



20  
23

EMPLOYEE  
**BENEFITS**

AUGUST 1ST '23-'24

Coverage Outlines and Rates For You to Review



# BENEFIT PACKAGE EXAMPLES WITH HEALTH INSURANCE

Age 35 Non-Smoker Weekly Rates

## PACKAGE 1

**\$88.46**

- Plan 1 Allstate Health
- \$2k Premier Dental
- \$3,000 in Short Term Disability
- 100K 20 Year Term Life

## PACKAGE 2

**\$92.82**

- Plan 2 Allstate Health
- \$2k Premier Dental
- \$3,000 in Short Term Disability
- 100K 20 Year Term Life

## PACKAGE 3

**\$82.11**

- Plan 3 HSA Allstate Health
- \$2k Premier Dental
- \$3,000 in Short Term Disability
- 100K 20 Year Term Life

## Enhanced Level Packages

## PACKAGE 4

**\$116.63**

- Plan 1 Allstate Health
- \$2k Premier Dental
- \$3,000 in Short Term Disability
- 100K 20 Year Term Life
- Medical Bridge
- Accident
- Critical Illness 30K

## PACKAGE 5

**\$120.99**

- Plan 2 Allstate Health
- \$2k Premier Dental
- \$3,000 in Short Term Disability
- 100K 20 Year Term Life
- Medical Bridge
- Accident
- Critical Illness 30K

## PACKAGE 6

**\$109.28**

- Plan 3 HSA Allstate Health
- \$2k Premier Dental
- \$3,000 in Short Term Disability
- 100K 20 Year Term Life
- Medical Bridge
- Accident
- Critical Illness 30K

\*These are examples only and can adjust your benefits levels to better fit your needs

# about Allstate Benefits



Allstate Benefits is a leading provider of employee benefits. We offer superior supplemental insurance to any size employer and group health products for employers with 2 to 500 employees.

With Allstate Benefits, you get comprehensive technology solutions, exceptional customer service, and compassionate claims administration. With over 4.11 million policies in force, we deliver the Good Hands® promise every day.

## Allstate is an Industry Leader with a Culture of Diversity, Integrity, and Inclusion

- The Allstate Corporation is a Fortune 100 company, currently ranked #72.
- 2020 World's Most Ethical Companies® for the sixth year in a row<sup>1</sup>.
- 2021 World's Most Admired Companies<sup>2</sup>.
- Top 50 Companies for Diversity<sup>3</sup>.
- #1 Military Friendly Employer in 2020<sup>4</sup>.

### Our Competitive Advantages:

- Top-rated products, according to LIMRA<sup>5</sup>
- Protect 5 of the top 10 retailers<sup>6</sup>

#### Supplemental products available in 49 U.S. States

Licensed in 49 U.S. states  
DC, GU, PR, and U.S.-VI

#### Group Health products available in 49 U.S. States

Including the  
District of Columbia

#### Over 4.11 Million

policies in force

#### 1,500+ Employees

working for you throughout the U.S.

#### A+

Rating by AM Best in 2020<sup>7</sup>

1 Ethisphere Institute. | 2 No. 3 in Property and Casualty category. <https://fortune.com/worlds-most-admired-companies/2021/>. | 3 DiversityInc, [https://www.diversityinc.com/di\\_top\\_50/](https://www.diversityinc.com/di_top_50/). | 4 <https://www.militaryfriendly.com/employers/>. | 5 LIMRA's U.S. Workplace Supplemental Health Insurance Sales Survey, First Quarter 2020. | 6 2020 National Retail Federation STORES Top 100 Retailers Report (AHL). | 7 AM Best ratings reflect Best's opinion of relative financial strengths and operating performance.

Allstate Benefits is the marketing name used by American Heritage Life Insurance Company, a subsidiary of The Allstate Corporation. ©2021 Allstate Insurance Company.

Stop-loss products are underwritten by: Integon National Insurance Company in CT, NY and VT; Integon Indemnity Corporation in FL; and National Health Insurance Company in WA, CO, and all other states where offered.

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## Plan/Rate Summary

Please review this proposal. If you are ready to move forward, contact your Licensed Agent or Sales Representative to discuss the next steps.

