74
	80+	72.29	141.41	210.52	279.63	348.74	417.86	486.97	556.08	694.31
Single Parent Family	17-29	1.68	2.91	4.15	5.38	6.61	7.84	9.07	10.31	12.77
	30-39	2.92	5.22	7.51	9.81	12.10	14.39	16.69	18.98	23.57
	40-49	5.53	10.11	14.69	19.27	23.86	28.44	33.02	37.60	46.76
	50-59	10.32	19.41	28.50	37.60	46.69	55.78	64.87	73.96	92.14
	60-64	16.63	31.79	46.95	62.11	77.27	92.43	107.59	122.74	153.06
	65-69	21.76	41.91	62.06	82.21	102.37	122.52	142.67	162.82	203.12
	70-74	30.44	59.13	87.81	116.49	145.18	173.86	202.54	231.22	288.59
	75-79	38.66	75.55	112.45	149.35	186.24	223.14	260.04	296.93	370.72
	80+	49.99	98.21	146.44	194.66	242.89	291.11	339.34	387.56	484.01
Two-Parent Family	17-29	2.54	4.28	6.02	7.76	9.49	11.23	12.97	14.71	18.19
	30-39	4.39	7.66	10.92	14.19	17.45	20.71	23.98	27.24	33.77
	40-49	8.27	14.82	21.37	27.91	34.46	41.00	47.55	54.09	67.18
	50-59	15.27	28.29	41.31	54.33	67.35	80.37	93.39	106.41	132.45
	60-64	24.43	46.16	67.89	89.61	111.34	133.07	154.80	176.53	219.99
	65-69	31.87	60.76	89.66	118.55	147.45	176.34	205.24	234.13	291.93
	70-74	44.38	85.51	126.64	167.78	208.91	250.05	291.18	332.32	414.58
	75-79	56.16	109.08	162.00	214.92	267.84	320.76	373.68	426.60	532.44
	80+	72.42	141.59	210.77	279.95	349.12	418.30	487.48	556.65	695.00

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Policy/Rider Numbers: L-1062P, L-1062C-10/16 KS, R-2079.

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Voluntary Critical Illness Insurance

A limited benefit policy
Group product base



CONDITIONS, LIMITATIONS AND EXCLUSIONS AFFECTING THE BENEFITS DESCRIBED ABOVE

EMPLOYEE ELIGIBILITY: All active employees over 18 years of age working a minimum of 20 hours per week.

LIMITATIONS AND EXCLUSIONS

We will not pay an Initial Critical Illness Benefit for additional Critical Illnesses that are diagnosed during the Benefit Suspension Period. A Covered Person can receive one Initial Critical Illness Benefit per Critical Illness per lifetime.

We will not pay a Reoccurrence of Critical Illness Benefit for the reoccurrence of a Critical Illness during the Benefit Suspension Period. A Covered Person can receive one Reoccurrence of Critical Illness Benefit per Critical Illness per lifetime.

The Benefit Suspension Period is the 180 day period following the date either an Initial Critical Illness Benefit or Reoccurrence of a Critical Illness Benefit is paid for a covered Critical Illness with respect to a Covered Person.

For two or more Critical Illnesses diagnosed on the same day, We will pay only for the Critical Illness with the largest benefit.

Pre-Existing Condition Limitation:

Benefits will not be paid for any loss that is a Pre-Existing Condition. A Pre-Existing Condition is a condition, whether diagnosed or not, for which symptoms existed within the Pre-Existing Condition Limitation Period or for which medical advice or treatment was recommended or received from a physician within the same period.

No Pre-Existing Condition limitation will be applied for Dependent Children who are born or adopted while the named insured is covered, and who are continuously covered from the date of birth or adoption. Credit toward the satisfaction of the Pre-Existing Condition Limitation Period will be given for any continuous time the Covered Person was covered under the pre-existing condition clause of previous coverage through another carrier if: (1) the previous coverage was similar to or exceeded coverage under this plan; (2) the Covered Person was insured under the previous coverage at the time of enrollment in this plan; and (3) the Covered Person was insured under the coverage provided under this plan on the Certificate Effective Date. The Covered Person is responsible for furnishing proof of their previous coverage, to include type of coverage, length the previous coverage was in force and the date the previous coverage terminated.

Other Exclusions:

Benefits are not payable for:

- any loss due to a condition excluded by name or description within the Certificate or any attached rider;
- care or treatment received outside the territorial limits of the United States;
- losses or medical expenses incurred prior to the Certificate Effective Date; or
- Critical Illness that is, or is caused by or contributed to by, or results from:
 - intentionally self-inflicted injury or action;
 - illegal activities or participation in an illegal occupation;
 - suicide while sane, or self-destruction while insane, or any attempt at either;
 - substance abuse, to include abuse of alcohol, alcoholism, abuse of legally obtained prescription medication, or illegal use of a non-prescribed drug or narcotic; or
 - the Covered Person being under the influence of alcohol, a drug, or a narcotic, unless administered and taken as prescribed by a Physician.

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Voluntary Critical Illness Insurance

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Group product base



OTHER INFORMATION

Renewability: The coverage is guaranteed renewable during the Named Insured's lifetime, except for fraud or material misrepresentation, so long as premiums are paid on time.

Termination: Coverage for the Named Insured will terminate on the earliest of the following: (1) the date premium is not paid when due, subject to the grace period provision; (2) the date the Named Insured so requests, subject to 31 days' written notification; (3) the date the Master Group Policy terminates; or (4) the date the Named Insured dies. Spouse and dependent care coverage, if applicable, will terminate on the earliest of: (1) the date the premium for the spouse or dependent child coverage, as applicable, is not paid when due, subject to the grace period provision; (2) the date the Covered Person ceases to qualify as a spouse or dependent child, as applicable; (3) the date the Named Insured so requests, subject to 31 days' written notification; (4) the date coverage for the Named Insured terminates; (5) for a dependent child, the date the coverage for the dependent child is converted.

Premiums: Premiums may be changed upon 45 days written notice. Premiums will not increase on the group plan during the rate guarantee period of 1 year from the Group Master Policy effective date.

Portability and Conversion: Portability coverage is available, subject to the timely payment of premiums, if the Named Insured's coverage terminates for reasons other than non-payment of premium or cancellation by the Named Insured, or if the Named Insured ceases to be a member of the eligible class. Written request and payment of the first premiums for the portability coverage must be received no later than 30 days after such termination or change in eligibility status. Premium rates will be based on rates in effect at the time of the qualifying event.

If a spouse's coverage ends due to the death of the Named Insured or a divorce, the spouse may elect to convert coverage for him/herself alone or for him/herself and any dependent children. If a dependent child's coverage ends due to attainment of the limiting age, the dependent child may elect to convert coverage. Written request and payment of the first premiums for conversion must be received no later than 30 days after the qualifying event. Premium rates will be based on rates in effect at the time of conversion and may change.

Free-Look Period: The Named Insured has 30 days to review the Certificate and return it for a full refund of any premium paid.

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Policy/Rider Numbers: L-1062P, L-1062C-10/16 KS, R-2079.

Underwritten by: Shenandoah Life Insurance Company, member of the Prosperity Life Group.

