

2026

Employee Benefit Guide



The Community Solution EDUCATION SYSTEM

For eligible employees of The Community Solution Education System

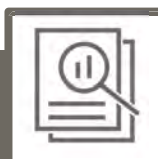




Contents

- Disclaimer.....
- Overview of Offered Benefits.....
- Eligibility for Benefits... ..
- When Coverage Begins and Ends.....
- Electing Benefits.....
 - Benefit Election Deadline
 - Qualifying Life Events and Changing Your Elections... ..
- Dependent Coverage
- COBRA Continuation
- Paying for Your Benefits... ..
 - Paying for Domestic Partner and Civil Union Partner Coverage
- Medical Benefits... ..
 - Health Maintenance Organizations (HMO)... ..
 - High Deductible Health Plan (HDHP).....
 - Participating Provider Organizations (PPO)... ..
 - Deductibles and Out-of-Pocket Limits.....
 - Co-pays and Coinsurance
 - Prescription Coverage
- Health Savings Account... ..
 - Medicare and HSA Participation... ..
 - How Can HSA Funds be Used?... ..
- Medical Flexible Spending Account.....
- Dependent Care Flexible Spending Account.....
- Commuter Spending Accounts.....
- Voluntary Dental Benefits.....
- Vision Benefits.....
- Life and Accidental Death & Dismemberment Insurance.....
- Disability Income Protection... ..
 - Short-Term Disability... ..
 - Long-Term Disability... ..





403(b) Retirement Plan.....

Employee Assistance Program.....

Allstate Benefits.....

Benefit Advocate Center.....

Resource Guide... ..

Contact Information

Disclaimer

This document is an outline of the coverage proposed by the carrier(s), based on information provided by them. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request.

The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed to your human resources department.

For more information about each of the benefit plans, visit the Benefits app in Workday or contact your Human Resources Department.

Overview of Offered Benefits

The Community Solution and your employer are proud to offer a comprehensive benefit package to eligible full-time and part-time employees. The complete benefit package is briefly summarized in this overview.

You share the costs of some benefits and your employer may provide other benefits at no cost to you. In addition, you may be eligible to enroll in voluntary life insurance at reasonable group rates through payroll deductions, and a 403(b) retirement plan to which you may contribute.

You Share the Cost with Your Employer	Your Employer pays 100% of the Cost	You Pay 100% of the Cost
Medical Voluntary Dental Vision	Basic Employee Life and AD&D* Short Term Disability* Long Term Disability* Employee Assistance Program 403(b) Employer Contributions	Healthcare Flexible Spending Account Dependent Daycare Flexible Spending Account Health Savings Account Voluntary Life and AD&D Insurance* 403(b) Deferrals Critical Illness Whole life Accident

*Part-time employees are ineligible

Eligibility for Benefits

Your eligibility for each of the benefits summarized in this Benefit Overview depends on your employment type and your employer. Student workers are ineligible for any benefits except those who work in Washington, D.C. -- they are eligible to participate in the Commuter Spending Accounts. The chart below lists each benefit and the employment types that qualify for each.

Benefit Plan	Regular Full Time (employees regularly scheduled to work 30+ hours/week)	Regular Part Time (employees regularly scheduled to work 20+ hours/week)
Medical	√	Employee Only
Voluntary Dental	√	Employee Only
Vision	√	Employee Only
Flexible Spending Accounts	√	√
Health Savings Account	√	√
Commuter Spending Accounts	√	√
Basic and Voluntary Life and AD&D	√	
Short and Long Term Disability	√	
403(b) Retirement Plan	√	√
Employee Assistance Program	√	√

When Coverage Begins and Ends

When you are hired or first become eligible for benefits, you have 30 calendar days to make your elections. In order to be covered by most benefits, you must elect to participate in them. All your elections must be made in Workday. Coverage generally will continue while you remain an active, eligible employee. The chart below shows you which benefits are automatic, when coverage begins, and when coverage ends.

Benefit Plan	Enrollment Deadline	Coverage Begins	Coverage Ends
Medical Voluntary Dental Vision	30 calendar days from your hire or eligibility date	1 st of the month following your hire or eligibility date	Last day of the month in which your employment or eligibility ends
Healthcare Flexible Spending Account Dependent Daycare Flexible Spending Account	30 calendar days from your hire or eligibility date	1 st of the month following your hire or eligibility date	The day that your employment or eligibility ends
Health Savings Account	You may elect to contribute at any time, as long as you meet the eligibility requirements	Contributions will begin with the next available paycheck following your election	Contributions continue until you change them, until the end of the plan year, or until your employment or eligibility ends, whichever occurs first
Basic Life and AD&D Insurance Voluntary Life and AD&D Insurance* Short and Long Term Disability	n/a – enrollment is automatic	1 st of the month following your hire or eligibility date	The day that your employment or eligibility ends
403(b) Employee Contributions	n/a – enrollment is automatic but you may opt out or change your contributions at any time	Approximately 45 days following your hire or eligibility date	The day that your employment ends
403(b) Employer Contributions	n/a – enrollment is automatic	After one year of service in which you work at least 1,000 hours	The day that your employment ends
Employee Assistance Program	n/a – enrollment is automatic	1 st of the month following your hire date	Last day of the month in which your employment ends

*Voluntary Life and AD&D Insurance coverage amounts that require a medical health statement will not be effective unless The Standard approves coverage.

Electing Benefits

You must elect benefits in order to participate in them, although some are automatic (see the chart in the section titled “When Coverage Begins and Ends”). There are deadlines for enrolling and, once those deadlines have passed, your ability to make changes to your elections during the plan year is limited.

Benefit Election Deadline

When you are hired or first become eligible for benefits, you have 30 calendar days to make your elections. In order to be covered by most benefits, you must elect to enroll for them. When your 30-day election period ends you may not change your benefit elections (or enroll in benefits) until the next annual enrollment period or if you experience a qualifying life event that permits benefit changes.

The benefit elections that you make will generally stay in effect for the remainder of the plan year, or until your eligibility changes, whichever occurs first. Our benefit plan year is January 1 – December 31.

The 30-day election period does not apply to 403(b) deferrals, commuter spending account elections, or health savings account elections.

Qualifying Life Events and Changing Your Elections

If you experience certain life events during a plan year, you may be permitted to change some of your benefit elections. You have 30 calendar days from the date that the life event occurs to make changes. If you do not change your elections within the 30-day period, you must wait until the next annual enrollment period to make changes.

Here is a list of some of the types of qualifying life events:

- Gaining a dependent through birth, marriage, adoption, etc.
- Losing a dependent through death, divorce, or reaching the limiting age (26)
- Starting or losing other coverage, such as through a job change.
- Enrolling in Medicare or Medicaid

If you are not sure if you've had a qualifying life event, contact your Human Resources department for assistance.

You must make your election changes in Workday and you will be required to upload supporting documentation. For example, if you have married and are enrolling your new spouse, you must upload a copy of your marriage certificate which shows the date of your wedding.



Dependent Coverage

If you are an employee who is regularly scheduled to work at least 30 hours per week, you may elect coverage for you and your eligible dependents under the Medical, Dental, Vision, and Voluntary Spouse and Child Life insurance plans.

Eligible dependents include your spouse, domestic partner, civil union partner, and children under age 26, regardless of their student status.

If you are enrolling your dependents for the first time, or enrolling a new dependent, you must provide proof of eligibility. The chart below lists the documents that are accepted as proof of eligibility for each dependent type.

Employees who are regularly scheduled to work 20-29 hours per week are eligible for employee-only coverage under the Medical, Dental, and Vision plans.

Eligible Dependent Type	Required Documentation
Legal Spouse	Marriage Certificate; or If the most recent IRS Form 1040 was filed jointly, a copy of the first page (black out the financial information before uploading)
Legal Civil Union Partner	Civil union certificate
Same- or Opposite-Sex Domestic Partner	State-issued domestic partner registration certificate (if available in your state); or The Community Solution Affidavit of Domestic Partnership
Biological Child	Birth certificate that shows the employee or qualifying partner as a parent; or If the child was claimed as a dependent on the employee's most recent IRS Form 1040 filing, a copy of the first page (black out the financial information before uploading)
Adopted Child	Official adoption paperwork that shows the employee or qualifying partner as a parent; or If the child was claimed as a dependent on the employee's most recent IRS Form 1040 filing, a copy of the first page (black out the financial information before uploading)
Stepchild	Birth certificate that shows the employee's spouse or qualifying partner as a parent; and The marriage certificate/domestic partner certificate/civil union certificate between the employee and the child's parent; or If the child was claimed as a dependent on the employee's most recent IRS Form 1040 filing, a copy of the first page (black out the financial information before uploading)
Legal Guardianship of Child	Court order showing that the employee and/or the employee's spouse or partner is the legal guardian of the child; and The marriage certificate/domestic partner certificate/civil union certificate between the employee and the child's parent
Incapacitated Child (age 26 or older)	Contact your Human Resources Department for appropriate form

COBRA Continuation

The Consolidated Omnibus Budget Reconciliation Act (COBRA) grants former employees, retirees, spouses, former spouses, and dependent children the right to temporary continuation of health coverage (medical, dental, vision, and healthcare FSA) at group rates. This coverage, however, is only available when coverage is lost due to certain specific events.

Group health coverage for COBRA participants is usually more expensive than health coverage for active employees, since usually your employer pays a part of the premium for active employees while COBRA participants generally pay the entire premium themselves. It may be less expensive, though, than individual health coverage.

The table below provides a list of COBRA-qualifying events and which covered people are affected.

COBRA-Qualifying Event:	Applies to:		
	Employee	Spouse	Child
Voluntary or involuntary termination of employment for reasons other than gross misconduct	√	√	√
Reduction in the number of hours of employment	√	√	√
Covered employee's becoming entitled to Medicare		√	√
Divorce or legal separation of the covered employee		√	√
Death of the covered employee		√	√
Loss of dependent child status under the plan rules			√

Paying for Your Benefits

You will pay for your benefits via payroll deductions from each of your bi-weekly paychecks. Many of the benefits you enroll in will be paid for on a pre-tax basis. This means that premiums are withheld from your pay before federal, state (in most cases), and FICA taxes are calculated.* This might reduce the amount of taxes you pay per paycheck.

Premiums may be deducted retroactively to the coverage begin date. For example, if you were hired on March 26, but didn't enroll in your benefits until April 16, you will have missed paying for your benefits from one paycheck. Your next paycheck, therefore, will have two paychecks' worth of benefit premiums and/or contributions withheld. Retroactive deferrals to the 403(b) plan are not permitted.

You are responsible for reviewing your paystubs each pay period to ensure that the correct deductions are being taken from your pay, and to notify your Human Resources department immediately if you believe a correction needs to be made.

Benefits that are withheld on a pre-tax basis	Benefits that are withheld on a post-tax basis
Medical* Voluntary Dental* Vision* Healthcare Flexible Spending Account Dependent Daycare Flexible Spending Account Health Savings Account 403(b) Retirement Plan Salary Deferrals Commuter Spending Accounts	Voluntary Employee Life and AD&D Voluntary Spouse Life and AD&D Voluntary Child Life and AD&D 403(b) Retirement Plan Roth Deferrals

*See "Paying for Domestic Partner and Civil Union Coverage" if you are enrolling a domestic partner or civil union partner.



Pre-Tax Bi-Weekly Premiums for Plan Year 2026*

Benefit Plan	Coverage Tier			
	Employee Only	Employee + Spouse*	Employee + Child(ren)	Employee + Family*
HMO PLANS				
Kaiser HMO (California) No. Cal Group #60456 So. Cal Group #227657	\$91.63	\$241.91	\$256.57	\$410.52
Kaiser HMO (Mid-Atlantic States) Group #26884	\$89.55	\$236.42	\$250.75	\$401.19
Kaiser HMO (Washington State) Group # 1656000	\$96.31	\$246.92	\$275.65	\$428.90
Kaiser Northwest (Oregon) Group #	\$85.65	\$226.11	\$239.81	\$383.70
Kaiser Colorado Group #	\$132.81	\$326.77	\$371.86	\$537.44
Kaiser Georgia Group #	\$105.46	\$253.11	\$265.77	\$442.95
BCBSIL HMO (IL Only)	\$96.64	\$233.92	\$264.70	\$393.68
HDHP (available nationwide)				
High Deductible Health Plan Group # PJ1021	\$85.68	\$220.61	\$256.77	\$392.97
PARTICIPATING PROVIDER OPTIONS (available nationwide)				
BCBSIL PPO (\$1,000 deductible) Group # PB4523	\$113.94	\$281.63	\$318.68	\$487.73
BCBSIL PPO (\$250 deductible) Group # P75588	\$265.83	\$547.55	\$531.08	\$812.80
Voluntary DENTAL (available nationwide)				
MetLife Dental Base Acct # 5722184	\$8.20	n/a	n/a	\$18.04
MetLife Dental Buy Up Acct # 5722184	\$9.97	n/a	n/a	\$23.82
VISION (available nationwide)				
VSP Acct # 12279930	\$1.87	\$3.33	\$3.39	\$5.48

*See "Paying for Domestic Partner and Civil Union Partner Coverage" if you are enrolling a domestic partner or civil union partner.

Paying for Domestic Partner and Civil Union Partner Coverage

If you are covering your domestic partner or civil union partner, the premiums for your partner's coverage will be deducted from your pay on an after-tax basis. In addition, the amount of premiums that your employer pays for your partner's coverage is considered taxable income to you. As a result, imputed income will be added to your paychecks and appropriate taxes will be withheld. This may reduce your take-home pay.

Plan Year 2026 Deductions and Imputed Income per Bi-Weekly Paycheck				
Benefit Plan	Employee + Domestic Partner Coverage Tier		Employee + Domestic Partner + Family Coverage Tier	
	Post-Tax Deduction	Imputed Income	Post-Tax Deduction	Imputed Income
HMO PLANS				
Kaiser HMO (California) No. Cal Group #60456 So. Cal Group #227657	\$150.28	\$289.56	\$153.94	\$285.90
Kaiser HMO (Mid- Atlantic States) Group #26884	\$146.87	\$282.98	\$150.45	\$279.40
Kaiser HMO (Washington State) Group # 1656000	\$150.61	\$287.21	\$153.25	\$284.60
Kaiser Northwest (Oregon) Group #	\$140.46	\$270.64	\$143.89	\$267.22
Kaiser Colorado Group #	\$193.96	\$364.04	\$165.58	\$307.50
Kaiser Georgia Group #	\$147.65	\$274.21	\$177.18	\$329.05
BCBSIL HMO (IL Only)	\$139.28	\$261.89	\$128.97	\$239.52
HDHP				
High Deductible Health Plan Group # PJ1021	\$134.93	\$338.32	\$136.21	\$317.82
PARTICIPATING PROVIDER OPTIONS				
BCBSIL PPO (\$1,000 deductible) Group # PB4523	\$167.69	\$315.31	\$169.06	\$313.96
BCBSIL PPO (\$250 deductible) Group # P75588	\$281.71	\$281.71	\$281.72	\$281.72
DENTAL				
MetLife Dental Base	\$0	\$0	\$0	\$0
MetLife Dental Buy Up	\$21.32	\$53.29	\$53.29	\$53.29
VISION				
VSP Acct # 12279930	\$3.15	\$2.25	\$4.52	\$4.52

Medical Benefits



Administered by [BlueCross Blue Shield of Illinois](#) and [Kaiser Permanente](#)

Comprehensive and preventive healthcare coverage is important in protecting you and your family from the financial risks of illness and injury.

A little prevention usually goes a long way— especially in healthcare. All of your medical plan options cover in-network preventive care at no charge to you. Routine exams and regular preventive care provide an inexpensive review of your health. Small problems can potentially develop into large expenses. By identifying the problems early, often they can be treated at little cost. Comprehensive healthcare also provides peace of mind.

If you live in California, Illinois, the Mid-Atlantic States (MD, VA, D.C.), Oregon, Colorado, Georgia or Washington State, you may choose from an HMO, two PPO options and a High Deductible Health Plan (HDHP). The PPO and HDHP options are available on a nationwide basis.

Medical Plan				
Feature	HMOs	PPO (\$250 Ded.)	PPO (\$1,000 Ded.)	HDHP
Nationwide Coverage	Only for emergencies	√	√	√
Provider Flexibility	Minimal	√	√	√
Deductible	\$ or none	\$	\$\$	\$\$\$
OOP	\$	\$\$	\$\$\$	\$\$\$ \$
Co-pays	\$	\$	\$\$	n/a
Premiums	\$	\$\$\$\$	\$\$\$	\$\$
Healthcare FSA or HSA Contributions permitted	HC FSA	HC FSA	HC FSA	HSA

Health Maintenance Organizations (HMO)

Health maintenance organizations (HMOs) have their own network of doctors, hospitals and other healthcare providers who have agreed to accept payment at a certain level for any services they provide. This allows the HMO to keep costs in check for its members. HMOs typically have low or no deductibles and lower co-pays than PPOs. Unlike PPOs or High Deductible Health Plans which have some coverage for out-of-network providers, HMOs do not cover charges for services that are provided outside of the HMO network.

High Deductible Health Plan (HDHP)

The High Deductible Health Plan (HDHP) utilizes the BCBSIL PPO nationwide network of providers, however, participants must meet a deductible before the Plan will cover any expenses. Once the deductible is met, the plan will pay 80% of eligible charges. Many participants choose to contribute to a Health Savings Account (HSA), which allows them to pay for many healthcare expenses with tax-free dollars.

Participating Provider Organizations (PPO)

Participating Provider Organizations (PPOs) offer a nationwide network of doctors, hospitals and other healthcare providers. Similar to HMOs, these providers have agreed to provide care to plan members at a certain rate. Doctor's office visits and prescriptions have copays. It is only when major medical services are provided, such as laboratory services, imaging, hospitalization, etc., that a deductible must be met.

