DILLARD UNIVERSITY

# BENEFITS GUIDE

## 2026-2027 PLAN YEAR

# Table of Contents

# Medical Insurance

| | Louisiana Blue Blue Connect Savings Plus 80/60 $4000 | | Louisiana Blue Blue POS Copay 100/80 $6250 + NONSTOP | | Louisiana Blue Premier Blue Copay 100/70A | |
|---|---|---|---|---|---|---|
| **Deductible** | **In-Network** | **Out-of-Network** | **In-Network** | **Out-of-Network** | **In-Network** | **Out-of-Network** |
| Single | $4,000 | $8,000 | $6,250 | $12,500 | $0 | $1,000 |
| Family | $8,000 | $16,000 | $12,500 | $25,000 | $0 | $3,000 |
| **Coinsurance** | | | | | | |
| Member % | 80% | 60% | 100% | 80% | 100% | 70% |
| **Out of Pocket Maximum** | | | | | | |
| Single | $6,350 | $12,700 | $7,900 | $15,800 | $1,250 | $2,500 |
| Family | $12,700 | $25,400 | $15,800 | $31,600 | $2,500 | $5,000 |
| **Commonly Used Services** | | | | | | |
| Primary Care Physician Office Visit | Deductible then Coinsurance | Deductible then Coinsurance | $50 | Deductible then Coinsurance | $20 | Deductible then Coinsurance |
| Specialist Office Visit | Deductible then Coinsurance | Deductible then Coinsurance | $60 | Deductible then Coinsurance | $35 | Deductible then Coinsurance |
| Urgent Care | Deductible then Coinsurance | Deductible then Coinsurance | $60 | Deductible then Coinsurance | $35 | Deductible then Coinsurance |
| Emergency Room | Deductible then Coinsurance | Deductible then Coinsurance | 350 (waived if admitted) | 350 (waived if admitted) | 350 (waived if admitted) | 350 (waived if admitted) |
| **Prescription Drug Coverage** | | | | | | |
| Generic ( Tier 1 ) | 80% Coinsurance after deductible | 80% Coinsurance after deductible | 100% Coinsurance after deductible | 100% Coinsurance after deductible | $7 | $7 |
| Brand Name ( Tier 2 ) | 60% Coinsurance after deductible | 60% Coinsurance after deductible | 80% Coinsurance after deductible | 80% Coinsurance after deductible | $30 | $30 |
| Non-Preferred ( Tier 3 ) | 60% Coinsurance after deductible | 60% Coinsurance after deductible | 80% Coinsurance after deductible | 80% Coinsurance after deductible | $70 | $70 |
| Member Website | www.lablue.com | | www.lablue.com | | www.lablue.com | |

Disclaimer: This is a partial listing of your covered benefits. For a complete accurate listing of covered benefits, limitations and exclusions, refer to your certificate of coverage.

### Premium Per Employee Paycheck

| | | | |
|---|---|---|---|
| Employee Only | $75.39 | $114.96 | $334.72 |
| Employee + Spouse | $301.56 | $456.97 | $666.49 |
| Employee + Child(ren) | $162.84 | $247.16 | $598.37 |
| Family | $452.34 | $686.89 | $992.36 |

LOUISIANA BLUE

# Activate MyLABlue TODAY!

Track your insurance activity, connect securely with customer service, estimate costs, search in-network doctors, download your digital ID card and much more.

Get your personal insurance information in the way that's most convenient to you – online, through the MyLABlue app or within your MyChart account.

*Activate your account!*

**lablue.com/welcome**

**There are a few ways to get started. Choose the one that best fits your needs.**

## 1. Instant Activation via Email or SMS

This is the most streamlined way to register. Louisiana Blue members who already have an account should receive an activation link through email or SMS. Upon clicking the link:

- Verify your identity.
- Create a username and password.
- Agree to terms and conditions, and you're in!

## 2. Activation Using a Manual Code

These instructions are for members who receive an activation code rather than a clickable link.
*Follow these steps:*

- Go to **my.lablue.com** and fill in your username and password.
- Enter the activation code.
- Verify your identity.
- Enter the verification code you receive via email or SMS.
- Create a username and password, agree to the terms and conditions, and get started!

**If you don't have an activation code, you can call the Customer Service number on the back of your ID card, and a Louisiana Blue representative can give you one.**

## 3. Using Existing Portal Access

These instructions are for members who already have access to their accounts:

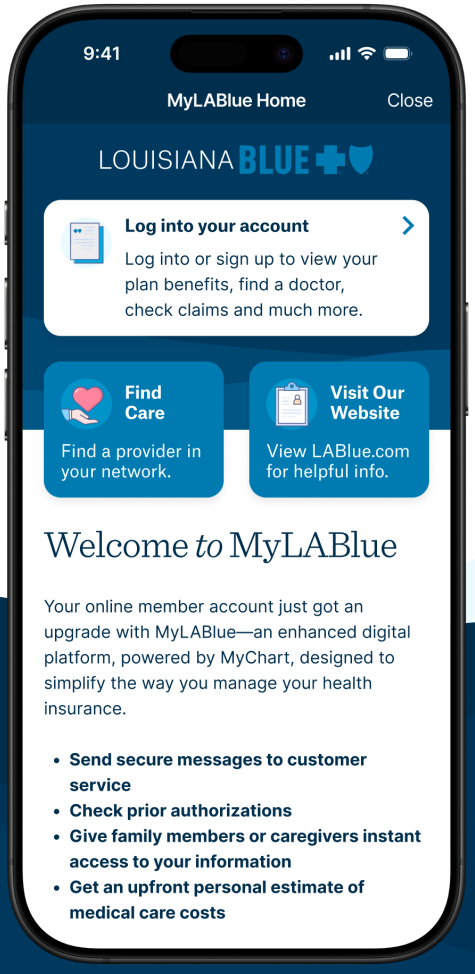
- Go to **my.lablue.com** and click “Activate with Your Existing Login.”
- Log in with your old credentials and click the activation link within the old portal.
- You’ll be redirected to **MyLABlue** to verify your identity.
- Create a new username and password, agree to the terms and conditions, and you’re good to go!

## 4. Self Sign-Up

- If you’re a new member or if you don’t have a code or link, you can follow these steps: Go to **my.lablue.com** and click “Sign Up” and select “Sign up with your information.”
- Complete a registration form with the required personal details.
- Enter the verification code you receive via email or SMS.
- Once the code is entered, confirm a username and password, agree to the terms and conditions, and you’re in!

## 5. Use the MyLABlue App:

- Download the **MyLABlue** app from the iOS App Store or Google Play Store.
- Sign up using your member ID and personal details.
- If you had the old app, it will automatically update to the new version.




# Link via MyChart:

After you activate your account, open your **MyChart** app and add “Louisiana Blue” as an organization. This links your health insurance and health data in one place.

# Need Help?

**Visit https://my.lablue.com or call the Customer Service number on the back of your member ID card.**


## What if there was a way for you to save money on what you and your family need most?

**Say hello to Blue365!** It's available to you as a Blue Cross Blue Shield member and free to register. Access year-round discounts on afforadable solutions to support your health. And unlike some other discount programs, there's no need to earn rewards or points in order to take advantage of these exclusive deals—*you can start saving immediately!*

**Enjoy one-of-a-kind discounts on:**

- **Fitness Gear & Apparel**
- **Gym Memberships**
- **Hearing Aids**
- **Nutrition**
- **Travel**
- **Vision Care**
- **...And much more!**

**Sign up for free today by visiting Blue365deals.com or scan the code:**

BlueCross BlueShield

Blue365®



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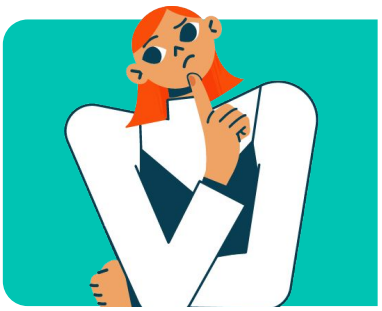
nonstop HEALTH



# Knowing what's covered by your carrier and NSH

Nonstop Health (NSH) may be used to pay for **covered, eligible** medical services and prescriptions received at **in-network*** providers/facilities.

Nonstop Health follows your health insurance carrier's lead in determining what is and isn't covered. If they don't cover a service or prescription, **you** are responsible for 100% of those costs. Not sure if something is covered? Ask your carrier **before** getting care, or check your insurance plan's Summary of Benefits and Coverage (SBC).

A "**covered eligible expense"** for NSH benefits means a medical service or prescription whose cost has been processed by your carrier, and applied toward your medical plan's deductible and out-of-pocket maximum (OOPM).

- **Covered medical services** are those approved by your carrier and listed on your medical plan documents (e.g., SBC).
- **Covered prescriptions** are those approved by your carrier and listed on your plan's formulary.

Because health insurance plans cover services and prescriptions differently, Nonstop is unable to provide an exhaustive list of what is and is not covered. However, here are some examples:

**Vendors** that are **not** covered by carriers, and therefore are not covered by NSH, include:

- ✖ FSA/HSA stores
- ✖ Fullscript
- ✖ Massage Envy
- ✖ Carex
- ✖ PeopleCare
- ✖ Warby Parker
- ✖ Hero Health
- ✖ BetterHelp
- ✖ Noom
- ✖ NutriSystem

**Products/services** that are **generally not** covered by carriers, and therefore generally not covered by NSH, include:

- ✖ Dental services, unless covered under your health insurance plan
- ✖ Vision services, unless covered under your health insurance plan
- ✖ Elective procedures
- ✖ Durable Medical Equipment (DME), unless covered under your health insurance plan
- ✖ Alternative care, unless covered under your health insurance plan
- ✖ Mental health services, unless covered under your health insurance plan


**Products/services** that are **not** covered by carriers, and therefore are not covered by NSH, include:

- ✖ Over-the-counter medications, vitamins, or supplements
- ✖ Feminine hygiene products
- ✖ If a medical facility/provider requires a membership fee to receive services, the membership fee does not qualify for Nonstop Health
- ✖ Medication delivery fees/tips
- ✖ Credit card fees

***More info on the next page***

## Important definitions

**In-network providers** are those who have a contract with your carrier, and have set negotiated rates for services. As such, a provider may only charge a set price for the services you receive. This results in lower costs, as in-network providers almost always charge less than out-of-network providers.

A **covered service** is a service approved under the terms of your health insurance plan. Not all services are covered by every plan, or by your NSH plan.