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Voluntary Accident Insurance

A limited benefit policy
Group product base



Accident coverage can protect your whole family

A voluntary accident plan offers coverage for accidental injuries and accidental death in addition to your primary medical insurance. It's also available to your spouse and dependent children - a plan that can protect your whole family.

Why do I need accident coverage?

Here are a few facts to consider from the National Center for Health Statistics*:

- Sports activities and leisure activities together accounted for nearly 40 percent of medically-attended episodes of injury, and the most common place of injury was in or around the home.
- Falls are the leading external cause of non-fatal injury.
- Injuries due to motor vehicle traffic accidents, overexertion and strenuous movements, and striking against or being struck accidentally by objects also make up a large portion of injuries.

The home was the most frequently reported place of injury with 32% of injuries occurring inside the home, and another 18% outside the home.

- National Health Interview Survey, 2011, Summary Health Statistics for the U.S. Population

Underwritten by
 **SHENANDOAH LIFE**
INSURANCE COMPANY
A Prosperity Life Group[®] Company



What does accident coverage do?

Accident insurance provides you with valuable accidental death and dismemberment coverage as well as any optional benefits offered by your employer. Depending on the plan, features may include:

- Accident Only Medical Expense: pays actual charges, up to the maximum amount selected, for physician treatment in an office, clinic or emergency room for an accidental injury
- Hospital Admission: pays a defined benefit once annually for hospital admission due to an injury sustained in a covered accident
- Others may include benefits for hospital ICU, and specific sums for bone fracture & dislocation

Protect your financial security

Payroll deduction makes it easy for you to pay for accident coverage. You'll feel good knowing benefits are paid up to the plan amount selected, in addition to any other coverage you may have.

Product is issued by Shenandoah Life Insurance Company, a member of Prosperity Life Group. Prosperity Life Group is a marketing name for the member companies of Prosperity Life Insurance Group LLC. The issuing company is solely responsible for its own financial and contractual obligations. AM Best rating is as of date of publication. For latest rating, see www.ambest.com.

*Center for Disease Control and Prevention, National Center for Health Statistics, Summary Health Statistics for the U.S. Population: National Health Interview Survey, 2011.

Form 6178KS-1/19

1

Voluntary Accident Insurance

A limited benefit policy
Group product base



KANSAS

Keystone Learning Services

This policy offers the flexibility to vary your coverage by selecting one of two benefit levels. Benefits are paid in addition to any other coverage in place, except as specified below. Payroll deduction for your premiums makes it easy, too. Benefits described are subject to certain eligibility requirements, conditions, limitations and exclusions; see page 9 for further details.

Coverage type Accident Insurance provides 24-hour protection coverage for accidental injuries, hospital care, and accidental death benefits. There is no coverage for sickness. Coverage is available to the employee, spouse, and dependent children.

Base Policy Benefits																													
• ACCIDENTAL DEATH & DISMEMBERMENT BENEFIT	\$10,000 Principal Sum*																												
<p>*Employee coverage amount is 100% of the Principal Sum; Spouse coverage amount is 50% of the Principal Sum; Dependent Child coverage amount is 25% of the Principal Sum. On the date a Covered Person attains age 65, and continuing thereafter, this amount will be reduced by one-half.</p> <p>Accidental Death - We will pay the selected benefit amount if a Covered Person dies from an Injury resulting directly and independently of all other causes from a Covered Accident. The death must occur within 365 days of the Covered Accident. If loss is sustained by a Covered Person while riding as a fare-paying passenger on scheduled Common Carrier, the amount payable will be doubled.</p> <p>Accidental Dismemberment - If a Covered Person's Injury results in any one of the losses specified below within 365 days of the Covered Accident, We will pay the percentage shown in the chart below for that loss multiplied by the Principal Sum coverage amount applicable to the Covered Person. The total amount payable under this benefit resulting from any one Covered Accident shall not exceed the Accidental Death Benefit coverage amount payable to the Covered Person. The loss of a hand or foot means the complete severance at or above the wrist or ankle joint. The loss of sight means the total and irrevocable loss of sight.</p> <table> <tr> <th>Accidental Dismemberment</th><th>Coverage Amount</th></tr> <tr> <td>Dismemberment Benefit - For Loss Of</td><td>Percent of Principal Sum</td></tr> <tr> <td>Both Hands</td><td>100%</td></tr> <tr> <td>Both Feet</td><td>100%</td></tr> <tr> <td>The Entire Sight of Both Eyes</td><td>100%</td></tr> <tr> <td>One Hand and One Foot</td><td>100%</td></tr> <tr> <td>One Hand or One Foot and Entire Sight of One Eye</td><td>100%</td></tr> <tr> <td>One Hand or One Foot</td><td>50%</td></tr> <tr> <td>Entire Sight of One Eye</td><td>50%</td></tr> <tr> <td>Speech and Hearing in Both Ears</td><td>50%</td></tr> <tr> <td>Speech or Hearing in Both Ears</td><td>25%</td></tr> <tr> <td>Hearing in One Ear</td><td>25%</td></tr> <tr> <td>Thumb and Index Finger of Same Hand</td><td>25%</td></tr> <tr> <td>All the Toes of the Same Foot</td><td>25%</td></tr> </table>		Accidental Dismemberment	Coverage Amount	Dismemberment Benefit - For Loss Of	Percent of Principal Sum	Both Hands	100%	Both Feet	100%	The Entire Sight of Both Eyes	100%	One Hand and One Foot	100%	One Hand or One Foot and Entire Sight of One Eye	100%	One Hand or One Foot	50%	Entire Sight of One Eye	50%	Speech and Hearing in Both Ears	50%	Speech or Hearing in Both Ears	25%	Hearing in One Ear	25%	Thumb and Index Finger of Same Hand	25%	All the Toes of the Same Foot	25%
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Policy/Rider Numbers: L-1063P, L-1063C-10/16 KS, R-2079, R-2081, R-2082, R-2085, R-2086, R-2088, R-2115.

Underwritten by: Shenandoah Life Insurance Company, member of the Prosperity Life Group.

Not available in all states.