HDHP and PPOs – Coverage Across the U.S.!

Even though BlueCross BlueShield of Illinois administers the HDHP and the PPOs, their provider networks are **nationwide**. This means that no matter where you or your dependents live in the United States, you can be assured of finding in-network care.

Deductibles and Out-of-Pocket Limits

The HMOs generally do not have deductibles that must be met before the plan will pay benefits. The other options, however, do. All of the medical plan options have an annual out-of-pocket limit. When a covered participant reaches their out-of-pocket limit, the plan will cover 100% of eligible charges.

In-Network		
Medical Plan	Deductible	Out-of-Pocket Limit
Kaiser HMO (Mid Atlantic)	\$0	\$1,300/person, up to \$2,600/family
Kaiser HMO (Colorado)	\$0	\$1,500/person, up to \$3,000/family
Kaiser HMO (Northern California)	\$0	\$1,500/person, up to \$3,000/family
Kaiser HMO (Southern California)	\$0	\$1,500/person, up to \$3,000/family
Kaiser HMO (Northwest)	\$0	\$2,000/person, up to \$4,000/family
HDHP	\$1,700 Individual / \$3,400 Family If you have other family members on the policy, the overall family deductible must be met before the plan begins to pay.	\$3,000 Individual / \$6,000 Family If you have other family members on the policy, the overall family deductible must be met before the plan begins to pay.
PPO - \$250 Deductible	\$250/person, up to \$750/family	\$1,250/person, up to \$3,750/family
PPO - \$1,000 Deductible	\$1,000/person, up to \$3,000/family	\$3,000/person, up to \$6,000/family

How do family deductibles work?

If you enroll yourself and dependents in a medical plan that has a deductible, each person must meet their deductible before the plan will pay benefits. For example, if you enroll yourself, your spouse, and your three children in the PPO (\$1,000 Ded.) option, only three of you need to each meet a \$1,000 deductible.

The HDHP is different: if you enroll any dependents at all, your annual deductible is \$3,400.

What charges does the deductible apply to?

The deductible applies to "major medical" services so you don't need to have met your deductible in order to only pay a co-pay for an office visit.

For the PPOs and the HDHP, [click here](#) and select the Plan/Network named **Participant Provider Organization[PPO]**

For any of the Kaiser HMOs, [click here](#) and select your region.

Co-pays and Coinsurance

In-Network		
Medical Plan	Primary Care Office Visit Co-Pay	Specialist Office Visit Co-Pay
Kaiser HMO (Mid Atlantic)	\$10	\$10
Kaiser HMO (Colorado)	\$10	\$20
Kaiser HMO (Northern California)	\$10	\$10
Kaiser HMO (Southern California)	\$10	\$10
Kaiser HMO (Northwest)	\$10	\$20
HDHP	n/a – plan pays 80% after deductible	n/a – plan pays 80% after deductible
PPO - \$250 Deductible	\$20	\$40
PPO - \$1,000 Deductible	\$30	\$50



BlueCross BlueShield
of Illinois

Need a New Doctor?

Find Care on Blue Access for MembersSM

ASO

Find a provider and manage medical expenses all in one place.

Visit **BAMSM** at **bcbsil.com** to log in or create an account. Then, choose **Find Care** to:

- Find in-network providers, clinics, hospitals and pharmacies.
- Search by specialty, ZIP code, language spoken, gender and more.
- View clinical certifications and recognitions. Compare quality awards for doctors, hospitals and more.
- Read or share reviews for providers.
- Estimate the out-of-pocket costs for more than 1,700 health care procedures, treatments and tests.*

Find a Doctor Wherever You Are

- **Log in to BAM.** Use your ZIP code to find providers in your network.
- **Search as a guest.** Go to **bcbsil.com**, choose Find Care and use the ZIP code at your location to find in-network providers near you.
- **Need more help?** Call 800-810-BLUE (2583). Also applies to Global[®] Core.



Go Mobile with Blue Cross and Blue Shield of Illinois

Even on-the-go, you can manage your ID card and stay on top of claims activity, coverage information and prescription refill reminders. It's easy: Log in or create a BAM account at **bcbsil.com** or text **BCBSILAPP** to **33633**** to download our mobile app.

* Not all plans provide this information.

** Message and data rates may apply. Terms and conditions and privacy policy are available at bcbsil.com/mobile/text-messaging.



BlueCross BlueShield
of Illinois



Experience Wellness Your Way

Well onTarget® gives you the tools and resources to create your personal journey — no matter where you may be on your path to wellness.

Well onTarget can give you the support you need to make healthy choices — while rewarding you for your hard work.

Member Wellness Portal

The heart of Well onTarget is the member portal, available at wellontarget.com.^{*} It links you to a suite of inviting programs and tools.

- **Health Assessment¹:** The HA presents a series of questions to learn more about you. After you take the HA, you will get a personal and confidential wellness report. The report offers you tips for living your healthiest life. Your answers will help tailor the Well onTarget portal with the programs that may help you reach your goals. If you choose, you can share this report with your health care provider.
- **Self-Management Programs:** These programs let you work at your own pace to reach your health goals. Learn more about nutrition, fitness, losing weight, quitting smoking, managing stress and more. Track your progress as you make your way through each lesson. Reach your milestones and earn Blue Points^{SM,2}

Start experiencing the wellness portal today. Go to wellontarget.com.

^{*}Members can use their Blue Access for MembersSM credentials to access the wellontarget.com site.

- **Wellness Coaching:** Certified health coaches offer you guidance with these programs — Decrease Weight, Maintain Weight, Manage Stress, Quit Tobacco, Maintain Tobacco-Free Status, Improve Blood Pressure, Improve Cholesterol, Improve Dietary Habits and Improve Fitness Level.
- **Online Wellness Challenges:** Challenge yourself to meet your wellness goals. Plus, corporate challenges let you track your progress against other Well onTarget members.
- **Tools and trackers:** These resources can help keep you on course while making wellness fun. Use symptom checkers and health trackers.
- **Fitness Tracking:** Track your fitness activity using popular fitness devices and mobile apps.
- **Blue Points Program:** Blue Points can help motivate you to maintain a healthy lifestyle. Earn points for participating in wellness activities. You can redeem points for gift cards for friends and family.³
- **Health and wellness content:** Reader-friendly articles about conditions and medicines.

Fitness Program

Fitness can be easy, fun and affordable. The Fitness Program gives you unlimited access to a nationwide network of fitness locations. You can visit locations while you're on vacation or traveling for work.

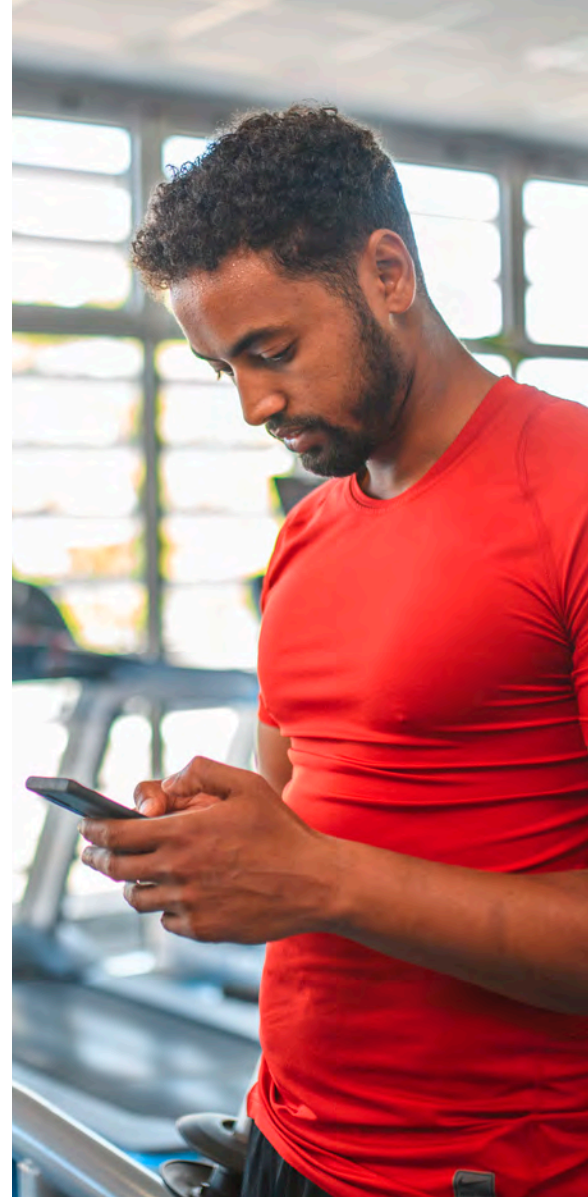
Other program perks include:

- **No long-term contract:** Membership is month to month. Flexible plans from \$19 to \$239 per month and studio classes are available.⁴
- **Blue Points:** Get 2,500 points for joining the Fitness Program. Earn additional points for weekly visits.
- **Convenient payment:** Monthly fees are paid via automatic credit card or bank account withdrawals.
- **Web resources:** You can go online to search for locations and track your visits.
- **Complementary and Alternative Medicine:** Discounts are through the Whole Health Living Choices Program, a nationwide network of 40,000 health and wellbeing providers, such as acupuncturists, massage therapists and personal trainers. When you join the Fitness Program through the Well onTarget portal, you can gain access to this program.

It's easy to join the Fitness Program! Just call the toll-free number **888-762-BLUE (2583)** Monday through Friday, between 7 a.m. and 7 p.m. CT (6 a.m. and 6 p.m. MT).

Wellness Program Questions?

Call Customer Service at **877-806-9380**.



Take Wellness on the Go

Check out the AlwaysOn Wellness mobile app, available for iPhone® and Android™ smartphones. It can help you work on your health and wellness goals — anytime and anywhere.

1. Well onTarget is a voluntary wellness program. Completion of the Health Assessment is not required for participation in the program. Well onTarget is an informational resource provided to members and is not a substitute for the independent medical judgment of a health care provider. Members are instructed to consult with their health care provider before beginning their journey toward wellness.

2. Blue Points Program Rules are subject to change without prior notice. See the Program Rules on the Well onTarget Member Wellness Portal at wellontarget.com for further information.

3. Member agrees to comply with all applicable federal, state and local laws, including making all disclosures and paying all taxes with respect to their receipt of any reward.

4. Taxes apply. Individuals must be at least 18 years old to purchase a membership. Dependents, 16-17 years old, can join but must be accompanied to the location by a parent/guardian who is also a Fitness Program member. Check your preferred location to see their membership age policy. Underage dependents can log in and join through the primary member's account as an "additional member."

The Fitness Program is provided by Tivity Health™ Services, LLC, an independent contractor which administers the Prime® Network of fitness centers. The Prime Network is made up of independently-owned and managed fitness centers. Prime is a registered trademark of Tivity Health, Inc. Tivity Health is a trademark of Tivity Health, Inc.

AlwaysOn is owned and operated by Onlife Health Inc. an independent company that has contracted with Blue Cross and Blue Shield of Illinois to provide digital health management for members with coverage through BCBSIL. BCBSIL makes no endorsement, representations or warranties regarding third-party vendors and the products and services offered by them.



BlueCross BlueShield
of Illinois



Blue PointsSM Are Rewards for Healthy Living

It may be hard to consistently maintain a healthy lifestyle. That's why the Well onTarget program offers a little motivation with Blue Points rewards.¹ The program may help you get on track, and stay on track, to reach your wellness goals.

With the Blue Points program, you will be able to earn points for regularly participating in many different healthy activities. You can redeem these points for gift cards for yourself or friends and family.

Created with your needs in mind, the Blue Points program has many convenient, user-friendly, personalized and flexible features:

Earn Points Instantly

The program gives you points immediately, so you can start using them right away.²

Easily Manage Your Points

The interactive Well onTarget portal, available at wellontarget.com, employs the the latest user-friendly technology. This makes it easy to find out how many points are available for you to earn. You can also track the total number of points you've earned year-to-date. All of your points information will appear on one screen.

Well onTarget[®]

Choose from a Selection of Gift Card Rewards.

Redeem your points for gift cards.^{3,4} They'll be available at wellontarget.com and in the AlwaysOn mobile app. Example of redemption below:

Redeem for a value

YOU HAVE: 24122 Points

Card Type

Physical Card

Physical card will be delivered to your mailing address within 7-9 business days.

Select Card Value

\$25 4386 Points	\$40 7018 Points	\$50 8772 Points
\$75 13158 Points	\$100 17544 Points	\$200 35088 Points

Proceed To Checkout

Participate in Activities That Match Your Goals

Look how quickly your Blue Points can add up! Here are some sample activities you can complete to earn Blue Points:

Activities	Potential Blue Points Amounts
Completing the Health Assessment every six months ⁴	2,500 points every six months
Complete a Self-management Program	1,000 points per quarter
Using the trackers to track your progress toward your goals	10 points, up to a maximum of 70 points per week
Enrolling in the Fitness Program	2,500 points
Adding weekly Fitness Program center visits to your routine	Up to 300 points each week
Completing Progress Check-ins	Up to 250 points per month
Connecting a compatible fitness device or app to the portal	2,675 points
Tracking progress using a synced fitness device or app	55 points per day

Log on to wellontarget.com today to find all the interactive tools and resources you need to start racking up Blue Points. Keep yourself motivated to earn more points by seeing the gift cards you can select from and checking out all the rewards you can earn for adopting — and continuing — healthy habits.

1. Blue Points Program Rules are subject to change without prior notice. See the Program Rules on the Well onTarget Member Wellness Portal for more information. Blue Points will expire 90 days after coverage on a qualifying BCBSIL plan terminates.

2. This does not apply to points you earn for completing Fitness Program activities.

3. Member agrees to comply with all applicable federal, state and local laws, including making all disclosures and paying all taxes with respect to their receipt of any reward.

4. Merchants are subject to change.

Well onTarget is a voluntary wellness program. Completion of the Health Assessment is not required for participation in the program. Well onTarget is an informational resource provided to members and is not a substitute for the independent medical judgment of a health care provider. Members are instructed to consult with their health care provider before beginning their journey toward wellness.

The Fitness Program is provided by Tivity Health®, an independent contractor that administers the Prime Network of fitness centers. The Prime Network is made up of independently owned and operated fitness centers.

AlwaysOn is owned and operated by Onlife Health Inc. Onlife Health Inc. is an independent company that provides digital health management for Blue Cross and Blue Shield of Illinois.



BlueCross BlueShield of Illinois



Take Charge of Your Health
With BlueEdge HSASM



What Is BlueEdge HSA?

If you're searching for health care options to give you more control over your health and medical costs, BlueEdge HSA may be right for you.

We combine a high deductible health plan (HDHP) with a health savings account (HSA) to give you access to strong PPO networks, some of the most trusted benefits in the business and a tax-advantaged savings account.

How an HSA Works

Our high deductible health plans and HSAs are a winning combination helping you get the most value from the health care dollars you spend.

You can work with your primary care doctor to decide which medicines and treatments are right for you. Then, you pay for your health care using a combination of your health insurance and your HSA.

Know before you go: Use our online tools to guide your decisions and help you spend your health care dollars wisely.

- Cost Estimator gives you information about the cost and quality of the health care services you need.
- Provider Finder® helps you find in-network doctors, hospitals and other health care providers.
- Use our other online resources to understand how your health care works before you see your doctor.



Don't Skip Preventive Care

Most preventive care services are covered with no patient cost-share when you choose an in-network provider.

The Choice is Yours

When choosing your health plan, consider benefit features, your specific health care needs and financial goals. Some advantages of choosing an HSA include:

- **Affordability:** HDHPs have higher deductibles and that means lower premiums.
- **Flexibility:** You're in control of your HSA. You decide how much money to set aside and how to spend your health care dollars.
- **Portability:** You own your HSA. The money you put into the account is yours, even if you change health plans, switch jobs or retire.
- **Significant Savings Potential:** Your unspent HSA funds roll over each year with no maximum account balance.
- **Tax Advantages:** You will have lower taxable income if your employer deducts your HSA contributions from your paycheck before taxes. Talk with your HSA administrator to learn about more ways to save.
- **24/7 Online Support:** Access our wellness and care management programs, Cost Estimator, Provider Finder and other resources wherever you are, whenever you need them.



Support Is Just a Few Clicks Away

Register for Blue Access for MembersSM (BAMSM) to maximize all the advantages of your new BlueEdge HSA plan.

Our secure member website gives you 24/7 access to:

- Your health care benefit information
- Your HSA account balance and recent activity*
- Provider Finder
- Claims status
- Covered dependent information
- Order or replace ID cards
- Reliable, up-to-date and easy-to-understand health and wellness information



What's Next?

Talk with your employer, broker or group administrator to learn more about how BlueEdge HSA can help you take control of your health and financial wellness.

Example: BlueEdge HSA can help turn premium savings into available funds for qualified medical expenses.



Situation

Mary is in general good health and wanted to save on health care premiums so she chose the BlueEdge HSA plan her company offered during this year's open enrollment.

She applied the money she saved on PPO premiums to her HSA account and saved **\$3,000** by the end of the year – when she needed a surprise appendectomy.



Member Costs and Benefits

The cost of the appendectomy was **\$6,375** with the network discount.

After the deductible and coinsurance, the member was responsible for **\$2,475**.



Outcome

With **\$3,000** available, Mary used her HSA funds to cover her member medical costs and had **\$525** to roll over into the next plan year.

*Access is only available if a preferred HSA vendor administers the account.

Prescription Coverage

Each medical option provides comprehensive coverage for prescriptions. The chart below shows what each plan offers for prescriptions purchased at in-network retail pharmacies. Mail order prescriptions are also available. Please refer to the individual Summary of Benefits Coverage (SBC) in Workday for more information.