**Covered prescriptions:** Your health insurance plan's formulary (also called a covered drug list) tells you what prescriptions are covered under your health insurance plan. Just because a doctor prescribes a medication doesn't mean it's covered.

**Carrier-approved:** These are services or providers not typically covered under your health insurance plan, but an exception has been made by your carrier to cover them and/or consider an out-of-network provider as in-network. For these services and/or providers to be covered by NSH, you must have explicit/written authorization by your health insurance plan to receive the service or see the out-of-network provider, and their agreement that those costs will be considered covered and/or in-network under your health insurance plan.

## What to know about Amazon and NSH

Amazon is a multi-service provider. Besides books, groceries, and homegoods, Amazon is now offering prescription drug services. While some health insurance carriers use Amazon for pharmacy coverage options for members, the Nonstop Visa card **cannot** distinguish a pharmacy or prescription charge from a regular Amazon purchase.

Therefore, if you use your Nonstop Visa card at an Amazon pharmacy — even if it's for a covered and approved expense and the charge goes through — that charge **will be flagged by our system and you will be subject to our substantiation process.**

To avoid going through the substantiation process, the best approach is to pay for the prescription using another payment method. Do **not** use your Nonstop Visa card to pay for that prescription. Pay out of your own pocket, then submit a reimbursement claim to Nonstop Health.

## What to know about prescription discount programs and NSH

Medical discount or coupon programs (e.g., GoodRx and Single Care) may not qualify for Nonstop Health because those programs generally don't apply what you pay for the prescription toward your plan's in-network deductible. Check with your carrier **before** using a discount/coupon program because the amount you pay may not count toward your deductible or out-of-pocket maximum.

**Questions? We're here to help!**
**877.626.6057 Monday-Friday, 6am-5pm PT/9am-8pm ET**
**clientsupport@nonstophealth.com**

** If you're on a version of Nonstop Health that allows you to use your Nonstop Visa card for out-of-network providers, this does not apply to you. Most Nonstop Health accounts do not have that option! If you're not sure, contact your HR team or Nonstop.*

nonstop HEALTH

# Submitting a claim to Nonstop

While Nonstop provides you with a Nonstop Visa card to help pay for your covered** eligible medical expenses, there may be times when you don't have your Nonstop Visa card with you. Don't worry, you can still use Nonstop Health (NSH)! You'll just need to pay up front and be reimbursed via Nonstop's claims process. Or, if you need to pay a copay or coinsurance, ask your provider if they will bill you for the service.

***Remember:*** *If you use your Nonstop Visa card to pay for an in-network*, covered**, and eligible medical expense, you do* ***not*** *need to submit a claim. Only submit a claim if you paid out-of-pocket and need to be reimbursed, or you want Nonstop to pay a provider/facility on your behalf.*

### There are four ways to submit a claim:

- **Online** via the Nonstop Exchange (NSE) member portal at members.nonstophealth.com
- **Email:** claims@nonstophealth.com
- **Fax:** 877.463.1175
- **US Postal Service:** Nonstop Health 1800 Sutter St. Suite 730 Concord CA 94520

## Submitting a claim online


1. **LOG IN TO THE NONSTOP EXCHANGE PORTAL** (members.nonstophealth.com)
2. Click on the **SUBMIT A CLAIM** button, and fill in all required information.
3. **UPLOAD THE PROPER DOCUMENTATION,** which may include an Explanation of Benefits (EOB), Remittance Advice Report, proof of payment, and/or provider bill. NSE will provide prompts for what documentation is needed.
4. **REVIEW YOUR CLAIM AND SUBMIT!** A claim number will be provided that you can use to track the status of your claim.
5. Expect a **REIMBURSEMENT OR PROVIDER PAYMENT** to be mailed once your claim is processed.

**IMPORTANT REMINDERS**

All Nonstop Health claims are due within 90 days after your medical plan year ends.

Claims are processed within 30 days. To view the status of your claim, see the "Claims and Substantiations" chart on your NSE dashboard.

***Learn more on the next page***

## Required Documentation For Submitting A Claim

**Note:** If you submit your claim via NSE, you do not need to download/fill out a separate claim form (available at nonstophealth.com/claims). It's built into the submission process.

**Required documentation** varies depending on if you want to be reimbursed yourself, or you're asking for a provider to be paid on your behalf.

- **If you want to be reimbursed for payment(s) you made to a medical provider or for a medical service:**
  - EOB or Remittance Advice Report
  - Proof of payment
  - Completed Nonstop claim form

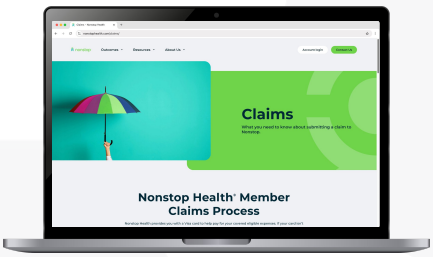
- **If you want to be reimbursed for payment for a prescription:**
  - Detailed pharmacy bag receipt or pharmacy printout (showing your name, the medication name, and whether it was processed through/covered by your health insurance carrier)
  - Proof of payment (e.g. cash register receipt)
  - Completed Nonstop claim form

- **If you want NSH to pay a medical provider directly on your behalf:**
  - Explanation of Benefits (EOB) or Remittance Advice Report
  - All pages of the provider bill (showing the account number and where payment should be sent)
  - Completed Nonstop claim form

**Important:** When submitting a claim, include **all** required documentation. If we don't receive all information within 45 days, the claim will be denied.

## If you leave your employer or are no longer eligible for benefits

- If you leave your employer or are no longer eligible for benefits, your Nonstop Visa card will be canceled on your last day of coverage.
- If you have bills for covered** services/prescriptions not paid for before your card was canceled, you must submit those claims to Nonstop within 90 days.




For more info or a claim form, visit **nonstophealth.com/claims**

**Questions? We're here to help!**
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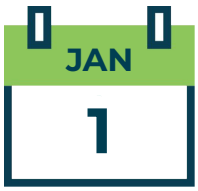
** If you're on a version of Nonstop Health that allows you to use your Nonstop Visa card for out-of-network providers, this does not apply to you. Most Nonstop Health accounts do not have that option! If you're not sure, contact your HR team or Nonstop.*
*** "Covered" means that the expense for that service or prescription is applied toward your health insurance plan's in-network deductible and/or out-of-pocket maximum (OOPM).*

nonstop HEALTH

# Nonstop Health key dates and deadlines




## JANUARY 1

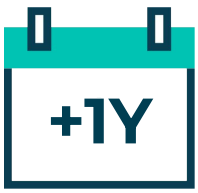
Your out-of-pocket max resets


## MARCH 31

Due date of all the previous year's claims

## 90 DAYS

If you leave your position or become otherwise ineligible for benefits, you have **90 days** from your last day of coverage to submit any outstanding claims or provider bills to Nonstop for payment.




## 1 YEAR

Keep all documentation (bills, receipts, and Explanation of Benefits) related to any services or prescriptions you paid for with your Nonstop Visa card for **one full year**. If Nonstop contacts you to substantiate a charge on your Nonstop Visa card, we will ask for this documentation to verify the charge was for a covered medical service or prescription.

**Questions? We're here to help!**
**877.626.6057 Mon-Fri, 6am-5pm PT/9am-8pm ET**
**clientsupport@nonstophealth.com**

# Dental Insurance

## Louisiana Blue

### Plan B Ortho

| Deductible | Benefits |
|---|---|
| Single | $50 |
| Family | $150 |
| **Maximum the carrier will pay** | |
| Annual Maximum | $2,000 |
| **Dental Coverage** | |
| Cleanings | 100% |
| Exams | 100% |
| X-Rays | 100% |
| Sealants | 100% |
| Fillings | 80% |
| Simple Extractions | 80% |
| Root Canal | 80% |
| Periodontal Gum Disease | 80% |
| Oral Surgery | 80% |
| Crowns | 50% |
| Dentures | 50% |
| Bridges | 50% |
| Implants | 50% |
| Orthodontia | 50% |
| Orthodontia Lifetime Maximum | $1,500 |
| **Out of Network Explanation** | |
| | Blue Dental benefits are the same for in- and out-of-network. Standard reimbursement for out-of-network claims is 90% percentile. |
| **Plan Information** | |
| Waiting Period for Major Services | None |
| Member Website | www.lablue.com |

Disclaimer: This is a partial listing of your covered benefits. For a complete accurate listing of covered benefits, limitations and exclusions, refer to your certificate of coverage.

**Premium Per Employee Paycheck**

| | |
|---|---|
| Employee Only | $20.46 |
| Employee + Spouse | $45.64 |
| Employee + Child(ren) | $38.42 |
| Family | $64.85 |

# Vision Insurance

## Louisiana Blue

### Vision Plan 8

| Vision Coverage | In-Network | Out-of-Network |
|---|---|---|
| Eye Exam | $10 | up to $30 |
| Single Vision Lens | Included | up to $40 |
| Lined Bi-Focal Lens | Included | up to $60 |
| Lined Tri-Focal Lens | Included | up to $80 |
| Lenticular Lens | Included | up to $100 |
| Contact Lens Allowance | up to $130 | up to $105 |
| Frame Allowance | up to $130 or $180 | up to $30 |
| **Frequencies** | | |
| Exam Frequency | Once Every: 12 Months | |
| Lens Frequency | Once Every: 12 Months | |
| Frame Frequency | Once Every: 24 Months | |
| **Plan Information** | | |
| Member Website | www.lablue.com | |
| Customer Service Phone Number | 1-800-247-9368 | |

Disclaimer: This is a partial listing of your covered benefits. For a complete accurate listing of covered benefits, limitations and exclusions, refer to your certificate of coverage.

**Premium Per Employee Paycheck**

| | |
|---|---|
| Employee Only | $2.77 |
| Employee + Spouse | $5.43 |
| Employee + Child(ren) | $5.68 |
| Family | $8.45 |

## Plan Highlights

# Group Short Term Disability Insurance

**Dillard University**

### COVERAGE

Disability income protection insurance provides a benefit for short term disability resulting from a covered injury or sickness. Benefits begin at the end of the elimination period and continue while you are disabled up to the maximum benefit duration.

### ELIGIBILITY

Each Active Full-Time Employee working 40 hours or more per week, except for any person working on a temporary or seasonal basis.

### BENEFIT AMOUNT

The benefit amount is equal to 70% of your weekly covered earnings, to a maximum benefit of $1,000 per week.