Voluntary Accident Insurance

A limited benefit policy

Group product base



Optional Riders	
<p>• SPORTS PACKAGE BENEFIT RIDER</p> <p>We will pay 25% of the Combined Benefit if a Covered Person sustains Injuries as a result of a Covered Accident while participating in an Organized Sporting Activity. This benefit is limited to \$1,000 per Covered Person in any 12 month period, regardless of the number of Covered Accidents. Combined Benefit means the total cumulative benefit paid for the following riders: accident only expense benefit, specific sum injury benefit, hospital ICU benefit, hospital admission benefit.</p>	\$1,000
<p>• ACCIDENT ONLY EXPENSE BENEFIT RIDER</p> <p>If a Covered Person sustains an Injury in a Covered Accident that requires treatment by a Physician, We will reimburse the Covered Person for Actual Charges for treatment, not to exceed the selected Maximum Accident Expense Benefit amount after the applicable deductible, if any. Treatment must be rendered in a Covered Facility. Care for an Injury received in a Covered Accident must be received within 90 days of the Covered Accident. We will only pay one Maximum Accident Expense Benefit amount after the applicable deductible, if any, per Calendar Year per Covered Person regardless of the number of incidents of care received or the number of different Injuries received in the Calendar Year.</p>	<p>\$500</p> <p>Maximum per Calendar Year</p> <p>With \$0 deductible per Calendar Year</p>
<p>• ADDITIONAL BENEFITS RIDER</p> <p>1. Non-Local Transportation Expense Benefit: We will pay the Actual Charges Incurred up to the selected benefit amount round trip for Non-Local transportation if Hospital treatment or a diagnostic study is recommended by the Covered Person's Physician for Injuries sustained in a Covered Accident. This benefit is limited to three (3) round trips per Covered Accident, and payable only if the treatment is not available locally. Transportation must begin within 90 days from the date of the Covered Accident.</p> <p>2. Prosthetic Device Expense Benefit: We will pay the Actual Charges Incurred up to the selected benefit amount for a prosthetic device or artificial limb for a Covered Person prescribed by a Physician as an aid in personal locomotion or mobility, due to an Injury sustained in a Covered Accident. The prosthesis or artificial limb must be purchased and received within 12 months of the Covered Accident. We will pay this benefit once per Covered Person per Covered Accident.</p> <p>3. Appliance Expense Benefit: We will pay the Actual Charges Incurred up to the selected benefit amount for an appliance for a Covered Person prescribed by a Physician as an aid in personal locomotion or mobility, due to an Injury sustained in a Covered Accident. The appliance must be purchased and received within 12 months of the Covered Accident. We will pay this benefit once per Covered Person per Covered Accident.</p>	<p>\$200</p> <p>\$600</p> <p>\$100</p>

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Voluntary Accident Insurance

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Group product base



Optional Riders	
An appliance includes a wheelchair, braces, crutches or walker.	
4. Reasonable Modifications: When a Covered Person suffers a Catastrophic Loss due to a Covered Accident, We will pay the Actual Charges Incurred up to the selected benefit amount for modifications to the Covered Person's home or vehicle. Benefits will be paid only for modifications made within two (2) years of a Covered Accident.	\$200
5. Child Care Benefit: We will pay the selected benefit amount per day for each Dependent Child of a Covered Person attending a Child Care Center while the Covered Person is confined to the Hospital due to Injuries sustained in a Covered Accident.	\$20
6. Pet Boarding Benefit: We will pay the selected benefit amount per day for a single pet of a Covered Person attending a Pet Boarding Center while the Covered Person is confined to the Hospital due to Injuries sustained in a Covered Accident.	\$10
7. Ground Ambulance: We will pay the selected benefit amount per trip for ground ambulance service to transport the Covered Person from an emergency site to the Hospital, or ground ambulance transportation from the first Hospital to another Hospital, if a Physician specifies in writing that specialized care not available in the first Hospital to which the Covered Person was transported is necessary to treat the Covered Person's Injury(ies).	\$100
8. Air Ambulance: We will pay the selected benefit amount per Covered Accident for air ambulance service to transport the Covered Person from an emergency site to the Hospital.	\$750
9. Medical Equipment Rental: We will pay the selected benefit amount per Covered Accident for rental or purchase, if less, of a wheelchair, Hospital bed or other medical equipment that has permanent or temporary therapeutic value.	\$50
10. Dental: We will pay the selected benefit amount per office visit for dental treatments including dental x-rays for the repair or treatment of each injured tooth that is whole and sound and a natural tooth at the time of the Covered Accident, installation of crowns, caps, bridges and dentures, oral surgery and endodontic as a result of a Covered Accident, and the repair or replacement of caps and crowns that existed prior to the Covered Accident. This benefit is subject to a maximum of 10 treatments visits per Covered Accident.	\$75
11. Prescription Drugs: We will pay up to the selected benefit amount per prescription drug that: (a) can only be obtained through a Physician's written prescription; and (b) is approved for such prescription use by the Federal Drug Administration (FDA), unless prescribed by a Physician for therapeutic use. The expenses for a prescription drug are limited to the	\$25

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PROSPERITY
LIFE GROUP

Optional Riders	
<p>cost of a generic drug unless: (1) substitution of a generic drug is prohibited by law; or (2) no generic drug is available; or (3) the Covered Person's Physician specifically requests that a non-generic drug be dispensed to the Covered Person. This benefit is subject to a maximum of 10 prescription drugs per Covered Accident.</p> <p>12. Eyeglasses, Contact Lenses and Hearing Aids: We will pay the selected benefit amount per device per Covered Accident for eyeglasses, contact lenses and hearing aids damaged in a Covered Accident that requires medical treatment.</p>	\$25
<p>• SPECIFIC SUM INJURY BENEFIT RIDER</p> <p>If a Covered Person's Injury, sustained in a Covered Accident, results in any one of the Specific Sum Injuries specified in the rider form within 365 days of the Covered Accident, We will pay the sum shown for that loss. We will not pay more than the selected Maximum Benefit amount per Covered Accident, regardless of the number of Specific Sum Injuries caused by the same Covered Accident.</p> <p>Certain exclusions apply. See page 9.</p>	\$5,000 Maximum Benefit amount per Covered Accident
<p>Specific Sum Injuries (PER CERTIFICATE)</p> <p>Dislocation of:</p> <p>Hip (Left or Right Side) Knee (Left or Right Side) Wrist (Left or Right Side) Elbow (Left or Right Side) Ankle (Left or Right Side) Shoulder Blade (Left or Right Side) Collarbone or Jaw</p>	<p>Sum Amount</p> <p>Surgical / Non-Surgical</p> <p>\$4,800 / \$1,620 \$1,620 / \$840 \$1,320 / \$660 \$1,320 / \$660 \$1,620 / \$480 \$1,620 / \$660 \$2,580 / \$480</p>
<p>Fracture of:</p> <p>Hip (Left or Right Side) Pelvis (excluding Coccyx and Sacrum) / (Left or Right Side) Skull (excluding Nose, Lower Jaw and Teeth) Neck Thigh (excluding Kneecap) / (Left or Right Side) Upper Arm (Left or Right Side) Lower Leg (excluding Kneecap) / (Left or Right Side) Elbow (Left or Right Side) Heel (Left or Right Side) Shoulder Blade (Left or Right Side) Lower Jaw Collarbone Forearm (excluding Wrist) / Left or Right Side Wrist (Left or Right Side) Vertebrae (each) - Vertebral Arch (excluding Coccyx) Sternum (Breastbone)</p>	<p>Open / Closed</p> <p>\$6,000 / \$2,000 \$1,000 / \$1,000 \$3,240 / \$1,200 \$3,240 / \$1,200 \$2,500 / \$2,000 \$2,400 / \$1,000 \$2,500 / \$2,000 \$2,400 / \$1,000 \$2,000 / \$500 \$2,400 / \$1,000 \$2,400 / \$1,000 \$2,400 / \$1,000 \$2,400 / \$1,000 \$2,400 / \$1,000 \$2,400 / \$1,000 \$4,000 / \$600 \$2,400 / \$1,000</p>

This is not a complete disclosure of plan qualifications and limitations. Please review this information before applying for coverage. The amount of benefits provided depends on the plan selected. Premiums will vary according to the selection made. **THIS POLICY PROVIDES LIMITED BENEFITS.**

Policy/Rider Numbers: L-1063P, L-1063C-10/16 KS, R-2079, R-2081, R-2082, R-2085, R-2086, R-2088, R-2115.