Plans quoted in this proposal: 3

Plan Name	Plan 1	Plan 2	Plan 3
Plan Type	Core Value	Core Value	Core Value
Medical Plan Design	SELF-FUNDED CORE VALUE COPAY REFERENCE BASED PRICING PLAN	SELF-FUNDED CORE VALUE COPAY REFERENCE BASED PRICING PLAN	SELF-FUNDED CORE VALUE HSA REFERENCE BASED PRICING PLAN
Individual Deductible	\$5,000	\$3,500	\$3,500
Family Deductible	\$10,000	\$7,000	\$7,000
Coinsurance	50%	70%	70%
Total Ind Plan OOP Maximum	\$8,550	\$8,550	\$7,500
Total Fam Plan OOP Maximum	\$17,100	\$17,100	\$15,000
Family Deductible Accumulation Method	Individual/Family deductible	Individual/Family deductible	Individual/Family deductible
PCP/Specialist Visit	\$40/\$60 copay, then covered at 100%	\$40/\$60 copay, then covered at 100%	Deductible and coinsurance
Telemedicine Vendor(s)	Walmart Health Virtual Care, Vori Health	Walmart Health Virtual Care, Vori Health	Walmart Health Virtual Care, Vori Health
Walmart Health Virtual Care Telemedicine	\$0 per visit for Urgent Care or Talk Therapy visits  Up to three Walmart Health Virtual Care Urgent Care visits per individual and five Walmart Health Virtual Care Talk Therapy visits per individual are included per month.	\$0 per visit for Urgent Care or Talk Therapy visits  Up to three Walmart Health Virtual Care Urgent Care visits per individual and five Walmart Health Virtual Care Talk Therapy visits per individual are included per month.	\$38 per visit for Urgent Care or Talk Therapy
Vori Health virtual muscle and joint care Telemedicine	\$0 copay for initial evaluation \$0 copay for 12-month treatment plans for lumbar back and/or knee pain  Other Vori Health covered charges subject to deductible and coinsurance	\$0 copay for initial evaluation \$0 copay for 12-month treatment plans for lumbar back and/or knee pain  Other Vori Health covered charges subject to deductible and coinsurance	\$0 copay for initial evaluation \$0 copay for 12-month treatment plans for lumbar back and/or knee pain  Other Vori Health covered charges subject to deductible and coinsurance
Urgent Care Visit	\$75 copay, then covered at 100%	\$75 copay, then covered at 100%	Deductible and coinsurance
Medical Network	Not applicable	Not applicable	Not applicable
OP Surgery	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance
Pharmacy Benefit Manager	CIGNA PBM	CIGNA PBM	CIGNA PBM
Rx Coverage (Generic/Brand/Non-preferred brand)	\$20/\$50/\$75	\$20/\$50/\$75	Deductible and 70% for generic 70% for brand 50% for non-preferred brand
DXL	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance
ER Treatment	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance
AME	N/A	N/A	N/A
Deductible and OOP Accrual Period	Calendar Year, deductible credit included	Calendar Year, deductible credit included	Calendar Year, deductible credit included
Run Out Period	9 months	9 months	9 months

The Self-Funded Program through Allstate Benefits provides tools for employers owning small to mid-sized businesses to establish a self-funded health benefit plan for their employees. The benefit plan is established by the employer and is not an insurance product. For employers in the Self-Funded Program, stop-loss insurance is underwritten by: Integon National Insurance Company in CT, NY and VT; Integon Indemnity Corporation in FL; and National Health Insurance Company in WA, CO, and all other states where offered.





Group Name: Cornerstone Trucking Inc

Effective Date: 08/01/2023

SIC Code: 42100

Zip Code: 37919

**Full Monthly Rate Initial Rates Prior to Health Questionnaires**

	Plan 1	Plan 2	Plan 3
Employee	\$393.58	\$431.38	\$338.48
Employee + Spouse	\$649.39	\$711.77	\$558.49
Employee + Child(ren)	\$570.67	\$625.49	\$490.79
Family	\$1,101.98	\$1,207.84	\$947.73

**Employee Weekly Rate**

	Plan 1	Plan 2	Plan 3
Employee	\$45.41	\$49.77	\$39.06
Employee + Spouse	\$104.44	\$114.48	\$89.82
Employee + Child(ren)	\$82.28	\$94.57	\$74.20
Family	\$208.89	\$228.96	\$179.65