### DAY BENEFITS BEGIN

Injury (accident) and Sickness (illness): benefits begin on the 31st consecutive day of disability.

### MAXIMUM BENEFIT DURATION

Benefits for one period of disability will be paid up to a maximum of 9 weeks.

### CONTRIBUTION REQUIREMENTS

Coverage is 100% Employer Paid.

### FEATURES

- Maternity covered as any other illness
- Non-occupational coverage
- Partial Disability
- Transfer of Coverage provision
- FMLA Continuation
- Military Services Leave of Absence Continuation
- W-2 Services

### VALUE-ADDED SERVICES

- Telephonic Claim Intake Service

### LIMITATIONS

- Offsets: Your benefit may be reduced by other income sources such as, but not limited to, Social Security, Workers Compensation, State Disability Plans.

## Plan Highlights

# Group Long Term Disability Insurance

**Dillard University**

### COVERAGE

Disability income protection insurance provides a benefit for long term disability resulting from a covered injury or sickness. Benefits begin at the end of the elimination period and continue while you are disabled up to the maximum benefit duration.

### ELIGIBILITY

Each Active Full-Time Employee excluding Executives working 40 hours or more per week, except for any person working on a temporary or seasonal basis.

### CONTRIBUTION REQUIREMENTS

Coverage is 100% Employer Paid.

### ELIMINATION PERIOD

90 consecutive days of total disability.

### BENEFIT AMOUNT

The benefit amount is equal to 60% of your monthly covered earnings, from a minimum of $100, to a maximum benefit of $6,000 per month.

### MAXIMUM BENEFIT DURATION

Benefits will not extend beyond the longer of your Social Security Normal Retirement Age or Duration of Benefits below:

| Age at Disablement | Duration of Benefits |
|---|---|
| 61 or less | To Age 65 |
| 62 | 3 1/2 Years |
| 63 | 3 Years |
| 64 | 2 1/2 Years |
| 65 | 2 Years |
| 66 | 1 3/4 Years |
| 67 | 1 1/2 Years |
| 68 | 1 1/4 Years |
| 69 or more | 1 Year |

### FEATURES

- Extended Disability Benefit
- Military Services Leave of Absence
- FMLA Continuation
- Own Occupation Coverage – 24 Months
- Rehabilitation Provision
- Residual and Partial Disability
- Specific Indemnity Benefit
- Survivor Benefit – 3 months
- Transfer of Coverage Provision
- Work Incentive & Child Care Provisions
- Worksite Modification Benefit

### VALUE-ADDED SERVICES

- Employee Assistance Program
- Travel Assistance Services
- ID Theft Recovery Services

### LIMITATIONS

- Pre-Existing Condition Limitation: 3/12
- Mental & Nervous Limitation – 24 months outpatient
- Substance Abuse Limitation – 24 months
- Offsets: your benefit may be reduced by other income sources such as, but not limited to, Social Security, Workers Compensation, State Disability Plans

## Plan Highlights

# Group Long Term Disability Insurance

**Dillard University**

### COVERAGE

Disability income protection insurance provides a benefit for long term disability resulting from a covered injury or sickness. Benefits begin at the end of the elimination period and continue while you are disabled up to the maximum benefit duration.

### ELIGIBILITY

Each Active Full-Time Executive Employees working 40 hours or more per week, except for any person working on a temporary or seasonal basis.

### CONTRIBUTION REQUIREMENTS

Coverage is 100% Employer Paid.

### ELIMINATION PERIOD

90 consecutive days of total disability.

### BENEFIT AMOUNT

The benefit amount is equal to 60% of your monthly covered earnings, from a minimum of $100, to a maximum benefit of $13,000 per month.

### MAXIMUM BENEFIT DURATION

Benefits will not extend beyond the longer of your Social Security Normal Retirement Age or Duration of Benefits below:

| Age at Disablement | Duration of Benefits |
|---|---|
| 61 or less | To Age 65 |
| 62 | 3 1/2 Years |
| 63 | 3 Years |
| 64 | 2 1/2 Years |
| 65 | 2 Years |
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LIFE INSURANCE COMPANY

www.reliancematrix.com

EQUITABLE

**Group name:** DILLARD UNIVERSITY
**Policy number:** 005051
**Form created:** 05/28/2026

# Protection for you and your loved ones

## Life insurance benefit summary

### The importance of Life insurance

The right life insurance coverage can help protect your loved ones and help provide financial stability when they need it most. They can use the benefit to fund a child's education, pay off a mortgage or pay for everyday expenses.


**Watch this quick video to learn more**

### Did you know?

More than ⅓ of households would feel the financial impact in less than 6 months if the primary wage earner died.[1]

Today, few have the coverage they need. And 48% of households (60 million) have an average life insurance coverage gap of

**$200,000**

## Basic Life/AD&D Benefit plan and features

**Class definition:** Class 1 – All Active Full Time Employees

| Coverage Details | Employee |
|---|---|
| Life Benefit Amount | 1x Basic Annual Earnings |
| Life Maximum Benefit | $500,000 |
| Guaranteed Issue Amount | $500,000 |
| Life Age Reduction | |
| Age 65 but less than 70 | 35% |
| Age 70 or over | 50% |

*Any reduction pursuant to this provision will take place on the next Policyholder anniversary date*

| Coverage Details | Employee |
|---|---|
| Accelerated Death Benefit | 75% up to $250,000 |
| Waiver of Premium | Included |
| Conversion | Included |
| Accidental Death & Dismemberment (AD&D) Benefit Amount | 100% of Life Insurance Benefit |
| AD&D Maximum Benefit | Matches Life Insurance Maximum |
| AD&D Age Reduction | Matches Life |

| AD&D Features | Employee |
|---|---|
| Common Carrier Benefit | Included |
| Exposure/Disappearance Benefit | Included |
| Rehabilitation/Physical Therapy Benefit | Included |
| Seatbelt and Airbag Benefits | Included |

# Understanding your benefits

## Commonly Used Terms

| | |
|---|---|
| **Guarantee Issue Amount** | This is the amount of insurance available without having to provide evidence of insurability (also known as proof of good health). |
| **Accelerated Death Benefit** | Allows you access to a portion of your Life insurance while you are alive if you have a qualifying condition, such as a terminal illness, cognitive impairment, or the inability to perform two or more activities of daily living without assistance. |
| **Basic Annual Earnings** | Means your regular rate of pay from your employer in effect on the date immediately prior to the date the covered loss occurs. It includes any deductions made for pre-tax contributions to a qualified deferred compensation plans, section 125 plan, or flexible spending account. It does not include commissions, bonuses, tips, tokens, overtime pay or any other fringe benefits or extra compensation. |
| **Conversion** | Allows you convert your group term Life insurance coverage to an individual, whole life policy if your coverage is reduced or ends. |

## Frequently Asked Questions

| | |
|---|---|
| **Are my spouse and dependent children eligible for coverage?** | No, your employer's plan does not provide for coverage on your spouse or children. |
| **Does the coverage decrease as I get older?** | Yes, the age reductions are shown in the "Benefit Plan & Features" section. The coverage will reduce on the next Policyholder anniversary date following your attainment of the ages shown. The percentages referenced are what the coverage reduces to and are all based on the original amount of coverage. For example, if you are covered for $50,000 and the coverage reduces to 65% at age 65, your coverage will reduce to $32,500 on the policy anniversary following your 65th birthday. |
| **Is the accidental death benefit in addition to the life benefit?** | Yes, if the insured dies as a result of a covered accident, the beneficiary will receive both the life and accidental death benefits. |
| **How do I convert my coverage?** | Contact your employer's HR department for the applicable conversion forms. You can also call Equitable customer service at (866)274-9887 or access the forms at https://equitable.com/employee-benefits/customer-service/forms |

| | |
|---|---|
| **How do I name a beneficiary?** | Your employer will provide you with a form that will allow you to name primary and contingent beneficiaries. |
| **Can I change my beneficiary?** | Yes, you just need to complete a new beneficiary form and be sure to provide a copy to your employer. |
| **What happens if I die and didn't name a beneficiary?** | The insurance proceeds may be paid out to a specific family member or your estate, check your insurance certificate for the language applicable to your plan. |

**Contact us at (866) 274-9887 with any questions you may have.**

**Email:** Customer Service at EBCustomerService@equitable.com.

This includes questions on how we can provide language translation services at no cost to you and how we can assist the visually impaired with form completion and other information.

Members requiring assistance with hearing impairment can contact our TDD line directly at (800) 877-8973.

**Visit equitable.com/employeebenefits and log on to EB360® to view your account details.**

[1] 2022 Insurance Barometer Study, Life Happens and LIMRA.

[2] limra.com/en/newsroom/news-releases/2021/industry-associations-unite-to-help-address-the-life-insurance-coverage-gap-in-the-united-states/, accessed August 2022.

Important Information

**Limitations and exclusions:** The following is a summary. A complete list of applicable exclusions and limitations are included in the policy and certificate. State variations may apply. AD&D Benefits may not be payable for injuries caused or contributed to by or incurred: physical or mental illness or disease or related medical treatment, infection not occurring as a direct result of accidental bodily injury, suicide or intentionally self-inflicted injury, war or act of war, while incarcerated, participating in a felony or illegal activity, intoxication, voluntary drug use unless administered by and used as instructed by a physician or for over-the-counter drugs in accordance with manufacturer's instructions, participation in certain activities involving an increased risk of injury as listed in the policy and certificate (ex: mountain climbing, sky diving).

**This policy provides limited benefits:** The policy has limitations and exclusions. Optional riders and/or features may incur additional costs. For costs and complete details of the coverage, please see the actual policy or contact your benefits representative. Benefits payable are subject to all terms and conditions of the certificate. Plan documents are the final arbiter of coverage. Policy contract forms: ICC18 MOEBPLI; ICC18 AXEBPLI; MOEBP0618 LI; AXEBP0618 LI; and state variations.