Underwritten by: Shenandoah Life Insurance Company, member of the Prosperity Life Group.

Not available in all states.

Voluntary Accident Insurance

A limited benefit policy
Group product base

PROSPERITY
LIFE GROUP*

Optional Riders	
Kneecap (Left or Right Side)	\$2,400 / \$1,000
Cheekbone (Left or Right Side)	\$2,400 / \$1,000
Hand (excluding Fingers, Thumbs and Wrist) / (Left or Right Side)	\$2,400 / \$1,000
Foot (excluding Toes, Heels and/or Ankle) / (Left or Right Side)	\$2,400 / \$1,000
Coccyx	\$840 / \$420
Rib (each)	\$1,000 / \$500
Burns	
Small Burns (2nd or 3rd degree burn covering 20% or less of body surface and within 90 days of Covered Accident. If 3rd degree burn benefit is payable, 2nd degree burn benefit for same Covered Accident and burned area is not payable. Payable 1 time per Covered Accident. Not payable for burns caused from sunburn or if Large Burns benefit is payable).	\$1,050
Large Burns (2nd or 3rd degree burn covering more than 20% of body surface and within 90 days of Covered Accident. If 3rd degree burn benefit is payable, 2nd degree burn benefit for same accident and burned area is not payable. Payable 1 time per Covered Accident. Not payable for burns caused from sunburn.)	\$2,800
Skin Graft (Small Burns or Large Burns benefit must be paid and within 90 days of accident. Payable 1 time per Covered Accident. Benefit is a percentage of the applicable Benefit amount for Small Burns or Large Burns.)	50% of burn benefit
Lacerations	
Small Lacerations (One or more lacerations, less than or equal to 6 inches long and requires 2 or more sutures and within 90 days of Covered Accident. Multiple lacerations pay maximum 2 times. Payable 1 time per Covered Accident.)	\$25
Large Lacerations (One or more lacerations, more than 6 inches long and requires 2 or more sutures and within 90 days of Covered Accident. Multiple lacerations pay maximum 2 times. Payable 1 time per Covered Accident.)	\$200
Tendon, Ligament, Rotator Cuff, or Knee Surgery – Repair - torn, ruptured, or severed and performed by a Physician within 90 days of Covered Accident. Payable 1 time per Covered Accident. Not payable if exploratory surgery is performed with no repair.	\$175
Tendon, Ligament, Rotator Cuff, or Knee Surgery – Exploratory - performed by a Physician within 90 days of Covered Accident. Payable 1 time per Covered Accident.	\$70
Ruptured Disc Surgery – Repair - performed by a Physician within 90 days of Covered Accident. Payable 1 time per Covered Accident.	\$175
Eye Injury Surgery - performed by a Physician within 90 of Covered Accident. Payable 1 time per Covered Accident.	\$70
Eye Injury - Removal of Foreign Object - performed by a Physician within 90 days of Covered Accident. Payable 1 time per Covered Accident. Not payable if Eye Injury Surgery benefit is paid.	Surgical \$140; Nonsurgical \$25

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Voluntary Accident Insurance

A limited benefit policy

Group product base



Optional Riders	
Concussion - diagnosed within 90 days of Covered Accident. Payable 1 time per Covered Accident.	\$100
Coma - unconsciousness lasting 7 days with no response to external stimuli and requiring artificial respiratory or life support assistance, as diagnosed by a Physician. Payable 1 time per Covered Accident. Not payable if medically induced.	\$5,000
Paralysis Paraplegia - spinal cord injury resulting in complete and total loss of use of 2 or 3 limbs and within 90 days of Covered Accident. Paralysis must last for 30 days or more. Not payable if Paralysis - Quadriplegia benefit is paid.	\$2,500
Quadriplegia - spinal cord injury resulting in complete and total loss of use of 4 limbs and within 90 days of Covered Accident. Paralysis must last for 30 or more days. If more than one Paralysis benefit is payable, we will pay the largest benefit.	\$5,000
Internal Organ Loss We will pay this benefit if, within 90 days after a Covered Accident, a Covered Person sustains the removal of at least 50% of a covered organ as a result of Injury sustained in the Covered Accident. Only the following are covered organs: bladder, esophagus, gall bladder, genitals, kidney, large intestine, liver, lungs, ovary, pancreas, small intestine, spleen, stomach, thyroid and uterus. We will pay this benefit only once per Covered Person per Covered Accident.	\$2,500
HOSPITAL ADMISSION BENEFIT (ACCIDENT ONLY) RIDER We will pay the selected benefit amount applicable to each Covered Person for the first time in a Calendar Year a Covered Person is confined as an Inpatient in a Hospital for an Injury sustained in a Covered Accident. In order for this benefit to be payable, confinement must: <ul style="list-style-type: none"> begin while this Rider is in force for a Covered Person; and be for at least one (1) day (twenty-four (24) hours); and be at the direction of and under the supervision of a Physician. This benefit is not payable more than once per Calendar Year per Covered Person. If benefits are also payable under the Hospital Intensive Care Unit Benefit for the same Covered Accident, We will pay only one benefit, whichever is greater. Available to Named Insured at 100% selected coverage amount. Available to Spouse at 50% of Named Insured's coverage amount and to each Dependent Child at 25% of the Named Insured's coverage amount.	\$500 per Calendar Year for Named Insured (Employee)
HOSPITAL INTENSIVE CARE UNIT BENEFITS RIDER	\$200