Medical Plan	Co-Pay per Prescription at In-Network Retail Pharmacies
Kaiser HMO (Mid Atlantic)	<i>Generic:</i> \$10 up to 30 day supply <i>Preferred Brand:</i> \$20 up to 30 day supply <i>Non-preferred Brand:</i> \$35 up to 30 day supply <i>Specialty:</i> \$10 / \$20 / \$35 up to 30 day supply
Kaiser HMO (Colorado)	<i>Generic:</i> \$10 up to 30 day supply <i>Preferred Brand:</i> \$20 up to 30 day supply <i>Non-preferred Brand:</i> \$40 up to 30 day supply <i>Specialty:</i> \$10 / \$20 / \$40 up to 30 day supply
Kaiser HMO (Northern California)	<i>Generic:</i> \$10 up to 30 day supply <i>Preferred Brand:</i> \$20 up to 30 day supply <i>Non-preferred Brand:</i> \$20 up to 30 day supply <i>Specialty:</i> 2000% up to 30 day supply
Kaiser HMO (Southern California)	<i>Generic:</i> \$10 up to 30 day supply <i>Preferred Brand:</i> \$20 up to 30 day supply <i>Non-preferred Brand:</i> \$20 up to 30 day supply <i>Specialty:</i> 2000% up to 30 day supply
Kaiser HMO (Northwest)	<i>Generic:</i> \$15 up to 90 day supply <i>Preferred Brand:</i> \$30 up to 90 day supply <i>Non-preferred Brand:</i> Applicable preferred generic or Preferred brand cost shares apply <i>Specialty:</i> 50% coinsurance up to \$150, up to a 30 day supply
HDHP	n/a – plan pays 80% after deductible
PPO - \$250 Deductible	<i>Generic:</i> \$15/ prescription up to 34 day supply <i>Preferred Brand:</i> \$30/ prescription up to 34 day supply <i>Non-preferred Brand:</i> \$50/ prescription up to 34 day supply <i>Specialty:</i> \$50 per prescription
PPO - \$1,000 Deductible	

When you are choosing medical coverage, knowing which providers are in-network is an important part of the decision making process. Follow the links below conduct your search:





Prescription benefits

Convenient and affordable medication options

Welcome to CVS Caremark® – we manage your new prescription benefit plan. We're here to help you get the medication you need and learn how to keep costs low.

Make sure you know how to get your medication

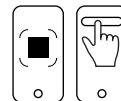
You can pick up your medication at any pharmacy in your network. Some prescription benefits offer delivery by mail, too. Be sure to review your prescription benefit plan to see your options.

Tap into savings with digital tools.

Save time, compare costs and stay on top of your prescriptions. Do it all at [Caremark.com](https://www.caremark.com) and the CVS Caremark mobile app.

- Find a network pharmacy to keep medication costs as low as possible
- See if a medication is covered to get the most affordable option
- Compare drug costs to see where you can save
- Sign up to get email or text messages about your prescriptions and more
- Request refills and keep track of prescriptions for your family

For answers to commonly asked questions, visit [Caremark.com/HelpCenter](https://www.caremark.com/HelpCenter) or scan the code.



To scan the QR code:
Open your camera
Scan the code
Tap the link

Health Savings Account

Contributions made to Transamerica

If you enroll in the High Deductible Health Plan (HDHP) for medical coverage, you might also be able to contribute to a health savings account (HSA). An HSA is a type of savings account that lets you set aside money on a pre-tax basis to pay for qualified medical expenses. By using untaxed dollars in an HSA to pay for deductibles, copayments, coinsurance, and some other expenses, you may be able to lower your overall health care costs. HSA funds may not be used to pay for your HDHP premiums.

If you choose to contribute to the HSA, an account will be opened for you with your Bank and your contributions will be deposited after each bi-weekly paycheck. The money in your HSA account is tax-free (including interest and investment earnings) when you use it to pay for eligible expenses. Unlike with a flexible spending account, if you don't use all your HSA funds in a plan year, the unused money rolls forward to each following year.

You are able to use your HSA to pay for many medical, voluntary dental, and vision care expenses for you and your qualified dependents, including deductibles, co-pays, and coinsurance. You can even use your HSA to get reimbursed for your Medicare premiums!

You may contribute to an HSA if you:

- Are enrolled in the High Deductible Health Plan; and
- Are not enrolled in a health plan that is not an HDHP with certain exceptions – e.g., limited scope benefits such as voluntary dental and vision coverage and certain insurance policies such as individual specified disease insurance; and
- Are not eligible to be claimed as a dependent on another person's federal income tax return; and
- Have not already contributed the maximum amount to any HSA that is permitted for the year; and
- Are not entitled to Medicare benefits, i.e., enrolled in any part of Medicare.

Please note: other than knowing that you have enrolled in the HDHP, neither The Community Solution nor your employer knows whether you are eligible to contribute to the HSA. It is your responsibility to determine whether you are eligible to contribute and to stop your contributions to the HSA if you lose eligibility.

For the 2026 plan year, here are the maximum HSA contributions that you may make:

Employee only:	\$4,400
Family:	\$8,750
Catch-up Contribution (age 55 or older):	\$1,000

Medicare and HSA Participation

Making the distinction between eligibility for and entitlement to Medicare benefits is crucial for determining your ability to contribute to an HSA. An individual who is eligible for Medicare, but has not enrolled in any part of Medicare (i.e., is not yet entitled to Medicare) is eligible to contribute to an HSA. An individual who is "entitled" to Medicare benefits – i.e., enrolled in any part of Medicare – is not eligible to contribute to an HSA. Many employees who work past age 64 and who wait to apply for Social Security retirement benefits will continue to be HSA eligible. However, some may decide to enroll in Part A because they can do so without paying a monthly premium for coverage. Enrolling in Part A makes the individual ineligible to contribute to an HSA.

Potential Pitfall

The potential pitfall is timing. Timing may be a problem because of the manner in which Medicare determines the effective date of Part A coverage. With a few minor exceptions such as a special enrollment for a newborn child, most coverage under an employer's group health plan will be prospective. Medicare coverage is usually also prospective, but may not be for Part A. For individuals who delay enrolling in Part A, Medicare may make the coverage retroactive for up to six months. For example, if an employee applies to enroll in Medicare when s/he reaches age 66 on July 1, 2026, her/his Part A coverage may start on January 1, 2026 not July 1, 2026. As a result, this employee becomes ineligible to contribute to an HSA starting on January 1, 2026.

You may not enroll in both a HSA and a healthcare/medical Flexible Spending Account (FSA). If you are currently enrolled in an FSA and plan to utilize the HSA plan for 2026, be sure your FSA account balance is \$0 (zero) by December 31, 2025. If you have a remaining FSA balance into 2026, you will not be eligible to make HSA contributions until April 1, 2026.

How Can HSA Funds be Used?

If you choose to contribute to the HSA, an account will be opened for you with HSA Bank and your contributions will be deposited after each bi-weekly paycheck. You will be able to use your HSA Bank account balance to pay for many medical, voluntary dental, and vision care expenses for you and your qualified dependents, including deductibles, co-pays, and coinsurance.





HSA 101

Understanding the benefits of a health savings account



Harness the power

A health savings account (HSA) is a powerful way to set aside money for healthcare expenses – now and in the future. You determine how much of your pay goes into your HSA, and the funds can be used to pay current health-related expenses or as a supplemental way to prepare for healthcare costs in retirement. Plus, you can take penalty-free HSA distributions for any reason at age 65. Just keep in mind those withdrawals will be taxed as ordinary income if they're not used for eligible medical expenses.

6 key benefits of an HSA

- 1 Triple tax advantage**

You pay no federal income tax on HSA contributions, current investment growth, or withdrawals when the money is used to pay qualifying medical expenses
- 2 Always yours to keep**

Unlike a healthcare flexible spending account (FSA), HSA savings are always yours because there is no use-it-or-lose-it requirement
- 3 Convenience**

Your HSA debit card can be used for payment, with no requirement to immediately verify the expense (we recommend keeping receipts for tax purposes)
- 4 Potential retirement boost**

If you don't need access to your HSA savings now, an HSA can act as a highly tax-favored retirement account
- 5 Flexibility**

Because your HSA is an individual account, you can still access it if you change employers
- 6 Easy access**

View retirement plan and HSA account balances through **transamerica.com**; one sign-on, one password, one service number

Eligibility

You must be enrolled in a high-deductible health plan (HDHP) to be eligible to contribute to an HSA.

You are not eligible if:

- Someone claims you as a dependent on their taxes
- You are enrolled in Medicare
- You or your spouse are contributing to a healthcare FSA
- You are covered by select health reimbursement arrangements (HRAs)

Make the most of your HSA

Because of its unique tax advantages, an HSA can be a powerful wealth-building vehicle on the road to retirement. Whether you spend your money now or later, here are some examples of eligible expenses covered by an HSA:



Copays, coinsurance, insurance premiums



Doctor visits and certain surgical procedures



Over-the-counter medications



Prescription drugs



Dental and orthodontics



Vision expenses such as frames, contacts, prescription sunglasses

Preparing for the future goes beyond your traditional retirement accounts.

Consider taking advantage of an HSA today.



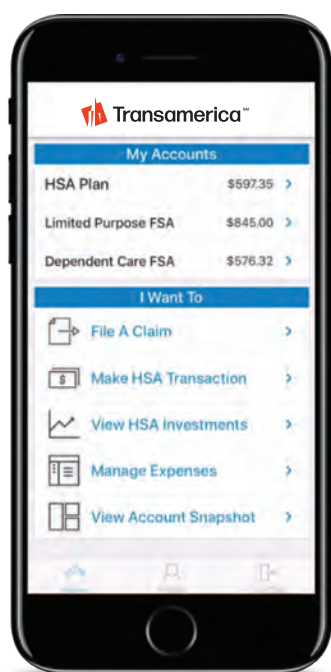
Visit transamerica.com/portal

Health savings products and services offered through Transamerica Health Savings Solutions, LLC.

All Transamerica companies identified are affiliated.

Health accounts on the go

With the Transamerica Health Savings Account (HSA) mobile app, you can easily and securely access your health savings and spending accounts from anywhere. Check your balances, submit receipts, view investment details, and more – all on your schedule.



Example only; does not reflect the experience of any particular user.

For questions, please contact Transamerica customer care representatives



Call **833-571-0504**
weekdays from
8 a.m. to 8 p.m. ET

Key features

- Provides real-time account information for all of your Health Savings Solutions accounts
- Log in using the same username and password as your other Transamerica accounts

Take action

- Submit claims and photograph receipts for all accounts
- Make contributions or request a distribution
- Scan barcodes to confirm if a product is a qualified medical expense
- Access account funds to reimburse yourself or pay for medical care
- Report your debit card as lost or stolen
- Manage information on new payees
- Retrieve username or reset password

Manage HSA investments

Offering a triple tax advantage, HSAs can be a powerful way to save and invest for medical costs – now and in retirement. The mobile app helps you keep track of your HSA investment performance, and analyze your asset mix and allocations so you can make informed decisions.

Health savings products and services offered through Transamerica Health Savings Solutions, LLC. All Transamerica companies identified are affiliated.



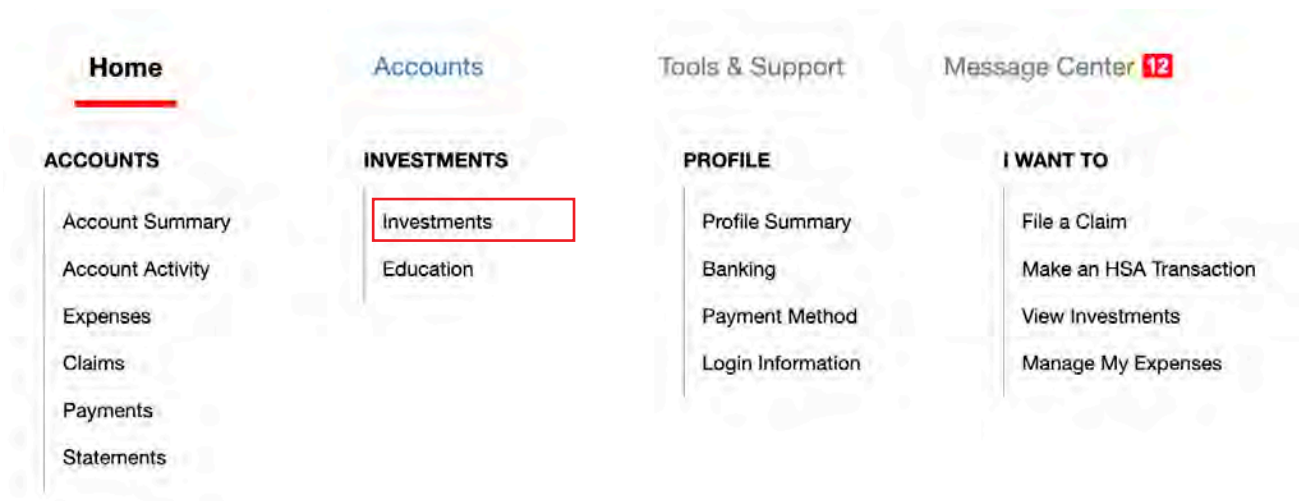
HOW TO INVEST THROUGH YOUR HSA

Healthcare expenses can represent a significant part of your budget in retirement. For example, 70% of people turning 65 are expected to use some form of long term care during their lifetime.¹ However, only 14% of retirees are very confident they'll be able to afford long term care, if needed.² That's where your health savings account (HSA) can help.

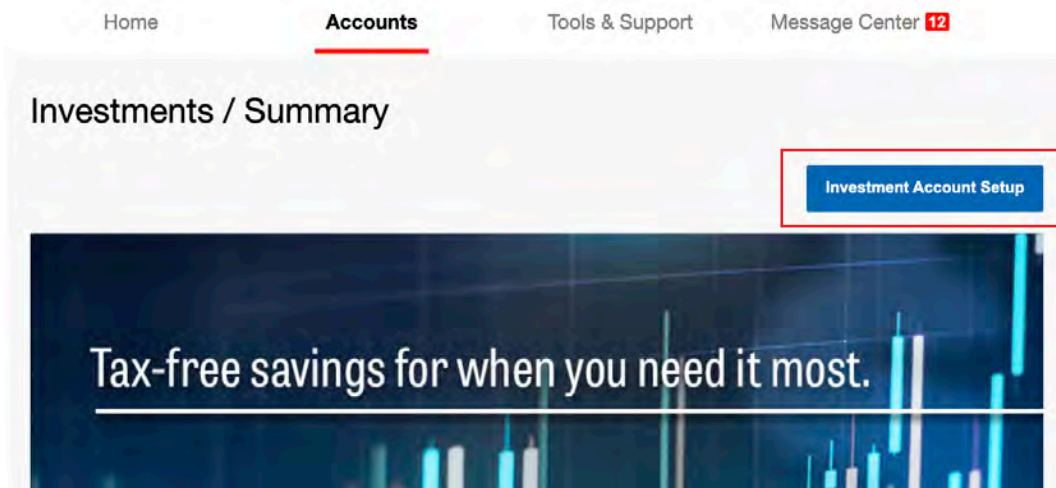
With its unique tax advantages, your HSA offers a powerful way to prepare for future healthcare costs. Once your HSA balance reaches \$2,000, you can start investing that money to enjoy potential tax-free growth. When you're ready to withdraw the money for qualified healthcare expenses, distributions are tax-free as well.

HERE'S HOW TO GET STARTED:

1. Log in to your Transamerica account at transamerica.com/portal
2. Click **View Details** for your Health Savings Account
3. Hover over **Accounts**, and click **Investments**



4. If you're ready to start investing, click **Investment Account Setup**



5. On the next screen, select "Yes" to turn on auto-investment transfers so you can set up your investment account. After you set up your investment account, you can turn off auto-investment transfers. The default investing threshold amount is \$2,000, but you can set a higher threshold if you'd like. Once you're done, click **Submit**.

The screenshot shows the heading 'Investments / Manage Investments'. Below it is the section 'Investment Transfer Threshold'. The text reads: 'Once your account balance reaches \$2,000, you can invest a portion of your HSA funds into an investment account, similar to a traditional retirement account. Future contributions can be automatically invested as long as your available cash balance exceeds your designated threshold amount by \$100.01 or more. Likewise, funds will be automatically moved from your investment account to your cash account when your available cash account balance falls below the designated threshold by \$100.01 or more. Your investment transfer threshold may be set equal to or above \$2000. Please enter a value that is an increment of 100.' Below this text are two radio buttons: 'Yes' (selected) and 'No'. Below that is a text input field labeled 'Transfer Funds to Investment When My Cash Balance Exceeds:' with a dollar sign and the value '2000'. At the bottom left is a 'Cancel' button and at the bottom right is a 'Submit' button, which is highlighted with a red box. A disclaimer at the bottom reads: 'Investment Services: Not FDIC Insured • No Bank Guarantee • May Lose Value'.

After you've set up your investment account, you'll see an expanded menu that allows you to manage investments, review portfolio performance, see your balance history, and more.

WHAT CAN YOU PAY FOR USING YOUR HSA?



**COPAYS, COINSURANCE, AND
INSURANCE PREMIUMS**



**DOCTOR VISITS AND CERTAIN
SURGICAL PROCEDURES**



**OVER-THE-COUNTER
MEDICATIONS**



**PRESCRIPTION
DRUGS**



**DENTAL AND
ORTHODONTICS**



**VISION EXPENSES
INCLUDING FRAMES,
CONTACT LENSES, AND
PRESCRIPTION SUNGLASSES**



MEDICARE PREMIUMS

More questions? We've got answers.

Representatives are available weekdays 8 a.m. to 8 p.m. ET.



CALL:
833-571-0504



VISIT:
transamerica.com/portal

¹"How Much Care Will You Need?" Longtermcare.gov, December 2020

²"Life in Retirement: Pre-Retiree Expectations and Retiree Realities," nonprofit Transamerica Center for Retirement Studies, September 2023

Health savings products and services offered through Transamerica Health Savings Solutions, LLC. All Transamerica companies identified are affiliated but are not affiliated with Wex Health, who is responsible for the maintenance and operation of the HSA website.