**Legal disclosures:** Equitable is the brand name of the retirement and protection subsidiaries of Equitable Holdings, Inc., including Equitable Financial Life Insurance Company (Equitable Financial) (NY, NY), Equitable Financial Life Insurance Company of America (Equitable America), an AZ stock company with an administrative office located in Charlotte, NC, and Equitable Distributors, LLC. Equitable Advisors is the brand name of Equitable Advisors, LLC (member FINRA, SIPC) (Equitable Financial Advisors in MI and TN). All group insurance products are issued either by Equitable Financial or Equitable America, which have sole responsibility for their respective insurance and backed solely by their claims-paying obligations. Some products are not available in all states.

reliancematrix
A MEMBER OF THE TOKIO MARINE GROUP

ALLONE HEALTH

# Assistance Program is Here to Help

## Life comes with challenges.

Reach out to your Assistance Program for short-term counseling, financial coaching, caregiving referrals and a wide range of well-being benefits to reduce stress, improve mental health and make life easier. The following services are free to use, confidential, and available to you and your family members:

**Mental Health Sessions**

Up to 3 telephonic sessions to help manage stress, anxiety and depression, resolve conflict, improve relationships, overcome substance abuse and address any personal issues.

**Life Coaching**

To help reach personal and professional goals, manage life transitions, overcome obstacles, strengthen relationships, and build balance.

**Financial Consultation**

To help build financial wellness related to budgeting, buying a home, paying off debt, managing taxes, preventing identify theft, and saving for retirement or tuition.

**Legal Consultation**

To help with a variety of personal legal matters including estate planning, wills, real estate, bankruptcy, divorce, custody, and more.

**Life Management**

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

**Personal Assistant**

To help manage everyday tasks and give back time by providing information and referrals for home services, repairs, travel, entertainment, dining and personal services.

**Medical Advocacy**

To help navigate insurance, obtain doctor referrals, secure medical equipment or transportation, and plan for transitional care and discharge.

**Member Portal and App**

Access your benefits 24/7/365 with online requests and chat options, and explore thousands of articles, webinars, podcasts and tools covering total well-being.

EAP benefits are free of charge, 100% confidential, available to all family members regardless of location, and easily accessible through AllOne Health's 24/7, live-answer, toll-free number.

EAP services are provided by AllOne Health, under agreement with Reliance Matrix.

**Contact AllOne Health: Call 855-RSL-HELP (855-775-4357) or visit allonehealth.com/reliance-matrix. Code: RSLI859**



RS-2505 (12/24)

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ALLONE HEALTH

# Introducing Your Member Portal

## Browse benefits. Request services. Enjoy 24/7/365 access.

Your Assistance Program offers a wide range of benefits to help improve mental health, reduce stress and make life easier — all easily accessible through your member portal.


**Request a Mental Health Session**

Request counseling by submitting an online form or live chat. Choose from in-person or virtual counseling options to meet your needs.

**Request Referrals & Resources**

Submit a request for family care and lifestyle support including childcare and eldercare referrals, legal referrals and financial consultation, personal assistant referrals and medical advocacy consultation.

**Explore Thousands of Self-Care Articles & Resources**

Health and lifestyle assessments, interactive checklists, soft skills courses, podcasts, resource locators, exclusive discounts, and expansive articles on whole health and well-being.

**Visit Your Online Financial Center**

Featuring worksheets, calculators, and a wide range of financial resources and tools to help reach personal goals and build financial wellness.

**Getting Started Is Easy**

1. Visit **allonehealth.com/reliance-matrix** and click on "Sign Up" below the login form
2. To create an account and sign in, enter your email address and company code: **RSLI859**
3. For login assistance, select "Email Support"

EAP services are provided by AllOne Health, under agreement with Reliance Matrix.

**Contact AllOne Health: Call 855-RSL-HELP (855-775-4357) or visit allonehealth.com/reliance-matrix. Code: RSLI859**



RS-2731 (12/24)

# Medical FSA

## Why should I choose a medical flexible spending account?

A medical FSA is a benefit that allows you to choose how much of your paycheck you'd like to set aside, before taxes are taken out, for healthcare expenses. This saves you money by reducing your taxable income.

**Funds on Day 1**
Schedule that surgery, buy those eyeglasses or finally get those braces. All of your FSA funds are available to spend right away. Use your benefits debit card at the point of purchase.

**Discount**
Think of it like a discount on healthcare expenses at stores such as Amazon, Target, CVS, Walmart, Walgreens and more. Dollars you contribute are taken out of your paycheck before tax which means a $100 purchase would actually cost you over $130 without a medical FSA.*

**Plan ahead**
Think about the money you spent on healthcare expenses last year. Plan ahead and set those funds aside in a medical FSA and save 30%.*

*Based on a 30% tax bracket.

## What does it cover?

There are thousands of eligible items, including:

- Copays and coinsurance
- Doctor visits and surgeries
- Over-the-counter medications (first aid, allergy, asthma, cold/flu, heartburn, etc.)
- Prescription drugs
- Birthing and lamaze classes
- Dental and orthodontia
- Frames, contacts, prescription sunglasses, etc.

View our interactive eligible expense list at
**www.wexinc.com/insights/benefits-toolkit/eligible-expenses/**

## Can I enroll?

Yes, as long as you or your spouse aren't actively enrolled and contributing to a health savings account (HSA).

## Fast fact

Don't know how much to elect? Determine how much you spent on healthcare expenses last year and estimate the amount you'll spend this year using our eligible expense list. Any funds you contribute to the medical FSA must be spent by the end of the plan year.

# Dependent Care FSA

## Why should I choose a dependent care FSA?

A dependent care FSA allows you to put aside a portion of your paycheck before taxes for eligible dependent care expenses each year.

**Save money**
The dependent care FSA lets you pay for eligible dependent care expenses while you reap the benefits of additional tax savings. You're spending the money either way. This way, eligible childcare and other dependent care costs are a little less.

**Save strategically**
Submit all of your dependent care expenses at the end of the plan year for one lump sum reimbursement to give yourself a hard-earned "bonus".

## What does it cover?

The list includes, but is not limited to, eligible:

- Childcare center, babysitter, nanny (birth through age 12)
- Summer day camp
- Before- or after-school care
- Disabled dependent and/or spouse care
- Elder care

## Fast Fact

For recurring costs, submit our Recurring Dependent Care Form. It makes claim filing simple because you only need to submit one form once in order to get reimbursed each pay period. You can find the form on the back of this handout.

**DCA Open Enrollment (video)**

View our interactive eligible expense list at **www.wexinc.com/insights/benefits-toolkit/eligible-expenses/**

## Can I enroll?

You are eligible if you and/or your spouse (if applicable) are gainfully employed, looking for work, or are attending school on a full-time basis.

# Medical FSA and Dependent Care FSA

## Contribution limits & IRS regulations

The IRS sets the maximum dollar amount you can elect and contribute to a medical flexible spending account (medical FSA) and dependent care FSA. The FSA annual contribution limit is:

**Medical FSA - $3,400**

**Dependent Care FSA - $7,500 per family or $3,750 if filing separately**

### Medical FSA

Once you elect, all of your medical FSA dollars are available for you to use the very first day of the plan year. For example, if you elect to contribute $1,200 to your medical FSA, your contributions will be deducted evenly across all of your paychecks for the year, but you have access to all $1,200 on Day 1! You can use your funds for expenses incurred by you, your spouse or eligible dependents.

### Dependent care FSA

The dependent care FSA allows you to use the funds in your account as you contribute to the dependent care FSA from your paycheck. After each payroll contribution has been made, those funds are applied to your account and available for reimbursement. This is different from a medical FSA because you cannot use all of the funds Day 1.

### Use-or-lose

Don't forget to spend your FSA dollars. If you have not used all of your FSA dollars before the end of the plan year, you will forfeit any money left in your account. (Check with your employer to confirm how many days you have to submit claims for reimbursement after the plan year ends.)

## Changing your FSA election

During open enrollment, you can elect an FSA and determine how much you want to contribute. In order to make changes after open enrollment, you need to experience a qualifying life event.

**Qualifying life events for any FSA:**

- Change in marital status
- Change in the number of dependents
- Increase due to birth, adoption or marriage
- Decrease due to death, divorce or loss of eligibility
- Gain or loss of eligibility due to a change in participant, spouse or dependent employment status

**Additional dependent care FSA qualifying life events include:**

Change in daycare providers

- Child turning age 13
- Increase or decrease in the cost of qualifying day care expenses
- Judgement, decree or order requiring a change in coverage

If you experience a qualifying life event, contact your employer to make changes to your election.

**DC FSA (Video)**

**Medical FSA (Video)**

# Group Accident Insurance

## Plan Benefits

*(Benefit provisions may vary by situs state)*

| Initial Accident Treatment Category- Mid | Employee | Spouse | Child |
|---|---|---|---|
| **Initial Treatment** - once per accident, within 7 days of the accident | | | |
| ER/Urgent Care | $150 | $150 | $150 |
| ER/Urgent Care with X-Ray | $200 | $200 | $200 |
| Doctor's Office | $75 | $75 | $75 |
| Doctor's Office with X-Ray | $100 | $100 | $100 |
| **Ambulance** - once per day, within 90 days of the accident | | | |
| Maximum number of payments per covered accident: No Maximum | | | |
| Ground | $300 | $300 | $300 |
| Air | $900 | $900 | $900 |
| **Major Diagnostic Testing** - within six months of the accident<br>Maximum number of diagnostic tests per covered accident: 1 | $150 | $150 | $150 |
| **Emergency Room Observation** - within 7 days of the accident | | | |
| Maximum number of 24-hour periods of observation per covered accident: No Maximum | | | |
| Short Observation Period (4-24 Hours) | $35 | $35 | $35 |
| Long Observation Period (24+ Hours) | $70 | $70 | $70 |
| **Prescriptions** - within six months of the accident<br>Maximum number of filled prescriptions per covered accident: 2 | $5 | $5 | $5 |
| **Pain Management** - within six months of the accident<br>Maximum number of payments per covered accident: 1 | $75 | $75 | $75 |
| **Blood/Plasma/Platelets** - within six months of the accident<br>Maximum number of days per covered accident: 3 | $200 | $200 | $200 |
| **Concussion** - once per accident, within six months of the accident | $350 | $350 | $350 |
| **Traumatic Brain Injury** - once per accident, within six months of the accident | $3,500 | $3,500 | $3,500 |
| **Coma** - once per accident<br>We will pay the amount shown if the insured is in a coma lasting 30 days or more as a result of a covered accident | $7,500 | $7,500 | $7,500 |
| **Burns** - once per accident, within six months of the accident | | | |
| Second Degree Burns | | | |
| Less than 10% | $75 | $75 | $75 |
| At least 10%, but less than 25% | $150 | $150 | $150 |
| At least 25%, but less than 35% | $375 | $375 | $375 |
| 35% or more | $750 | $750 | $750 |
| Third Degree Burns | | | |
| Less than 10% | $750 | $750 | $750 |
| At least 10%, but less than 25% | $3,750 | $3,750 | $3,750 |
| At least 25%, but less than 35% | $7,500 | $7,500 | $7,500 |
| 35% or more | $15,000 | $15,000 | $15,000 |
| **Emergency Dental Work** - once per accident, within six months of the accident | | | |
| Repair with Crown | $120 | $120 | $120 |
| Extraction | $30 | $30 | $30 |
| **Eye Injury** - removal of a foreign body | $175 | $175 | $175 |