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## Benefit Summary

Business Name: Cornerstone Trucking Inc  
Agent: Zach Swartzendruber  
Agent Phone: (763) 862-2400  
Proposal Creation Date: 06/15/2023

County: KNOX  
State: TN ZIP 37919  
Proposed Effective Date: 08/01/2023 Size Category: S

HCR Indicator:  
Location Name: Location 1  
Location Type: Main  
SIC Code: 42100

Plan 1	
<b>Plan type:</b> The Core Value plan allows members to see any provider of their choice; there is no network. This plan uses a multiple of the Medicare allowable amount, or other derived equivalent, as the basis for reimbursement of providers and facilities.	
<b>Medical Network</b>	Not applicable
<b>Individual Deductible</b>	\$5,000
<b>Family Deductible</b>	\$10,000
<b>Family Deductible Accumulation Method</b>	Individual/Family deductible
<b>Plan Coinsurance Percentage (plan pays)</b>	50%
<b>Individual Coinsurance out-of-pocket maximum</b> (family coinsurance out-of-pocket maximum is 2 x the individual coinsurance out-of-pocket maximum)	\$3,550
<b>Total Individual out-of-pocket maximum</b>	\$8,550
<b>Total Family out-of-pocket maximum</b>	\$17,100
<b>Lifetime Benefit Maximum</b>	No maximum
<b>Office Visit (does not require a referral)</b>	\$40 primary care provider copay, then covered at 100%/\$60 specialist copay, then covered at 100%
<b>Walmart Health Virtual Care</b> <b>Urgent Care:</b> U.S. board-certified doctors and medical providers are available 24/7/365 to diagnose, treat and prescribe medication (when necessary) for many minor illnesses and injuries via phone or online video visits. <b>Talk Therapy:</b> Licensed therapists can help with a wide range of mental and emotional health needs. Receive ongoing support, on your schedule, from the comfort and privacy of your own home via phone or online video visits in as little as 48 hours.	\$0 per visit for Urgent Care or Talk Therapy visits  Up to three Walmart Health Virtual Care Urgent Care visits per individual and five Walmart Health Virtual Care Talk Therapy visits per individual are included per month.
<b>Vori Health</b> A nationwide specialty medical practice delivering virtual-first muscle and joint pain solutions to help members get back to their lives faster. With Vori Health, members will get treatment from a specialty physician, physical therapist, and health coach who work together to manage all aspects of care. This holistic model reduces unnecessary surgeries, lowers spend, and improves outcomes.	\$0 copay for initial evaluation \$0 copay for 12-month treatment plans for lumbar back and/or knee pain  Other Vori Health covered charges subject to deductible and coinsurance
<b>Pharmacy Benefit Manager</b>	CIGNA PBM

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<b>Prescription Drugs</b> Generic copay/Preferred brand copay/Nonpreferred brand copay (Mail order services included)	\$20/\$50/\$75
<b>Clinical Preventive Services:</b> Services recommended by the U.S. Preventive Services Task Force (USPSTF) including routine physical exams, associated imaging and laboratory services such as mammograms, well-child exams and immunizations.	Paid at 100% - no deductible, coinsurance
<b>Urgent Care Visit</b>	\$75 copay, then covered at 100%
<b>Diagnostic X-ray and Laboratory services</b>	Deductible and coinsurance
<b>MRI, CT scan, PET scan Ultrasound, EKG, chemotherapy, radiation therapy, dialysis and BRCA</b>	Deductible and coinsurance
<b>Emergency Room Treatment</b> Subject to a 30% penalty for non-emergency use	Deductible and coinsurance
<b>Maternity</b>	Deductible and coinsurance
<b>Outpatient Physical Medicine</b> Includes physical, speech and occupational therapies, cardiac and pulmonary rehabilitation, treatment for development delay and Chiropractic care.	Deductible and coinsurance limited to 30 visits
<b>Home Health Care</b>	Limited to 60 visits
<b>Subacute Rehabilitation and Nursing Facility Services</b>	Limited to 31 days combined
<b>Inpatient Rehabilitation Services</b>	Limited to 31 days
<b>Transplants</b> Must obtain transplant from a Designated Transplant Provider to receive plan benefits.	Deductible and coinsurance
<b>Behavioral Health and Substance Abuse for groups with 50 employees and less.</b>	Inpatient: limited to 30 days. Inpatient and Outpatient: subject to deductible and 50% coinsurance. Outpatient: limited to 40 visits. Office visits are considered at the primary care copay level.
<b>Behavioral Health and Substance Abuse for groups with 51 or more employees.</b>	Inpatient and Outpatient: subject to plan deductible and plan coinsurance. Office visits are considered at the primary care copay level.
<b>Inpatient and Outpatient Hospital, Physician Services, Maternity Care, Ambulance, Durable Medical Equipment, and most other covered services</b>	Deductible and coinsurance