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TRANSAMERICA®

Medical Flexible Spending Account

Administered by Transamerica

The Medical FSA allow you to save by putting pre-tax money aside for healthcare expenses not covered by your medical, voluntary dental, or vision plans. The Medical FSA helps you pay for many out-of-pocket healthcare expenses such as co-pays, coinsurance, deductibles, prescription drugs, voluntary dental care, and vision care.

There are no Federal income, State income (in most cases) or Social Security taxes withheld for dollars contributed toward a Medical FSA plan. Because contributions are made on a pre-tax basis, the IRS requires that changes to your election can only be made during the annual open enrollment period or when you experience an approved status change and must be made within 30 days of the status change.

The 2026 maximum contribution limit is \$3,300.

You can use the Healthcare FSA to pay for healthcare-related expenses such as:

- Copays and coinsurance
- Cost of eligible service above reasonable and customary limits or above other plan limits
- Other health-related expenses not paid by other plans that are eligible for tax reduction by Section 213 of the IRC

A full list of eligible Healthcare FSA expenses can be found at www.irs.gov, publication 502.

The Medical FSA account is “use it or lose it”. The FSA plan year (incurral period) is January 1 to December 31. You must submit your claims for reimbursement no later than March 15.

The FSA does allow a grace period from January 1 - March 15 following the plan year to incur and reimburse any leftover funds. Think of this as a safety net to avoid funds being lost if not used between January 1, 2026 - December 31, 2026.





MEDICAL FSA 101

Understanding the benefits of a medical flexible spending account

WHY CHOOSE A MEDICAL FLEXIBLE SPENDING ACCOUNT

A medical flexible spending account (FSA) allows you to set aside pretax savings for healthcare expenses throughout the year. You determine how much of your pay goes into your FSA, up to a limit set by your employer, and the funds are available immediately to pay for eligible medical, dental, and vision care expenses not covered by your health insurance plan.

KEY BENEFITS OF A MEDICAL FSA

FUNDS AVAILABLE DAY 1

Although contributions from your paycheck are spread out during the year, you can use your benefits debit card to pay for health-related goods and services immediately.



REDUCE OUT-OF-POCKET COSTS

If unexpected medical, dental, or vision costs arise, use your FSA to pay for eligible copayments and deductibles not covered by your health insurance.

TAX ADVANTAGES

Medical FSA contributions are pretax and reduce your taxable income.

WHO'S ELIGIBLE?

You are eligible to enroll in a medical FSA as long as you or your spouse are not contributing to a health savings account (HSA).

EXAMPLES OF ELIGIBLE MEDICAL FSA EXPENSES:



**COPAYS AND
COINSURANCE**



**DOCTOR VISITS AND CERTAIN
SURGICAL PROCEDURES**



**OVER-THE-COUNTER
MEDICATIONS**



PRESCRIPTION DRUGS



**DENTAL AND
ORTHODONTICS**



**VISION EXPENSES SUCH
AS FRAMES, CONTACTS,
PRESCRIPTION SUNGLASSES**

**Preparing for the future goes beyond your
traditional savings and retirement accounts.**

Consider taking advantage of a medical FSA today.



CALL:
833-571-0504



VISIT:
transamerica.com/portal

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TRANSAMERICA®

Dependent Care Flexible Spending Account

Administered by Transamerica

You can receive tax-free reimbursement from your Dependent Care FSA for expenses incurred by you for the care of eligible dependents, such as daycare for your children. The expenses must enable you and your spouse, if you are married, to be gainfully employed or attending school full-time for the period that you have eligible dependents.

There are no Federal income, State income (in most cases) or Social Security taxes withheld for dollars contributed toward a Dependent Care FSA plan. Because contributions are made on a pre-tax basis, the IRS requires that changes to your election can only be made during the annual open enrollment period or when you experience an approved status change and must be made within 30 days of the status change.

Dependent Care FSA Expenses are generally considered eligible when incurred for expenses related to care of a dependent under 13 years of age. Exceptions may be allowed if documentation verifies that the dependent is incapable of self-care. The care must be provided in order to allow the parent(s) or legal guardian(s) to work or seek employment on a full-time basis

The 2026 maximum contribution limit is \$7,500 per household, or \$3,750 if you are married and filing taxes separately.

A qualifying eligible dependent is any individual considered your dependent within the same meaning of Section 152 of the IRC who meet the following criteria:

- A dependent under the age of 13 for whom you are entitled to a deduction for income taxes
- A spouse or dependent who is physically or mentally incapable of taking care of himself or herself

The Dependent Care FSA account is “use it or lose it”. The FSA plan year (incurral period) is January 1 to December 31. You must submit your claims for reimbursement no later than March 15. Please plan carefully as any remaining balance after all claims have been processed for the incurral period **will be forfeited**.



DEPENDENT CARE FSA 101

Understanding the benefits of a
dependent care flexible spending account

WHY CHOOSE A DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT

For some parents, full-time child care can be more expensive than college tuition.¹ A dependent care flexible spending account (FSA) can help you manage child-care costs while providing additional tax savings. Simply determine how much of your pay goes into your FSA, and you can reimburse yourself as the funds become available throughout the year.

KEY BENEFITS OF A DEPENDENT CARE FSA

TAX ADVANTAGES

Dependent care FSA contributions are pretax and reduce your taxable income.



BUDGET CLARITY

Because child care is somewhat predictable, you can estimate how much you need to contribute to your FSA each paycheck.

CONVENIENCE

Hassle-free payment and reimbursement options to pay yourself back.

WHO'S ELIGIBLE?

You are eligible to enroll in an employer-sponsored dependent care FSA as long as you or your spouse are employed, looking for work, or attending school full time.

OTHER CONSIDERATIONS

- The IRS limit for dependent care FSA contributions is \$5,000 per household.
- Your FSA contributions are determined during open enrollment and cannot be changed during the year unless you experience a qualifying life event such as a change in marital status or the birth of a child.
- The money you contribute to your dependent care FSA must be used within the plan year and grace period. It cannot be carried over to the next year.

EXAMPLES OF ELIGIBLE DEPENDENT CARE FSA EXPENSES:



ELDER CARE



SUMMER DAY CAMPS



BEFORE- OR AFTER-SCHOOL CARE



DISABLED DEPENDENT OR SPOUSE CARE



CHILDCARE CENTERS, BABY-SITTERS, AND NANNIES CARING FOR CHILDREN AGES 0-12

QUALIFYING LIFE EVENTS INCLUDE:

- Change in marital status
- Change in number of dependents
- Change in daycare providers
- Child turning 13 years old
- Change in cost of qualifying day care expenses

Preparing for the future goes beyond your traditional savings and retirement accounts.

Consider taking advantage of a dependent care FSA today.



CONTACT:
833-571-0504



VISIT:
transamerica.com/portal

¹"This is how much child care costs in 2022" Care.com, June 2022

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TRANSAMERICA[®]

Commuter Spending Account

Administered by Transamerica

The Commuter Spending Accounts allow you to pay for your mass transit and parking expenses with pre-tax dollars, which can reduce the cost of your daily commute to and from work. Unlike most of the other benefits offered, you are not limited to an annual enrollment for these benefits. You may start and stop participation in one or both accounts on a monthly basis. The deadline to enroll, make changes, or cancel participation is the tenth calendar day of each month.

The IRS limits the amount of pre-tax dollars you can use to pay for your commuting expenses each month. The monthly pre-tax contribution limits for 2026 are:

Transit: \$325

Parking: \$325

Please note: Payroll deductions for the Commuter Spending Accounts are withheld from the first two paychecks of each month.

How to Enroll in the Commuter Spending Accounts

To enroll in the Commuter Spending Accounts, you must first make a contribution election in Workday. After Transamerica receives your first contribution, you will register and set up your account at Transamerica. Please note that it can take up to two weeks for Transamerica to receive your information, depending on where we are in the payroll cycle.

Workday Contribution Election Instructions

1. To enter CSA contribution elections, log in to [Workday](#) and click on the Benefits app and then click the **Benefits** button in the **Change** column.
2. **Change Reason:** select **Commuter Spending Account(s) Change**
3. **Enter today's date or a future date** then click **Submit**. There is no need to upload any attachments.
4. A pop-up will appear – click **Open**
5. Click **Let's Get Started**
6. Click **Enroll** on the *Commuter Spending Accounts tile*
7. On the next screen, you will select the *Parking CSA* or the *Transit CSA* or both. Click **Confirm and Continue**
8. On the next screens you will enter the amount **per pay period** that you want to contribute to the account(s) you selected in the previous step and click **Save**.
 - a. For example, if your monthly parking expenses are \$200, you will select \$100 to be withheld from each paycheck.
 - b. In months that have three paychecks, Commuter contributions will no be withheld from the third paycheck.
9. When you have finished making your elections, click **Review and Sign**
10. Review your elections.
 - a. Note that the *Deduction Begin Date* is the first day of the pay period from which the deductions will begin. For example, if the *Deduction Begin Date* is 5/22/2026, then your June 10 paycheck will have this amount withheld.
11. Scroll to the bottom of the screen to read and agree to the **Legal Notice** and then click **Submit**.
12. This portion of the enrollment process is complete. See the next page for Transamerica instructions.



COMMUTER SAVINGS

Understanding the benefits of a commuter benefits program

GET MOVING — AND SAVING

If you commute to work, a Commuter Benefits Program (CBP) is an easy, convenient way to pay for transit and parking expenses — while saving money in the process. The account is funded with pretax dollars, so contributions are not counted against your taxable income.

KEY DETAILS



You can have separate CBPs for parking and transit costs, but funds cannot be transferred between accounts.

Unused amounts in your account roll over each month.

The IRS allows you to contribute up to \$325 per month to each CBP (the monthly reimbursement limit is also \$325).

Spouses and dependents are not eligible for reimbursement for transit or parking expenses.

PAYMENT AND REIMBURSEMENT

You can use your benefits debit card to pay for parking and transit expenses. Depending on the transaction, the card will automatically deduct the money from your parking or transit CBP. If you don't have sufficient funds in your account, you can pay out of pocket and submit receipts for reimbursement.

EXAMPLES OF ELIGIBLE CBP EXPENSES:



**PARKING EXPENSES AT OR NEAR
YOUR WORKPLACE**



COSTS OF A VANPOOL



**PARKING EXPENSES AT OR NEAR A
TRANSIT STATION FROM WHICH
YOU COMMUTE TO WORK**



**FARES FOR BUS, FERRY, LIGHT
RAIL, SUBWAY, REGIONAL TRAIN,
AND OTHER TRANSIT SERVICES**

Note: Highway and bridge tolls are not eligible for reimbursement

Preparing for the future goes beyond your traditional retirement accounts.

Consider taking advantage of a CBP today.



CALL:
833-571-0504



VISIT:
transamerica.com/portal

Health savings products and services offered through Transamerica Health Savings Solutions, LLC.
All Transamerica companies identified are affiliated.

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Voluntary Dental Benefits



Insured by MetLife

[Click here to register or log in at MetLife](#) after they've received your enrollment. You will not receive an ID card. Benefits can be accessed at in-network providers by providing the main subscriber's (employee) social security number at the time of services and the Voluntary Dental Group #: 5722184.

Good oral care is an important part of your overall health and wellbeing. The voluntary dental plan helps you keep your teeth healthy by offering three cleanings every 12 months in addition to a full range of comprehensive coverage.

The voluntary dental plan has a PPO design, meaning that you may seek services from in-network and out-of-network voluntary dental providers. If you receive service out-of-network, the plan will pay a percent of the usual and customary (U&C) charges which means that you may have additional out-of-pocket expenses. Here's an example of how using in-network providers can help you save money:

In-Network		Out-of-Network	
Charge for root canal	\$600	Charge for root canal	\$600
MetLife Negotiated Rate	\$400	MetLife Negotiated Rate	n/a
Amount to be submitted to MetLife	\$400	Amount to be submitted to MetLife	\$600
Reduction for U&C	n/a (\$50)	Reduction for U&C	(\$200)
Deductible		Deductible	(\$50)
MetLife pays 80% of U&C after Deductible	\$280	MetLife pays 80% of U&C after Deductible	\$280
You pay 20% plus Deductible	\$130	You pay 20% + Deductible + Balance	\$330

The chart below provides an overview of some of the voluntary dental plan's benefits.

Covered Services	BuyUp Plan		Base Plan	
	In-Network Benefits	Out-of-Network Benefits*	In-Network Benefits	Out-of-Network Benefits*
Deductible	\$50/person; \$150 family	\$50/person; \$150 family	\$50/person; \$150 family	\$50/person; \$150 family
Annual Benefit Maximum	\$3,000 (applies to A,B,C services)	\$3,000 (applies to A,B,C services)	\$2,000 (applies to A,B,C services)	\$2,000 (applies to A,B,C services)
Preventive Services	100%	100%	100%	100%
Basic Services	80%	80%	80%	80%
Major Services	50%	50%	50%	50%
Orthodontics (max age: 19)	50% to \$3,000 lifetime maximum		50% to \$1,500 lifetime maximum	

* Out of Network benefits are payable for services rendered by a dentist who is not a participating provider. The Reasonable and Customary charge is based on the lowest of (1) the dentist's actual charge (the 'Actual Charge'), (2) the dentist's usual charge for the same or similar services (the 'Usual Charge') or (3) the charge of most dentists in the same geographic area for the same or similar services as determined by MetLife (the 'Customary Charge'). Services must be necessary in terms of generally accepted dental standards.

Do you want to find dental care providers in your area? [Click here and click Find a Dentist](#) and be sure to select the **PDP Plus network**.

Vision Benefits



Insured by VSP

[Click here to register or log in at VSP](#) after they've received your enrollment. **You will not receive an ID card. Benefits can be accessed at in-network providers by providing the main subscriber's (employee) social security number at the time of services.**

Regular eye examinations cannot only determine your need for corrective eyewear, but also may detect general health problems in their earliest stages. Protection for the eyes should be a major concern for everyone.

By electing vision coverage with VSP, you will have access to a wide array of vision care benefits each plan year, including low copays and allowances for glasses, lenses, and much more! For an overview of just some of the VSP benefits, please review the chart below.

SERVICE	VSP SIGNATURE PLAN BENEFITS
Exam Copay	\$10
Materials Copay	\$25
Frequency	Exam: every 12 months Lenses: every 12 months Frame: every 24 months
Essential Medical Eye Care	\$20 copay per visit
EXAM COVERAGE	
WellVision Exam®	Covered in full after copay
Contact Lens Exam (Fitting & Evaluation)	Standard and premium fit: Covered in full after copay. Member receives 15% off contact lens exam services; copay will never exceed \$60. 15% off not available at Costco® Optical, Walmart® Optical or Sam's Club® Optical.
Routine Retinal Screening Not available at Walmart® Optical or Sam's Club® Optical	No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam
LENS COVERAGE	
Basic Prescription Lenses: (Glass or plastic) Single vision Lined bifocal Lined trifocal Lenticular	Covered in full after copay
Lens Enhancements ¹	Covered with a copay, saving an average of 40%
FRAME COVERAGE	
VSP Doctors and Retail Chains	\$200 allowance; plus 20% off any amount above the allowance
Costco® Optical	\$110 allowance
Walmart® Optical and Sam's Club® Optical	\$200 allowance
CONTACT LENS COVERAGE	
Elective Contact Lenses (prescription contact lenses, in lieu of glasses)	\$130 allowance
Necessary Contact Lenses Not available at Retail Chains, Costco® Optical, Walmart® Optical or Sam's Club® Optical	Covered in full after copay
EXTRA SAVINGS	
VSP Laser VisionCareSM Program Discounts on LASIK, Custom LASIK, and PRK, plus patient education.	Average 15% off or 5% off promotional offer Discounts only available from VSP contracted facilities. Members who've had laser surgery can use frame benefit for non-prescription sunglasses
Additional Pairs of Glasses	30% off unlimited additional pairs of prescription glasses and/or non-prescription sunglasses purchased on the same day with the same provider who performed the exam. Or 20% off from any VSP provider within 12 months of the member's last WellVision Exam

¹ Prices shown reflect standard selections; premium or custom options may also be available at additional costs.

Do you want to find eyecare providers in your area? [Click here to find a VSP Network Doctor.](#)

Life and Accidental Death & Dismemberment Insurance



Insured by The Standard

Life and Accidental Death and Dismemberment (AD&D) insurance can help protect your family with benefits and a variety of support services designed to help them cope with both emotional and financial issues. It can help you preserve your dream of a secure lifestyle for your family, even if you can't be there.

If you are an employee who is regularly scheduled to work 30 or more hours per week, your employer provides Basic Employee Life and AD&D insurance of \$50,000* at no cost to you and you may enroll for Additional Life and AD&D Insurance.

Not everyone's personal situation is the same; your family needs may be different from the needs of your coworkers. For this reason you are offered additional life and AD&D for yourself and your dependents, which can be purchased at group rates, above and beyond the employer-provided coverage. Rates for the additional coverage can be found on the Benefits app in Workday. The following chart presents an overview of the benefits provided by the life and AD&D plans. For more information, please refer to the Benefits app in Workday.

*Coverage amount is reduced at age 65 and older.

