



SMART • SIMPLE • SEAMLESS
**InsureTech
Enrollment Solution**



Welcome to EnrollVB



As a valued team member of Kelly Services,
you and your family are **now eligible for benefits.**

EnrollVB is a **self-service platform** for managing your benefits.

This is your opportunity to elect coverage that helps protect what means most to you -
you and your loved ones.

 **Benefits being offered include:**

- **Teladoc** the Health Focused Plan includes Teladoc with no co-pay
- **Supplemental Medical** offered through Beazley
- **Minimum Essential Coverage (MEC)** offered through SBMA
- **Dental** offered through Reliance Standard (utilizing the Amerita's network)
- **Vision** offered through Reliance Standard (utilizing the VSP network)
- **Legal and Financial** offered through NewBenefits
- **Accident** offered through Reliance Standard
- **Short Term Disability** offered through Unum
- **Critical Illness** offered through Reliance Standard
- **Term Life** offered through Amalgamated Life
- **Whole Life** offered through Unum



SMART • SIMPLE • SEAMLESS
**InsureTech
Enrollment Solution**



All-Inclusive Enrollment Platform



Enroll VB is Your Self-Service Solution for Enrollment



SELF-SERVICE ENROLLMENT

This enrollment can be completed by yourself, on a laptop, tablet and even a mobile device.



DIRECT BILL

These benefits are directly billed to your debit or credit card and are charged once a month on the 20th of each month.



PORTABLE

Benefits stay with you even if you are not active with Kelly Services or are not an assignment, and premiums do not increase.



ADVANTAGES

These benefits are customizable to your needs. If you are eligible for Kelly's ACA plan these benefits do not replace your elections, these are in addition to benefits you already have.



ADVANTAGES

All benefits are guaranteed issue and there are no health questions required.



ADVANTAGES

If you enroll before the 20th of each month your benefits are effective the 1st of the following month.



CALL CENTER SUPPORT

If you need assistance during your enrollment or have questions please contact us at 770-777-9522 or email us at support@enrollvb.com.

Enjoy On-Demand Healthcare with 24/7 Access to Doctors by Phone at No Cost

What Teladoc Does for You

- ▶ Doctors offer a diagnosis, treatment options, and prescription, if medically necessary
- ▶ Treatment for common medical issues such as colds, flu, poison ivy, respiratory infections, bronchitis, pink eye, sinus problems, allergies, urinary tract infections and ear infections
- ▶ Visits for all ages — from children to seniors
- ▶ Includes spouse and dependents
- ▶ If you are caring for an aging parent or loved one, you can provide them access to \$45 visits
- ▶ U.S. board-certified doctors with an average 20 years practice experience
- ▶ Upon request, Teladoc can share visit information with your doctor



10 Minutes

Avoid the waiting room
— Teladoc doctors
respond in 10 minutes
on average



New Benefits mobile app | 844.713.2870 | MemberPortal.NewBenefits.com

©2019 Teladoc, Inc. All rights reserved. Teladoc and the Teladoc logo are registered trademarks of Teladoc, Inc. and may not be used without written permission. Teladoc does not replace the primary care physician. Teladoc does not guarantee that a prescription will be written. Teladoc operates subject to state regulation and may not be available in certain states. Teladoc does not prescribe DEA controlled substances, non-therapeutic drugs and certain other drugs which may be harmful because of their potential for abuse. Teladoc physicians reserve the right to deny care for potential misuse of services.

Get a Better Image
at a Better Cost

40% to 75%

Save 40% to 75% on usual charges
for MRI & CT Scans



What MRI & CT Scans Do for You

- ▶ Rather than just going to the closest radiology center, make a quick phone call to save on your scans
- ▶ Enjoy discounts on MRI and CT scans at thousands of credentialed radiology centers nationwide
- ▶ Getting a better image through MRI and CT scans can mean a better diagnosis, better treatment plan, better recovery, and a lot of money saved
- ▶ You will be referred to a certified radiologist based on condition, preferences, and location



New Benefits mobile app | 844.713.2870 | MemberPortal.NewBenefits.com

Hearing Aids by Amplifon

Save on Hearing Aids and Follow-Up Care



Reduce your Risk

Half of all cases of hearing loss are avoidable through primary prevention

What Hearing Aid Discounts Do for You

- ▶ Amplifon helps you find the right hearing aid solution to fit your lifestyle through personalized service and exceptional products for every budget
- ▶ Receive a complimentary hearing evaluation or get a discount on hearing aids within the network of over 5,100 hearing healthcare providers
- ▶ Service includes one year free follow-up care, two-year supply of batteries and a three-year warranty
- ▶ Offer leading manufacturers including Siemens, Rexton, Miracle-Ear, Phonak, ReSound, Unitron, Oticon, Sonic Innovations, Starkey, and Widex



New Benefits mobile app | 844.713.2870 | MemberPortal.NewBenefits.com

Diabetic Supplies

Save on Diabetic Supplies
to Better Maintain your Health



Save 10-50%

Save 10% to 50% on diabetic testing supplies

What Discounted Diabetic Supplies Do for You

- ▶ With the convenient online, pre-paid program, you receive discounted diabetic testing supplies shipped directly to your home
- ▶ Join an annual testing program for additional savings, or purchase individual items as needed
- ▶ Get a free fully-audible blood glucose meter with your first order
- ▶ Receive tracking information updates via email or text
- ▶ No prescription is required for over-the-counter testing supplies



New Benefits mobile app | 844.713.2870 | MemberPortal.NewBenefits.com

Get the Medications You Need Without Breaking the Bank



**\$2.5+
Million**

\$2.5+ million saved on
prescriptions in 2019

What Retail & Mail Order Pharmacy Do for You

- ▶ Enjoy discounts at 60,000 retail pharmacies nationwide, including Walgreens, Target, CVS, and many other independent, national, and regional chains
- ▶ Use the Mail Order service to save on 30+ day supply prescriptions shipped directly to your home with free standard shipping
- ▶ Even if you have insurance, you can present both cards at the pharmacy to receive the lowest price
- ▶ Mail Order service includes a Patient Assistance Program that helps qualifying individuals receive free or low-cost prescriptions



New Benefits mobile app | 844.713.2870 | MemberPortal.NewBenefits.com

Pharmacy discounts are Not Insurance and are Not Intended as a Substitute for Insurance. The discount is only available at participating pharmacies.

Caregiver Support

Better Manage the Care of your Loved One With a Helping Hand



20 Hours Every Week

Caregivers spend an average 20 hours every week on caregiving

What Caregiver Support Does for You

Manage your responsibilities more easily with resources that keep you organized, save you money, and have your back.

- ▶ Connected Caregiving by alaska ("love" in Swedish) is a web-based platform for storing vital medical information, coordinating with care team members, sharing updates with family, and participating in virtual support groups and education webinars
- ▶ Care Companions by Papa sends thoroughly vetted helpers (called Papa Pals) who provide companionship and assistance with transportation, household chores, technology lessons, and more
- ▶ LawAssure guides you to create high-quality, personalized legal documents, including wills, living trusts, power of attorney, healthcare directives, and more



New Benefits mobile app | 844.713.2870 | MemberPortal.NewBenefits.com

Make Smarter Healthcare Decisions

with Web-Based Cost
Comparison Tools

Compare the Costs of Care

In-network healthcare prices vary by
300% or more

What Compass Price Transparency Does for You

- ▶ Gives you more control over your healthcare spending with web-based tools to optimize your network and find the most cost-effective care
- ▶ Compares costs for providers, procedures, and prescriptions to find high-quality, affordable options
- ▶ Finds lower cost alternatives for prescriptions
- ▶ Makes provider and care recommendations based on your health plan information, personal preferences, cost, quality, and physician availability



New Benefits mobile app | 844.713.2870 | MemberPortal.NewBenefits.com

Compass will never share protected health information (PHI) with your employer. Compass does not provide medical advice or replace your doctor. Compass is unable to assist during medical emergencies. Compass provides unbiased recommendations and is not affiliated with anyone that we recommend.

Experts Help You Navigate Healthcare and Find Cost-Effective Care

What Compass Navigator Does for You

- ▶ The price transparency tool allows you to compare costs for providers, procedures, and prescriptions
- ▶ Highly trained Health Pros:
 - Help you understand your insurance benefits
 - Provide guidance related to plan selection
 - Explain care options
 - Find highly rated doctors
 - Analyze providers based on experience and cost
 - Help find ways to pay less for prescriptions
 - Review medical bills and resolve errors
 - Assist with scheduling appointments
 - Help with issues related to dental and vision benefits
 - Respond to most requests by the next business day
 - Have passed rigorous credentialing and completed extensive training



300%

In-network healthcare prices vary by 300% or more



New Benefits mobile app | 844.713.2870 | MemberPortal.NewBenefits.com

Compass will never share protected health information (PHI) with your employer. Compass does not provide medical advice or replace your doctor. Compass is unable to assist during medical emergencies. Compass provides unbiased recommendations and is not affiliated with anyone that we recommend.

Medical Benefits	Basic MEC
Preventive / Wellness	Covered 100%
Rx Discount Program	Included

¹The Basic MEC plan excludes out-of-network services and covers only the services listed above and on the covered services page.

Highlights of Your Plan:

- 22 preventive services for adults
- 22 additional services for women
- 29 services for children

**Affordable
Coverage**

**Preventive
Services
covered
100%**

**Rx Discount
Program**

Locating a participating provider in the PHCS network all begins with the specific network logo on the front of your medical ID card. Please locate the PHCS logo on your card and follow the instructions below.



By phone: call **1.888.794.7427**

Online: visit www.multiplan.com and click "Find a Provider" located in the top right-hand corner and follow the steps below

1. After acknowledging you have read the disclaimer at the bottom of the screen, click on the green "Select Network" button
2. When selecting your network, choose "PHCS," then "Preventive Services Only"
3. Enter one of the search criteria suggested in the search box to begin your search
4. If your browser settings don't allow your location to be detected, enter a zip code

Medical Benefits	Ultimate MEC
Preventive / Wellness	Covered 100%
Primary Care / Specialist Visits	\$15 Copay
Urgent Care	\$50 Copay
Laboratory Services / X-Rays	\$50 Copay
Generic Rx	Tier 1: \$10 or less, Tier 2: \$25 or less
Brand Rx	Tier 3: \$50 or less, Tier 4: \$75 or less
Virtual Health Benefits	freshbenies®
24/7/365 Telehealth	Included
Behavioral Health	\$50 fee / max 3 per year
benieWALLET	Included

¹The Ultimate MEC plan excludes out-of-network services and covers only the services listed above and on the covered services page.