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Optional Riders																											
<p>We will pay the selected amount each day a Covered Person is confined to an Intensive Care Unit, deemed medically necessary by a Physician, for the treatment of Injuries sustained in a Covered Accident, subject to a maximum of 30 days per Period of Hospital Intensive Care Unit Confinement. Confinement in an Intensive Care Unit must begin within 90 days of the Covered Accident and the Covered Person must be admitted for at least 23 hours and/or on an Inpatient basis.</p> <p>This benefit is not payable for Hospital re-admission for the same Covered Accident. If benefits are also payable under the Hospital Room & Board Benefit and/or Hospital Admission Benefit for the same Covered Accident, We will only pay one benefit, whichever is greater.</p>	per day																										
<p>• ANNUAL HEALTH SCREENING TESTS BENEFIT RIDER</p> <p>We will pay an amount not to exceed the selected benefit amount per Calendar Year per Covered Person for any of the following covered tests or procedures.</p> <table border="0"> <tr> <td>Blood test for triglycerides</td><td>Hemoccult stool analysis</td></tr> <tr> <td>Bone marrow testing</td><td>Mammography</td></tr> <tr> <td>Breast ultrasound</td><td>Pap smear</td></tr> <tr> <td>CA 15-3 (blood test for breast cancer)</td><td>PSA (blood test for prostate cancer)</td></tr> <tr> <td>CA125 (blood test for ovarian cancer)</td><td>Serum cholesterol test to determine level of HDL and LDL</td></tr> <tr> <td>Carotid doppler</td><td>Serum protein electrophoresis (blood test for myeloma)</td></tr> <tr> <td>CEA (blood test for colon cancer)</td><td>Stress test on a bicycle or treadmill</td></tr> <tr> <td>Chest x-ray</td><td>Skin cancer biopsy</td></tr> <tr> <td>Colonoscopy</td><td>Thermography</td></tr> <tr> <td>Echocardiogram (ECHO)</td><td>ThinPrep pap test</td></tr> <tr> <td>Electrocardiogram (EKG, ECG)</td><td>Virtual colonoscopy</td></tr> <tr> <td>Fasting blood glucose test</td><td></td></tr> <tr> <td>Flexible sigmoidoscopy</td><td></td></tr> </table> <p>The Annual Health Screening Tests Benefit amount shall only be payable with respect to covered tests and procedures that occur after the Covered Person's Rider Effective Date.</p>	Blood test for triglycerides	Hemoccult stool analysis	Bone marrow testing	Mammography	Breast ultrasound	Pap smear	CA 15-3 (blood test for breast cancer)	PSA (blood test for prostate cancer)	CA125 (blood test for ovarian cancer)	Serum cholesterol test to determine level of HDL and LDL	Carotid doppler	Serum protein electrophoresis (blood test for myeloma)	CEA (blood test for colon cancer)	Stress test on a bicycle or treadmill	Chest x-ray	Skin cancer biopsy	Colonoscopy	Thermography	Echocardiogram (ECHO)	ThinPrep pap test	Electrocardiogram (EKG, ECG)	Virtual colonoscopy	Fasting blood glucose test		Flexible sigmoidoscopy		\$50 per Calendar Year
Blood test for triglycerides	Hemoccult stool analysis																										
Bone marrow testing	Mammography																										
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CA 15-3 (blood test for breast cancer)	PSA (blood test for prostate cancer)																										
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Electrocardiogram (EKG, ECG)	Virtual colonoscopy																										
Fasting blood glucose test																											
Flexible sigmoidoscopy																											

Accident Plan Proposed Rates:

Displaying monthly payroll deduction premium amounts (Plan premiums will not increase during the 1-year Rate Guarantee Period stated on the Certificate Schedule; after that premiums may be changed upon 45 days written notice).

Level One

EMPLOYEE	EMPLOYEE & SPOUSE	EMPLOYEE & CHILDREN	FAMILY
\$15.31	\$24.92	\$34.81	\$45.14

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Form 6178KS-1/19

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Voluntary Accident Insurance

A limited benefit policy
Group product base



CONDITIONS, LIMITATIONS AND EXCLUSIONS AFFECTING THE BENEFITS DESCRIBED ABOVE

ELIGIBILITY: Eligible employees are over 18 years of age and are active full-time employees working a minimum of 20 hours per week. Employee must be insured for spouse and dependent children to be covered. A person may not have coverage as both an employee and covered spouse or dependent child. Spouse means a person who is legally recognized as the covered employee's wife or husband, domestic partner or civil union partner. Dependent Child means the covered employee's natural children, step-children, legally adopted children, foster children, children placed into the employee's custody for adoption or children for whom the employee is ordered by a court to provide coverage and who are chiefly dependent on the employee or the employee's spouse for support, unmarried, and under 26 years of age. State variations apply.

LIMITATIONS AND EXCLUSIONS

Base Policy General Exclusions and Limitations:

No benefits are payable when a Covered Person's loss is caused or contributed to by:

- Suicide or attempted suicide;
- Intentionally self-inflicted injury;
- Any act of war, whether or not declared, while a Covered Person is serving in the military or an auxiliary unit attached to the military or working in an area of war whether voluntarily or as required by an Employer;
- Participation in a riot or insurrection;
- Injury sustained while on full-time active duty (other than two (2) months or less training) in any military, naval or air force. When the Named Insured gives Us written notice, any unearned premium will be refunded pro-rata for any period not covered by the Certificate due to this exclusion;
- Injury occurring prior to the Covered Person's Certificate Effective Date;
- Injury while engaged in an illegal activity;
- Aviation, except flight in a regularly scheduled passenger aircraft;
- Being intoxicated, as established by the laws of the Covered Person's state of residence;
- The voluntary taking of any sedative, drug, alcohol, poison or inhalation of any gas unless taken as prescribed or administered by a Physician;
- Participation in a felony;
- All Sicknesses including, but not limited to: pregnancy, illness, mental illness or emotional disorders, bodily infirmity, rest cure, convalescent care or rehabilitation. Complications of pregnancy that are the result of accidental injury are covered;
- Injury while sky diving, hang gliding, parachuting, bungee jumping, rock climbing, ballooning or scuba diving;
- Participating in or practicing for any semi-professional or professional competitive athletic contest in which any compensation is received; or
- Any bacterial infection (except pyogenic infections which shall occur with and through an accidental cut or wound).
- No benefits will be paid for loss that takes place outside the United States.

Specific Sum Injury Benefit Rider Exclusions – In addition to the general exclusions listed above, the Dislocations and Fractures benefits of this rider are not payable for Hairline Fractures or for any injury resulting in dislocation or fracture if Osteoporosis or Pathological Fracture was diagnosed prior to the Covered Person's Rider Effective Date.

OTHER INFORMATION

Renewability: The coverage is guaranteed renewable during the Employee's lifetime, except for fraud or material misrepresentation, so long as premiums are paid on time.

Termination: Subject to the Portability Privilege, coverage for the employee (named insured) will terminate on the earliest of the following: (1) the date premium is not paid when due, subject to the grace period provision; (2) the premium due date following the date we receive the named insured's request to terminate the coverage; (3) the date the Employer Policy terminates; (4) the date the named insured is no longer a member of the Eligible Class; or (5) the date the employee dies. Spouse and dependent child coverage, if applicable, will terminate on the earliest of: (1) the date premium is not paid for the spouse or dependent child coverage, as applicable, when due subject to the grace period provision; (2) the premium due date following the date the covered person ceases to qualify as a spouse or dependent child, as applicable; (3) the premium due date following the date we receive the named insured's request to terminate the coverage; (4) the date coverage for the named insured terminates; (5) for a dependent child, the date the coverage for the dependent child is converted.

Premiums: The first premium is due on the Certificate Effective Date. Premiums after the first are renewal premiums. The Certificate will lapse if a renewal premium is not paid by the end of the Grace Period. Premiums are to be paid on behalf of the employee by the group policyholder through a mode of

This is not a complete disclosure of plan qualifications and limitations. Please review this information before applying for coverage. The amount of benefits provided depends on the plan selected. Premiums will vary according to the selection made. **THIS POLICY PROVIDES LIMITED BENEFITS.**

Policy/Rider Numbers: L-1063P, L-1063C-10/16 KS, R-2079, R-2081, R-2082, R-2085, R-2086, R-2088, R-2115.

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Group product base



premium payment approved by us, unless the Portability Privilege or Conversion is exercised or otherwise agreed by the policyholder, the employee and us. Premiums may be changed upon 45 days written notice. Premiums will not increase on the group plan during the Rate Guarantee Period stated on the Certificate Schedule.