Basic Life and AD&D Insurance	
Basic Life Coverage Amount	Your Basic Life coverage amount is \$50,000
Basic AD&D Coverage Amount	For a covered accidental loss of life, your Basic AD&D coverage amount is equal to your Basic Life coverage amount. For other covered losses, a percentage of this benefit will be payable.
Age Reductions	Basic Life and AD&D insurance coverage amounts reduces to 65% at age 65, to 40% at age 70, and to 25% at age 75.
Group Additional Life and AD&D Insurance	
<p>How much can I apply for?</p> <p>Your Additional Life amount cannot exceed a maximum of seven (7) times your annual earnings. The coverage amount for your spouse cannot exceed 50% of your Additional Life coverage.</p> <p>Note: you cannot buy more coverage for your spouse or child(ren) then you buy for yourself.</p>	<p>For you: \$10,000 - \$500,000 in increments of \$10,000</p> <p>For your spouse: \$5,000 - \$250,000 in increments of \$5,000</p> <p>For your child(ren): \$10,000</p>
<p>What is the Guarantee Issue maximum?</p> <p>Depending on your eligibility, this is the maximum amount of coverage you may apply for during initial enrollment without answer health questions.</p> <p>Note: you cannot buy more coverage for your spouse or child(ren) then you buy for yourself.</p>	<p>For you: up to \$200,000</p> <p>For your spouse: up to \$30,000</p>
<p>What does my AD&D benefit provide?</p> <p>For a covered accidental loss of life, your Basic AD&D coverage amount is equal to your Basic Life coverage amount. For other covered losses, a percentage of this benefit will be payable.</p>	



Disability Income Protection

Administered and/or Insured by The Standard

Meeting your basic living expenses can be a real challenge if you become disabled over a long period of time. Your options may be limited to personal savings, spousal income and possibly Social Security. Disability insurance provides protection for your most valuable asset — your ability to earn an income.

If you are a regular employee regularly scheduled to work at least 30 hours per week, your employer provides Short-Term and Long-Term coverages at no cost to you.

Short-Term Disability

Short-Term Disability (STD) coverage provides income if you become disabled due to a non-work-related injury or illness. STD coverage provides you a benefit of up to 60% of your weekly earnings, up to \$4,600. Benefits will be reduced by other benefits for which you are eligible to receive, such as a state disability program. Benefits begin immediately for an injury and after 7 calendar days for an illness and are payable for up to 90 days. If eligible, enrollment is automatic and coverage is provided at no cost to you.

Long-Term Disability

Your employer also provides Long-Term Disability (LTD) insurance coverage, which pays up to 60% of your monthly earnings (see below) after a 90-day elimination period, for as long as you are found to be disabled (until you reach Social Security Retirement Age*). Benefits will be reduced by other benefits for which you are eligible to receive, such as a state disability program.

- Class I: President, CFO, COO, CAO, CIO, General Counsel, Chief HR Officer, and Executive Director (at Colleges of Law and Dallas Nursing Institute): your benefit maximum is \$20,000
- Class II: All other Members: your benefit maximum is \$20,000

If eligible, enrollment is automatic and coverage is provided at no cost to you.

*See your LTD Policy Certificate in Workday for more details on the LTD benefit.



403 (b) Retirement Plan

Recordkeeper: Transamerica

[Click here to log in to your 403\(b\) Retirement Plan account at Transamerica's site.](#)

The 403(b) Retirement Plan helps you save for your retirement with convenient payroll deductions. You choose how much to save and whether to defer pre-tax or after-tax (Roth) dollars. In addition, the 403(b) plan offers a wide variety of investment options to help you meet your retirement goals. You can also rollover your retirement savings from other employers' qualified retirement plans.

403(b) Automatic Deferrals

If you are hired on or after January 1, 2026, as a regular full-time or a regular part-time employee who is scheduled to work at least 20 hours per week, you will be automatically enrolled in the 403(b) plan and 2% of your pay will be withheld from your pay on a pre-tax basis. This automatic deferral (contributions) will start approximately 45 days after your hire date. If you want to opt out of this salary deferral, you may do so by logging in to your account on Transamerica's website. You may do this as soon as the Wednesday following your first paycheck. The automatic contribution will not apply to you if you were initially hired as an employee who is ineligible to participate in the 403(b) Retirement Plan.

The Difference Between Pre-Tax and Roth Contributions

The 403(b) Retirement Plan permits you to contribute your pay on a pre-tax or Roth (after-tax) basis. You can even contribute both types at the same time! Pre-tax contributions reduce your taxable income today and you pay taxes on the funds (and earnings) when they are paid out. Roth contributions, on the other hand, do not reduce your taxable income today. If you withdraw Roth contributions at least five years after they are contributed, the withdrawal is generally tax-free.

Employer Contributions

Your employer may make a contribution to the 403(b) Plan on your behalf if you meet certain eligibility requirements. Contact your Human Resources representative for more information.

Contribution Limits

As of the publication of this Overview, the IRS has not yet issued the 2026 contribution limits. In 2026, however, you may contribute up to **\$23,500** to the 403(b) plan and, if you are age 50 or over, you may defer an additional \$7,500. This additional amount is called a "catch-up contribution".

Enrolling and Changing Your Contributions

Eligible employees may enroll in the 403(b) Plan and change or cancel payroll deductions at any time. You can also change your investment elections at any time (some investments require a minimum investment period). For more information, including more information regarding your investment options, review the *403(b) – Transamerica 403(b) Enrollment Guide* found in the Benefits app in Workday or contact Transamerica Retirement Solutions.



Employee Assistance Program

Administered by ComPsych GuidanceResources

[Click here to view your GuidanceResources® offerings](#) or call them at (800) 272-7255 (Use Company ID COM589)

The GuidanceResources® Program is an employee assistance program (EAP) for you and your household members that can help you with life's challenges, whether workplace or personal. At no cost to you, the EAP can help you with concerns such as:

- Stress and depression
- Caring for children and aging parents
- Family, work or personal relationship issues
- Alcoholism or substance abuse
- Bereavement
- Coping with a chronic illness
- Job or career anxiety

Licensed counselors are available by telephone 24 hours a day, seven days a week.





Critical Illness Insurance

Protection when faced with a critical illness diagnosis

THINK ABOUT THIS



Early detection, improved treatments and access to care, are factors that influence cancer survival*



Every 40 seconds, someone in the U.S. has a stroke**

Coverage offered to the employees of:

The Community Solution
Education System

If you're diagnosed with a critical illness and it keeps you out of work, the impact to your finances can grow quickly. Critical Illness Insurance from Allstate Benefits can help ease your mind so you can focus on getting better.

Here's How It Works

- Select a benefit and premium amount to meet your needs
- Premiums will be deducted each pay period
- If you're diagnosed with a critical illness, file a claim and receive a lump-sum cash benefit*

Protecting Your Finances

You've worked hard for your savings – don't let a critical illness wipe them out.

- Protect your checking and savings
- Don't dip into your HSA or 401(k)



Meeting Your Needs

- Guaranteed Issue coverage, subject to exclusions and limitations*
- Coverage can include your dependents
- Benefits paid regardless of any other medical or disability plan coverage
- Coverage may be continued; refer to your certificate for details

*Life After Cancer: Survivorship by the Numbers, American Cancer Society, 2021. ** <https://www.cdc.gov/stroke/facts.htm>. *Please refer to the Exclusions and Limitations section of this brochure.



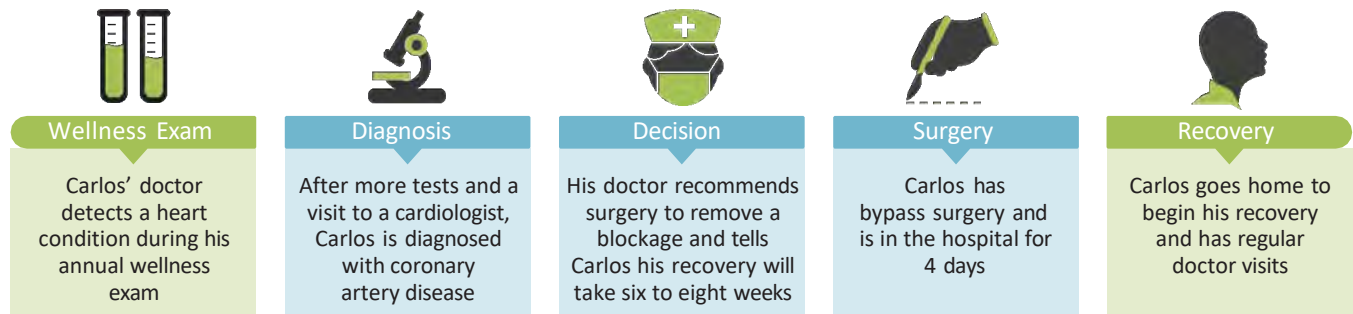
Meet Carlos

CHOOSE

Carlos signs up for Allstate Benefits Critical Illness Insurance during his employer’s Open Enrollment.

USE

A few months later, Carlos learns he has a coronary artery disease. Here’s his story:

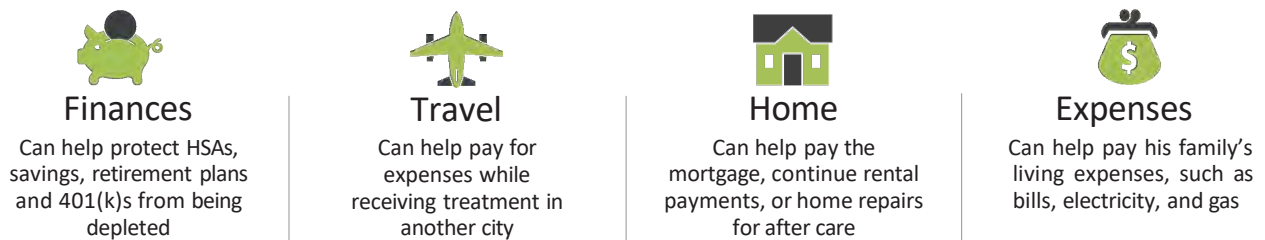


CLAIM

Carlos files a claim with his Allstate Benefits Critical Illness coverage through the convenient web portal, MyBenefits*. He receives a lump-sum cash benefit for:

<ul style="list-style-type: none"> • Fixed Health Screening • Coronary Artery Bypass Graft 	<p>*MyBenefits Claim Filing Portal</p> <p>Offers 24/7 access to important information about your benefits. eSign, submit and check your claims (including claim history), request cash benefits to be direct deposited, make changes to personal information, and more.</p> <p>Access: mybenefits.allstate.com</p>
--	--

Here are some of the ways Carlos can use his cash benefits



The example above details a fictional situation; your individual experience may vary. For a listing of benefits and benefit amounts, see pages 3 through 6.

Critical Illness Insurance (GCI5)

Group Critical Illness Insurance from Allstate Benefits

Offered to the Employees of: The Community Solution Education System

BENEFIT AMOUNTS

The percentages below are based on the Benefit Amount of \$10,000 Plan 1, \$20,000 Plan 2, \$30,000 Plan 3 chosen by your employer.

[†]Covered spouse receives 50% of your benefit amount. [‡]Covered child receives 50% of your benefit

CRITICAL ILLNESS BENEFITS [†]		Benefit*	PLAN 1	PLAN 2	PLAN 3	Recur**
Heart Attack		100%	\$10,000	\$20,000	\$30,000	100%
Stroke		100%	\$10,000	\$20,000	\$30,000	100%
Major Organ Failure		100%	\$10,000	\$20,000	\$30,000	100%
Coronary Artery Disease/Coronary Artery Bypass Graft		25%	\$2,500	\$5,000	\$7,500	25%
Transient Ischemic Attack (TIA) or Reversible Ischemic Neurologic Deficit (RIND)		10%	\$1,000	\$2,000	\$3,000	0%
Invasive Cancer		100%	\$10,000	\$20,000	\$30,000	100%
Carcinoma In Situ		25%	\$2,500	\$5,000	\$7,500	25%
Waiver of Premium (employee only)	Included		Yes	Yes	Yes	None
SUPPLEMENTAL CRITICAL ILLNESS BENEFITS [†]		Benefit*	PLAN 1	PLAN 2	PLAN 3	
Advanced Alzheimer's Disease		100%	\$10,000	\$20,000	\$30,000	
Advanced Parkinson's Disease		100%	\$10,000	\$20,000	\$30,000	
Benign Brain Tumor		100%	\$10,000	\$20,000	\$30,000	
Coma		100%	\$10,000	\$20,000	\$30,000	
Loss of Hearing		100%	\$10,000	\$20,000	\$30,000	
Loss of Sight		100%	\$10,000	\$20,000	\$30,000	
Loss of Speech		100%	\$10,000	\$20,000	\$30,000	
Paralysis		100%	\$10,000	\$20,000	\$30,000	
CHILDHOOD BENEFITS		Benefit*	PLAN 1	PLAN 2	PLAN 3	
Childhood Benefits	Child benefit amt.	100%	\$5,000	\$10,000	\$15,000	
ADDITIONAL RIDER BENEFITS		Benefit*	PLAN 1	PLAN 2	PLAN 3	
Fixed Health Screening Services		Yearly	\$50	\$50	\$50	
Skin Cancer [†]		Calendar Year	\$500	\$500	\$500	
Specified Condition and Infectious Disease [†]		25%	\$2,500	\$5,000	\$7,500	

*Benefit (some benefits pay a percentage of the benefit amount chosen or pay yearly, per treatment, a number of days or miles traveled.)

**Recurrence Benefit (pays a percentage of the benefit amount when a second diagnosis occurs for which a critical illness benefit was already paid.)

PLAN 1

EE EE+SP EE+CH F

PLAN 2

EE EE+SP EE+CH F

AgeBandedTobacco Bi-Weekly PREMIUMS for Tobacco and Non-Tobacco Smoker Status
 EE = Employee
 EE+SP = Employee + Spouse
 EE+CH = Employee + Child(ren) F = Family

Age	Non-Tobacco			
18-24	\$1.25	\$2.20	\$1.25	\$2.20
25-29	\$1.71	\$2.94	\$1.71	\$2.94
30-34	\$1.98	\$3.36	\$1.98	\$3.36
35-39	\$2.27	\$3.78	\$2.27	\$3.78
40-44	\$2.70	\$4.44	\$2.70	\$4.44
45-49	\$3.59	\$5.81	\$3.59	\$5.81
50-54	\$4.77	\$7.68	\$4.77	\$7.68
55-59	\$6.47	\$10.35	\$6.47	\$10.35
60-64	\$8.67	\$13.80	\$8.67	\$13.80
65-69	\$21.53	\$32.28	\$21.53	\$32.28
70-74	\$21.53	\$32.28	\$21.53	\$32.28
75-79	\$21.53	\$32.28	\$21.53	\$32.28
80+	\$21.53	\$32.28	\$21.53	\$32.28
Age	Tobacco			
18-24	\$1.32	\$2.30	\$1.32	\$2.30
25-29	\$1.76	\$3.02	\$1.76	\$3.02
30-34	\$2.08	\$3.50	\$2.08	\$3.50
35-39	\$2.58	\$4.24	\$2.58	\$4.24
40-44	\$3.19	\$5.17	\$3.19	\$5.17
45-49	\$4.47	\$7.14	\$4.47	\$7.14
50-54	\$6.32	\$9.99	\$6.32	\$9.99
55-59	\$9.02	\$14.18	\$9.02	\$14.18
60-64	\$12.65	\$19.78	\$12.65	\$19.78
65-69	\$33.33	\$49.82	\$33.33	\$49.82
70-74	\$33.33	\$49.82	\$33.33	\$49.82
75-79	\$33.33	\$49.82	\$33.33	\$49.82
80+	\$33.33	\$49.82	\$33.33	\$49.82

Age	Non-Tobacco			
18-24	\$1.74	\$2.92	\$1.74	\$2.92
25-29	\$2.35	\$3.88	\$2.35	\$3.88
30-34	\$2.89	\$4.69	\$2.89	\$4.69
35-39	\$3.57	\$5.71	\$3.57	\$5.71
40-44	\$4.45	\$7.04	\$4.45	\$7.04
45-49	\$6.23	\$9.78	\$6.23	\$9.78
50-54	\$8.66	\$13.51	\$8.66	\$13.51
55-59	\$12.11	\$18.85	\$12.11	\$18.85
60-64	\$16.56	\$25.68	\$16.56	\$25.68
65-69	\$41.35	\$61.98	\$41.35	\$61.98
70-74	\$41.35	\$61.98	\$41.35	\$61.98
75-79	\$41.35	\$61.98	\$41.35	\$61.98
80+	\$41.35	\$61.98	\$41.35	\$61.98
Age	Tobacco			
18-24	\$1.87	\$3.11	\$1.87	\$3.11
25-29	\$2.45	\$4.02	\$2.45	\$4.02
30-34	\$3.07	\$4.95	\$3.07	\$4.95
35-39	\$4.15	\$6.58	\$4.15	\$6.58
40-44	\$5.39	\$8.46	\$5.39	\$8.46
45-49	\$7.98	\$12.39	\$7.98	\$12.39
50-54	\$11.79	\$18.22	\$11.79	\$18.22
55-59	\$17.43	\$26.82	\$17.43	\$26.82
60-64	\$24.95	\$38.26	\$24.95	\$38.26
65-69	\$64.94	\$97.06	\$64.94	\$97.06
70-74	\$64.94	\$97.06	\$64.94	\$97.06
75-79	\$64.94	\$97.06	\$64.94	\$97.06
80+	\$64.94	\$97.06	\$64.94	\$97.06

PLAN 3

EE EE+SP EE+CH F

Age	Non-Tobacco			
18-24	\$2.28	\$3.72	\$2.28	\$3.72
25-29	\$2.99	\$4.81	\$2.99	\$4.81
30-34	\$3.80	\$6.02	\$3.80	\$6.02
35-39	\$4.86	\$7.64	\$4.86	\$7.64
40-44	\$6.30	\$9.83	\$6.30	\$9.83
45-49	\$8.88	\$13.74	\$8.88	\$13.74
50-54	\$12.54	\$19.35	\$12.54	\$19.35
54-59	\$17.77	\$27.35	\$17.77	\$27.35
60-64	\$24.48	\$37.57	\$24.48	\$37.57
65-69	\$61.17	\$91.67	\$61.17	\$91.67
70-74	\$61.17	\$91.67	\$61.17	\$91.67
75-79	\$61.17	\$91.67	\$61.17	\$91.67
80+	\$61.17	\$91.67	\$61.17	\$91.67
Age	Tobacco			
18-24	\$2.46	\$4.00	\$2.46	\$4.00
25-29	\$3.12	\$5.01	\$3.12	\$5.01
30-34	\$4.05	\$6.40	\$4.05	\$6.40
35-39	\$5.71	\$8.90	\$5.71	\$8.90
40-44	\$7.72	\$11.94	\$7.72	\$11.94
45-49	\$11.47	\$17.64	\$11.47	\$17.64
50-54	\$17.28	\$26.46	\$17.28	\$26.46
55-59	\$25.87	\$39.50	\$25.87	\$39.50
60-64	\$37.31	\$56.82	\$37.31	\$56.82
65-69	\$96.56	\$144.30	\$96.56	\$144.30
70-74	\$96.56	\$144.30	\$96.56	\$144.30
75-79	\$96.56	\$144.30	\$96.56	\$144.30
80+	\$96.56	\$144.30	\$96.56	\$144.30

For Home Office Use

Only Proposal
 P1707650700 Quote
 CIMP1708474123 CL1

For use in enrollments
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www.allstate.com or
allstatebenefits.com

Benefits - Benefits paid upon diagnosis of one of the following conditions and once per covered person. When all benefits have been used, the coverage terminates. Covered Spouse and Children receive 50% of your benefit amount (subject to maximums listed on pages 3 and 4).