**Dislocations** - once per accident, within 90 days of the accident

| Dislocation Schedule | Open Reduction | | | Closed Reduction | | |
|---|---|---|---|---|---|---|
| | Employee | Spouse | Child | Employee | Spouse | Child |
| Hip | $4,500 | $4,500 | $4,500 | $2,250 | $2,250 | $2,250 |
| Knee | $2,925 | $2,925 | $2,925 | $1,462.50 | $1,462.50 | $1,462.50 |
| Shoulder | $2,250 | $2,250 | $2,250 | $1,125 | $1,125 | $1,125 |
| Foot/Ankle | $1,800 | $1,800 | $1,800 | $900 | $900 | $900 |
| Hand | $1,575 | $1,575 | $1,575 | $787.50 | $787.50 | $787.50 |
| Lower Jaw | $1,350 | $1,350 | $1,350 | $675 | $675 | $675 |
| Wrist | $1,125 | $1,125 | $1,125 | $562.50 | $562.50 | $562.50 |
| Elbow | $900 | $900 | $900 | $450 | $450 | $450 |
| Finger/Toe | $360 | $360 | $360 | $180 | $180 | $180 |

| | | | |
|---|---|---|---|
| **Lacerations** - once per accident, within 7 days of the accident | | | |
| Lacerations requiring stitches | | | |
| Up to 2" | $75 | $75 | $75 |
| 2" to 6" | $300 | $300 | $300 |
| Over 6" | $600 | $600 | $600 |
| Lacerations not requiring stitches | $37.50 | $37.50 | $37.50 |

# Group Accident Insurance

**Fracture** - once per covered accident, within 90 days of the accident

| Fracture Schedule | Open Reduction | | | Closed Reduction | | |
|---|---|---|---|---|---|---|
| | Employee | Spouse | Child | Employee | Spouse | Child |
| Hip/Thigh | $6,000 | $6,000 | $6,000 | $3,000 | $3,000 | $3,000 |
| Vertebrae/Sternum | $5,400 | $5,400 | $5,400 | $2,700 | $2,700 | $2,700 |
| Pelvis | $4,800 | $4,800 | $4,800 | $2,400 | $2,400 | $2,400 |
| Skull (Depressed) | $4,500 | $4,500 | $4,500 | $2,250 | $2,250 | $2,250 |
| Leg | $3,600 | $3,600 | $3,600 | $1,800 | $1,800 | $1,800 |
| Forearm/Hand/Wrist | $3,000 | $3,000 | $3,000 | $1,500 | $1,500 | $1,500 |
| Foot/Ankle/Kneecap | $3,000 | $3,000 | $3,000 | $1,500 | $1,500 | $1,500 |
| Shoulder Blade/Collar Bone | $2,400 | $2,400 | $2,400 | $1,200 | $1,200 | $1,200 |
| Lower Jaw | $2,400 | $2,400 | $2,400 | $1,200 | $1,200 | $1,200 |
| Skull (Simple) | $2,100 | $2,100 | $2,100 | $1,050 | $1,050 | $1,050 |
| Upper Arm/Upper Jaw | $2,100 | $2,100 | $2,100 | $1,050 | $1,050 | $1,050 |
| Facial Bones (except teeth) | $1,800 | $1,800 | $1,800 | $900 | $900 | $900 |
| Vertebral Processes/Sacrum | $1,200 | $1,200 | $1,200 | $600 | $600 | $600 |
| Coccyx/Rib/Finger/Toe | $480 | $480 | $480 | $240 | $240 | $240 |

| | | | |
|---|---|---|---|
| **Outpatient Surgery and Anesthesia** (per day) - within one year of the accident<br>Performed in a Hospital or Ambulatory Surgical Center<br>Maximum number of payments per covered accident: No Maximum | $300 | $300 | $300 |
| Performed in a Doctor's Office, Urgent Care Facility or Emergency Room<br>Maximum number of payments per covered accident: 2 | $35 | $35 | $35 |
| **Facilities Fee for Outpatient Surgery** - within one year of the accident<br>Payable once per each Outpatient Surgery and Anesthesia Benefit (in a hospital or ambulatory surgical center). | $75 | $75 | $75 |
| **Inpatient Surgery and Anesthesia** (per day) - within one year of the accident<br>Maximum number of payments per covered accident: No Maximum | $750 | $750 | $750 |
| **Transportation** - within six months of the accident<br>Maximum number of payments per covered accident: 3<br>Minimum Required Distance (miles): 100 | | | |
| Plane | $350 | $350 | $350 |
| Any ground transportation | $150 | $150 | $150 |

(Surgical procedures may include, but are not limited to, surgical repair of: ruptured disc, tendons/ligaments, hernia, rotator cuff, torn knee cartilage, skin grafts, joint replacement, internal injuries requiring open abdominal or thoracic surgery, exploratory surgery (with or without repair), etc., unless otherwise noted due to an accidental injury.)

| Hospitalization Category - Mid | Employee | Spouse | Child |
|---|---|---|---|
| **Hospital Admission** (per confinement) - once per accident, within six months of the accident<br>Maximum number of admissions per covered accident: 1 | $900 | $900 | $900 |
| **Hospital Confinement** (per day) - within 6 months of the accident<br>Maximum days of confinement per covered accident: 365 | $225 | $225 | $225 |
| **Hospital Intensive Care** (per day) - within 6 months of the accident<br>Maximum days of confinement per covered accident: 30 | $300 | $300 | $300 |
| **Intermediate Intensive Care Step-Down Unit** (per day) - within six months of the accident<br>Maximum days of confinement per covered accident: 30 | $150 | $150 | $150 |
| **Family Member Lodging** (per day) - within six months of the accident<br>Maximum days of lodging per covered accident: 30<br>Minimum Required Distance (miles): 100 | $150 | $150 | $150 |

# Group Accident Insurance

| After Care Category - Mid | Employee | Spouse | Child |
|---|---|---|---|
| **Appliances** - within six months of the accident | | | |
| Cane<br>Maximum number of appliances per covered accident: No Maximum | $30 | $30 | $30 |
| Ankle Brace<br>Maximum number of appliances per covered accident: No Maximum | $30 | $30 | $30 |
| Walking Boot<br>Maximum number of appliances per covered accident: No Maximum | $75 | $75 | $75 |
| Walker<br>Maximum number of appliances per covered accident: No Maximum | $75 | $75 | $75 |
| Crutches<br>Maximum number of appliances per covered accident: No Maximum | $75 | $75 | $75 |
| Leg Brace<br>Maximum number of appliances per covered accident: No Maximum | $75 | $75 | $75 |
| Cervical Collar<br>Maximum number of appliances per covered accident: No Maximum | $75 | $75 | $75 |
| Wheelchair<br>Maximum number of appliances per covered accident: No Maximum | $300 | $300 | $300 |
| Knee Scooter<br>Maximum number of appliances per covered accident: No Maximum | $300 | $300 | $300 |
| Body Jacket<br>Maximum number of appliances per covered accident: No Maximum | $300 | $300 | $300 |
| Back Brace<br>Maximum number of appliances per covered accident: No Maximum | $300 | $300 | $300 |
| **Accident Follow-Up Treatment** - within 6 months of the accident<br>Initial treatment is received within 7 days of the accident<br>Maximum number of visits per covered accident: 6 | $35 | $35 | $35 |
| **Post Traumatic Stress Disorder (PTSD)** - once per accident, within 6 months of the accident | $150 | $150 | $150 |
| **Rehabilitation Unit** (per day)<br>Maximum number of days per confinement: 31<br>No more than 62 days total per calendar year for each insured | $75 | $75 | $75 |
| **Therapy** - beginning within 90 days of the accident<br>Initial treatment is received within 7 days of the accident<br>Maximum number of visits per covered accident: 10 | $35 | $35 | $35 |
| **Chiropractic or Alternative Therapy** - beginning within 90 days of the accident<br>Initial treatment is received within 7 days of the accident<br>Maximum number of visits per covered accident: 6 | $25 | $25 | $25 |

| Life Changing Events Category - Mid | Employee | Spouse | Child |
|---|---|---|---|
| **Dismemberment** - once per accident, within six months of the accident | | | |
| Single Loss | $8,750 | $3,750 | $1,750 |
| Double Loss | $17,500 | $7,500 | $3,500 |
| Loss of one or more fingers or toes | $875 | $375 | $175 |
| Partial Dismemberment (includes at least one joint of a finger or toe) | $87.50 | $87.50 | $87.50 |
| **Paralysis** - once per accident, diagnosed by a doctor within six months of the accident | | | |
| Paraplegia | $3,500 | $3,500 | $3,500 |
| Quadriplegia | $7,500 | $7,500 | $7,500 |
| **Prosthesis** - once per accident<br>Maximum number of prosthetic devices per covered accident: 2 | $2,000 | $2,000 | $2,000 |
| **Prosthesis Repair/Replacement** - once per prosthetic device, within three years of initial Prosthesis payment | $2,000 | $2,000 | $2,000 |
| **Residence/Vehicle Modification** - once per accident, within one year of the accident | $1,500 | $1,500 | $1,500 |

| Wellness Rider - Mid-LT | Employee | Spouse | Child |
|---|---|---|---|
| Amount paid will be based on the certificate year in which the wellness test was performed:<br>Maximum number of payments per calendar year, per insured: 1 | | | |
| **Year 1** - Once per calendar year | $50 | $50 | $50 |
| **Year 2** - Once per calendar year | $50 | $50 | $50 |
| **Year 3** - Once per calendar year | $50 | $50 | $50 |
| **Year 4** - Once per calendar year | $50 | $50 | $50 |
| **Year 5** - Once per calendar year | $50 | $50 | $50 |
| **Year 6+** - Once per calendar year | $50 | $50 | $50 |

# Group Accident Insurance

| Accidental Death Rider | Employee | Spouse | Child |
|---|---|---|---|
| **Accidental Death** - within 90 days of the accident | | | |
| Accidental Death | $50,000 | $25,000 | $10,000 |
| Accidental Common-Carrier Death | $100,000 | $50,000 | $20,000 |