²Rx benefits are subject to the formulary drug list. To see a list of covered drugs, visit www.sbmabenefits.com/smithrxformulary. Amounts listed are based on a unit quantity of 30 for a 30-day supply. Pricing may vary based on quantity and supply.

³Virtual Health Benefits are offered through freshbenies®. Members have access to 1) physician visits via phone or video, with prescriptions sent directly to the member's pharmacy, when medically necessary and 2) therapist consultations via video at \$50 each (max 3 visits - \$85 after)

Preventive
Services
covered
100%

All other
Services
covered at a
copay

Virtual
Health
Benefits

Locating a participating provider in the PHCS network all begins with the specific network logo on the front of your medical ID card. Please locate the PHCS logo on your card and follow the instructions below.



By phone: call 1.888.263.7543

Online: visit www.multiplan.com and click "Find a Provider" located in the top right-hand corner and follow the steps below

1. After acknowledging you have read the disclaimer at the bottom of the screen, click on the green "Select Network" button
2. When selecting your network, choose "PHCS," then "Specific Services"
3. Enter one of the search criteria suggested in the search box to begin your search
4. If your browser settings don't allow your location to be detected, enter a zip code



freshbenies gives convenient access to virtual doctor visits and more!

Telehealth: Call anytime, visit with a US-based, licensed doctor and get a prescription written, if medically necessary - at NO COST.

Behavioral Telehealth: Schedule consultations with therapists at a fraction of the cost of typical in-person visits.

benieWALLET: Store and access all your health-related cards in one, easy place so they're ready anytime, anywhere.

To access your services, log in at freshbenies.com, download the freshbenies® app or call 1.855.373.7450

Using Your Prescription Drug Card at Retail Pharmacies



Present your medical card with your prescription to any of our 67,000+ retail pharmacies every time you fill your prescription. You can access a participating pharmacy list at www.mysmithrx.com. For additional support, call 1.844.454.5201

Covered Services for Adults

- Abdominal Aortic Aneurysm one-time screening for men of specified ages who have ever smoked
- Alcohol Misuse screening and counseling
- Aspirin use to prevent cardiovascular disease for men and women of certain ages
- Blood Pressure screening for all adults
- Cholesterol screening for adults of certain ages or at higher risk
- Colorectal Cancer screening for adults over 50
- Depression screening for adults
- Diabetes (Type 2) screening for adults with high blood pressure
- Diet counseling for adults at higher risk for chronic disease
- Falls prevention (with exercise or physical therapy and vitamin D use) for adults 65 years and over
- Hepatitis B screening for people at higher risk
- Hepatitis C screening for adults at increased risk, and one time for everyone born 1945 -1965
- HIV screening for everyone ages 15 to 65, and other ages at increased risk
- Immunization vaccines for adults – doses, recommended ages, and recommended populations vary: Hepatitis A, Hepatitis B, Herpes Zoster, Human Papilloma virus, Influenza (Flu Shot), Measles, Mumps, Rubella, Meningococcal, Pneumococcal, Tetanus, Diphtheria, Pertussis and Varicella
- Lung cancer screening for adults 55 - 80 at high risk for lung cancer because they're heavy smokers or have quit in the past 15 years
- Obesity screening and counseling for all adults
- Sexually Transmitted Infection (STI) prevention counseling for adults at higher risk
- Statin preventive medication for adults 40 to 75 years at higher risk
- Syphilis screening for all adults at higher risk
- Tobacco use screening for all adults and cessation interventions for tobacco users
- Tuberculosis screening for certain adults with symptoms at higher risk

Covered Services for Women

- Anemia screening on a routine basis for pregnant women
- Breast Cancer Genetic Test Counseling (BRCA) for women at higher risk for breast cancer (counseling only; not testing)
- Breast Cancer Mammography screenings every 1 to 2 years for women over 40
- Breast Cancer chemoprevention counseling for women at higher risk
- Breastfeeding comprehensive support and counseling from trained providers, and access to breastfeeding supplies, for pregnant and nursing women
- Cervical Cancer screening
- Chlamydia Infection screening for younger women and other women at higher risk
- Contraception: Food and Drug Administration-approved contraceptive methods, sterilization procedures, and patient education and counseling, as prescribed by a health care provider for women with reproductive capacity (not including abortifacient drugs). This does not apply to health plans sponsored by certain exempt "religious employers."
- Diabetes screening for women with a history of gestational diabetes who aren't currently pregnant and who haven't been diagnosed with type 2 diabetes before
- Domestic and interpersonal violence screening and counseling for all women
- Folic Acid supplements for women who may become pregnant
- Gestational diabetes screening for women 24 to 28 weeks pregnant and those at high risk of developing gestational diabetes
- Gonorrhea screening for all women at higher risk
- Hepatitis B screening for pregnant women at their first prenatal visit
- HIV screening and counseling for sexually active women
- Human Papilloma virus (HPV) DNA Test every 5 years for women with normal cytology results who are 30 or older
- Osteoporosis screening for women over age 60 depending on risk factors

Covered Services for Women (continued)

- Preeclampsia prevention and screening for pregnant women and follow-up testing for women at higher risk
- Rh Incompatibility screening for all pregnant women and follow-up testing for women at higher risk
- Sexually Transmitted Infections counseling for sexually active women
- Syphilis screening for all pregnant women or other women at increased risk
- Tobacco use screening and interventions for all women, and expanded counseling for pregnant tobacco users
- Urinary tract or other infection screening, including urinary incontinence
- Well-woman visits to get recommended services for women under 65

Covered Services for Children

- Alcohol and Drug Use assessments for adolescents
- Autism screening for children at 18 and 24 months
- Behavioral assessments for children at the following ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years.
- Bilirubin concentration screening for newborns
- Blood Pressure screening for children at the following ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years
- Blood screening for newborns
- Cervical Dysplasia screening for sexually active females
- Depression screening for adolescents
- Developmental screening for children under age 3
- Dyslipidemia screening for children at higher risk of lipid disorders at the following ages: 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years.
- Fluoride Chemo prevention supplements for children without fluoride in their water source
- Fluoride varnish for all infants and children as soon as teeth are present
- Gonorrhea preventive medication for the eyes of all newborns
- Hearing screening for all newborns; and for children once between 11 and 14 years, once between 15 and 17 years, and once between 18 and 21 years
- Height, Weight and Body Mass Index measurements for children at the following ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years.
- Hematocrit or hemoglobin screening for all children
- Hemoglobinopathies or sickle cell screening for newborns
- Hepatitis B screening for adolescents ages 11 to 17 years at high risk
- HIV screening for adolescents at higher risk
- Hypothyroidism screening for newborns
- Immunization vaccines for children from birth to age 18 – doses, recommended ages, and recommended populations vary: Diphtheria, Tetanus, Pertussis, Haemophilus influenzae type B, Hepatitis A, Hepatitis B, Human Papillomavirus, Inactivated Poliovirus, Influenza (Flu Shot), Measles, Meningococcal, Pneumococcal, Rotavirus and Varicella
- Iron supplements for children ages 6 to 12 months at risk for anemia
- Lead screening for children at risk of exposure
- Maternal depression screening for mothers of infants at 1, 2, 4, and 6-month visits
- Medical History for all children throughout development at the following ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years.
- Obesity screening and counseling
- Oral Health risk assessment for young children Ages: 0 to 11 months, 1 to 4 years, 5 to 10 years.
- Phenylketonuria (PKU) screening for this genetic disorder in newborns
- Sexually Transmitted Infection (STI) prevention counseling and screening for adolescents at higher risk
- Tuberculin testing for children at higher risk of tuberculosis at the following ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years.
- Vision screening for all children.

Ready for whatever's down the line.

Group Limited Indemnity (GLI)* Insurance Policy

Life is full of ups and downs, twists and turns. You never know what's coming down the line.

It could be an illness or injury that lands you in the hospital. Or you might need help with day-to-day health care needs. Covering your basic health care needs helps support your physical – and financial – wellness.

Thanks to your employer, you have an insurance policy that can help keep your health expenses in line. So, you stay physically well – and fiscally fit.

What is Group Limited Indemnity insurance?

The Group Limited Indemnity insurance policy pays certain medical expenses at a specific benefit amount for a limited number of days, as defined by your plan.

You may opt for coverage for your spouse or child(ren). You are eligible for this coverage (regardless of your health status), and you do not have to answer any medical questions to qualify for coverage.

Note: Group Limited Indemnity is NOT major medical insurance, or comprehensive health coverage.

How does it help me?

Helps protect financial wellness:



Health expenses can take a bite out of your budget. Group Limited Indemnity insurance can help by providing a set benefit amount for certain medical expenses.

Helps manage health expenses:



The plan pays a fixed dollar amount, based on your plan. For example, if you are hospitalized with pneumonia, the plan pays a specific benefit amount per day of your hospital confinement, up to a specific number of days.

How does it work?



Why do I need GLI?

54%

of U.S. adults have delayed health care, because they can't afford it.¹

40%

of employees say they have trouble paying medical bills or affording premiums.²

1 PwC Health Research Institute: *Medical Cost Trend*, 2018
2 Kaiser Family Foundation/LA Times: *Employer Health Benefits Survey*, 2019



Group Limited Indemnity (GLI) Insurance Policy

What are the specific plan benefits?