Portability and Conversion: Portability coverage is available, subject to the timely payment of premiums, if the policy terminates or if the employee ceases to be a member of the eligible class. Written request and payment of the first premiums for the portability coverage must be received no later than 30 days after such termination or change in eligibility status. Premium rates will be based on rates in effect at the time of the qualifying event.

If a spouse's coverage ends due to the death of the employee or a divorce or termination of domestic partnership or civil union, the spouse may elect to convert coverage for him/herself alone or for him/herself and any dependent children. If a dependent child's coverage ends due to attainment of the limiting age, the dependent child may elect to convert coverage. Written request and payment of the first premiums for conversion must be received no later than 30 days after the qualifying event. Premium rates will be based on rates in effect at the time of conversion and may change.

Free-Lock Period: The employee has 30 days to review the Certificate and return it for a full refund of any premium paid.

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Form 6178KS-1/19

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Trustmark Hospital StayPay® Benefits for Keystone Learning Services

First Day Stay Benefit† Only one benefit amount can be selected	\$1000
Daily Hospital Stay Benefit†	\$100
Daily Hospital ICU Benefit†	\$200
Additional features	
Childbirth Hospital Stay†	Included

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

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

Monthly Rates

Issue Age	EE	EE+SP	EE+CH	FAM
18-49	\$16.05	\$29.07	\$32.77	\$45.79
50-59	\$24.26	\$45.69	\$40.98	\$62.41
60-64	\$36.43	\$70.41	\$53.15	\$87.13
65-70	\$51.55	\$100.87	\$68.27	\$117.59

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

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

**You care.
We listen.**

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

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CB Included

A112-2548 (1-20)



Trustmark Universal Life/LifeEvents® Insurance with Long-Term Care Benefit

Two choices for combined coverage and lifelong protection.

Financial security even after a loss

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

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

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

Universal Life/LifeEvents sample rates

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

Age at purchase	\$25,000 Universal Life policy	\$25,000 Universal LifeEvents policy
30	from \$5.06 - \$6.27	from \$3.49 - \$4.59
40	from \$7.42 - \$9.44	from \$5.05 - \$6.71
50	from \$11.92 - \$15.44	from \$7.84 - \$10.71

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

Note: your rate is "locked in" at your age at purchase!
Once you have a policy, your rate will never increase due to age.



Solving the long-term care issue

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

Here's how it works:

4%

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

Flexible features available:

2x

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

3x

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

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



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



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



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

See reverse side for more information on Universal Life/LifeEvents insurance from Trustmark Insurance Company.

What would happen if you weren't around?



1 in 3 households would have immediate trouble paying for living expenses if they lost their primary earner.¹



40% of Americans live paycheck to paycheck. Could your family afford to stay in your home?²



56% of Americans have less than \$10,000 saved for retirement – **1 in 3** have \$0 saved. Wouldn't it be nice to have some protection?³

How the Universal LifeEvents option works

- A **higher death benefit** during working years.
- **Long-term care (LTC)** benefits that **stay the same** throughout your life.

Example: \$25,000 policy

Before age 70	
Death benefit	\$25,000
LTC benefits	\$25,000
After age 70	
Death benefit	\$8,333
LTC benefits	\$25,000

Universal LifeEvents death benefit reduces to one-third at the latter of age 70 or the 15th policy anniversary.

Benefit for terminal illness

- **Use part of your death benefit** to help manage costs if you're diagnosed with a terminal illness.

Additional advantages

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

More flexible features

- **Buy term life insurance for your children.** They can later simply convert this rider to a permanent Universal Life policy.
- **Waive your policy payments** if your doctor says you're totally disabled.

**You care.
We listen.**

¹2018 Insurance Barometer Study LIMRA/Life Happens. ²nielsen.com/us/en/insights/news/2015/savingspending-and-living-paycheck-to-paycheck-in-america.html. ³gobankingrates.com/retirement/1-3-americans-0-saved-retirement. ⁴An A.M. Best rating is an independent opinion of an insurer's financial strength and ability to meet its ongoing insurance policy and contract obligations. Trustmark is rated A- (4th out of 16 possible ratings ranging from A++ to Suspended).

This provides a brief description of your benefits under GUL205/IUL205 and applicable riders HH/LTC205, BRR205, BXR205, ABR205, ADB205, CT205 and WP205. Benefits, definitions, exclusions, form numbers and limitations may vary by state. This policy contains a provision that guarantees against lapse for a period of 10 years (14 years in OR; 15 years for Universal LifeEvents) as long as premiums are paid as planned. If you make changes to your coverage during this period, or pay only the minimum premium, you may prevent cash value accumulation or reduce your death benefit amount. If there is negative cash value at the end of the no-lapse period, you must pay enough premium to establish positive cash value. You may also need to maintain your policy with a higher premium than the one you paid to satisfy the no-lapse guarantee or coverage may expire prior to age 100 even if the premium shown is paid as scheduled. A policy illustration will be delivered with your policy. Your policy will contain complete information. For costs and further details of the coverage, including exclusions, any reductions or limitations and terms under which the policy may be continued in force, see your agent or write to the company. For exclusions and limitations that may apply, visit www.trustmarksolutions.com/disclosures/IUL/A112-2216-UL. In California, review "A Consumer's Guide to Long-term Care from the Department of Aging" at: http://www.aging.ca.gov/aboutcdapublications/taking_Care_of_Tomorrow_English/. Underwriting conditions may vary, and determine eligibility for the offer of insurance. Trustmark® and LifeEvents® are registered trademarks of Trustmark Insurance Company.

Products underwritten by Trustmark Insurance Company
Rated A- (Excellent) for financial strength by A.M. Best.⁵

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ULULELTC_BRR-EOB-CTR-W

Trustmark
benefits beyond benefits

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A112-2425 (8-19)



Your Identity Matters.

Get the Benefit that Protects Your **PRIVACY** and **SECURITY**.



Exposure at Every Angle

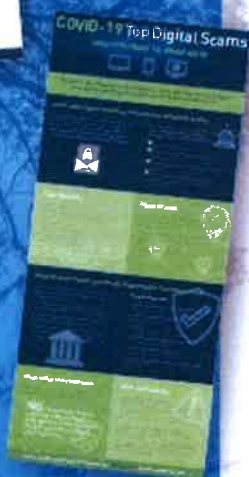
- Phishing emails have increased by **350%** since COVID-19
- 50% increase in mobile vulnerabilities in 2020
- 16 Billion consumer credentials are circulating on the Dark Web

COVID-19 SCAM PROTECTION RESOURCES



Tip Sheet |
6 Scams
Happening Now

Infographic |
Top COVID-19
Digital Scams



Now is the time to take protecting all you've built seriously. Your company recognizes the exponential increase in fraud and scams as your digital footprint expands, and the vulnerabilities that result from having sensitive personal information exposed. It's why **IdentityForce** is part of the employee benefit wheelhouse. We're here to provide you with world-class identity theft protection plans built to proactively monitor, alert, and help you fix any identity theft compromises.

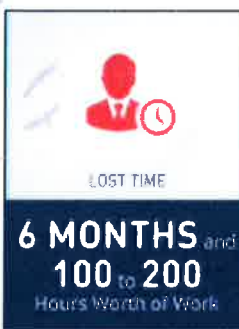
WHY NOW?