# Group Accident Insurance

## Premium Rates

**Monthly Premiums**

| Coverage | Premium |
|---|---|
| Employee | $14.78 |
| Employee and Spouse | $23.89 |
| Employee and Child(ren) | $29.63 |
| Family | $38.74 |

# Group Critical Illness Insurance

## Plan Benefits

*(Benefit provisions may vary by situs state)*

| Base Benefits | |
|---|---|
| Heart Attack (Myocardial Infarction) | 100% |
| Sudden Cardiac Arrest | 100% |
| Coronary Artery Bypass Surgery | 100% |
| Major Organ Transplant* | 100% |
| Bone Marrow Transplant (Stem Cell Transplant) | 100% |
| Kidney Failure (End-Stage Renal Failure) | 100% |
| Stroke (Ischemic or Hemorrhagic) | 100% |
| Type I Diabetes | 100% |

**25% of this benefit is payable for Insureds placed on a transplant list for a major organ transplant*

| Cancer Benefits | |
|---|---|
| Cancer (Internal or Invasive) | 100% |
| Non-Invasive Cancer | 25% |
| Skin Cancer | $1000 per calendar year |
| Metastatic Cancer | 25% |

| Health Screening Benefit | |
|---|---|
| Health Screening (payable for employee and spouse only) | $50 |
| Health Screening (payable for dependent children) | 100% of the Health Screening Amount |
| Payable per calendar year | 1 |

| Additional Benefits | |
|---|---|
| Benign Brain Tumor | 100% |
| Type II Diabetes | 10% |

| Childhood Conditions Rider | |
|---|---|
| Cystic Fibrosis, Cerebral Palsy, Cleft Lip or Cleft Palate, Down Syndrome, Phenylalanine Hydroxylase Deficiency Disease (PKU), Spina Bifida | 50% of employee benefit |
| Autism Spectrum Disorder | $3000 |

| Progressive Diseases Rider | |
|---|---|
| Advanced Alzheimer's Disease | 100% |
| Advanced Parkinson's Disease | 100% |
| Amyotrophic Lateral Sclerosis (ALS) | 100% |
| Sustained Multiple Sclerosis (MS) | 100% |
| Chronic Obstructive Pulmonary Disease (COPD) | 25% |
| Crohn's Disease | 25% |

| Specified Diseases Rider | |
|---|---|
| Tier 1 – Adrenal Hypofunction (Addison's Disease), Cerebrospinal Meningitis, Diphtheria, Encephalitis, Huntington's Chorea, Legionnaire's Disease, Lyme Disease, Malaria, Muscular Dystrophy, Myasthenia Gravis, Necrotizing Fasciitis, Osteomyelitis, Poliomyelitis (Polio), Rabies, Sickle Cell Anemia, Systemic Lupus, Systemic Sclerosis (Scleroderma), Tetanus, Tuberculosis | 25% |
| Tier 2 – Human Corona Virus Only | |
| Hospitalization: 4+days | 10% |
| Hospitalization: 10+days | 25% |
| Hospitalization: Intensive Care Unit (ICU) | 40% |

# Group Critical Illness Insurance

## Premium Rates

| Employee - Uni-Tobacco Monthly Premiums | | | | | | |
|---|---|---|---|---|---|---|
| **Age** | **$5,000** | **$10,000** | **$15,000** | **$20,000** | **$25,000** | **$30,000** |
| 18-29 | $3.11 | $6.21 | $9.32 | $12.42 | $15.53 | $18.63 |
| 30-39 | $5.50 | $11.00 | $16.50 | $22.00 | $27.50 | $33.00 |
| 40-49 | $9.73 | $19.46 | $29.20 | $38.93 | $48.66 | $58.39 |
| 50-59 | $16.07 | $32.13 | $48.20 | $64.27 | $80.33 | $96.40 |
| 60+ | $27.66 | $55.32 | $82.98 | $110.64 | $138.29 | $165.95 |

| Spouse - Uni-Tobacco Monthly Premiums | | | | | | |
|---|---|---|---|---|---|---|
| **Age** | **$5,000** | **$10,000** | **$15,000** | **$20,000** | **$25,000** | **$30,000** |
| 18-29 | $3.11 | $6.21 | $9.32 | $12.42 | $15.53 | $18.63 |
| 30-39 | $5.50 | $11.00 | $16.50 | $22.00 | $27.50 | $33.00 |
| 40-49 | $9.73 | $19.46 | $29.20 | $38.93 | $48.66 | $58.39 |
| 50-59 | $16.07 | $32.13 | $48.20 | $64.27 | $80.33 | $96.40 |
| 60+ | $27.66 | $55.32 | $82.98 | $110.64 | $138.29 | $165.95 |

# Group Hospital Indemnity Insurance

## Plan Benefits

*(Benefit provisions may vary by situs state)*

| Hospitalization Benefits - Mid | |
|---|---|
| **Hospital Admission (per confinement)**<br>Once per covered sickness or accident per calendar year | **$1,000** |
| **Hospital Confinement (per day)**<br>Maximum confinement period: 31 days per covered sickness or covered accident | **$150** |
| **Hospital Intensive Care (per day)**<br>Maximum confinement period: 10 days per covered sickness or covered accident | **$150** |
| **Intermediate Intensive Care Step-Down Unit (per day)**<br>Maximum confinement period: 10 days per covered sickness or covered accident | **$75** |

| Health Screening Benefit | |
|---|---|
| **Health Screening Benefit**<br>Payable once per calendar year per insured. | **$50** |

| Dependent Child Neonatal and Pediatric Hospital ICU Rider | |
|---|---|
| **Dependent Child Neonatal and Pediatric Hospital ICU Benefit (per day)**<br>Maximum of 31 days per confinement to a Neonatal of Pediatric Hospital ICU for each covered sickness or accident per dependent child | **$300** |

# Group Hospital Indemnity Insurance

## Premium Rates

**Monthly Premiums**

| Coverage | Premium |
|---|---|
| Employee | $22.32 |
| Employee and Spouse | $40.76 |
| Employee and Child(ren) | $34.34 |
| Family | $52.78 |

# AFLAC GROUP LIFE TERM TO 120

## Aflac makes simple and affordable life coverage available to help keep your loved ones financially secure, even if you can no longer provide for them.

While we all know that life insurance helps protect our loved ones for the long term, sometimes we don't consider that there are other benefits of a whole life insurance plan as well.

Aflac Group Life Term to 120 offers guaranteed-issue living and death benefits, with the predictability of a whole-life plan, at rates that won't increase, allowing you to help prepare your family for a financially secure future.

Your family depends on you to help protect their financial future. Count on Aflac for more than just life.

### Aflac Group Life Term to 120 insurance doesn't only look out for your family's tomorrow--it also works hard for you today.

### Product Features:

- You may apply for guaranteed-issue benefit amounts without any medical questions.
- Premiums will not increase.
- Benefits may be paid directly to your named beneficiary.
- Once your Term Life insurance application has been approved and payroll deductions have started, the coverage is yours to keep as long as you continue to pay premiums.
- Coverage is portable (with certain stipulations), which means you can take it with you if you change jobs or retire.

Aflac Group Life Term to 120 insurance is flexible, too. You can apply for coverage that fits your budget and lifestyle.

### Aflac Group Life Term to 120 Benefit Coverage Options:

- Employee
- Spouse
- Child coverage is available though the Child Term Life Insurance Rider

### Benefits Overview

**Death Benefit** (Employee and Spouse (see eligibility) coverage available)

In the event of the insured's death, a one-time lump sum Death Benefit payment will be paid to the beneficiary

The plan has limitations and exclusions that may affect benefits payable. This brochure is for illustrative purposes only. Refer to your certificate for complete details, definitions, limitations, and exclusions.

**For more information, ask your insurance agent/producer or call 1.800.433.3036. aflacgroupinsurance.com**

## CHILD TERM LIFE INSURANCE RIDER

### WHAT DOES THIS RIDER PROVIDE?
The rider provides life insurance coverage on the primary insured's covered children under age 26. We will pay the Death Benefit to the primary insured, if living, unless another beneficiary has been elected in writing.

### CAN COVERAGE CONTINUE FOR A COVERED CHILD WITH A DISABILITY?
Coverage may continue for a child who is incapable of self-sustaining employment by reason of mental or physical disability and who continues to meet the definition of child except for the age limit. See certificate for details.

### WHAT HAPPENS IF THE PRIMARY INSURED DIES?
If the primary insured dies while this coverage is in force the rider will terminate. We will refund any portion of premium paid on the rider for the period beyond the date of the primary insured's death.

### CAN THE RIDER BE CONVERTED?
When the child's coverage under the rider ends for any reason other than nonpayment of premium or the child attaining the limiting age for coverage under the certificate, the rider may be eligible for conversion to a new individual life insurance policy.

### WHAT IS THE TERM PERIOD?
The term period of the rider begins on the date this rider becomes effective and ends for each covered child on the covered child's 26th birthday.

## ACCIDENTAL DEATH BENEFIT RIDER

### WHAT DOES THE RIDER PROVIDE?
We will pay an additional benefit equal to the Death Benefit amount if the insured dies as the result of a covered accidental injury.

Death must occur as a direct result of injuries sustained in a covered accident and must occur within 180 days of such accident. Unless prohibited by law, we have the right to examine the body and have an autopsy done at any time.

## WAIVER OF PREMIUM BENEFIT RIDER

### WHAT DOES THIS BENEFIT PROVIDE?
If you, the primary insured, are totally disabled for 3 continuous months, we will waive premiums for up to 24 months, and the amount payable will not be reduced. See certificate for full details.

## ACCELERATED BENEFIT RIDER

The Accelerated Benefit Rider is for the primary insured and spouse only.

Issue Ages: 18-70

### WHAT WE WILL PAY
If the insured is diagnosed with a terminal illness, a one-time lump sum benefit of up to 50% of the Life Insurance Benefit is payable.

If the insured is diagnosed with a chronic condition, you can choose a one-time lump sum benefit of up to 50% of the Life Insurance Benefit

**– OR –**

Periodic payments in the amount of 4% of the Life Insurance Benefit (maximum of 25 payments). Each additional periodic payment must be separated by a period of 30 days or more.

Any payment made under the Accelerated Benefit Rider will automatically reduce the Death Benefit payable under the certificate by the amount paid under the rider.

If periodic payments have been made for a chronic condition and you later request a lump sum benefit for terminal illness, the amount payable will be less any amount paid previously under the rider.