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HCR Indicator:  
Location Name: Location 1  
Location Type: Main  
SIC Code: 42100

Plan 2	
<b>Plan type:</b> The Core Value plan allows members to see any provider of their choice; there is no network. This plan uses a multiple of the Medicare allowable amount, or other derived equivalent, as the basis for reimbursement of providers and facilities.	
<b>Medical Network</b>	Not applicable
<b>Individual Deductible</b>	\$3,500
<b>Family Deductible</b>	\$7,000
<b>Family Deductible Accumulation Method</b>	Individual/Family deductible
<b>Plan Coinsurance Percentage (plan pays)</b>	70%
<b>Individual Coinsurance out-of-pocket maximum</b> (family coinsurance out-of-pocket maximum is 2 x the individual coinsurance out-of-pocket maximum)	\$5,050
<b>Total Individual out-of-pocket maximum</b>	\$8,550
<b>Total Family out-of-pocket maximum</b>	\$17,100
<b>Lifetime Benefit Maximum</b>	No maximum
<b>Office Visit (does not require a referral)</b>	\$40 primary care provider copay, then covered at 100%/\$60 specialist copay, then covered at 100%
<b>Walmart Health Virtual Care</b> <b>Urgent Care:</b> U.S. board-certified doctors and medical providers are available 24/7/365 to diagnose, treat and prescribe medication (when necessary) for many minor illnesses and injuries via phone or online video visits. <b>Talk Therapy:</b> Licensed therapists can help with a wide range of mental and emotional health needs. Receive ongoing support, on your schedule, from the comfort and privacy of your own home via phone or online video visits in as little as 48 hours.	\$0 per visit for Urgent Care or Talk Therapy visits  Up to three Walmart Health Virtual Care Urgent Care visits per individual and five Walmart Health Virtual Care Talk Therapy visits per individual are included per month.
<b>Vori Health</b> A nationwide specialty medical practice delivering virtual-first muscle and joint pain solutions to help members get back to their lives faster. With Vori Health, members will get treatment from a specialty physician, physical therapist, and health coach who work together to manage all aspects of care. This holistic model reduces unnecessary surgeries, lowers spend, and improves outcomes.	\$0 copay for initial evaluation \$0 copay for 12-month treatment plans for lumbar back and/or knee pain  Other Vori Health covered charges subject to deductible and coinsurance
<b>Pharmacy Benefit Manager</b>	CIGNA PBM

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<b>Prescription Drugs</b> Generic copay/Preferred brand copay/Nonpreferred brand copay (Mail order services included)	\$20/\$50/\$75
<b>Clinical Preventive Services:</b> Services recommended by the U.S. Preventive Services Task Force (USPSTF) including routine physical exams, associated imaging and laboratory services such as mammograms, well-child exams and immunizations.	Paid at 100% - no deductible, coinsurance
<b>Urgent Care Visit</b>	\$75 copay, then covered at 100%
<b>Diagnostic X-ray and Laboratory services</b>	Deductible and coinsurance
<b>MRI, CT scan, PET scan Ultrasound, EKG, chemotherapy, radiation therapy, dialysis and BRCA</b>	Deductible and coinsurance
<b>Emergency Room Treatment</b> Subject to a 30% penalty for non-emergency use	Deductible and coinsurance
<b>Maternity</b>	Deductible and coinsurance
<b>Outpatient Physical Medicine</b> Includes physical, speech and occupational therapies, cardiac and pulmonary rehabilitation, treatment for development delay and Chiropractic care.	Deductible and coinsurance limited to 30 visits
<b>Home Health Care</b>	Limited to 60 visits
<b>Subacute Rehabilitation and Nursing Facility Services</b>	Limited to 31 days combined
<b>Inpatient Rehabilitation Services</b>	Limited to 31 days
<b>Transplants</b> Must obtain transplant from a Designated Transplant Provider to receive plan benefits.	Deductible and coinsurance
<b>Behavioral Health and Substance Abuse for groups with 50 employees and less.</b>	Inpatient: limited to 30 days. Inpatient and Outpatient: subject to deductible and 50% coinsurance. Outpatient: limited to 40 visits. Office visits are considered at the primary care copay level.
<b>Behavioral Health and Substance Abuse for groups with 51 or more employees.</b>	Inpatient and Outpatient: subject to plan deductible and plan coinsurance. Office visits are considered at the primary care copay level.
<b>Inpatient and Outpatient Hospital, Physician Services, Maternity Care, Ambulance, Durable Medical Equipment, and most other covered services</b>	Deductible and coinsurance