Our identities have become more than just a name, birthdate, and social security number. Today it includes voice signatures and fingerprints, personal property records, health records, and even social media data. All of these details can be capitalized on by criminals to commit identity fraud, whether used directly in forms of synthetic identity theft, or used in social engineering attempts to extract money or personal details that provide additional opportunities for identity crimes.

ID THEFT IMPACT

You don't want to deal with a lifetime of damage that could result from identity theft. You most likely even know someone who has already been a victim of identity theft themselves, or you at least know someone who has had their good name compromised. Security incidents, scams, and fraud continue to grow. As our world becomes increasingly digitalized, and virtual, it's even more important to have **IdentityForce** in your corner.

We not only proactively monitor the Dark Web, credit reports, and real-time fraud issues, but we will help you fix any compromises to your personal information. All without the hassle of making phone calls, completing paperwork, and all the heavy lifting needed to make sure your identity is restored.



SOURCE: CONSUMER REPORTS



SOURCE: JOURNAL OF CLINICAL PSYCHOLOGY



DATA FROM CONSUMER REPORTS

www.identityforce.com | 1-877-694-3367



Employee Benefit Plans

Easy to Enroll

1. Enroll along with other voluntary benefits through your employer.
2. Receive confirmation email. If you do not receive the email, please check your spam folder.
3. Click on link in confirmation email to complete registration and access your Identity Protection Dashboard.

Questions?

Call Member Services at 877.694.3367

IMPORTANT: To access your IdentityForce plan, please visit: <https://mybenefits.identityforce.com/>



Protect What Matters Most™

#1 Rated Consumer ID Theft Plans

As seen on CNBC and Investopedia



ABOUT SONTIQ

Sontiq is an intelligent Identity Security company arming businesses and consumers with award-winning products built to protect what matters most. Sontiq's brands, **IdentityForce**, **Cyberscout**, and **EZShield**, provide a full range of identity monitoring, restoration, and response products and services that empower customers to be less vulnerable to the financial and emotional consequences of identity theft and cybercrimes. Learn more at www.sontiq.com or engage with us on **Twitter**, **Facebook**, **LinkedIn**, or **YouTube**.

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Employee Benefit Plans



Employee: \$9.50 - Family: \$17.50

UltraSecure Premium

IDENTITY THEFT PROTECTION

Financial Account Takeover Monitoring	●
Mobile Attack Control	●
Secure My Network (VPN)	●
Online PC Protection Tools	●
Password Manager	●
BreachIQ™	●
Bank and Credit Card Activity Alerts	●
Identity Vault and Secure Storage	●
Auto On Monitoring	●
Advanced Fraud Monitoring (Instant Inquiry Alerts)	●
Change of Address Monitoring	●
Court Records Monitoring	●
Fraud Alert Reminders	●
Dark Web Monitoring	●
Compromised Credentials Alerts	●
Sex Offender Notification	●
Social Media Activity Alerts (Adult and Child)	●
Data Breach Notification	●
Identity Threat Alerts	●
Junk Mail Opt Out	●
Smart SSN Tracker (SSN Monitoring)	●
Medical ID Fraud Protection	●
Mobile App (iOS and Android)	●
Two Factor Authentication	●
Lost Wallet Assistance	●
Child Monitoring (SSN and Dark Web)	●
401(k), HSA & Investment Account Activity Alerts	●

CREDIT MONITORING

Credit Report Assistance	●
Credit Freeze and Lock Assistance (Adult and Child)	●
Credit Report Monitoring (Daily)	3 Credit Bureaus
Credit Report and Score (Quarterly)	3 Credit Bureaus
Credit Score Simulator	●
Credit Score Tracker (Monthly)	●

RESTORATION SERVICES

Ransomware Expense Reimbursement	\$25,000
Social Engineering Expense Reimbursement	\$25,000
Senior Fraud Resolution (Insurance Included with Family Plan)	●
White Glove Restoration	●
Pre-existing Identity Theft Restoration	●
Deceased Family Member Fraud Remediation	●
Identity Theft Insurance	\$2,000,000
Stolen Funds Replacement	●
Any Financial Account Covered	●

*Deceased Family Member Fraud Remediation is available for adults or eligible dependents enrolled in an active IdentityForce Family Plan as the primary contact.

www.identityforce.com | 1-877-694-3367

MetLaw®

Provides access to legal expertise
for both expected and unexpected events.

PHOTO COURTESY OF HYATT

Legal experts on your side for less than a dollar a day



Quality legal assistance can be pricey. And it can be hard to know where to turn to find an attorney you trust. For a low monthly fee, you can have a team of top attorneys ready to help you take care of life's planned and unplanned legal events.

With MetLaw, a group legal plan available through Hyatt Legal Plans, you get access to experts who can assist you with a broad range of personal legal needs you might face throughout your life. This could be when you're buying or selling a home, starting a family, dealing with identity theft, or caring for aging parents.

You may be thinking — why would top attorneys need or want to join a legal plan network. But even experienced attorneys need to grow their practice. By providing exceptional service to you and other plan members, they can gain more clients through your referrals. That's how we've established a large network of highly experienced attorneys, averaging 25 years of experience.

Reduce the cost of legal services with MetLaw.

How it works

Our service is tailored to your needs. With network attorneys available in person, by phone, or by email and online tools to do-it-yourself or plan your next move—we make it easy to get legal help. And for certain legal matters, your attorney can represent you in court without you having to make an appearance.

Best of all, you have unlimited access to our attorneys for all legal matters covered under the plan. For a low monthly premium conveniently paid through payroll deduction, an expert is on your side as long as you need them.

Whatever you need to protect your family, MetLaw is here to make life a little easier.

For added peace of mind, your spouse and dependent children
are also covered.

Enroll today!

For questions,
please call us at
1-800-821-6400

**Our attorneys
are here to
help when
you're:**

- Getting married
- Buying or selling a home
- Starting a family
- Dealing with identity theft
- Sending kids off to college
- Caregiving for aging parents
- And more





MetLaw helps you navigate life's planned and unplanned events.

You get legal assistance for some of the most frequently needed personal legal matters — with no waiting periods, no deductibles and no claim forms.