Once a lump sum benefit has been paid under the rider, no further benefits will be paid and rider coverage will end for the insured.

## LIMITATIONS AND EXCLUSIONS

### IS THERE A BENEFIT LIMITATION IF AN INSURED PERSON COMMITS SUICIDE?

The suicide exclusion applies only to any amounts of insurance for which you pay part of the premium. If you commit suicide before an increase in life insurance on you has remained in effect without interruption for a period of 2 years (in Colorado, 1 year) under this and any predecessor group policy, we will pay the beneficiary the amount of life insurance in effect on the day before the increase, provided such insurance was in effect without interruption for a period of 2 years (in Colorado, 1 year) prior to your suicide. Any premium you paid for the increase will be returned to the beneficiary. Any premium paid by the policyholder for the increase will be returned to the policyholder.

If your dependent commits suicide before an increase in life insurance on such person has remained in effect without interruption for a period of 2 years (in Colorado, 1 year) under this and any predecessor group policy, we will pay to the beneficiary the amount of life insurance in effect on the day before the increase provided such insurance was in effect without interruption for a period of 2 years (in Colorado, 1 year) prior to such person's suicide. Any premium you paid for the increase will be returned to you. Any premium paid by the policyholder for the increase will be returned to the policyholder.

### CONVERSION

Full conversion provision details will be in the certificate.

### PORTABILITY

Coverage is portable without a change in the premium amount charged. Coverage can be continued through direct bill. Employees must contact us within 31 days of leaving employment. Full portability provision details will be in the certificate.

### ACCELERATED BENEFIT RIDER LIMITATIONS

Payment will not be made if:

- The named insured or his/her physician reside outside the United States and its territories;
- The owner is required by law to accelerate benefits to meet the claims of creditors; or
- A government agency requires the owner to apply for benefits to qualify for a government benefit or entitlement.

IMPORTANT: If the Extension of Chronic Condition Periodic Payments Rider was issued with your coverage and benefits are paid under that rider for a terminal illness or chronic condition; OR if the Restoration of the Death Benefit Rider was issued and benefits are paid under the rider for a terminal illness, no benefits will be payable under the Accelerated Benefits Rider and coverage for both riders will end for that insured person.

NOTICE: Payment under this Accelerated Benefit Rider may be taxable. As with all tax matters, you should consult a personal tax advisor before requesting payment to assess any applicable tax implications. Payment under this Accelerated Benefit Rider may also affect eligibility for Medicaid, Supplementary Social Security Disability Income (SSDI), or other state assistance programs.

### ACCIDENTAL DEATH BENEFIT RIDER EXCLUSIONS

### WHAT RISKS ARE NOT ASSUMED?

Benefits under the rider will not be payable if the insured's death results from, is caused or contributed to by:

- War, or an act of war (including any armed aggression resisted by the armed forces of any country or combination of countries), whether such war is declared or undeclared;
- Suicide;
- Any bodily or mental infirmity or disease, except a bacterial infection occurring with or through an accidental Injury;
- Committing or attempting to commit an assault or felony;
- Driving a motor vehicle while intoxicated as defined by the jurisdiction where the accident occurred;
- The voluntary taking of:
  - Any drug, medication, or sedative unless as prescribed by a doctor; or
  - Any poison (except for food poisoning), including carbon monoxide, unless a direct result of an occupational accident;
- Operating, riding in, or descending from any kind of aircraft, or subsequent drowning, if the insured:
  - Is a pilot, officer, or member of the crew;
  - Is in an aircraft which is being flown for the purpose of descent from such aircraft while in flight;
  - Is giving or receiving any kind of training or instructions; or
  - Has any duties aboard such aircraft.

### CHILD TERM LIFE INSURANCE RIDER LIMITATIONS

### IS THERE A BENEFIT LIMITATION IF THE COVERED CHILD COMMITS SUICIDE?

If the covered child commits suicide, while sane or insane, within one year from the rider effective date, death benefits will not be paid. We will refund all premiums paid for the rider.

### WAIVER OF PREMIUM RIDER EXCLUSIONS

### WHAT RISKS ARE NOT ASSUMED?

We will not waive premiums if total disability is caused or contributed to by:

- Any attempt at suicide, or intentionally self-inflicted injury, while sane or insane;
- War, or any act of war, declared or undeclared, or any act incident thereto;
- Active participation in a riot, insurrection, or terrorist activity;
- Committing or attempting to commit a felony;

Voluntary intake or use by any means of any drug, unless prescribed or administered by a physician and taken in accordance with the physician's instructions; or poison, gas, or fumes, unless a direct result of an occupational accident;

- Driving a motor vehicle while intoxicated, as defined by the jurisdiction where the total disability occurred; or
- Participation in an illegal occupation or activity.

# AFLAC GROUP LIFE TO TERM 120 INSURANCE

## RESTORATION OF THE DEATH BENEFIT RIDER SUMMARY PAGE

### RESTORATION OF THE DEATH BENEFIT RIDER

#### WHAT IS A RESTORATION OF THE DEATH BENEFIT RIDER?

If benefits are paid under the Accelerated Benefit Rider for a chronic condition, the rider restores the amount of the Death Benefit payable to 100% of the original certificate value. IMPORTANT: If proceeds are paid for a terminal illness under the Accelerated Benefit Rider, benefits will not be payable under the rider and coverage under the rider will end.

**Underwritten by:**
**Continental American Insurance Company (CAIC)**

**aflacgroupinsurance.com** | 1.800.433.3036 | 1.866.849.2970 fax

# Filing your claim has never been easier

Register your account at aflac.com/login to access and manage your coverage, submit and track claims, enroll in direct deposit for fast claim payment and more.

## What you'll need to get started:

- Your Aflac policy or certificate number (that's included in your welcome letter or policy packet), or you can use your Social Security number and mobile phone number.
- We'll also need your date of birth and zip code to verify your coverage. Make sure your name matches what you used at enrollment (for example, Michael vs. Mike for first name).

## Follow the steps to complete your registration:

Once you're finished, go ahead and log in and set up direct deposit to get your money faster, often within 48 hours.*

1. Select My Account > Manage Account from top-right navigation.
2. Select Billing & Direct Deposit.
3. Select Manage Direct Deposit to add your banking information and get paid fast!

## You can also take advantage of these features 24/7:

### Submit claims & track status

- Follow the steps for easy claims filing.
- Complete and upload supporting documentation if requested.
- Sign your claim electronically.
- Check the status and get updates while your claim is processing.

### Manage your policies

- Update your contact information.
- Assign beneficiaries.

**Questions?** Connect whenever you need us, 24/7, by scanning this QR code, logging in to your account or chatting with us at aflac.com/contact-aflac.

*Registration of a new account can take up to 24 hours to take effect.

To submit your claim by mail, send your completed forms and supporting documents to the Aflac WWHQ address below, Attn: Claims Department. Coverage is underwritten by Aflac. WWHQ | 1932 Wynnton Road |Columbus, Georgia 31999. In New York, coverage is underwritten by Aflac New York. 22 Corporate Woods Boulevard, Suite 2 | Albany, New York 12111

Life and long-term care policies and coverage in Puerto Rico do not qualify for Aflac Always but can be switched to direct billing once the employer has paid its final Aflac invoice.

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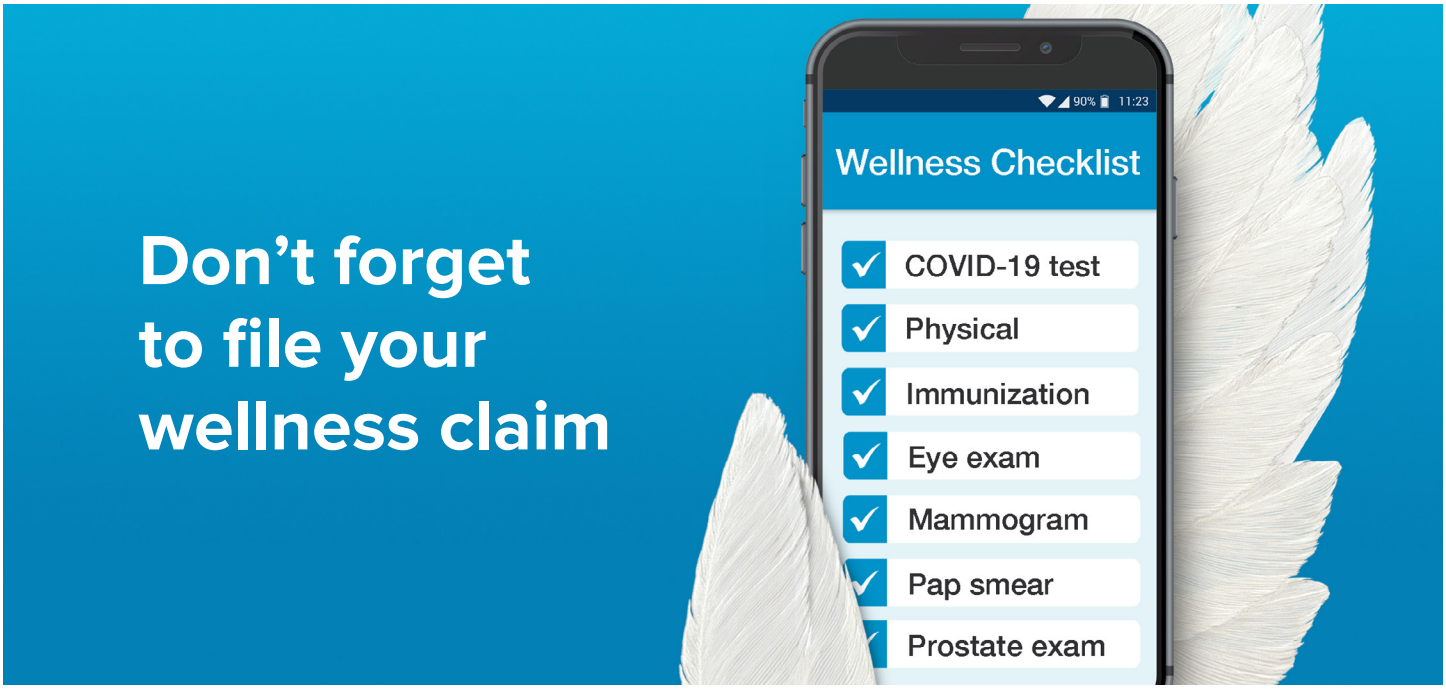


## There could be cash waiting for you

As part of your benefits package, you had the chance to sign up for an Aflac plan. Your plan helps with expenses health insurance doesn’t cover, and benefits can be used in any way you want – whether that’s to pay unexpected medical bills or everyday living expenses.