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Plan 3	
<b>Plan type:</b> The Core Value plan allows members to see any provider of their choice; there is no network. This plan uses a multiple of the Medicare allowable amount, or other derived equivalent, as the basis for reimbursement of providers and facilities.	
<b>Medical Network</b>	Not applicable
<b>Individual Deductible</b>	\$3,500
<b>Family Deductible</b>	\$7,000
<b>Family Deductible Accumulation Method</b>	Individual/Family deductible
<b>Plan Coinsurance Percentage (plan pays)</b>	70%
<b>Individual Coinsurance out-of-pocket maximum</b> (family coinsurance out-of-pocket maximum is 2 x the individual coinsurance out-of-pocket maximum)	\$4,000
<b>Total Individual out-of-pocket maximum</b>	\$7,500
<b>Total Family out-of-pocket maximum</b>	\$15,000
<b>Lifetime Benefit Maximum</b>	No maximum
<b>Office Visit (does not require a referral)</b>	Deductible and coinsurance
<b>Walmart Health Virtual Care</b> <b>Urgent Care:</b> U.S. board-certified doctors and medical providers are available 24/7/365 to diagnose, treat and prescribe medication (when necessary) for many minor illnesses and injuries via phone or online video visits. <b>Talk Therapy:</b> Licensed therapists can help with a wide range of mental and emotional health needs. Receive ongoing support, on your schedule, from the comfort and privacy of your own home via phone or online video visits in as little as 48 hours.	\$38 per visit for Urgent Care or Talk Therapy
<b>Vori Health</b> A nationwide specialty medical practice delivering virtual-first muscle and joint pain solutions to help members get back to their lives faster. With Vori Health, members will get treatment from a specialty physician, physical therapist, and health coach who work together to manage all aspects of care. This holistic model reduces unnecessary surgeries, lowers spend, and improves outcomes.	\$0 copay for initial evaluation \$0 copay for 12-month treatment plans for lumbar back and/or knee pain  Other Vori Health covered charges subject to deductible and coinsurance
<b>Pharmacy Benefit Manager</b>	CIGNA PBM
<b>Prescription Drugs</b> When generic is available, but a non-preferred brand is purchased, the member will be responsible for the difference in price. (Mail order services included)	Deductible and 70% for generic 70% for brand 50% for non-preferred brand

The Self-Funded Program through Allstate Benefits provides tools for employers owning small to mid-sized businesses to establish a self-funded health benefit plan for their employees. The benefit plan is established by the employer and is not an insurance product. For employers in the Self-Funded Program, stop-loss insurance is underwritten by: Integon National Insurance Company in CT, NY and VT; Integon Indemnity Corporation in FL; and National Health Insurance Company in WA, CO, and all other states where offered.