CRITICAL ILLNESS BENEFITS

Heart Attack[†] - the death of a portion of the heart muscle due to inadequate blood supply. Does not include established (old) myocardial infarction or cardiac arrest

Stroke[†] - death of a portion of the brain producing neurological sequelae, including infarction of brain tissue, hemorrhage and embolization from an extra-cranial source. Does not include transient ischemic attacks (TIAs), head injury, chronic cerebrovascular insufficiency or reversible ischemic neurological deficits

End Stage Renal Failure[†] - irreversible failure of both kidneys, resulting in peritoneal dialysis or hemodialysis. Does not include renal failure caused by traumatic events, including surgical trauma

Major Organ Failure[†] - diagnosis of failure of heart, lungs, liver, pancreas, or kidneys, with placement on National Transplant List or actual surgical transplant. Lungs and kidneys are considered one major organ, regardless of whether one or both lungs or kidneys are transplanted. Does not include bone marrow or stem cell transplant or donation surgery, and does not pay for mechanical or non-human organs

Coronary Artery Disease/Coronary Artery Bypass Graft[†] - surgery to correct narrowing or blockage of one or more coronary arteries or valves due to damage or disease with a bypass graft. Does not include coronary angioplasty, coronary angiography or any other intra-catheter technique procedures

Transient Ischemic Attack (TIA) or Reversible Ischemic Neurologic Deficit (RIND)[†] - a temporary or reversible ischemic event where measurable and functional neurological impairment is confined to an arterial area of the brain, there is no evidence of cerebral tissue damage, and reversible functional neurological impairments are confirmed

Invasive Cancer[†] - malignant tumor with uncontrolled growth, including leukemia and lymphoma. Does not include carcinoma in situ or skin cancer (other than invasive malignant melanoma or metastasized skin malignancies)

Carcinoma In Situ[†] - non-invasive cancer, including melanoma that has not invaded the dermis. Does not include other skin malignancies, pre-malignant lesions (such as intraepithelial neoplasia), benign tumors, or polyps

Waiver of Premium (employee only) - premiums waived if disabled for 90 consecutive days due to a critical illness

CARDIO BENEFITS

Coronary Artery Disease/Coronary Angioplasty[†] - catheterization performed on damaged or diseased arteries or valves when cardiac function is impaired due to plaques or buildup of fatty deposits on artery walls causing narrowing of the coronary artery, resulting in partial or complete blockage

SUPPLEMENTAL CRITICAL ILLNESS BENEFITS

Advanced Alzheimer's Disease - must exhibit impaired memory and judgment and be certified unable to perform at least two activities of daily living (ADLs) without adult assistance. ADLs are bathing, dressing, toileting, bladder and bowel continence, transferring and eating

Advanced Parkinson's Disease - must exhibit two or more of the following: muscle rigidity, tremor, or bradykinesia (slowness in physical and mental responses); and be certified unable to perform at least two activities of daily living (ADLs) without adult assistance. ADLs are bathing, dressing, toileting, bladder and bowel continence, transferring and eating

Benign Brain Tumor - a non-malignant tumor limited to brain, meninges, cranial nerves or pituitary gland. Does not include tumors of the skull or ear canal, cysts, acoustic neuroma, pituitary adenomas less than 10mm, or germinomas

Coma - unconscious and not responsive to external stimulation or responsive to internal needs for at least 7 consecutive days. Does not include medically-induced coma, coma resulting from alcohol or drug use, or diagnosis of brain death

Loss of Hearing - total and permanent loss of hearing in both ears (cannot be corrected by hearing aid or device)

Loss of Sight - total and permanent loss of vision in both eyes

Loss of Speech - total and permanent loss of speech or verbal communication (without a medical device)

Paralysis - permanent loss of muscle function in two or more limbs due to disease or injury. Does not include loss of muscle function limited to fingers or toes

CHILDHOOD BENEFITS[†]

10 childhood diseases or defects for dependent children are covered. Cerebral Palsy; Cleft Lip or Cleft Palate; Congenital Heart Disease (coarctation of the aorta, hypoplastic left heart syndrome, patent ductus arteriosus, tetralogy of

Fallot, or transposition of the great arteries); Cystic Fibrosis; Type 1 Diabetes; Down Syndrome; Muscular Dystrophy; Spina Bifida; Structural Congenital Defect (anal atresia, anencephaly, biliary atresia, club foot, diaphragmatic hernia,

Hirschsprung's disease, gastroschisis, omphalocele, pyloric stenosis, and spinal muscular atrophy)

[†]Benefits are included under the Recurrence of Benefits option.

OPTIONAL/ADDITIONAL RIDER BENEFITS

All rider benefits listed are paid (subject to the maximums listed on page 3) Specified Condition and Infectious Disease Rider pay a percentage of the maximum benefit amount upon diagnosis and are only once per covered person.

Fixed Health Screening Services Rider - coverage for one eligible service performed each year for each covered person. 47 covered services include: Biopsy for cancer and skin cancer; Blood Chemistry Panel; Blood Tests for Triglycerides, CA15-3 (breast cancer), CA125 (ovarian cancer), CEA (colon cancer), or PSA (prostate cancer); Chest X-ray; Clinical Testicular Exam; CBC (blood count); Colonoscopy; Dental Exam; Doppler Screening (cancer, carotids or peripheral vascular disease); Echocardiogram; EKG (Electrocardiogram); EEG (Electroencephalogram); Endoscopy; Eye Exam; Fasting Blood or Plasma Glucose test; Flexible Sigmoidoscopy; Hearing Test; Hemoglobin A1C; Hemocult Stool Analysis; HPV (Human Papillomavirus) vaccination; Immunization; Inpatient Visit for routine newborn care; Lipid Panel (total cholesterol count); Mammography (breast ultrasound); Mental Health Assessments, including

Patient Health Questionnaire-9 (PHQ-9), Beck Depression Inventory (BDI-II), and Hamilton Depression Rating Scale (HAM-D); Office Visits for Preventative Care; Oral Cancer Screening; Pap Smear, including ThinPrep Pap Test; Sampling of blood or tissue for genetic testing for cancer risk; Serum Protein Electrophoresis (test for myeloma); Sexually Transmitted Infections (STI) test; Skin Cancer Screening; Skin Exam; Stress Test (bike or treadmill); Testing for Donation of Bone Marrow (includes HLA - Human Leukocyte Antigen); Thermography; Two-Hour Post-Load Plasma Glucose Test; Ultrasound Screening of abdominal aorta for aortic aneurysms; Ultrasound Screening for cancer detection; Any exam or screening for cancer detection other than those listed

Skin Cancer Rider - basal cell carcinoma and

squamous cell carcinoma. Does not include malignant melanoma and pre-cancerous conditions such as leukoplakia, actinic keratosis, carcinoid, hyperplasia, polycythemia, nonmalignant melanoma, moles, or similar diseases or lesions

Specified Condition and Infectious Disease Rider - diagnosis of one of the following specified conditions or infectious diseases: Acute Respiratory Distress Syndrome (ARDS); Adrenal insufficiency (Addison's Disease); Lou Gehrig's Disease (ALS); Bacterial meningitis; Cerebral palsy; Cystic fibrosis; Diphtheria; Encephalitis; Huntington's chorea; Legionnaires' disease (confirmation by culture or sputum); Malaria; Multiple sclerosis; Muscular dystrophy; Myasthenia gravis; Necrotizing fasciitis; Osteomyelitis; Poliomyelitis; Rabies; Scleroderma; Sickle cell anemia; Systemic lupus; Tetanus; Tuberculosis



Practical benefits for everyday living.®



When you choose
ALLSTATE BENEFITS,
we can help give you and your family financial peace of mind.
Are you in good hands?®



We're the name you know and trust, protecting America's families for over 50 years. Our valuable coverage options help empower people to make the best decisions for their finances and their futures.

Once you've elected coverage, register with our convenient customer service portal, MyBenefits, for anytime access to your coverage details and important documents. MyBenefits also allows you to file claims quickly and easily – and get benefits deposited directly into your bank account (authorization required).

CERTIFICATE SPECIFICATIONS

Eligibility

Your employer and Allstate Benefits decide who is eligible for your group during the enrollment period (such as length of service, hours worked each week, eligibility waiting period, if applicable, and evidence of insurability). Issue ages are 18 and over.

Dependent Eligibility/Termination

Family members eligible for coverage are your spouse and dependent children. Spouse and child coverage ends when your coverage ends, when you request to terminate dependent coverage, when your spouse or children exhaust all benefits under the coverage, or upon your death. Spouse coverage also ends upon valid decree of divorce. Child coverage also ends when the child reaches age 26 (30 if a military veteran), unless they continue to meet the definition of a dependent child.

When Coverage Ends

Coverage under the policy ends on the earliest of the following: the date the group policy is terminated; the group policy grace period ends after nonpayment of required premiums; you are no longer actively working for the group policyholder; you or your class are no longer eligible; you submit a written request to terminate the certificate; your death; a false claim is filed; when all benefits have been paid under the policy and riders.

Continuing Your Coverage

You, your spouse, and your child(ren) may be eligible to continue coverage when coverage under the policy ends. Refer to your Certificate of Insurance for details.

EXCLUSIONS AND LIMITATIONS

Conditions and Limits

A diagnosis occurring before your coverage begins is not payable; however, a diagnosis of any covered critical illness after your effective date will be payable. Benefits are subject to all other limitations and exclusions. All critical illnesses must meet the definitions and dates of diagnoses stated in the certificate and be diagnosed by a physician while coverage is in effect.

If the first diagnosis of cancer occurs before the effective date of coverage, benefits are paid for a subsequent diagnosis of cancer after the effective date if, after the first diagnosis, the covered person is free of any symptoms and treatment.

Recurrence of Benefits for a Subsequent Critical Illness

Benefit amounts for a recurrence of a critical illness will be paid if diagnosed with a subsequent critical illness for which a benefit was previously paid if the date of diagnosis, loss, or treatment is separated by 6 months after the previous date of diagnosis, loss, or treatment.

Exclusions for: Critical Illness Certificate; Fixed Health Screening Services Rider; Skin Cancer Rider; Specified Condition and Infectious Disease Rider

Benefits are not paid for: intentionally self-inflicted injury; substance use disorder, which means substance abuse disorders, substance dependence disorder, and substance induced disorders; voluntarily taking or using of any drug, medication, narcotic, or controlled substance, unless administered by a physician or taken according to over-the-counter package directions.

We will not pay benefits for conditions diagnosed prior to the effective date of coverage or outside of the United States, its territories, or Canada, unless confirmed by a physician in the United States, its territories, or Canada.

This brochure is for use in enrollments situated in IL. This advertisement is a solicitation of insurance; contact may be made by an Allstate Benefits Agent, Agency, or Representative.

This material is valid as long as information remains current, but in no event later than August 29, 2027. Group Critical Illness benefits are provided under policy form GCIC5, or state variations thereof. Critical Illness Rider benefits are provided under the following rider forms, or state variations thereof: Fixed Health Screening Services Rider GCIC5FHSR; Skin Cancer Rider GCIC5SCR; Specified Condition and Infectious Disease Rider GCIC5SCIDR.

The coverage provided is limited benefit supplemental critical illness insurance. The policy is not a Medicare Supplement Policy. If eligible for Medicare, review Medicare Supplement Buyer's Guide available from Allstate Benefits.

This is a brief overview of the benefits available under the group policy underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville, FL). Details of the coverage, including exclusions and other limitations are included in the certificates issued. For additional information, you may contact your Allstate Benefits Representative.

The coverage does not constitute comprehensive health insurance coverage (often referred to as "major medical coverage") and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.



Allstate Benefits is the marketing name used by American Heritage Life Insurance Company, a subsidiary of The Allstate Corporation.
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Whole Life Insurance

Provides a cash benefit directly to your beneficiary

THINK ABOUT THIS



Reasons for purchasing life coverage include: replace income, final expenses, wealth transfer and mortgage payoff¹



42% of families would face financial hardship within six months, and 25% would suffer financially within a month¹

Coverage offered to the employees of:

The Community Solution
Education System

With an unexpected death — you don't want to leave behind financial obligations. Whole Life Insurance from Allstate Benefits can help your family realize the goals and dreams you shared together, and builds cash value you can draw on while still alive.

Here's How It Works

- Select the coverage that's right for you and your family*
- Then if you pass away, your beneficiary files a claim
- A lump-sum cash benefit payable by direct deposit or check can be used however they wish

Protecting Your Finances

With planning, the death benefit can pass to your beneficiaries free from state or federal estate taxes. Consult with your tax advisor for specifics.



Practical benefits
for everyday living.*

Meeting Your Needs

- Fully-guaranteed death benefit (premiums payable to age 95)
- If you live to age 121, a lump-sum maturity benefit is paid
- Spouse and child(ren) may be covered**
- Affordable premiums

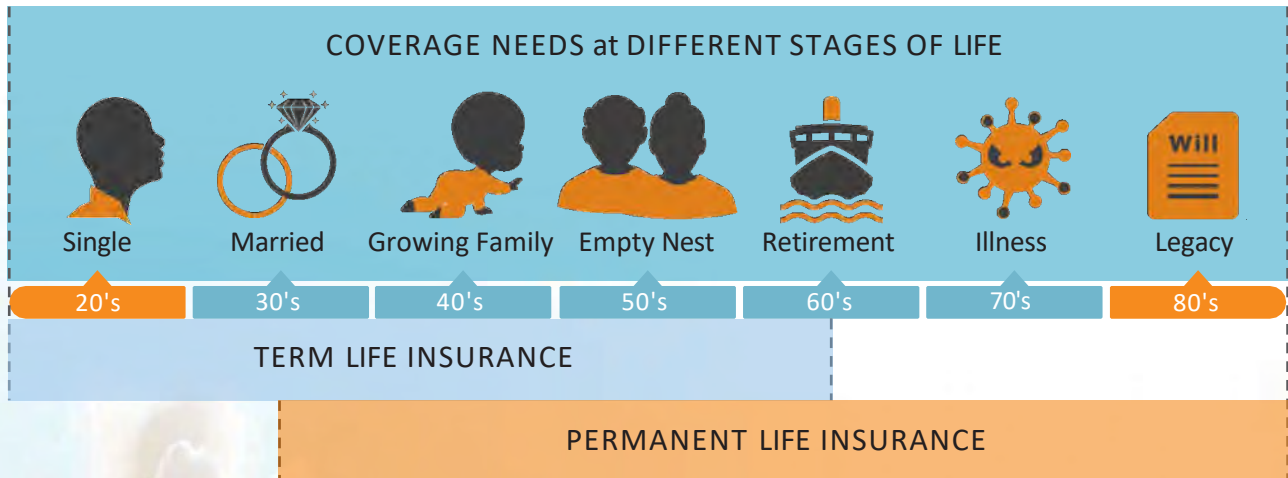
[†]Allstate Benefits is the marketing name used by American Heritage Life Insurance Company, a subsidiary of The Allstate Corporation. ¹2021 Insurance Barometer Report, LIMRA. *You may be required to answer health questions at enrollment. Coverage may be available with reduced underwriting through your employer during your initial enrollment period. If you enroll after your initial enrollment period, answers to health questions are required. **Coverage for spouse and child(ren) may be limited to a percentage of the employee's face amount in some states.



There are moments in life that cause us to think about how our loved ones would make ends meet, if we died unexpectedly and their financial support was reduced.

Coverage for all stages of life

As people move through the stages of life, certain factors dictate the type of life insurance they need. During working years, an employer may provide Term Life insurance, but the wraparound coverage of our Group Whole Life product can help give peace of mind because the money you spent builds cash value that you can use later in life or add to the term benefit payout. The graph below illustrates the need for term and permanent whole life insurance throughout the various stages of life.



Here are some of the ways the cash benefits can be used



Finances

Can help protect your savings, retirement plans and 401(k)s from being depleted



Home

Your beneficiary can use the cash benefits to help pay the mortgage, continue rental payments, or perform needed home repairs



Expenses

Can help pay your family's living expenses such as bills, electricity, and gas

The examples above detail fictional thought processes and needs; your individual needs and reasons for coverage may vary.

Prepare for the future today

Review and check some or all that apply.