Aflac wants to put money into your pocket by encouraging you to file a wellness claim. Put simply, many of our plans provide an annual benefit for proactively managing your health with a COVID-19 screening or antibody test, annual physical or eye exam, mammogram, pap smear, prostate exam or another covered exam.*

**Filing a claim is easy:** Simply log in to **www.aflac.com/myaflac** or download the MyAflac ® mobile app and follow the instructions to file a claim. Don’t want to wait for a check? Signing up for direct deposit will get your money to you faster.

Available on the App Store

GET IT ON Google Play

Download the MyAflac ® mobile app

Continental American Insurance Company
In California, Continental American Life Insurance Company

Aflac®

*These are examples of common exams that may be covered under your wellness benefit and not a guarantee of benefits paid. Coverage varies by state and plan selected. Please refer to your certificate for details and a list of covered exams.

Continental American Insurance Company (CAIC), a proud member of the Aflac family of insurers, is a wholly owned subsidiary of Aflac Incorporated and underwrites group coverage. CAIC is not licensed to solicit business in New York, Guam, Puerto Rico or the Virgin Islands. For groups situsted in California, group coverage is underwritten by Continental American Life Insurance Company. For groups situsted in New York, coverage is underwritten by Aflac of New York.
Continental American Insurance Company | Columbia, SC

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DILLARD UNIVERSITY

# DILLARD UNIVERSITY 403(b) RETIREMENT PLAN

## TIAA

Dillard University offers a 403(b) defined contribution matching plan. All eligible employees have the opportunity to save for retirement by participating in the Dillard University/TIAA plan. You can participate in this plan by making pre-tax contributions.

## ELIGIBILITY

All Full-time Regular Faculty & Staff are eligible on the first day of the month following date of employment.

## DEFERRALS

The amount of your compensation that you decide to defer into the plan generally will be contributed on a pre-tax basis.

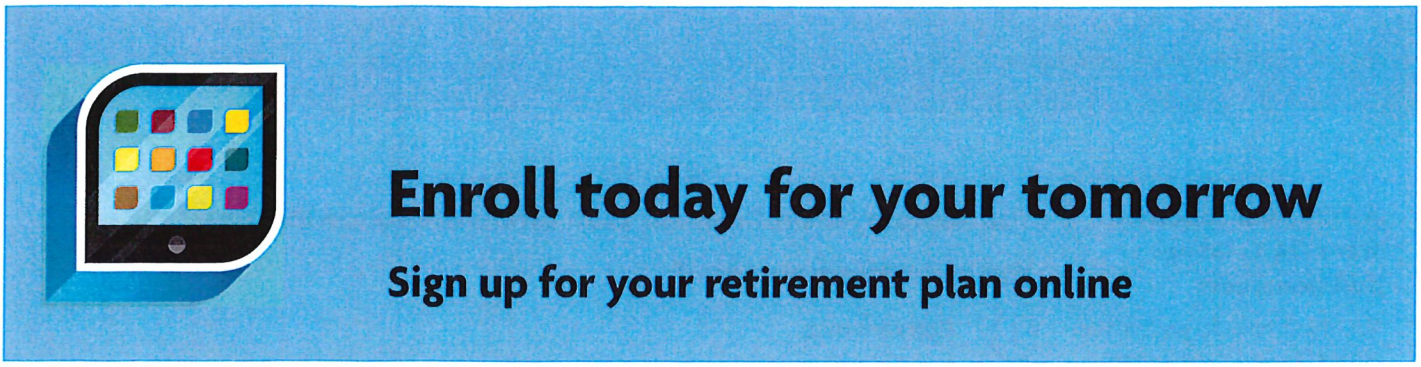
If you contribute between 1% and 5% of your compensation as a pre-tax deferral, Dillard will make a matching contribution of 100% of your contribution.

## CATCH-UP-CONTRIBUTIONS

Age 50 catch up contributions – if you are eligible to make deferrals and you turn age 50 before end of any calendar year, you may defer up to an extra $6,500 each year into the plan as a pre-tax contribution once you meet certain plan limits.

## HOW DO I START MAKING CONTRIBUTIONS?

To begin deferring a portion of your compensation into the plan, you must follow the procedures established by the Office of Human Resources. To start your contributions to the 403(b) plan, you must first enroll and establish an account with TIAA. Please note in addition to that, you will have to complete and return a **salary reduction agreement** to the Office of Human Resources. For additional information contact the Office of Human Resources.



# Enroll today for your tomorrow

## Sign up for your retirement plan online

**Enrolling today could help you start planning for a more secure future**

The sooner you enroll, the better the chance of increased savings.

**For questions regarding your eligibility to contribute to the plan, please contact your HR office at 504-816-4741 or visit TIAA.org/dillard.**

**You can take steps toward planning for a secure retirement. Consider enrolling in the Dillard University 403(b) DC and TDA Plan today.**

It's easier than ever to plan and save for retirement. Whether it's years down the road or just around the corner, you can get started right now.

**No matter where you are in life, TIAA focuses on you and your financial future**

**You can receive:**

- Advice[1] and education from experienced consultants, customized to your goals.
- Information on investment options in your retirement plan.
- Online access to interactive tools and calculators to help you plan for retirement.

**Enrolling online is easy. All you need is:**

- Your Social Security number
- Your beneficiary's Social Security number, birth date and address, if possible
- Your selected investment allocations. Need information about your investment options? Please go to **TIAA.org/dillard** to view the menu.

**You can enroll online in just a few minutes:**

- Go to: **TIAA.org/dillard.**
- Click on *Ready to Enroll.*
- Select the plan(s) in which you wish to enroll.
- Follow the instructions provided, and, if you haven't already, complete a salary reduction agreement. *Click on Begin Enrollment.*
- Register for online access or log in if you have an existing web ID with TIAA.
- Follow the prompts and print out the confirmation page. You are now enrolled.

**Keep your retirement money working as hard as you do**

The earlier your contributions start, the longer your money can work through the power of compounding. Compounding happens when earnings on your savings get reinvested to generate additional earnings. Over time, compounding can fuel the growth of your savings.

TIAA

# Your money. Your future. Your options.

Learn the facts about your employer plan money.

TIAA CREF

Financial Services

These important decisions can be difficult to make. You don't have to do it alone. Call us—we're here to help.

Please call
**800 842-2252 today.**

If you are an Individual Advisory Services client, please contact your advisory team or call us at **866 220-6583.**

For tax-related issues, consult a tax advisor.

## Option 2: Move your money directly into an IRA.

Potential advantages

- Depending on the type of rollover, there may be no income tax or penalties
- You can consolidate multiple accounts into one IRA, providing a clearer picture of your retirement assets
- Typically a broader range of investment options
- Continued opportunity for tax-deferred growth
- Access to IRA-specific advice, planning tools and education
- Continue to make contributions subject to IRS limits
- Ability to set up periodic and ad hoc withdrawals
- Many IRA providers offer managed accounts, which can provide professional portfolio management tailored to your investment preferences
- Ability to convert to a Roth IRA
- Access to trust services with some IRAs

Issues to consider

- Access to plan-specific investments may not be available
- Cannot take a loan from an IRA
- Some IRA investments may include trading-related expenses, including commissions and fees
- May need to liquidate investments before rolling over to an IRA
- May lose valuable benefits. For example, if you have been investing in a guaranteed income annuity such as TIAA Traditional, you may be giving up the potential to receive higher income payments.[2]
- No penalty-free withdrawals prior to age 59½ (exceptions are available)
- Some investment expenses and account fees may be higher
- IRA assets generally protected by bankruptcy (state laws vary)
- Some IRAs may not include an annuity product

## Option 3: Move your money directly into your new employer's retirement plan.

Potential advantages

- Continued opportunity for tax-deferred growth
- Plan may allow for a loan or hardship withdrawal
- No income tax or penalties with a direct rollover
- Penalty-free withdrawals permitted if separated from service after age 55
- Potential increased protection from creditors and legal judgments
- Plan may have lower administrative fees than other options
- Investment alternatives may include lower-cost, institutional class products
- Access to plan-specific advice

Issues to consider

- New employer's plan may not accept rollovers, so this option may not be available
- Withdrawal options may be restricted
- Typically limited investment choices
- May not include an in-plan annuity that can provide lifetime income
- May need to liquidate investments
- May lose valuable benefits. For example, if you have been investing in a guaranteed income annuity such as TIAA Traditional, you may be giving up the potential to receive higher income payments.[2]
- Plans may have administrative fees (e.g., recordkeeping, compliance or trustee fees)
- Plan may offer more expensive investment options, including commissions, than your former employer's retirement plan
- Plan may impose limitations (e.g., income distribution) or plan may be changed by employer (e.g., available investments, fees, services, providers, termination provisions)

# Your money.
# Your future.
# Your options.

## Change happens

And when it does, what you do with the money in your old retirement plan can significantly affect your income tomorrow.

### Get the facts about your money if:

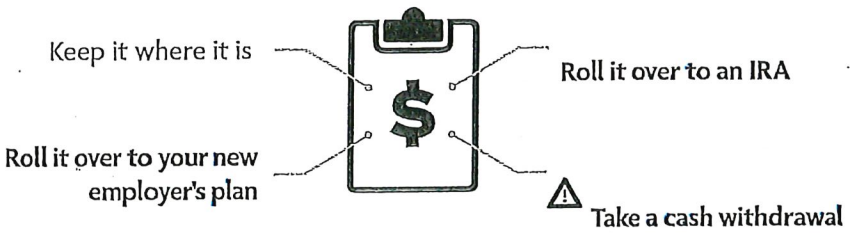
- ☐ Your employment status changes—like you get a promotion or you leave a job
- ☐ You are retired or are getting ready to retire
- ☐ Your employer's plan has changed
- ☐ You've considered moving your money to another provider

### Talk to us. It's a good call.

844-TIAA-IRA
(844-842-2472)

If you are an Individual Advisory Services client, contact your advisory team or call 888-211-3868.

**You can:**




**Explore your options ▸**

See reverse side for important information.

TIAA

# Notes

# This Benefit Booklet

## Presented by


## Health & Wealth Consultants

**Website : www.hawcgroup.com**

**Agency Phone number : 504.533.8528 or 800.224.7302**