Definition	Benefit amount/maximum	
	Plan 1	Plan 2
Hospital indemnity benefits		
Hospital Confinement For treatment in a hospital, due to sickness or injury for 23 or more continuous hours (i.e., not less than a day) Note: Maternity benefit is payable as any other illness for both mother and child. Hospitalization for Mental/Nervous and Substance Abuse treated as any other illness. No benefits are payable for Outpatient Treatment or Rehabilitation.	\$300 per insured, per day 30 days per insured, per year	\$500 per insured, per day 30 days per insured, per year
Hospital Admission Lump sum benefit for a hospital admission, due to sickness or injury Note: Admission benefit for birth of a healthy child covers mother only. Benefit is payable for newborn if admitted to ICU.	\$1000 per insured, per admission 1 admission per insured, per year	\$1,500 per insured, per admission 1 admission per insured, per year
Hospital Intensive Care Unit For intensive and comprehensive care, when confined in an area equipped with lifesaving equipment (ICU)	\$600 per insured, per day 30 days per insured, per year	\$1000 per insured, per day 30 days per insured, per year
Surgery benefits		
Inpatient Surgery For inpatient surgery in a hospital, due to sickness or injury	\$1000 per insured, per day 1 day per insured, per year	\$2,000 per insured, per day 1 day per insured, per year
Outpatient Major Surgery For outpatient major surgery in hospital or freestanding surgery center, due to sickness or injury	\$500 per insured, per day 1 day per insured, per year	\$1,000 per insured, per day 1 day per insured, per year
Outpatient Minor Surgery For minor outpatient surgery in hospital or freestanding surgery center, due to sickness or injury	\$150 per insured, per day 1 day per insured, per year	\$150 per insured, per day 1 day, per insured, per year
Anesthesia For general anesthesia administered by an anesthesiologist or Certified Registered Nurse Anesthetist Note: Not paid for Outpatient Minor Surgery.	\$300 per insured, per day 1 day per insured, per year	\$300 per insured, per day 1 day per insured, per year
Lab, x-ray, and diagnostic testing benefits		
Outpatient Diagnostic Lab For lab test, ordered by a physician	\$25 per insured, per day 3 days per insured, per year	\$25 per insured, per day 3 days per insured, per year
Outpatient Diagnostic X-ray For x-ray, ordered by a physician	\$50 per insured, per day 1 day per insured, per year	\$50 per insured, per day 1 day per insured, per year
Outpatient Major Diagnostic Testing For major diagnostic testing, ordered by a physician	\$100 per insured, per day 1 day per insured, per year	\$100 per insured, per day 1 day per insured, per year
Emergency room and physician's office/urgent care benefits		
ER for Sickness For treatment in an ER due to sickness	\$100 per insured, per day, 1 day per insured, per year	\$150 per insured, per day, 1 day per insured, per year
Physician's Office/Urgent Care For services rendered by a physician at physician's office or urgent care facility	\$65 per insured, per day 6 days per insured, per year	\$80 per insured, per day 6 days per insured, per year
Wellness Visit For physician office visits for routine physical examinations and well baby care, including routine immunizations for children 6 days - 18 years	<i>Adults (18+ years) :</i> \$125 per insured, per day <i>Children (6 days - 18 years):</i> \$100 per insured, per day 1 day per insured, per year	<i>Adults (18+ years) :</i> \$125 per insured, per day <i>Children (6 days - 18 years):</i> \$100 per insured, per day 1 day per insured, per year

Definition	Benefit amount/maximum	
	Plan 1	Plan 2
Prescription benefits		
Prescription Drug For a prescription drug, dispensed by a pharmacy	None	\$20 per insured, per day 12 days per insured, per year
Other benefits		
Skilled Nursing Care Facility For confinement in a Skilled Nursing Care Facility within 14 days of hospital confinement of at least 3 days	\$100 per insured, per day 10 days per insured, per year	\$100 per insured, per day 10 days per insured, per year
Riders		
Accident Rider For treatment of an accident within 72 hours of incurred date	\$150 in Urgent Care \$500 in ER \$750 in hospital per insured, per day 1 day per year	\$150 in Urgent Care \$500 in ER \$750 in hospital per insured, per day 1 day per year
Non-insurance services		
FirstHealth PPO Access to 550,000 credentialed in-network providers at 5,000 hospitals and 90,000 ancillary facilities	Included	Included

FirstHealth PPO is not insurance. It is not offered or underwritten by Beazley.

How much does the plan cost?

The grid below identifies the premium amount, based on the plan you choose and whether you want to cover family members.

Coverage type	Monthly premium amount	
	Plan 1	Plan 2
Employee	\$49.95	\$79.95
Employee + Spouse	\$97.40	\$157.40
Employee + Child(ren)	\$78.40	\$126.40
Family	\$125.90	\$203.90

Includes Beazley GLI premium and fees for FirstHealth PPO access.
 NOTE: Non-insurance services are not offered or underwritten by Beazley.

How do I submit a claim?

1. At time of service, present the ID card.
2. Assign benefits to your provider.
3. Provider submits an itemized bill on your behalf to address below.
No claim form necessary.

By Mail:

Beazley Insurance Company, Inc.
Administered by The Loomis Co.
P.O. Box 7011
Wyomissing, PA 19610-6011

By Email:

beazleyclaims@loomisco.com

Who is Beazley?

Beazley Insurance Company, Inc. is rated A by A.M. Best. It is a subsidiary of The Beazley Group, which was founded in 1986. Beazley Benefits is Beazley's U.S. group insurance division, which provides a customized suite of supplemental accident & health insurance products that helps protect against life's uncertainties.

Contact Us

Beazley Benefits
8500 Normandale Lake Blvd | Suite 955
Minneapolis, MN 55437 USA

www.beazley.com/beazley-benefits

Insurance is underwritten by Beazley Insurance Company, Inc., 30 Batterson Park Road, Farmington, Connecticut, 06032. Beazley is rated A by A.M. Best. Beazley is licensed in all 50 states and the District of Columbia. CA License # 2868-8

The Group Limited Indemnity policy is offered under **Policy Form Series AHGLIMM001**.

Coverage is not available in all states. Benefits may vary by state. Premium will vary based on the plan chosen. A waiting period for late entrants may apply. This policy is renewable at the option of Beazley.

Refer to the Master Policy and Certificate for all terms, conditions, exclusions and limitations. Beazley uses the services of third party administrators.



Kelly Services

Dental Highlight Sheet

High Plan: Dental Plan Summary

Effective Date: 1/1/2021

Plan Benefit	
Type 1	100%
Type 2	80%
Type 3	50%
Deductible	\$50/Calendar Year Type 2 & 3 Waived Type 1 \$150/family
Maximum (per person) Allowance	\$1,000 per calendar year Discounted Fee
Waiting Period	12 months on Type 3 services (all members)
Enrollment	Initial enrollment, date of hire, qualifying event or at plan anniversary

Sample Procedure Listing (Current Dental Terminology © American Dental Association.)

Type 1	Type 2	Type 3
<ul style="list-style-type: none"> Routine Exam (2 per benefit period) Bitewing X-rays (1 per benefit period) Periapical X-rays Cleaning (2 per benefit period) Fluoride for Children 15 and under (1 per benefit period) Pre-Diagnostic Test (age 35 and over) (1 in 2 years) 	<ul style="list-style-type: none"> Full Mouth/Panoramic X-rays (1 in 3 years) Sealants (age 15 and under) Space Maintainers Restorative Amalgams Restorative Composites Crown & Denture Repair Simple & Complex Extractions Anesthesia 	<ul style="list-style-type: none"> Onlays Crowns (1 in 5 years per tooth) Endodontics Periodontics Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years)

Monthly Rates

Employee Only (EE)	\$34.59
EE + Spouse	\$69.09
EE + Children	\$71.21
EE + Spouse & Children	\$105.71

Customer Service

Our Customer Relations Department is open from 7 am to midnight (CST) Monday through Thursday and 7 am to 6:30 pm (CST) on Fridays. You can call toll-free at 800-497-7044. Your claim forms can be faxed in to (402) 467-7336. We will be happy to answer any questions you may have regarding a specific claim you have filed or to answer questions about benefits for dental procedures being considered.

Type 3 Waiting Period - all plan members

Plan members become eligible for benefits after a 12-month waiting period from the date they are enrolled in the plan.

Dental Network Information

To find providers near you, visit our website at www.rsli.com/dental-vision. Click on "Find a Dentist" to access our online directory and follow the step-by-step instructions. When prompted to select your network, choose the network found on your ID Card.

Pretreatment

While we don't require a pretreatment authorization form for any procedure, we recommend them for any dental work you consider expensive. As a smart consumer, it's best for you to know your share of the cost up front. Simply ask your dentist to submit the information for a pretreatment estimate to our customer relations department. We'll inform both you and your dentist of the exact amount your insurance will cover and the amount that you will be responsible for. That way, there won't be any surprises once the work has been completed.

Kelly Services

Dental Highlight Sheet

Reliance Standard Life Insurance Company

Reliance Standard Life Insurance Company (Reliance Standard) was incorporated in 1907 as the Central Standard Life Insurance Company in Chicago, Illinois. In 1967 the administrative offices moved to Philadelphia, PA and the company was renamed Reliance Standard Life Insurance Company. Reliance Standard is domiciled in Illinois, and its headquarters remain in Philadelphia. Reliance Standard is a member of The Tokio Marine Group.

Rx Savings

Our valued plan members and their covered dependents can save on prescription medications at over 60,000 pharmacies across the nation including CVS, Walgreens, Rite Aid and Walmart. This Rx discount is offered at no additional cost, and it is not insurance.

To receive this Rx discount, members just need to visit us at reliancestandard.com/dental-vision and sign into (or create) a secure member account where they can access and print an online-only Rx discount savings ID card.

Eyewear Savings

Plan members may receive up to 10% off eyewear frames and lenses purchased at any Walmart Vision Center nationwide. Members may also bring in their current vision prescription from any vision care provider and purchase eyewear at Walmart. This savings arrangement is not insurance: it is available to members at no additional cost to their plan premium.

To receive the eyewear savings identification card, plan members can visit reliancestandard.com/dental-vision and sign-in (or create) a secure member account. Members must present the Eyewear Savings Card at time of purchase to receive the discount.

This form is a benefit highlight, not a certificate of insurance. The coverage outlined here highlights the benefits available through Reliance Standard Life, and does not include exclusions and limitations. For details on exclusions and limitations, or a complete list of covered procedures, contact your benefits coordinator.