- You're the primary wage earner and your family would have trouble living comfortably without your income
- You have regular debts, like mortgage, car payment or credit cards
- You have children under 18
- You want permanent, fully guaranteed coverage
- You'd like to offer a tax-free death benefit to your beneficiary

Here's how Group Whole Life works

Premiums are payable to age 95 and are conveniently payroll deducted. The longer the policy coverage continues and premiums are paid, the more the cash value builds.

Cash values and payments

As premiums are paid, the policy is building cash value over time. Premiums are guaranteed at issue and the coverage becomes fully paid-up at age 95 if all premiums have been paid.

If the decision is made to stop paying premiums after the coverage is effective and has developed cash value, various non-forfeiture options are available. Extended Term Insurance (ETI) is the default non-forfeiture option when premium payments stop and there is no active selection made to continue coverage. ETI reduces the duration of coverage (now a shorter term instead of whole life), but provides the same amount of death benefit.

With proper planning, the death benefit can pass to your beneficiaries free from state or federal estate taxes. Please consult with your tax advisor for specific information.

Benefits

GROUP WHOLE LIFE INSURANCE PROVIDES EITHER:

Death Benefit - pays a lump-sum cash benefit when the insured before age 121 dies

Maturity Benefit - pays a lump-sum cash benefit if the insured is still living at age 121

OPTIONAL/ADDITIONAL RIDER BENEFITS

Accelerated Death Benefit for Terminal Illness or Condition - a lump-sum advance of 75% of the death benefit (not to exceed \$100,000) when certified terminally ill by a physician. The benefit payable is discounted using the current discount rate. Premiums are waived after payment of the benefit. Premiums are waived after payment of benefit.

Children's Term - level term insurance for each covered dependent child under age 26. Subject to state limits on dependent life coverage.

Accelerated Death Benefit for Long Term Care with Restoration of Benefits and Extension of Benefits - a monthly advance of 6% of the death benefit for up to 34 months while receiving qualified long-term care services after a 90-day elimination period when certified chronically ill by a licensed health care practitioner. The restoration benefit restores the death benefit and cash value to the pre-acceleration amounts, and the extension benefit extends the death benefit for a period equal to the original benefit term. Premiums are waived for the months when the benefit is payable.

The riders have exclusions and limitations, may vary in availability by issue or termination age, and may not be available to all covered dependents or in all states. Additional premiums may be required for riders added to coverage.



Practical benefits for everyday living.®

We can help give you and your family financial peace of mind. Are you in good hands?®

We are the Good Hands® people

We're the name you know and trust, protecting America's families for over 50 years. Our valuable coverage options help empower people to make the best decisions for their finances and their futures.

Once you've elected coverage, register with our convenient customer service portal, MyBenefits, for anytime access to your coverage details and important documents. MyBenefits also allows you to file claims quickly and easily – and get benefits deposited directly into your bank account (authorization required).

CERTIFICATE SPECIFICATIONS

Pre-Existing Condition Limitation

Accelerated Death Benefit for Long Term Care with Restoration of Benefits Rider and Extension of Benefits Rider -

Benefits are not paid for a period of chronic illness care resulting from a pre-existing condition that begins within the first 6 months after the effective date of coverage. This does not apply to a period of care beginning 6 months after the effective date. A pre-existing condition is a condition, whether diagnosed or not, for which symptoms existed within the 6-month period prior to the effective date, or medical advice or treatment was recommended or received from a medical professional within 6 months before the effective date.

Exclusions

Accelerated Death Benefit for Long Term Care with Restoration of Benefits and Extension of Benefits Rider -

Benefits are not paid for long-term care services that are: a result of mental or emotional disorder (except for Alzheimer's Disease, senility or senile dementia that are of organic origin); a result of alcoholism or drug addiction; a result of illness, treatment or medical conditions due to: war, act of war, participation in a riot or insurrection or attempt or commission of a felony, serving in the armed forces or auxiliary units, suicide or attempt at suicide, or intentionally self-inflicted injury; provided in a government facility (unless otherwise required by law); services for which benefits are available under Medicare (or benefits would be available under Medicare except for deductibles or coinsurance requirements) or other governmental program (except Medicaid), any state or federal workers' compensation, employer's liability or occupational disease law, or motor vehicle no-fault law, provided by a family member, and for which no charge is normally made in the absence of insurance; received outside the United States or its territories.

Suicide Exclusion for Group Whole Life; Children's Term Rider -

If the insured or rider insured commits suicide within 2 years of the effective date of coverage, the death benefit will be limited to the premiums paid.

This brochure is for use in enrollments situated in IL. This advertisement is a solicitation of insurance; contact may be made by an Allstate Benefits Agent, Agency, or Representative.

This material is valid as long as information remains current, but in no event later than August 29, 2027.

Group Whole Life Insurance benefits are provided under form GWLP, or state variations thereof. Rider benefits are provided under the following forms, or state variations thereof: Accelerated Death Benefit for Terminal Illness or Condition (GWPTI); Children's Term (GWPCT); Accelerated Death Benefit for Long Term Care with Restoration of Benefits and Extension of Benefits (GWPLTCRE, GWPLTCRE1).

This is a brief overview of the benefits available under the group voluntary policy underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville, FL). Details of the insurance, including exclusions, restrictions, and other provisions are included in the certificates issued. For additional information, you may contact your Allstate Benefits Representative.



Allstate Benefits is the marketing name used by American Heritage Life Insurance Company, a subsidiary of The Allstate Corporation.
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Accident Insurance

Protection for accidental injuries off-the-job

THINK ABOUT THIS



More than 85% of the medically consulted injuries suffered by workers occurred off the job*



Every 10 minutes, 1,054 people suffer an injury severe enough to require a doctor or medical professional†

Coverage offered to the employees of:

The Community Solution
Education System

When an accidental injury requires medical attention, the costs can pile up quickly. Accident Insurance from Allstate Benefits can help pick up where other insurance leaves off, providing a cash benefit to help cover expenses.

Here's How It Works

- Select a benefit and premium amount to meet your needs
- Premiums will be deducted each pay period
- If you have an accident and get medical attention, file a claim and receive cash benefits

Protecting Your Finances

You've worked hard for your savings – don't let an accident wipe it out.

- Protect your checking and savings
- Don't dip into your HSA or 401(k)



The Allstate Benefits Advantage

- Guaranteed Issue coverage, meaning no medical questions to answer*
- Coverage can include your dependents
- Premiums are affordable and can be conveniently payroll deducted
- Coverage may be continued; refer to your certificate for details

*National Safety Council, Injury Facts®, 2022 Edition. †Subject to exclusions and limitations, please refer to the Exclusions and Limitations section of this



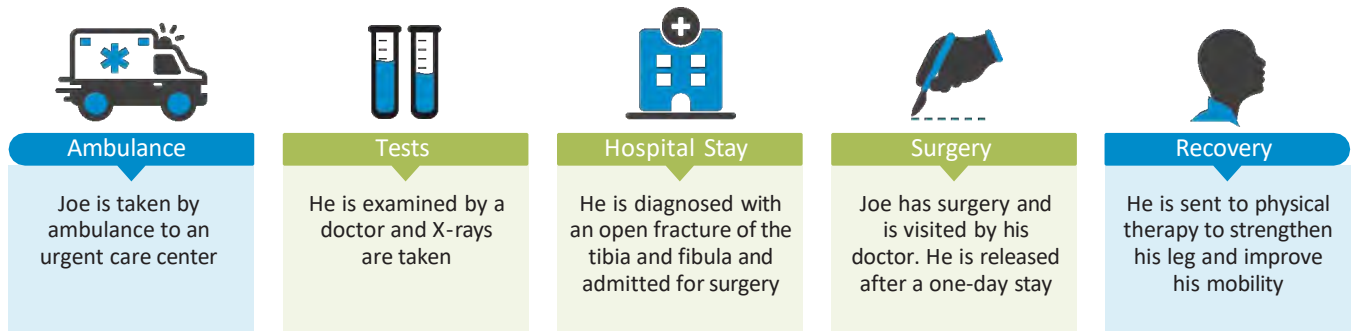
Meet Joe

CHOOSE

Joe signs up for Allstate Benefits Accident Insurance during his employer’s Open Enrollment.

USE

A few months later, Joe is playing soccer when he breaks his leg after colliding with another player. Here’s his story:



CLAIM

Joe files a claim on his Allstate Benefits Accident coverage through the convenient web portal, MyBenefits*. He receives cash benefits for:

- Ground Ambulance
- Initial Hospital Admission
- Daily Hospital Confinement
- Urgent Care Center
- Accident Physician’s Treatment
- Accident Follow-Up Treatment
- X-rays
- General Anesthesia
- Medical Equipment
- Medical Supplies
- Medication
- Therapy (6 days)
- Dislocation or Fracture (open reduction)

***MyBenefits Claim Filing Portal**
 Access the site at: allstatebenefits.com/mybenefits

Offers 24/7 access to important information about your benefits. eSign, submit and check your claims (including claim history), request cash benefits to be direct deposited, make changes to personal information, and more.

Here are some of the ways Joe can use his cash benefits



The example above details a fictional situation; your individual experience may vary. For a listing of benefits and benefit amounts, see pages 3 through 6.

ACCIDENT INSURANCE (GAI7)

Group Accident Insurance Benefits from Allstate Benefits

ACCIDENT FACILITY CARE			PLAN 1	PLAN 2
Initial Hospital Admission			\$750	\$1,500
Daily Hospital Confinement (pays daily)			\$150	\$300
Intensive Care Unit Confinement (pays daily)			\$300	\$600
Rehabilitation Unit Confinement (pays daily)			\$150	\$300
ACCIDENT INJURIES			PLAN 1	PLAN 2
Brain Injury Diagnosis			\$300	\$600
Broken Tooth			\$100	\$200
Burns (% of body surface)	2nd Degree	Less than 10%	\$25	\$50
		10% to 24%	\$50	\$100
		25% or more	\$250	\$500
		Less than 10%	\$100	\$200
		10% to 24%	\$500	\$1,000
		25% or more	\$2,000	\$4,000
Skin Graft (% of Burns Benefit)			50%	50%
Coma			\$10,000	\$20,000
Lacerations	With Repair (total length)	Less than 2"	\$50	\$100
		2" to 6"	\$125	\$250
		More than 6"	\$250	\$500
	Without Repair		\$50	\$100
Paralysis		1 or 2 Limbs	\$7,500	\$15,000
		3 or 4 Limbs	\$15,000	\$30,000
ACCIDENT TREATMENT AND URGENT CARE			PLAN 1	PLAN 2
Accident Follow-Up Treatment (pays daily)			\$100	\$175
Accident Physician Treatment			\$100	\$200
Ambulance		Air	\$1,000	\$2,000
		Ground	\$200	\$400
			\$100	\$200
X-ray			\$100	\$200
Emergency Room Services			\$150	\$300
Blood, Plasma or Platelets			\$300	\$600
Eye Injury			\$100	\$200
General Anesthesia			\$100	\$200
Ligament, Rotator Cuff, Tendon or Knee Cartilage Surgery		With Repair	\$500	\$1,000
		Without Repair	\$150	\$300
Miscellaneous Outpatient Surgery			\$100	\$200
Open Abdominal or Thoracic Surgery			\$1,000	\$2,000
Ruptured or Herniated Disc Surgery			\$500	\$1,000
Major Diagnostic Exam			up to \$200	up to \$400
Pain Management (Epidural or Nerve Ablation)			\$100	\$200
TREATMENT, SUPPORT AND RECOVERY			PLAN 1	PLAN 2
Companion Non-Local Lodging (pays daily)			\$200	\$350
Medical Equipment			\$250	\$437.50
Medical Supplies			\$10	\$17.50
Medication			\$10	\$17.50
Non-Local Transportation (per trip; 3 times per accident)			\$500	\$875
Post-Accident Common Carrier Transportation			\$400	\$700
Prosthetic Device		1 device	\$1,000	\$1,750
		2 or more devices	\$2,000	\$3,500
Residence/Automobile Modification			\$1,000	\$1,750
Therapy (pays daily; up to 6 days per accident)			\$60	\$105
OPTIONAL/ADDITIONAL RIDER			PLAN 1	PLAN 2
Dislocation and Fracture [^]				
Closed Reduction Maximum			\$4,200	\$7,350
Open Reduction Maximum			\$12,600	\$22,050
Avulsion Fracture or Chip Fracture (25% of Closed Reduction)		up to	\$1,050	\$1,837.50
		Partial Dislocation (25% of Closed Reduction)	up to \$1,050	up to \$1,837.50
Stress Fracture (10% of Closed Reduction)		up to	\$420	\$735
		Organized Sports Activity*	25%	25%
Fixed Health Screening Services (once per person/year)			\$50	\$50

[^]Up to amount shown; see Injury Benefit Schedule in this document. Multiple losses from the same injury pay up to the maximums shown above for each type of repair (Open or Closed Reduction).

INJURY BENEFIT SCHEDULE

Benefit amounts for coverage and one occurrence are shown below.

WITH CLOSED or OPEN REDUCTION DISLOCATION*	PLAN 1		PLAN 2	
	OPEN	CLOSED	OPEN	CLOSED
Hip Joint	\$12,600	\$4,200	\$22,050	\$7,350

Offered to the Employees of:
The Community Solution Education System

Benefits are paid once per covered person per covered accident, unless otherwise noted

PLAN 1 BI-WEEKLY PREMIUMS

EE	EE + SP	EE + CH	F
\$2.77	\$4.88	\$6.89	\$9.15

PLAN 2 BI-WEEKLY PREMIUMS

EE	EE + SP	EE + CH	F
\$5.19	\$9.06	\$13.44	\$17.59

EE = Employee; EE + SP = Employee + Spouse; EE + CH = Employee + Child(ren); F = Family Issue ages: 18 and Over if Actively at Work

• Organized Sports Activity
Pays an additional percentage of the benefit amount paid for: Accident Facility Care; Accident Treatment and Urgent Care; Accident Injuries; Treatment, Support and Recovery; Dislocation and Fracture

Ankle Joint; Knee Joint (except Patella); Bone or Bones of the Foot (except Toes)	\$4,800	\$1,600	\$8,400	\$2,800
Shoulder Joint	\$4,200	\$1,400	\$7,350	\$2,450
Elbow Joint	\$3,600	\$1,200	\$6,300	\$2,100
Wrist Joint	\$3,000	\$1,000	\$5,250	\$1,750
Bone or Bones of the Hand (except Fingers); Collarbone	\$1,800	\$600	\$3,150	\$1,050
Lower Jaw	\$1,200	\$400	\$2,100	\$700
Two or more Fingers or Two or more Toes	\$840	\$280	\$1,470	\$490
Kneecap (Patella)	\$600	\$200	\$1,050	\$350
One Finger or One Toe or Any other dislocation not listed above	\$360	\$120	\$630	\$210
FRACTURE*	OPEN	CLOSED	OPEN	CLOSED
Hip, Thigh (Femur); Pelvis (except Coccyx); Skull Fracture-Depressed (except Bones of the Face or Nose)	\$12,000	\$4,000	\$21,000	\$7,000
Skull Fracture-Non-Depressed (except Bones of the Face or Nose)	\$11,400	\$3,800	\$19,950	\$6,650
Vertebral Body or Vertebral Processes	\$9,000	\$3,000	\$15,750	\$5,250
Arm, between Shoulder and Elbow (Humerus); Shoulder Blade (Scapula); Leg (Tibia or Fibula)	\$6,600	\$2,200	\$11,550	\$3,850
Hand or Wrist (except Fingers)	\$6,000	\$2,000	\$10,500	\$3,500
Ankle	\$4,800	\$1,600	\$8,400	\$2,800
Kneecap (Patella); Collarbone (Clavical)	\$3,900	\$1,300	\$6,825	\$2,275
Foot (except Toes); Forearm (Radius or Ulna)	\$3,600	\$1,200	\$6,300	\$2,100
Lower Jaw (Mandible) (except Alveolar Process)	\$2,400	\$800	\$4,200	\$1,400
Two or more Ribs, Fingers or Toes; Bones of Face (except Nose); Nose; Upper Jaw (except Alveolar Process); Sternum	\$1,800	\$600	\$3,150	\$1,050
One Rib, Finger or Toe; Coccyx; Any other fracture not listed above	\$840	\$280	\$1,470	\$490

*Employee, Spouse and Children receive 100% of the benefit amounts listed.

For Home Office Use Only Proposal P1707650700, Quote ACCMP1708205191, CL1

For use in enrollments situated in: IL. This rate insert is part of the approved brochure for The Community Solution Education System and is not to be used on its own. This material is valid as long as information remains current, but in no event later than August 28, 2027, 3 years from the date the rate insert was produced.