And, if you have a trusted attorney who does not participate in our network, that's OK. You can be reimbursed for some of the costs.¹ MetLaw covers some of the most frequently needed personal legal matters:

Money Matters	<ul style="list-style-type: none">• Debt Collection Defense• Identity Theft Defense• Identity Management Services³	<ul style="list-style-type: none">• Negotiations with Creditors• Personal Bankruptcy• Promissory Notes	<ul style="list-style-type: none">• Tax Audit Representation• Tax Collection Defense
Home & Real Estate	<ul style="list-style-type: none">• Boundary & Title Disputes• Deeds• Eviction Defense• Foreclosure• Mortgages	<ul style="list-style-type: none">• Property Tax Assessments• Refinancing & Home Equity Loans of Primary, Second or Vacation Home	<ul style="list-style-type: none">• Sale or Purchase of Primary, Second or Vacation Home• Security Deposit Assistance• Tenant Negotiations• Zoning applications
Estate Planning	<ul style="list-style-type: none">• Codicils• Complex Wills• Healthcare Proxies• Living Wills	<ul style="list-style-type: none">• Powers of Attorney (Healthcare, Financial, Childcare, Immigration)	<ul style="list-style-type: none">• Revocable & Irrevocable Trusts• Simple Wills
Family & Personal	<ul style="list-style-type: none">• Adoption• Affidavits• Conservatorship• Demand Letters• Garnishment Defense• Guardianship• Immigration Assistance	<ul style="list-style-type: none">• Juvenile Court Defense, Including Criminal Matters• Name Change• Parental Responsibility Matters• Personal Property Protection• Prenuptial Agreement	<ul style="list-style-type: none">• Protection from Domestic Violence• Review of ANY Personal Legal Document• School Hearings
Civil Lawsuits	<ul style="list-style-type: none">• Administrative Hearings• Civil Litigation Defense	<ul style="list-style-type: none">• Disputes Over Consumer Goods & Services• Incompetency Defense	<ul style="list-style-type: none">• Pet Liabilities• Small Claims Assistance
Elder-Care Issues	<p>Consultation & Document Review for your parents:</p> <ul style="list-style-type: none">• Deeds• Leases	<ul style="list-style-type: none">• Medicaid• Medicare• Notes• Nursing Home Agreements	<ul style="list-style-type: none">• Powers of Attorney• Prescription Plans• Wills
Vehicle & Driving	<ul style="list-style-type: none">• Defense of Traffic Tickets⁴• Driving Privileges Restoration	<ul style="list-style-type: none">• License Suspension Due to DUI	<ul style="list-style-type: none">• Repossession
E-Services	<ul style="list-style-type: none">• Attorney Locator• Financial Planning	<ul style="list-style-type: none">• Insurance Resources• Law Firm E-Panel	<ul style="list-style-type: none">• Self-Help Legal Documents• Work/Life Resources

82% of those enrolled in a legal plan through an employer agreed that they worry less about unexpected issues because of their employer benefits.²

Monthly Rates:

EE only	\$ 18.75
EE/SP	\$ 18.75
EE/CLD	\$ 18.75
Family	\$ 18.75

1. You will be responsible to pay the difference, if any, between the Plan's payment and the non-Plan Attorney's charge for services.

2. Harris Poll on behalf of Hyatt Legal Plans, a MetLife Company. Improving Employee Wellness through Legal Benefits (February 2016)

3. This benefit provides the Participant with access to LifeStages Identity Management Services provided by CyberScout, LLC. CyberScout is not a corporate affiliate of Hyatt Legal Plans.

4. Does not cover DUI.

Group legal plans provided by Hyatt Legal Plans, Inc., a MetLife company, Cleveland, Ohio. In certain states, group legal plans are provided through insurance coverage underwritten by Metropolitan Property and Casualty Insurance Company and affiliates, 700 Quaker Lane, Warwick, RI 02886. No service, including consultations, will be provided for: 1) employment-related matters, including company or statutory benefits; 2) matters involving the employee, MetLife, its affiliates, or plan attorneys; 3) matters in which there is a conflict of interest between the employee and spouse/partner or dependents; 4) matters in which case services are excluded for the spouse/civil union partner and dependents; 5) appeals and class actions; 6) farm and business matters, including rental issues when the participant is the landlord; 7) patent, trademark, and copyright matters; 8) costs and fines; 9) frivolous or unethical matters; 10) matters for which an attorney-client relationship exists prior to the participant becoming eligible for MetLaw. For all other personal legal matters, an advice and consultation benefit is provided. Additional representation is also included for certain matters. Please see your plan description for details. MetLaw and MetLife are registered trademarks of Metropolitan Life Insurance Company, New York, NY.



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1-866-860-0000 | 1-773-865-0400 (toll-free) | © 2015 MetLife Services and Solutions, LLC

403(b) PLAN HIGHLIGHTS

Participation

When am I eligible to participate in this plan?

- You are eligible to join this plan on your date of hire, and as specified by your employer.
-

Contributions

What kinds of contributions may be made to this plan?

- This plan provides for pre-tax salary reduction contributions, post-tax Roth salary reduction contributions, and eligible transfer. There are no employer contributions.
- Pre-tax contributions are deducted **before** you pay current income taxes. Pre-tax investments grow tax-deferred and the contributions and any earnings are taxed when you take a distribution from this plan.
- You may transfer benefits from a former employer's eligible retirement plan into this plan.

How much may I contribute?

- You can contribute up to 100% of your compensation to this plan up to the limit allowed under the Internal Revenue Code (\$18,000 in 2017).
- If you are age 50 or older you can contribute a "catch-up" contribution of up to \$6,000 (2017).

Can I ever lose my benefits?

- You are always 100% vested in your salary reduction contributions. This means the value of your contributions and earnings are yours when you terminate employment with your employer, without respect to your years of service.

What do I have to do to start contributing?

- Automatic payroll deduction withdraws your contributions directly from your paycheck after you complete a Salary Reduction Agreement and return it to your financial representative or your employer. You may commence making contributions or modify the amount of your current contributions at any time by modifying your Salary Reduction Agreement.
-

Investments

Where are my contributions invested?

- You may choose the 403(b) custodial account or annuity contract you want from the list of approved investment providers and 403(b) investment products located on the Bay Bridge website www.bbadmin.com

How are my contributions invested?

- You select how you want your contributions to be invested from among the investment options available under each approved investment provider's product.
- Your investment provider's custodial account or annuity contract will determine how often you may change your investment mix.

**Keystone Learning Services
403(b) Plan Notification Form**

1. Participant Information		Location _____	
Plan Name <u>Keystone Learning Services Voluntary Sec. 403(b) Plan</u>			
Participant Name _____ First MI Last			0 Male 0 Female
Mailing Address _____ Street Address City State Zip			
Residential Address _____ (If different from mailing address) Street Address City State Zip			
Social Security Number _____		Date of Birth _____	Date of Hire _____
Daytime Phone Number _____		Home Phone Number _____	

2. I have been informed of the availability of the opportunity to participate in the voluntary Sec. 403(b) offered through my employer.

- ☐ I wish to participate in the Keystone Learning Services 403(b) Plan.
☐ I am already participating in the Keystone Learning Services 403(b) Plan. I
☐ choose not to participate in the Keystone Learning Services 403(b) Plan.

3. Provide Signatures

I understand that I am eligible to participate in the Keystone Learning Services Sec. 403(b) plan.

☐ _____
Signature of Participant Date (mm/dd/yyyy)

Approved Companies and Representatives:

Security Benefit Life

Leasa Huffman
leasahuffman@ofgfinancial.com
785-267-6556

Kate McMaster
katemcmaster@ofgfinancial.com
785--845-5501

American Fidelity Assurance Co.

Steve Schwartz
steve.schwartz@americanfidelity.com
785-232-8100

Lincoln Investment Planning

800-242-1421

This guide prepared by:



Please note that the information in this Benefit Guide is presented for illustrative purposes. The information contained in this Guide was taken from brochures and benefit information. While every effort was taken to accurately report your benefits, discrepancies, or errors are always possible. In case of discrepancy between the Guide and the actual plan documents the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, please refer to your Employee Manual for additional information or contact your Benefits Manager.