Kelly Services

Dental Highlight Sheet

Low Plan: Dental Plan Summary

Effective Date: 1/1/2021

Plan Benefit	
Type 1	90%
Type 2	70%
Deductible	\$50/Calendar Year Type 2 Waived Type 1 \$150/family
Maximum (per person) Allowance	\$750 per calendar year Discounted Fee
Waiting Period	None

Sample Procedure Listing (Current Dental Terminology © American Dental Association.)

Type 1	Type 2
<ul style="list-style-type: none"> Routine Exam (2 per benefit period) Bitewing X-rays (1 per benefit period) Periapical X-rays Cleaning (2 per benefit period) Fluoride for Children 15 and under (1 per benefit period) 	<ul style="list-style-type: none"> Full Mouth/Panoramic X-rays (1 in 3 years) Sealants (age 15 and under) Space Maintainers Restorative Amalgams Restorative Composites Crown & Denture Repair Simple & Complex Extractions Anesthesia Pre-Diagnostic Test (age 35 and over) (1 in 2 years)

Monthly Rates

Employee Only (EE)	\$22.17
EE + Spouse	\$38.04
EE + Children	\$47.66
EE + Spouse & Children	\$66.80

Customer Service

Our Customer Relations Department is open from 7 am to midnight (CST) Monday through Thursday and 7 am to 6:30 pm (CST) on Fridays. You can call toll-free at 800-497-7044. Your claim forms can be faxed in to (402) 467-7336. We will be happy to answer any questions you may have regarding a specific claim you have filed or to answer questions about benefits for dental procedures being considered.

Type 3 Waiting Period - all plan members

Plan members become eligible for benefits after a 12-month waiting period from the date they are enrolled in the plan.

Dental Network Information

To find providers near you, visit our website at www.rsl.com/dental-vision. Click on "Find a Dentist" to access our online directory and follow the step-by-step instructions. When prompted to select your network, choose the network found on your ID Card.

Pretreatment

While we don't require a pretreatment authorization form for any procedure, we recommend them for any dental work you consider expensive. As a smart consumer, it's best for you to know your share of the cost up front. Simply ask your dentist to submit the information for a pretreatment estimate to our customer relations department. We'll inform both you and your dentist of the exact amount your insurance will cover and the amount that you will be responsible for. That way, there won't be any surprises once the work has been completed.

Kelly Services

Dental Highlight Sheet

Reliance Standard Life Insurance Company

Reliance Standard Life Insurance Company (Reliance Standard) was incorporated in 1907 as the Central Standard Life Insurance Company in Chicago, Illinois. In 1967 the administrative offices moved to Philadelphia, PA and the company was renamed Reliance Standard Life Insurance Company. Reliance Standard is domiciled in Illinois, and its headquarters remain in Philadelphia. Reliance Standard is a member of The Tokio Marine Group.

Rx Savings

Our valued plan members and their covered dependents can save on prescription medications at over 60,000 pharmacies across the nation including CVS, Walgreens, Rite Aid and Walmart. This Rx discount is offered at no additional cost, and it is not insurance.

To receive this Rx discount, members just need to visit us at reliancestandard.com/dental-vision and sign into (or create) a secure member account where they can access and print an online-only Rx discount savings ID card.

Eyewear Savings

Plan members may receive up to 10% off eyewear frames and lenses purchased at any Walmart Vision Center nationwide. Members may also bring in their current vision prescription from any vision care provider and purchase eyewear at Walmart. This savings arrangement is not insurance: it is available to members at no additional cost to their plan premium.

To receive the eyewear savings identification card, plan members can visit reliancestandard.com/dental-vision and sign-in (or create) a secure member account. Members must present the Eyewear Savings Card at time of purchase to receive the discount.

This form is a benefit highlight, not a certificate of insurance. The coverage outlined here highlights the benefits available through Reliance Standard Life, and does not include exclusions and limitations. For details on exclusions and limitations, or a complete list of covered procedures, contact your benefits coordinator.

Kelly Services

Eye Care Highlight Sheet

Plan 1: Sharper Vision Plan Summary

Effective Date: 1/1/2021

	VSP Choice Network + Affiliates	Out of Network
Deductibles		
	\$10 Exam	\$10 Exam
	\$25 Eye Glass Lenses or Frames*	\$25 Eye Glass Lenses or Frames
	Covered in full	Up to \$45
Annual Eye Exam		
Lenses (per pair)		
Single Vision	Covered in full	Up to \$30
Bifocal	Covered in full	Up to \$50
Trifocal	Covered in full	Up to \$65
Lenticular	Covered in full	Up to \$100
Progressive	See lens options	NA
Contacts		
Fit & Follow Up Exams	Member cost up to \$60	No benefit
Elective	Up to \$120	Up to \$105
Medically Necessary	Covered in full	Up to \$210
Frame Allowance	\$120**	Up to \$70
Frequencies (months)		
Exam/Lens/Frame	12/12/24	12/12/24
	Based on date of service	Based on date of service

*Deductible applies to a complete pair of glasses or to frames, whichever is selected.

**The Costco and Walmart allowance will be the wholesale equivalent.

Lens Options (member cost)*

	VSP Choice Network + Affiliates (Other than Costco)	Out of Network
Progressive Lenses	Up to provider's contracted fee for Lined Bifocal Lenses. The patient is responsible for the difference between the base lens and the Progressive Lens charge.	Up to Lined Bifocal allowance.
Std. Polycarbonate	Covered in full for dependent children	No benefit
	\$33 adults	
Solid Plastic Dye	\$15	No benefit
	(except Pink I & II)	
Plastic Gradient Dye	\$17	No benefit
Photochromatic Lenses (Glass & Plastic)	\$31-\$82	No benefit
Scratch Resistant Coating	\$17-\$33	No benefit
Anti-Reflective Coating	\$43-\$85	No benefit
Ultraviolet Coating	\$16	No benefit

*Lens Option member costs vary by prescription, option chosen and retail locations.

Monthly Rates

Employee Only (EE)	\$8.30
EE + Spouse	\$15.34
EE + Children	\$15.11
EE + Spouse & Children	\$22.87

Kelly Services

Eye Care Highlight Sheet

Additional Sharper Vision Choice Network Features

Contact Lenses Elective	Allowance can be applied to disposables, but the dollar amount must be used all at once (provider will order 3 or 6 month supply). Applies when contacts are chosen in lieu of glasses. For plans without a separate contact fitting & evaluation (which includes follow up contact lens exams), the cost of the fitting and evaluation is deducted from the allowance.
Additional Glasses	20% off additional complete pairs of prescription glasses and/or prescription sunglasses.*
Frame Discount	VSP offers 20% off any amount above the retail allowance.*
Laser VisionCare	VSP offers an average discount of 15% off or 5% off a promotional offer for LASIK Custom LASIK and PRK. The maximum out-of-pocket per eye for members is \$1,800 for LASIK and \$2,300 for custom LASIK using Wavefront technology, and \$1,500 for PRK. In order to receive the benefit, a VSP provider must coordinate the procedure.
Low Vision	With prior authorization, 75% of approved amount (up to \$1,000 is covered every two years).

Based on applicable laws, reduced costs may vary by doctor location.

Rx Savings

Our valued plan members and their covered dependents can save on prescription medications at over 60,000 pharmacies across the nation including CVS, Walgreens, Rite Aid and Walmart. This Rx discount is offered at no additional cost, and it is not insurance.

To receive this Rx discount, members just need to visit us at reliancestandard.com/dental-vision and sign into (or create) a secure member account where they can access and print an online-only Rx discount savings ID card.

Retail Chain Affiliate Providers Available With Sharper Vision

Effective January 1, 2012, retail chain affiliate providers, which include Costco® Optical and Visionworks, give members added convenience and additional retail choices. Costco Optical has 400 locations across the country, while Visionworks manages nearly 400 optical stores in 37 states and DC, including well-known stores such as EyeMasters, Visionworks, Dr. Bizer's VisionWorld, Eye DRx, and Hour Eyes, to name a few. Members enjoy a covered-in-full benefit experience with equivalent frame benefit at any of these retail chain locations.

Reliance Standard Life Insurance Company

Reliance Standard Life Insurance Company (Reliance Standard) was incorporated in 1907 as the Central Standard Life Insurance Company in Chicago, Illinois. In 1967 the administrative offices moved to Philadelphia, PA and the company was renamed Reliance Standard Life Insurance Company. Reliance Standard is domiciled in Illinois, and its headquarters remain in Philadelphia. Reliance Standard is a member of The Tokio Marine Group.

VSP Information

For more information regarding the VSP provider network or to find out more about VSP, please visit the VSP web-site at www.vsp.com.

Kelly Services

Eye Care Highlight Sheet

Customer Service

Our Customer Relations Department is open from 7 am to midnight (CST) Monday through Thursday and 7 am to 6:30 pm (CST) on Fridays. You can call toll-free at 800-497-7044. Your claim forms can be faxed in to (402) 467-7336. We will be happy to answer any questions you may have regarding a specific claim you have filed or to answer questions about benefits for eye care procedures being considered.

This form is a benefit highlight, not a certificate of insurance. The coverage outlined here highlights the benefits available through Reliance Standard Life, and does not include exclusions and limitations. For details on exclusions and limitations, or a complete list of covered procedures, contact your benefits coordinator.