Allstate Benefits is the marketing name used by American Heritage Life Insurance Company, a subsidiary of The Allstate Corporation. ©2022 Allstate Insurance Company. www.allstate.com or allstatebenefits.com

Benefits - Benefit paid for the following conditions (subject to maximums as listed on pages 3 and 4)

ACCIDENT FACILITY CARE BENEFITS

Initial Hospital Admission - first admission to a hospital in a calendar year

Daily Hospital Confinement - maximum of 365 days over a two year period following the covered accident

Intensive Care Unit Confinement - maximum of 180 days

Rehabilitation Unit Confinement - must be hospital confined prior to being transferred to the rehabilitation unit. Maximum of 30 days per continuous period of rehabilitation unit confinement, up to the maximum of 60 days per calendar year

ACCIDENT INJURIES BENEFITS

Brain Injury Diagnosis - diagnosis of concussion, cerebral laceration, cerebral contusion or intracranial hemorrhage

Broken Tooth - dental repair to sound natural teeth by crown, filling or extraction. One crown, filling or extraction per covered person, per accident. Not payable for injury caused by biting or chewing

Burns - treatment received within 48 hours of an accident for a 2nd or 3rd degree burn resulting from exposure to heat, electricity, radiation, friction or chemicals. Sunburns are not covered. If both 2nd and 3rd degree burns are suffered in a single accident, the benefit amount for each degree of burn is paid

Coma - unconsciousness lasting seven or more days; during which time, the Glasgow Coma Score is 4 or lower. Medically induced comas, coma resulting directly from drug or alcohol use, and diagnosis of brain death are excluded

Laceration - treatment received within three days of an accident for a cut or tear of skin/flesh. If more than one laceration in a single accident is repaired, the total length of all repaired lacerations will determine the benefit amount paid

Paralysis - complete/permanent loss of use of one or more limbs for 90 consecutive days

Skin Graft - skin transplant to repair or treat burns on the body. A benefit must be paid under the Burns benefit

ACCIDENT TREATMENT AND URGENT CARE BENEFITS

Accident Follow-Up Treatment - treatment received by telemedicine consultation (doesn't include electronic mail message, fax or online questionnaire), at a doctor's office or as an outpatient in a hospital. Maximum of six days. Not paid if the Therapy benefit is paid for the same day of treatment. If treatment is eligible for payment under the Accident Follow-Up Treatment and Therapy benefits, the treatment paying the highest benefit amount is paid

Accident Physician Treatment - treatment by a doctor

Ambulance - transportation by a licensed ground or air ambulance service. Both services pay once per accident per year

Urgent Care - services received at an urgent care facility

X-ray - must be ordered by a doctor

Emergency Room Services - treatment in an emergency room

Blood, Plasma or Platelets - transfusion of blood products to treat an injury

Eye Injury - surgery or removal of a foreign object by a doctor. Eye exam with or without anesthesia is not surgery

General Anesthesia - administered for surgery, provided one of the certificate surgery benefits is paid

Ligament, Rotator Cuff, Tendon, or Knee Cartilage Surgery - surgery or an exploratory arthroscopic surgical procedure to repair a torn, ruptured or severed tendon, ligament, rotator cuff or knee cartilage. Two or more surgeries done at the same time through one incision or entry point are considered one operation. The procedure or benefit that pays the highest amount is paid

Miscellaneous Outpatient Surgery - outpatient surgical procedures. Not paid if Eye Injury or any other surgery is paid. Two or more surgeries done at the same time through one incision or entry point are considered one operation. The procedure or benefit that pays the highest amount is paid

Open Abdominal or Thoracic Surgery - performed by a doctor for diagnosis or repair. Two or more surgeries done at the same time through one incision or entry point are considered one operation. The procedure or benefit that pays the highest amount is paid

Ruptured or Herniated Disc Surgery - surgical repair for a ruptured disc of the spine. Two or more surgeries done at the same time through one incision or entry point are considered one operation. The procedure or benefit that pays the highest amount is paid

Major Diagnostic Exam - CAT or CT scan, EEG, MRI, PET, ultrasound. X-rays are not covered. If more than one exam is ordered, the exam paying the highest benefit amount is paid

Pain Management - epidural injection or nerve ablation procedure to manage pain in the body. General, regional or local anesthesia is not covered

TREATMENT, SUPPORT AND RECOVERY BENEFITS

Companion Non-Local Lodging - each day a companion stays at a non-local lodging to be with a covered person while confined in a non-local facility more than 50 miles from their home. Maximum of 30 days

Medical Equipment - doctor-prescribed cane, crutches, supportive braces, walker, walking boot, wheelchair, or scooter that aids in mobility

Medical Supplies - purchase of medical supplies

Medication - purchase of prescription or over-the-counter medication

Non-Local Transportation - when a covered person travels more than 50 miles from their home to obtain treatment not available locally. Not paid when receiving services other than non-local treatment,

when someone accompanies or visits a covered person receiving non-local treatment, or when transported by air or ground ambulance

Post-Accident Common Carrier Transportation - following a three-day hospital stay more than 250 miles from the covered person's home; requires a common carrier flight, train or bus to return home within 48 hours of discharge. Payable only if the Daily Hospital Confinement benefit is paid. Does not pay for someone to accompany the covered person

Prosthetic Device - a new or replacement of an existing prosthetic arm, eye, foot, hand, or leg. Does not include hearing aids, dental aids, false teeth, eyeglasses, artificial joints or cosmetic prostheses (including hair wigs)

Residence or Automobile Modification - permanent structural modifications made to a primary residence (by a licensed contractor) or an automobile within 365 days after a covered accident to maintain an independent lifestyle

Therapy - daily treatment for one or more of the following therapies: chiropractic; cognitive behavioral; occupational; physical; respiratory; speech or vocational. Not paid if the Accident Follow-Up Treatment benefit is paid; if the treatment received meets the requirements for Accident Follow-Up Treatment and Therapy, the benefit paying the highest amount is paid

OPTIONAL/ADDITIONAL RIDER BENEFITS

Dislocation and Fracture - dislocations or fractures resulting from a covered accident and listed in the schedule of benefits are covered. Multiple dislocations or fractures from the same accident are limited to the amount shown in the Benefit Amounts on page 3

Closed Reduction - non-surgical repair of a dislocation or fracture, including immobilization

Open Reduction - surgical repair of a dislocation or fracture

Avulsion Fracture - tendon or ligament pulls off a piece of bone

Chip Fracture - small fragment of bone is broken off

Stress Fracture - tiny cracks in bone often caused by repetitive force

Partial Dislocation - joint is not completely separated

Organized Sports Activity - pays for treatment of covered injuries received while participating as a player in a regularly scheduled athletic event or team

practice. An athletic event: includes formal registration; has a set of written rules; is officiated by a certified official; has a governing body overseeing it; is an amateur event; and is not for wage or profit.

Treatment must be received within 180 days of a covered accident. Pays an additional percentage of the benefit amounts paid for: certificate and rider benefits for Accident Facility Care; Accident Treatment and Urgent Care; Treatment, Support and Recovery; Dislocation and Fracture

Fixed Health Screening Services - coverage for one eligible service performed each year for each covered person. Covered services include: Biopsy for cancer and skin cancer; Blood Chemistry Panel; Blood Tests for Triglycerides, CA15-3 (breast cancer), CA125 (ovarian cancer), CEA (colon cancer), or PSA (prostate cancer); Chest X-ray; Clinical Testicular Exam; CBC (blood count); Colonoscopy; Dental Exam; Doppler Screening (cancer, carotids or peripheral vascular disease); Echocardiogram; EKG (Electrocardiogram); EEG (Electroencephalogram); Endoscopy; Eye Exam; Fasting Blood or Plasma Glucose test; Flexible Sigmoidoscopy; Hearing Test;

Hemoglobin A1C; Hemocult Stool Analysis; HPV (Human Papillomavirus) vaccination; Immunization; Inpatient Visit for routine newborn care; Lipid Panel (total cholesterol count); Mammography (including breast ultrasound); Mental Health Assessments, including Patient Health Questionnaire-9 (PHQ-9), Beck Depression Inventory (BDI-II), and Hamilton Depression Rating Scale (HAM-D); Office Visits for Preventative Care; Oral Cancer Screening; Pap Smear, including ThinPrep Pap Test; Sampling of blood or tissue for genetic testing for cancer risk; Serum Protein Electrophoresis (test for myeloma); Sexually Transmitted Infections (STI) test; Skin Cancer Screening; Skin Exam; Stress Test (bike or treadmill); Testing for Donation of Bone Marrow (includes HLA - Human Leukocyte Antigen); Thermography; Two-Hour Post-Load Plasma Glucose Test; Ultrasound Screening of abdominal aorta for aortic aneurysms; Ultrasound for cancer detection; Any exam or screening for cancer detection other than those listed



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ALLSTATE BENEFITS,
we can help give you and your family financial peace of mind.
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We're the name you know and trust, protecting America's families for over 50 years. Our valuable coverage options help empower people to make the best decisions for their finances and their futures.

Once you've elected coverage, register with our convenient customer service portal, MyBenefits, for anytime access to your coverage details and important documents. MyBenefits also allows you to file claims quickly and easily – and get benefits deposited directly into your bank account (authorization required).

CERTIFICATE SPECIFICATIONS

Conditions and Limits

When an injury results in a covered loss within 180 days, unless otherwise stated, from the date of an accident, and is diagnosed by a physician, Allstate Benefits will pay benefits as stated. Treatment must be received in the United States or its territories.

Eligibility

Your employer decides who is eligible for your group (such as length of service and hours worked each week).

Dependent Eligibility/Termination

Coverage may include you, your spouse or domestic partner, and your children. Spouse or domestic partner and children coverage ends when your coverage ends, when you request to terminate dependent coverage, or upon your death. Spouse or domestic partner coverage also ends upon divorce. Child coverage also ends when the child reaches age 26, unless the child is disabled and dependent on you for support.

When Coverage Ends

Coverage under the policy and riders ends on the earliest of the following: the date the group policy is terminated; the group policy grace period ends after non-payment of required premiums; you are no longer actively working for the group policyholder; you or your class are no longer eligible; you submit a written request to terminate the certificate; your death; a false claim is filed.

EXCLUSIONS AND LIMITATIONS

Exclusions and Limitations for the Policy and the following riders: Dislocation and Fracture Rider; Organized Sports Activity Rider; Fixed Health Screening Services Rider Benefits are not paid for: act of war or participation in a riot, insurrection, rebellion or terrorist act; suicide or attempt at suicide, while sane or insane; intentionally self-inflicted injury or action; any bacterial infections (except from an accidental cut or wound); participation in aeronautics unless a fare-paying passenger on a licensed common-carrier aircraft; engaging in an illegal occupation or committing or attempting an assault or felony; driving in any race or speed test or testing any vehicle on any course, racetrack or speedway; hernia, including complications; operating a vehicle with a blood alcohol level that equals or exceeds the legal limit in the jurisdiction where the accident occurred; voluntary ingestion, injection, inhalation, or absorption of any poison, gas or fumes; voluntarily taking drugs or sedatives, unless taken as prescribed by a physician; an on-the-job accident, regardless of whether the benefits were paid under workers' compensation; an error, mishap, or malpractice during a medical, diagnostic or surgical treatment or procedure; elective, cosmetic, or plastic surgery, or drugs or supplies to alter, improve or enhance the shape or appearance of the body (including for psychological or emotional reasons); pregnancy; serving as an active member of the Military, Naval, or Air Forces of any country or combination of countries.

Benefits will not be paid for loss that occurs prior to the effective date of coverage or outside the United States, its territories, or Canada.

This brochure is for use in enrollments situated in IL. This advertisement is a solicitation of insurance; contact may be made by an Allstate Benefits Agent, Agency, or Representative.

This material is valid as long as information remains current, but in no event later than August 29, 2027.

Group Accident benefits are provided under policy form GAI7, or state variations thereof. Dislocation and Fracture Rider GAIC7DF; Organized Sports Activity Rider GAIC7OS; Fixed Health Screening Services Rider GAIC7FHSR.

The coverage provided is limited benefit supplemental accident insurance. The policy is not a Medicare Supplement Policy. If eligible for Medicare, review Medicare Supplement Buyer's Guide available from Allstate Benefits.

This is a brief overview of the benefits available under the group policy underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville, FL). Details of the coverage, including exclusions and other limitations are included in the certificates issued. For additional information, you may contact your Allstate Benefits Representative.

The coverage does not constitute comprehensive health insurance coverage (often referred to as "major medical coverage") and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

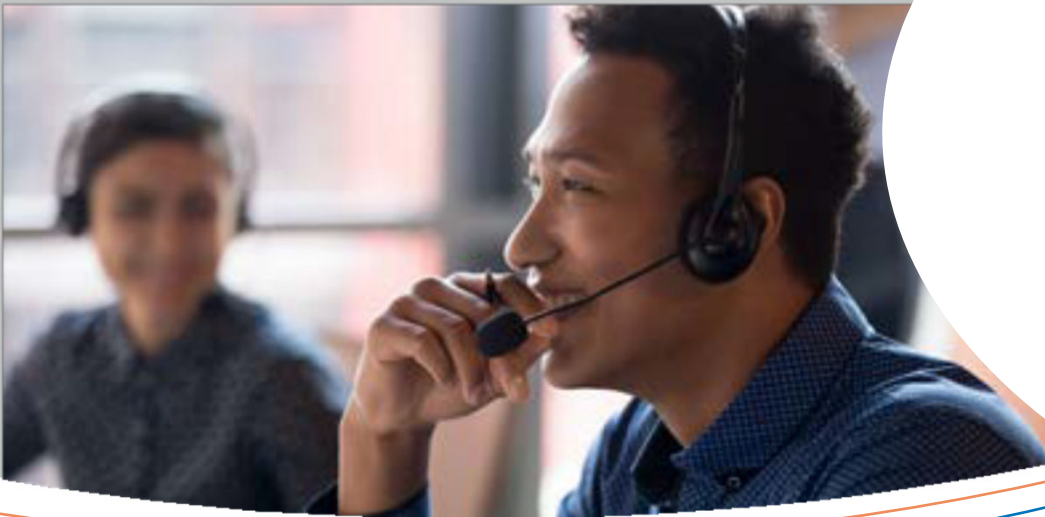


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Gallagher

Insurance | Risk Management | Consulting



Ask Your Advocate Team

Put our team to work to maximize your healthcare benefits.

Gallagher is ready to help you get the most from your benefits program by providing support from an advocate at no cost to you. Get assistance with:

- | | |
|---|---|
| <p>1 Insurance cards
Are you missing your insurance cards, need replacement cards or need to get in touch with an insurance carrier?</p> | <p>4 Provider search
Do you need help finding an in-network or specialty provider?</p> |
| <p>2 Benefits questions
Do you need help with specific benefits questions relating to how plans work, coverage questions or in-network benefits?</p> | <p>5 Prescription/pharmacy issues
Is the pharmacy telling you that your medication is not covered or charging you full price? Do you need help getting a pre-authorization on your medication?</p> |
| <p>3 Eligibility rules
Who can be covered under the plan and when?</p> | <p>6 Claims
Are you unsure if your insurance will pay for a certain procedure? Did you receive a bill from a doctor and don't know why?</p> |

Hours of Operation

Monday–Friday
8 a.m.–6 p.m. in central time zone

Connect With Us

The Community Solution Education System

(833) 385-3989
bac.thecommunitysolution@aig.com

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Resource Guide

The chart below will help you figure out which website to access or who to call when you want to take advantage of your benefits.

Action you want to take. . .	You should access or contact. . .	Is there a deadline?
Search for providers	. . .go to the <i>Contact Information</i> section of this Overview	No, but you may want to make sure the providers you use are in- or out-of network
As a new employee or newly eligible employee, enroll in: :: Medical :: Voluntary Dental :: Vision :: Medical FSA :: Dependent Care FSA	. . .the <i>Benefits</i> app in Workday	Yes, 30 calendar days from your hire date or benefits eligibility date
Change benefit elections due to a qualifying life event	. . .the <i>Benefits</i> app in Workday	Yes, 30 calendar days from the qualifying event date
Change your HMO primary care physician (PCP)	. . .your HMO	Check with your HMO for deadlines
Enroll or change your Commuter Spending Account contributions or orders	Transamerica	Yes, contribution changes must be made at least one week before your next paycheck. Cities with SmartCards require order changes by the 10 th of the month. Other deadlines may apply;
File reimbursement claims for the: :: Medical FSA :: Dependent Care FSA :: Commuter Spending Accounts	Transamerica	FSA's: March 15th of the year following the calendar year in which expenses were incurred. CSA's: 180 days following when the expense is incurred or 90 days following employment termination, whichever occurs first.
File reimbursement claims for the Health Savings Account (HSA)	. . . Your HSA Bank	No
Start, stop, or change your 403(b) deferrals Elect or change your 403(b) investment elections	. . . <u>your Transamerica 403(b) account</u>	If you want to opt out of the automatic deferral, you must do so within your first 30 days of employment. Deferral changes must be made at least 10 calendar days before your next paycheck There are no investment election deadlines
Change beneficiary designations	. . . the <i>Benefits</i> app in Workday for life insurance <u>your Transamerica 403(b) account</u> for the 403(b) plan	No

Contact Information



If you have specific questions about a benefit plan, please contact the carrier or your Human Resources Representative.

Benefit Plan	Carrier or Administrator	Phone	Website
BCBS HMO High Deductible Health Plan (PJ1021) PPO (\$250 Deductible) (P75588) PPO (\$1,000 Deductible) (PB4523)	BCBSIL	800-828-3116	www.bcbsil.com <i>Provider searches:</i> For the PPOs and the HDHP, click here and select the Plan/Network named Participant Provider Organization [PPO]
Kaiser HMO – No. CA (604546) Kaiser HMO – So CA (227657)	Kaiser Permanente	800-464-4000	www.kp.org <i>Provider searches:</i> For any of the Kaiser HMOs, click here and select your region.
Kaiser HMO – Mid-Atlantic States (26884)		301-468-6000	
Kaiser HMO – Washington State (165600)		888-901-4636	
Kaiser Northwest/Oregon			
Kaiser Colorado			
Kaiser Georgia			
Voluntary Dental	MetLife	800-942-0854	www.metlife.com <i>Provider searches:</i> Click here and click Find a Dentist and be sure to select the PDP Plus network.
Vision	VSP	800-877-7195	www.vsp.com
Health Savings Account	Transamerica	888-763-7474	www.transamerica.com
Flexible Spending Accounts Commuter Spending Accounts	Transamerica	888-763-7474	www.transamerica.com
Short- and Long-Term Disability Life and AD&D	Your Human Resources Representative		
Employee Assistance Program	Guidance Resources	800-272-7255	www.guidanceresources.com
403(b) Retirement Plan	Transamerica	800-755-5801	https://www.transamerica.com/portal/
Working Advantage (discount program)			https://www.workingadvantage.com/ Member ID: 827198009
Benefit Advocate Center	Gallagher	833-385-3989	bac.thecommunitysolution@ajg.com

NOTES



This document is an outline of the coverage provided under your employer’s benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the “plan documents”). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer’s benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.