Enjoy Free and Discounted Services from Experienced Lawyers



7 in 10 Households

7 in 10 households face a legal issue every year

What Legal Services Do for You

- ▶ Attorneys help with traffic tickets, bankruptcy, divorce, and spousal and child support
- ▶ Free services* include one-on-one consultations, attorney-made phone calls, help with legal documents, assistance with welfare and INS, representation in small claims court, and a Simple and Living Will
- ▶ Attorneys only charge \$125 an hour or 40% off their hourly rate, whichever is greater
- ▶ Receive 10% off all contingency-based cases
- ▶ You'll be referred to plan attorneys based on location, language, and area of law



Download the New Benefits Mobile App
844.713.2870 | MemberPortal.NewBenefits.com

**In certain situations, attorney liability may require plan attorneys to ask for a retainer prior to providing some of the free legal services.*

Create High-Quality Legal Documents with Expert Guidance



Create a Will with Ease

More than half of American adults don't have a will

What LawAssure Does for You

- ▶ Access and create high-quality, personalized legal documents, saving hundreds of dollars in attorney's fees
- ▶ Deal with legal matters wherever it's most convenient for you, even on your tablet or phone
- ▶ Securely share your documents with trusted advisors or an attorney
- ▶ Safely store and edit your documents, or export them for printing and signature

Available Legal Documents Include:

- ▶ Wills
- ▶ Powers of attorney
- ▶ Healthcare directives
- ▶ Living trusts
- ▶ Divorce paperwork
- ▶ Complaint letters
- ▶ Elder care agreement
- ▶ Premarital agreements
- ▶ Advance directive
- ▶ Child care agreement
- ▶ Leases
- ▶ Bills of sales
- ▶ Building work letters



Download the New Benefits Mobile App
844.713.2870 | MemberPortal.NewBenefits.com

**Get Free
Tax Return
Preparation
and Year-Round
Support**



Save Time and Stress

It can take about 13 hours for the average taxpayer to file their return

What Tax Hotline Does for You

- ▶ Let the experts handle your tax return preparation for free, giving you a painless and frustration-free experience
- ▶ Tax experts provide advice, planning, and audit assistance to help you avoid mistakes, penalties, and interest
- ▶ Receive discounts on other tax forms and schedules
- ▶ Get advice from tax attorneys, financial analysts, CPA's, former auditors, and/or Enrolled Agents certified by the IRS, including unlimited advice on federal taxes
- ▶ Access tax tips, tax law changes, advice, and more through an online portal



New Benefits mobile app | 844.713.2870 | MemberPortal.NewBenefits.com

Improve your Financial Health Through Live Coaching and Online Resources



#1 Stressor

Personal finance is the number one source of stress across all demographics

What Financial Wellness Does for You

- ▶ Gain a helping hand to guide you through the major financial changes and challenges you'll face throughout life, from paying for college to buying a home to managing a budget
- ▶ Accredited or Certified Financial Counselors are accessible by phone to assess issues, discuss options, and help you determine the best course of action for your situation
- ▶ The Online Financial Resource Center does the heavy lifting for research, providing a variety of vetted articles, videos, worksheets, checklists, and more to guide your financial wellness journey



Download the New Benefits Mobile App
844.713.2870 | MemberPortal.NewBenefits.com

Stay Safe on the Road with 24/7 Assistance Just a Call Away

What Roadside Assistance Does for You

- ▶ Even when the right precautions are taken, car issues can happen to anyone at any time
- ▶ Keep yourself and your family protected on the road with 24/7 assistance available for common car troubles
- ▶ Help is available for flat tires, lock-outs, dead batteries, and collisions
- ▶ Towing service is available with coverage up to \$80 per occurrence
- ▶ Roadside Assistance will also bring fuel, oil, fluid, and water



Drivers are expected to experience an average of five flat tires in their lifetime



Download the New Benefits Mobile App
844.713.2870 | MemberPortal.NewBenefits.com

Limit one service within 72 hours and five free services per year. This is not an insurance product. For a complete explanation of this benefit log on to MemberPortal.NewBenefits.com and read Terms and Conditions.

Plan Highlights

Voluntary Group Accident Insurance



Kelly Services

COVERAGE

Voluntary accident insurance provides a range of fixed, lump-sum benefits for injuries resulting from a covered accident, or for accidental death and dismemberment (if included). These benefits are paid directly to the insured and may be used for any reason, from deductibles and prescriptions to transportation and childcare.

ELIGIBILITY

Employees: Each Active Full-Time Employee except any person working on a temporary or seasonal basis.

Dependents: You must be insured in order for Dependents to be covered.

Dependents are:

- Your legal spouse.
- Your children from birth to 26 years while attending college or other school on a full-time basis
 - * includes natural children, legally adopted children, children dependent on you during the waiting period before adoption, stepchildren, and foster children. Foster children must be in your custody to be considered a Dependent.
- Your child(ren) who is incapable of self-sustaining employment by reason of intellectual disability or physical handicap and who is chiefly dependent upon you for support and maintenance

BENEFIT AMOUNT

See Full Schedule of Benefits on next page

CONTRIBUTION REQUIREMENTS

Coverage is 100% employee paid.

MONTHLY RATES

Coverage	Premiums A	Premiums B	Premiums C
Employee	\$6.73	\$10.47	\$14.16
Employee and Spouse	\$11.95	\$17.81	\$23.66
Employee & Children	\$13.59	\$20.99	\$27.97
Employee & Family	\$18.88	\$28.48	\$37.69

FEATURES

- Portability to employee age 70
- FMLA/MSLA Continuation

EXCLUSIONS

Benefits will not be paid for any loss caused by: suicide; war; air travel (except as a passenger on commercial flights); assault/felony; acute or chronic intoxication; voluntary consumption of illegal or controlled substance or prescribed narcotic or drug; or injuries arising out of or in the course of employment for wage or profit.

For a comprehensive list of exclusions and limitations, please refer to the Certificate of Insurance. The Certificate also provides all requirements necessary to be eligible for benefits.

This Plan Highlights is a brief description of the key features of the RSL insurance plan. The availability of the benefits and features described may vary by state. It is not a certificate of insurance or evidence of coverage. Insurance is provided under group policy form LRS-9547-0318, et al.

Benefits	Plan A	Plan B	Plan C
Ambulance	\$100 Ground, \$500 Air	\$150 Ground, \$750 Air	\$200 Ground, \$1,000 Air
Blood, Plasma and Platelets	\$200	\$300	\$400
Burns	To \$800 for 2nd degree burns; To \$6,400 for 3rd degree burns; Skin Graft - 25% of benefit payable for Burns	To \$1,600 for 2nd degree burns; To \$12,800 for 3rd degree burns; Skin Graft - 25% of benefit payable for Burns	To \$3,200 for 2nd degree burns; To \$25,600 for 3rd degree burns; Skin Graft - 25% of benefit payable for Burns
Chiropractic Services (Per Visit)	\$25 per session, 6 sessions maximum	\$50 per session, 6 sessions maximum	\$75 per session, 6 sessions maximum
Coma	\$5,000	\$7,500	\$10,000
Concussion	\$100	\$150	\$200
Dental Injury	\$150 for Crown; \$50 for Extraction	\$300 for Crown; \$100 for Extraction	\$450 for Crown; \$150 for Extraction
Diagnostic Exams	\$100 per CT/MRI scan	\$200 per CT/MRI scan	\$400 per CT/MRI scan
Dislocation	To \$1,600 for Non-surgical; To \$3,200 for Surgical; Partial - 25% of full dislocation; Multiple - 100% of highest dislocation benefit	To \$2,400 for Non-surgical; To \$4,800 for Surgical; Partial - 25% of full dislocation; Multiple - 100% of highest dislocation benefit	To \$3,200 for Non-surgical; To \$6,400 for Surgical; Partial - 25% of full dislocation; Multiple - 100% of highest dislocation benefit
Emergency Treatment	\$150	\$225	\$225
Epidural Anesthesia Injection	\$100 per injection, 2 maximum	\$200 per injection, 2 maximum	300 per injection, 2 maximum
Eye Injury	\$100 for removal of foreign object, \$200 for surgical repair	\$150 for removal of foreign object, \$300 for surgical repair	\$200 for removal of foreign object, \$400 for surgical repair
Fractures	To \$2,500 for Non-surgical; To \$5,000 for Surgical repair; Chip fracture: 25% of non-surgical benefit; Multiple fractures: 100% of highest sustained fracture	To \$3,750 for Non-surgical; To \$7,500 for Surgical repair; Chip fracture: 25% of non-surgical benefit; Multiple fractures: 100% of highest sustained fracture	To \$5,000 for Non-surgical; To \$10,000 for Surgical repair; Chip fracture: 25% of non-surgical benefit; Multiple fractures: 100% of highest sustained fracture
Hospital Confinement (Per Day)	\$200, 365 days maximum	\$300, 365 days	\$400, 365 days maximum
Intensive Care Unit (ICU) Confinement per Day	\$400, 30 days maximum	\$600, 30 days maximum	\$800, 30 days maximum
Initial Intensive Care Unit (ICU) Hospital Admission	\$1,000	\$1,500	\$2,250
Initial Hospital Admission	\$500	\$1,000	\$1,500
Lacerations	To \$400	To \$800	To \$1,200
Lodging (Per Day)	\$100 per day up to 30 days if more than 100 miles from residence	\$150 per day up to 30 days if more than 100 miles from residence	\$200 per day up to 30 days if more than 100 miles from residence
Medical Appliances	\$100	\$150	\$200
Organized Youth Sports Benefit	5% of the benefit Amount	5% of the benefit	5% of the benefit Amount
Paralysis	\$10,000 quadriplegia; \$5,000 paraplegia/hemiplegia	\$15,000 quadriplegia; \$7,500 paraplegia/hemiplegia	\$20,000 quadriplegia; \$10,000 paraplegia/hemiplegia
Physical Therapy (Per Session)	\$25, 6 sessions maximum	\$35, 6 sessions maximum	\$50, 6 sessions maximum
Physician Visit	\$50 Initial, \$50 Follow-up	\$75 Initial, \$75 Follow-up	\$100 Initial, \$100 Follow-up
Prosthesis	\$500 for one, \$1,000 for two or more	\$750 for one, \$1,500 for two or more	\$1,000 for one, \$2,000 for two or more
Rehabilitation Facility Confinement per Day)	\$50, 30 days maximum	\$100, 30 days maximum	\$150, 30 days maximum
Surgery	\$100 for Exploratory; \$300 for Knee Cartilage; \$1,000 for Abdominal or Thoracic; \$500 for Ruptured Disc; to \$600 Tendon, Ligament, or Rotator cuff	\$150 for Exploratory; \$450 for Knee Cartilage; \$1,500 for Abdominal or Thoracic; \$750 for Ruptured Disc; to \$900 Tendon, Ligament, or Rotator cuff	\$300 for Exploratory; \$900 for Knee Cartilage; \$3,000 for Abdominal or Thoracic; \$1,500 for Ruptured Disc; to \$1,800 Tendon, Ligament, or Rotator cuff
Transportation	\$300, if more than 100 miles from residence	\$450, if more than 100 miles from residence	\$600, if more than 100 miles from residence
X-Rays	\$25	\$50	\$75
Accidental Death Benefits			
Employee AD&D	n/a	\$25,000	\$50,000
Spouse AD&D	n/a	\$12,500	\$25,000
Child AD&D	n/a	\$5,000	\$10,000
Common Carrier	n/a	100%	100%
Accidental Dismemberment Benefits			
Single Loss	n/a	50%	50%
Multiple Loss (Catastrophic)	n/a	100%	100%
Thumb/Finger/Toe	n/a	1%	1%
2+Thumb/Finger/Toe	n/a	3%	3%
Speech	n/a	100%	100%
Wellness (Health Screening)	\$50	\$50	\$50



Better benefits at work.



Individual Short Term Disability Insurance

can replace a portion of your monthly income if you have a covered disability that keeps you from working.

How does it work?

If you become sick or injured and can't work, this insurance can replace part of your income while you recover. As long as you remain disabled, you can receive payments for up to 3 months depending on the plan you choose.†

You're generally considered disabled if you're unable to do important parts of your job — and your income suffers as a result.

Why is this coverage so valuable?

- **It's flexible:** You can use the money however you choose. It can help you pay for your rent or mortgage, groceries, out-of-pocket medical expenses and more.
- **It's affordable:** Your cost is based on your age when you buy the insurance and will not increase when you move into the next age band.*
- **It's convenient:** Your premiums are automatically deducted from your paycheck.
- **It's guaranteed:** During this enrollment you can get coverage up to the guaranteed issue amount without having to answer any health questions.



Consider your monthly expenses



Food \$ _____



Transportation
(gas, car payments, repairs) _____



Child care/elder care _____



Mortgage/rent _____



Utilities
(electric, water, cable, phone) _____



Medical costs
(co-pays, medications) _____



Insurance
(health, life, car, home) _____

Total monthly expenses \$ _____

What's covered?

This insurance may cover a variety of conditions and injuries. Here are Unum's top reasons for short term disability claims:¹

- Normal pregnancy**
- Injuries (excluding back)
- Joint disorders
- Cancer
- Digestive disorders

**Pregnancy is covered nine months after coverage becomes effective. Medical complications of pregnancy may be considered as any other covered illness subject to the pre-existing condition limitation. Monthly benefits are paid after the elimination period has been satisfied.

¹ Unum internal data, 2018. Note: Causes are listed in ranked order.

*Premiums can be changed only if they are changed on all policies of this kind in force in the state where the policy is issued.

Individual Short Term Disability Insurance

How much coverage can I get?

You	<p>You are eligible for coverage if you are an active employee* in the United States working a minimum of 15 hours per week.</p> <p>Choose a monthly benefit between \$400 and \$5,000 for covered disabilities due to injury or illness. Coverage of up to 50% of your gross monthly salary may be offered, or 40% in CA, HI, NJ, NY or RI. You may have to answer some additional health questions.</p> <p>See the Legal Disclosures for more information.</p>
------------	--

- ! You own this policy. That means you can keep the coverage if you retire or change jobs. As long as you pay your premiums on time, your coverage is guaranteed renewable until age 72.

Elimination period and benefit duration

You can choose from 0/7/3, 7/7/3 or 14/14/3 plans. The first number is the elimination period for a covered off-the-job accident. The second number is the elimination period for an illness. And the third number is your benefit duration.

Elimination period is the number of **days** that must pass between your first day of a covered accident or illness and the day you can start receiving disability benefits.

Benefit duration is the number of **months** you could receive benefits while you are disabled.

Example benefit and monthly rates for 14/14/3 plan

Monthly income range	Monthly Benefit	Age 17-49	Age 50-69
\$601-\$800	\$400	\$10.01	\$12.05
\$1,001-\$1,200	\$600	\$15.04	\$18.07
\$1,401-\$1,600	\$800	\$20.02	\$24.10
\$1,801-\$2,000	\$1,000	\$25.01	\$30.12
\$2,201-\$2,400	\$1,200	\$30.03	\$36.14
\$2,601-\$2,800	\$1,400	\$35.02	\$42.17
\$3,001-\$3,200	\$1,600	\$40.00	\$48.19
\$3,401-\$3,600	\$1,800	\$45.03	\$54.21
\$3,801-\$4,000	\$2,000	\$50.01	\$60.24
\$4,801-\$5,000	\$2,500	\$62.53	\$75.27
\$5,801-\$6,000	\$3,000	\$75.01	\$90.31

Costs are based on your age when coverage becomes effective.

In CA and NY, maximum issue age is 64.

In CA, HI, NJ, NY or RI the maximum benefit percentage is 40%.

Rates vary in CA, MI and VT.

Plan design and rates vary in New York.

† A three-month benefit period is not available in CA, ID, NJ and VT.



Individual Short Term Disability Insurance

Exclusions and limitations

Definition of total disability

- During the first two years of disability you are unable to perform the duties of your occupation, are not engaged in any other occupation and are under a physician's care.
- After the second year of disability, if applicable, you are unable to perform the duties of any occupation which you are fitted by education, training or experience, and are not engaged in any other occupation and under a physician's care.

Definition of total disability (in California)

- During the first two years of your disability due to Sickness or Injury You are unable to perform with reasonable continuity the Substantial and Material Acts necessary to pursue Your Usual Occupation in the usual or customary way.
- After benefits have been paid for two years, as a result of Sickness or Injury You are not able to engage with reasonable continuity in any occupation in which You could reasonably be expected to perform satisfactorily in light of Your age, education, training, experience, station in life, and physical and mental capacity.

Coverage effective date

Coverage becomes effective on the first day of the month in which payroll deductions begin. You will receive the plan and coverage amount applied for on the application, unless it is determined to be unacceptable under the underwriting company rules, limits or standards. In such event, the plan and coverage amount may be modified or declined.

Pre-existing conditions

Benefits for a disability due to a pre-existing condition will not be paid if that disability begins within 12 months of your coverage effective date. A pre-existing condition is defined in the policy as a condition for which symptoms existed that would cause a person to seek treatment from a physician or for which they were treated or received medical advice from a physician, or took medicine, within 12 months (six months for those 65 and older in Texas) before the coverage effective date.

Review your policy as this exclusion may not apply.

Waiver of premium

Premium may be waived after 90 days of total disability, or after the elimination period if longer than 90 days. Premiums may be waived for as long as the disability continues, as defined in the policy, but not beyond the maximum benefit period. For premiums to be waived, your total disability must be the result of a covered accident or a covered sickness.

Mental illness rider coverage

All VT and CA policies will automatically receive the Mental Illness Rider. Coverage will be provided at 100% of the base benefit amount.

Limitations & exclusions

Benefits will not be paid for losses caused by or occurring as the result of:

- War or act of war, whether declared or undeclared;
- Riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- Operating, learning to operate, serving as a crew member of or jumping or falling from any aircraft, including those which are not motor-driven. This does not include flying as a fare-paying passenger;
- Engaging in hang-gliding, bungee jumping, parachuting, sailgliding, parasailing or parakiting or any similar activities;
- Participating or attempting to participate in an illegal activity and/or being incarcerated in a penal institution;
- Committing or trying to commit suicide or injuring yourself intentionally, whether you are sane or not;
- Addiction to alcohol or drugs, except for drugs taken as prescribed by your physician;
- Having a pre-existing condition as described and limited in this policy (review your policy as this exclusion may not apply);
- Practicing for or participating in any semi-professional or professional competitive athletic contest for which you receive any type of compensation or remuneration;
- Having a psychiatric or psychological condition including but not limited to affective disorders, neuroses, anxiety, stress and adjustment reactions. However, Alzheimer's disease and other organic senile dementias are covered under this policy;
- Having a work-related injury, unless an on-job total disability benefit is shown on the policy schedule;
- Giving birth within the first nine months after the coverage effective date as the result of a normal pregnancy, including Cesarean. Complications of a pregnancy will be covered to the same extent as any other covered sickness. Does not apply in KS and OK. Review your policy as this exclusion may not apply.

Termination provisions

This policy will terminate on the earliest of the following:

- Written request by you to terminate this policy;
- Failure to pay the premiums for this policy, subject to the grace period allowed;
- The policy anniversary on or next following your 72nd birthday;
- Your death.

In New York the following applies:

This policy provides disability income insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services. The expected benefit ratio for this policy is 50%. This ratio is the portion of future premiums which the company expects to return as benefits, when averaged over all people with this policy.

Renewability

Your policy is guaranteed renewable to the policy anniversary on or next following your 72nd birthday. Your premium can be changed only if we change it on all similar policies in force in the state of New York.

Coverage effective date

Coverage becomes effective on the date shown in your policy schedule. You will receive the plan and coverage amount applied for on the application, unless it is determined to be unacceptable under Unum rules, limits or standards. In such event, the plan and coverage amount may be modified or declined.

Pre-existing condition

A pre-existing condition means having a sickness or physical condition for which medical advice or treatment was recommended by or received from a physician within 12 months before the coverage effective date. Review your policy as this exclusion may not apply.

Definition of total disability

During the first two years of disability, totally disabled or disabled means you are unable to work at your job and are not, in fact, working at any job for pay or benefits and are under the care of a doctor.

After the first two years of disability, if applicable, totally disabled means you are:

- Unable to work at any job for which you are qualified by reason of education, training or experience;
- Not, in fact, working at any job for pay or benefits; and
- Under the care of a doctor.

Under the care of a doctor means that you are being cared for on a regular basis by a doctor unless the doctor states that continued treatment would be of no benefit to you.

If you become disabled because of a pre-existing condition, we will not pay for any disability period if it begins during the first 12 months the policy is in force.

If you become totally disabled, and you become totally disabled again for the same or related condition within six months after you return to work, we will treat this disability as the same disability. This means that the length of time shown for the benefit period and elimination period for total disability in the policy schedule will not start over as it will for disabilities caused by different covered accidents or sicknesses. If more than six months separates periods of disability, the elimination period shown in the policy schedule would again have to be satisfied. At that point, the full benefit period shown in the policy schedule would again be available to you.

We will pay benefits for only one disability at a time even if it is caused by more than one injury, more than one sickness or an injury and a sickness.

As long as premium continues to be paid, this coverage will end on the policy anniversary on or following your 72nd birthday.

Limitations & exclusions

Benefits will not be paid for losses caused by or occurring as the result of:

- War or any act of war, declared or undeclared;
- Operating, learning to operate or serving as a crew member of any aircraft, including those which are not motor-driven;
- Participating or attempting to participate in a felony, riot or insurrection;
- Committing or trying to commit suicide or injuring yourself intentionally;
- Addition to alcohol or drugs, except for drugs taken as prescribed by your physician;
- Having a pre-existing condition as described and limited by this policy;
- Having a mental or emotional disorder. However, Alzheimer's disease and other organic senile dementias are covered under this policy;
- Giving birth within the first nine months after the coverage effective date as the result of a normal pregnancy, including Cesarean. Complications of a pregnancy will be covered to the same extent as any other covered sickness.

We will not pay benefits for losses occurring while traveling outside the territorial limits of the United States or its possessions, Canada or Mexico.

Eligible employees must be actively at work to apply for coverage. Being actively at work means on the day the employee applies for coverage, the individual must be working at one of his/her company's business locations, or the individual must be working at a location where he/she is required to represent the company. If applying for coverage on a day that is not a scheduled workday, the employee will be considered actively at work as of his/her last scheduled workday. Employees are not considered actively at work if they are on a leave of absence.

Employees must be U.S. or Canadian citizens, or have a green card, to receive coverage.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form L-21776, FUL-21841 or L-21820-CA or contact your Unum representative.

Unum complies with state civil union and domestic partner laws when applicable.

Underwritten by:

Provident Life and Casualty Insurance Company, Chattanooga, TN
First Unum Life Insurance Company, New York, New York

© 2019 Unum Group. All rights reserved. Unum is a registered trademark and marketing brand of Unum Group and its insuring subsidiaries.

Plan Highlights

Voluntary Group Critical Illness Insurance



Kelly Services

Coverage

Voluntary critical illness insurance provides a fixed, lump-sum benefit upon diagnosis of a critical illness, which can include heart attack, stroke, paralysis and more. These benefits are paid directly to the insured and may be used for any reason, from deductibles and prescriptions to transportation and child care.

Eligibility

Employees: Each Active Full-Time Employee except any person working on a temporary or seasonal basis.

Dependents: You must be insured in order for Dependents to be covered.

Dependents are:

- ▶ Your legal spouse or your domestic partner.
Spouse must be under age 70 at date of application.
Coverage terminates at age 75.
- ▶ Your dependent children* from birth to 26 years.
*An eligible employee's child(ren) from birth to 26 years, including natural children, legally adopted children, children who are dependent on the eligible employee during the waiting period before adoption, stepchildren, and foster children. Foster children must be in the custody of the eligible employee to be considered a Dependent; and an eligible employee's child(ren) beyond the limiting age who is incapable of self-sustaining employment by reason of intellectual disability or physical handicap and who is chiefly dependent on the eligible employee for support and maintenance.

A person may not have coverage as both an Employee and Dependent.

Benefit Amount

Employee: Option of \$10,000, \$20,000 or \$30,000.

Spouse: 50% of Employee Amount

Dependent child(ren): 50% of Employee Amount

Guaranteed Issue

Employee: \$30,000

Spouse: \$15,000

Child: All child amounts are guaranteed issue

Benefit Reduction Due to Age

(applicable to employee/spouse coverage)

Age	Original Benefit Reduced to:
70	50%

Contribution Requirements

Coverage is 100% employee paid.

RELIANCE STANDARD
A MEMBER OF THE TOKIO MARINE GROUP

www.reliancestandard.com

Reliance Standard Life Insurance Company is licensed in all states (except New York), the District of Columbia, Puerto Rico, the U.S. Virgin Islands and Guam. In New York, insurance products and services are provided through First Reliance Standard Life Insurance Company, Home Office: New York, NY. Product features and availability may vary by state.

Features

DIAGNOSIS ADULT	BENEFIT
Benign Brain Tumor	100%
Carcinoma in Situ	25%
Coma	100%
Coronary Disease	25%
Heart Attack	100%
Life Threatening Cancer	100%
Major Organ Failure	100%
Paralysis	100%
Loss of Sight	100%
Ruptured Cerebral; Carotid or Aortic Aneurysm	100%
Skin Cancer-Partial Benefit	5%
Stroke	100%

- ▶ Lifetime Maximum Benefit – 1,000% of Insurance Amount
- ▶ Subsequent Occurrence Benefit – 100% of benefit if diagnosed 3 months or later
- ▶ Recurrence Benefit (Same Illness) – 100% if diagnosed 12 months or later
- ▶ FMLA / MSLA Continuation
- ▶ Portability to employee age 70

Exclusions

A benefit will not be paid if the Critical Illness is caused by or contributed to by one of the following: an act of war, declared or undeclared; intentionally self-inflicted Injury; commission or attempted commission of a felony; the use of alcohol or drugs unless taken as prescribed by a Physician; a Sickness or Injury that occurs while confined in a penal or correctional institution; cosmetic or elective surgery that is not medically necessary; committing or attempting to commit suicide while sane or insane; participation in a riot or insurrection; for a Critical Illness Diagnosed outside of the US unless confirmed within the US; for a Critical Illness which is Diagnosed during the Benefit Waiting Period; for a Critical Illness that follows a different Critical Illness Diagnosis for which a benefit has been paid, within a shorter time period than reflected under Features. (Subsequent Occurrence); and for the same Critical Illness for which a benefit has been paid, if it is Diagnosed within a shorter time period than reflected under Features. (Recurrence).

For a comprehensive list of exclusions and limitations, please refer to the Certificate of Insurance, which also provides all requirements necessary to be eligible for benefits.

This Plan Highlights is a brief description of the key features of the RSL insurance plan. The availability of the benefits and features described may vary by state. It is not a certificate of insurance or evidence of coverage. Insurance is provided under group policy form LRS-9537-0118, et al.



Amalgamated Life

Group • Stop Loss • Voluntary

Portable Term Life Insurance

15
YEAR
TERM

15
YEAR
TERM

15
YEAR
TERM

Amalgamated Life Insurance Company is committed to providing high quality insurance solutions for today's workforce. Our Portable Term Life Insurance policy will protect you and your family over a specific time period. It can supplement both permanent coverage and employer paid life insurance.

Attractive Features and Benefits

- Available in face amounts from \$10,000 to \$300,000, not to exceed ten times your annual employment income
- Family coverage (spouse and children)
- **Guaranteed Issue*:**
 - Employee: up to \$50,000 with no participation requirement; Up to \$300,000 not to exceed 10x annual income once 10% participation is met
 - Spouse: up to \$10,000 with no participation requirement; \$50,000 with 10% participation (Employee must enroll)
 - Children: \$5,000 with no participation requirement; \$10,000 with 10% participation (Employee must enroll)
- Competitively-priced, guaranteed premiums that do not increase during the policy term
- **Level Death Benefit** - 15 year term: a reduction schedule applies at age 70
- **Portability** - coverage goes with you if you change jobs or retire with no change in the cost or coverage
- **Accelerated Death Benefit Rider** - Included at no extra premium cost. This very important feature allows a portion of the policy's death benefit to be paid before the death of the insured with certification from a licensed physician that the insured, because of any illness, has a life expectancy of no more than 12 months
- **Accident Insurance Death & Dismemberment Rider** - Included at no extra premium cost. This benefit provides additional death benefit to the beneficiary should the insured's death occur as a direct result of an accidental injury as defined in the rider. The dismemberment benefit is based on loss of hand(s), foot/feet, sight, speech & hearing and paralysis as defined in the rider

- Over 75 Years in Operation
- AM Best A "Excellent" Rating

75+





How much term life insurance is needed?

The recommended formula is ten times one's annual income. Term insurance is not a replacement for permanent whole life insurance which meets additional financial goals.

Life Insurance...How Much Do I Need?

- | | |
|--|--------------|
| 1) Funeral Expenses
(US average is \$7,000-10,000+)** | \$ _____ (1) |
| 2) Multiple of annual income that you wish
to have provided if your spouse passed | \$ _____ (2) |
| 3) Annual expenses beyond cost of living
(ex. tuition, child or elder care) | \$ _____ (3) |
| 4) Total estimate of your family's needs
(add lines 1 through 3) | |

Total \$ _____

**Source: AARP. Funeral and Burial Costs, 2014.

Your death benefit as applied for is \$ _____ Your weekly premium is \$ _____

Your spouse's death benefit as applies for is \$ _____ Weekly premium for spouse is \$ _____

Your children's term/whole life death benefit as applied for is \$ _____ Weekly premium for you children is \$ _____

Total Weekly Premium \$ _____

About Amalgamated Life

Amalgamated Life Insurance Company is a leading provider of life and health insurance serving working men and women since 1943. Amalgamated Life has consistently earned the "A" (Excellent) rating from A.M. Best Company since 1975, attesting to our proven policies and procedures, adherence to the industry's highest standards and strong fiscal condition. Amalgamated Life is licensed in 50 states and the District of Columbia.

- The information in this brochure is in an abbreviated form only. The actual coverage and amounts are subject to all terms, limitations and exclusions in the policy. If the information in this brochure differs from the policy, the terms of the policy will govern.
- For specific information regarding features and benefits on Amalgamated Life's Portable Term Life Insurance policy, call 866-975-4089. Consider attending the next Open Enrollment Session at your organization.

Call center hours:

Monday thru Thursday 8am-8pm EST
Friday 8am-6pm EST.
Saturday 9am-2pm EST



#W-PTL-B-2-20

*Starting with any new eligibles 2/1/2021 or after

Policy Form ALGLTP-18**

**Features & form numbers may vary by state.

Amalgamated Life Insurance Company

333 Westchester Avenue, White Plains, NY 10604

866.975.4089

www.amalgamatedbenefits.com



Whole Life Insurance

can pay money to your family if you die. It can help them with basic living expenses, final arrangements, tuition and more.

How does it work?

You can keep Whole Life Insurance as long as you want. Once you've bought coverage, your cost won't increase as you age. The benefit amount stays the same, too — it doesn't decrease as you get older. That means you get protection during your working years and into retirement.

Whole Life Insurance also earns interest, or "cash value," at a guaranteed rate of 4.5%.^{*} You can borrow from that cash value, or you can buy a smaller, paid-up policy — with no more premiums due.

What's included?

A "Living" Benefit

You can request an early payout of your policy's death benefit (up to \$150,000 maximum) if you're expected to live 12 months or less, 24 months in Illinois, Kansas, Massachusetts or Washington. It would reduce the benefit that's paid when you die.

Long Term Care Rider

You may be able to use your death benefit to pay for long term care. Subject to rider conditions. See your plan administrator for more information.

Who can get coverage?

You:	You can purchase up to a maximum benefit amount of \$300,000, if you're between 15 and 80 years old. The cost is based on your age when coverage is issued and whether you use tobacco.
Your spouse: Individual coverage	Available for your spouse between the ages of 15 to 80, even if you don't purchase coverage for yourself. If you leave your employer, you can keep this coverage and be billed at home. You can purchase up to a maximum benefit amount of \$75,000. The cost is based on your spouse's age and whether they use tobacco.
Your children: Individual coverage	Your children can have individual coverage, even if you don't get coverage for yourself. If you leave your employer, your children can keep their coverage. You can purchase a benefit amount of up to \$50,000 for each child.

Why should I buy coverage now?

- It's more affordable when you're younger. Once you've bought coverage, your cost stays the same as long as you keep it.
- The cost is conveniently deducted from your paycheck.
- Whole life gives you valuable protection in addition to any term life insurance you might have.

What else can I add?

An Accidental Death Benefit

This increases the payment your family would receive if you die from a covered accident before age 70.

- Available for you and your spouse, age 15-65
- Doubles the death benefit, which could add up to \$150,000 extra coverage

This option will increase your cost.

Whole Life Insurance

Sample coverage amounts**

Lifetime premium

You'll have coverage as long as you make your payments. Your premiums are spread out over your lifetime.

\$15,000 coverage		
Issue age	Weekly cost	Guaranteed cash value at 65
25	-	-
35	\$3.87	\$4,673
45	\$6.48	\$3,815

\$35,000 coverage		
Issue age	Weekly cost	Guaranteed cash value at 65
25	\$5.87	\$12,146
35	\$9.02	\$10,905
45	\$15.11	\$8,902

\$55,000 coverage		
Issue age	Weekly cost	Guaranteed cash value at 65
25	\$9.22	\$19,086
35	\$14.17	\$17,136
45	\$23.75	\$13,989

**Sample amounts shown are for non-tobacco users.

Cash values may vary for policies effective prior to 1/1/2020.

When you buy life insurance, you name the people who will receive the money from the policy when you die. These people are called beneficiaries. Unum will pay benefits to the beneficiaries in one lump sum; however, if a beneficiary is a minor (typically younger than 18, but this may vary by state) and no financial guardian has been appointed, the benefits will be paid to that minor through a Unum Retained Asset Account.

A Unum Retained Asset Account is a fund held in Unum's general account for the named minor beneficiary. The account accrues interest regardless of Unum's actual investment performance, and, while not FDIC insured, the account funds are fully guaranteed by Unum. For more information about the retained asset account, please contact Unum.

*The policy accumulates cash value based on a non-forfeiture interest rate of 4.5% and the 2017 CSO mortality table. The cash value is guaranteed and will be equal to the values shown in the policy. Cash value will be reduced by any outstanding loans against the policy. Eligible employees must be actively at work to apply for coverage. Employees are not considered actively at work if they are on a leave of absence.

Employees must be U.S. citizens, Canadian citizens working in the U.S., or have a Green Card to receive coverage.

Effective date of coverage

Your coverage will be effective on the first day of the month in which payroll deductions begin.

Exclusions

Life Insurance benefits will not be paid for deaths caused by suicide. If within two years (12 months in ND) from the policy effective date, the insured commits suicide, whether sane or insane, Unum will not pay the death benefit. The amount payable by us in place of all other benefits, shall be the sum of premiums paid, without interest, less the sum of any debt and the cost of any riders.

Termination of coverage

All coverage under this policy will terminate on the earliest of the following:

- Written request by you to terminate the policy;
- The insured dies;
- The policy matures; or
- The loan value exceeds the guaranteed cash value of this policy.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details

Underwritten by:

Provident Life and Casualty Insurance Company, Chattanooga, TN

First Unum Life Insurance Company, New York, New York

© 2020 Unum Group. All rights reserved. Unum is a registered trademark and marketing brand of Unum Group and its insuring subsidiaries.

of coverage and availability, please refer to Policy Form L-21848 or FUL-21848 in New York et al. or contact your Unum representative.

Unum complies with state civil union and domestic partner laws when applicable.

If you weather a serious disability, could your finances ride out the storm?

Unum's Long Term Care (LTC) Rider can help you protect your savings.

Protecting long term plans

Marcia's savings are modest, but she's worked hard for every penny. She wants to travel to Italy, pay for her daughter's wedding, and leave something behind for those she loves. But she's seen how quickly the cost of long term care can deplete a lifetime of savings. She wants to make sure a traumatic accident or illness won't threaten her nest egg.

Benefits for the long haul

Thanks to modern medicine, people are now living longer and surviving very serious health problems. But that can mean long term treatment in a nursing home or assisted living facility. And the same care that saves your life can devastate your savings.

You may be surprised to learn that this care isn't covered by health or other insurance policies. Or that waiting for "later" to buy a long term care policy may make things worse. In fact, the younger you are, the less expensive this coverage is.

By adding a Long Term Care Rider to your Life Insurance policy, you can help protect your savings from being drained by this expensive care. Most importantly, this coverage allows you to use the benefit whether you receive care at home, or in a long term care facility, an assisted living facility, an adult day care, or a nursing home.

How to apply) To learn more, watch for information from your employer.

How long term care benefits work

Here is an example of how this LTC rider can help you finance a period of long term care. This illustration is based on an insured individual who has a \$25,000 Life Insurance policy.*

HIGHLIGHTS	
BASE RIDER — Employer-selected	
LTC pays 6% monthly benefit for either LTC facility benefit or assisted living facility benefit. Payments reduce the death benefit until exhausted (approximately 16 months).	\$1,500 per month
Restoration Benefits Rider** — Employee-selected	
This rider restores 100% of the policy's specified amount (face amount), death benefit and cash value.	\$25,000 death benefit

* Assumes there are no outstanding policy loans.

** The Restoration Benefits Rider is not available with Voluntary Individual Universal Life policies. It is also not available with the Whole Life paid-up-at-70 option. See back for details.

Get the coverage you need.

Here are the advantages of our Long Term Care Rider:

- Available at initial offering to employees and spouses ages 15 to 70. All newly eligible adult policies will automatically receive the Long Term Care Rider.
- Available with policy's specified amount (face amount) of at least \$10,000.
- For long term care facility, nursing home care or assisted living facility, provides a maximum monthly benefit that is the lesser of:
 - 6% of the death benefit, less any policy debt at the end of the waiting period, or
 - \$3,000.
- For home health care or adult day care, provides a maximum monthly benefit that is the lesser of:
 - 4% of the death benefit, less any policy debt at the end of the waiting period;
 - your actual monthly expenses; or
 - \$1,500.
- Benefits are payable once you have been receiving long term care for 90 days, subject to the conditions of the rider.
- If you are receiving benefits, you don't have to pay the policy's monthly premiums, even if your policy does not have the Waiver of Premium Rider.
- The benefit period maximum is 100% of the death benefit, less any policy debt at the end of the waiting period for each benefit period.
- The cost is based on your age at issue and whether you use tobacco.
- The rider is tax-qualified, which means that any benefits you receive will not be taxed.†

For Whole Life coverage, the following option may be available for employees and spouses age 15-50:

You can pay an adjusted premium, so your policy will be paid up by age 70. Your Life coverage and Long Term Care coverage will continue as long as you keep your Life policy. (The Restoration Benefits Rider is not available with this option.)

Additional Long Term Care Rider Restoration Benefits Rider

- Restores 100% of the policy's specified amount (face amount), death benefit and cash value.
- Policy values reduced under the Long Term Care Benefit Rider will be restored one time.
- Not available with Voluntary Individual Universal Life policies.

See your outline of coverage for additional details.

† Under current tax laws.

Unum complies with all state civil union and domestic partner laws when applicable.

This information is not intended to be a complete description of the insurance coverage available. The coverage may vary or be unavailable in some states. The coverage has exclusions and limitations that may affect any benefits payable. For complete details of

coverage and availability, please refer to the Long Term Care rider and to policy form L-21848, L-21848-70, L-21825 or contact your Unum representative.

Underwritten by: Provident Life and Accident Insurance Company, Chattanooga, Tennessee

unum.com

© 2015 Unum Group. All rights reserved. Unum is a marketing brand and registered trademark of Unum Group and its insuring subsidiaries



SMART • SIMPLE • SEAMLESS
**InsureTech
Enrollment Solution**



Next Steps



To review benefits, accept or waive coverage:

**Scan the QR-Code
or visit enrollvb.com/kelly**

Log-in using your **ALT ID*** and **date of birth**.
No health questions are required and acceptance is guaranteed within plan parameters.

What is an ALT ID* and where can I find it?

The ALT ID is a unique identifying ID number, located in the box to the right of your name and address on your paystub or on the ePaystub enrollment e-mail. If you don't have access to your ALT ID, contact the Kelly Employee Field Service Center at 1-866-KELLY-4U (1-866-535-5948).

If you are a **Teachers On Call** employee please go to www.enrollvb.com/toc to enroll.



NEED ADDITIONAL SUPPORT? CONTACT US.

We are here to help. Our Support Team is ready to answer any of your questions and requests between 8am and 6pm.

email: support@enrollvb.com or call: **(770) 777-9522**