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<b>Clinical Preventive Services:</b> Services recommended by the U.S. Preventive Services Task Force (USPSTF) including routine physical exams, associated imaging and laboratory services such as mammograms, well-child exams and immunizations.	Paid at 100% - no deductible, coinsurance
<b>Urgent Care Visit</b>	Deductible and coinsurance
<b>Diagnostic X-ray and Laboratory services</b>	Deductible and coinsurance
<b>MRI, CT scan, PET scan Ultrasound, EKG, chemotherapy, radiation therapy, dialysis and BRCA</b>	Deductible and coinsurance
<b>Emergency Room Treatment</b> Subject to a 30% penalty for non-emergency use	Deductible and coinsurance
<b>Maternity</b>	Deductible and coinsurance
<b>Outpatient Physical Medicine</b> Includes physical, speech and occupational therapies, cardiac and pulmonary rehabilitation, treatment for development delay and Chiropractic care.	Deductible and coinsurance limited to 30 visits
<b>Home Health Care</b>	Limited to 60 visits
<b>Subacute Rehabilitation and Nursing Facility Services</b>	Limited to 31 days combined
<b>Inpatient Rehabilitation Services</b>	Limited to 31 days
<b>Transplants</b> Must obtain transplant from a Designated Transplant Provider to receive plan benefits.	Deductible and coinsurance
<b>Behavioral Health and Substance Abuse for groups with 50 employees and less.</b>	Inpatient: limited to 30 days. Inpatient and Outpatient: subject to deductible and 50% coinsurance. Outpatient: limited to 40 visits.
<b>Behavioral Health and Substance Abuse for groups with 51 or more employees.</b>	Inpatient and Outpatient: subject to plan deductible and plan coinsurance.
<b>Inpatient and Outpatient Hospital, Physician Services, Maternity Care, Ambulance, Durable Medical Equipment, and most other covered services</b>	Deductible and coinsurance

The Self-Funded Program through Allstate Benefits provides tools for employers owning small to mid-sized businesses to establish a self-funded health benefit plan for their employees. The benefit plan is established by the employer and is not an insurance product. For employers in the Self-Funded Program, stop-loss insurance is underwritten by: Integon National Insurance Company in CT, NY and VT; Integon Indemnity Corporation in FL; and National Health Insurance Company in WA, CO, and all other states where offered.



## CORNERSTONE TRUCKING

Situs state: Tennessee

Presented by: Swartzendruber, Zach

Expires: September 28, 2023

### Better benefits ahead

At Unum, we help millions of employees protect their families, their finances and their futures. Comprehensive coverages, superior technology and unparalleled support — delivered where and when it's needed most.

#### BENEFITS PROPOSED



Group Voluntary Long Term Disability



Group Term Life and AD&D



Group Voluntary Term Life and AD&D



Group Vision

*Proposed rates may assume sale of at least one other line of coverage.*

Ask your UNUM representative about the additional benefits we offer:



Dental



Short Term Disability



Unum has been a **leading provider** of group disability benefits in the U.S. for 44 years.<sup>1</sup>



We serve **57% of Fortune 100 companies** or their subsidiaries and affiliates.<sup>2</sup>



Unum paid out **\$7.6 billion in benefits** in 2020.<sup>3</sup>



Unum **protects over 30 million** people and their families.<sup>3</sup>

#### FINANCIALLY STRONG

AGENCY	RATING
A.M. Best	<b>A</b> Excellent
Fitch	<b>A-</b> Strong
Moody's	<b>A3</b> Good
S&P	<b>A</b> Strong

Ratings are given to the U.S. insuring subsidiaries of Unum Group and are current as of March 1, 2021.



Cornerstone Trucking

# Unum Vision®



## Plan features:

- Our network offers members access to a large national network, including independent optometrists and retail stores like Walmart, Sam's Club, Target Optical, America's Best and many more.
- Search for providers and manage your benefits online at [unumvisioncare.com](https://unumvisioncare.com).

## Covered benefits:

**Exam:** Each member is entitled to a comprehensive vision exam. An exam co-pay applies and is outlined in the grid at right.

**Materials:** Each member has coverage for covered services and materials. Purchases are subject to benefit frequencies and co-pays. Plan features include:

- **Frame benefit:** You may choose any frame within a provider's collection, subject to the retail frame allowance listed at right. If the cost is greater than the plan's benefits, you are responsible for the difference.
- **Eyeglass lens benefit:** Standard plastic (CR-39 Plastic Material) single vision, bifocal, trifocal, and specialty lenses are generally covered after any applicable materials copay. If covered by plan allowance, you are responsible for any cost greater than the plan's benefit.
- **Contact lens benefit:** Members electing contact lenses instead of eye glass lenses may apply the contact lens allowance to any lenses in the provider's collection. If the cost is greater than the plan's benefits, you are responsible for the difference.

**Laser vision correction:** Discounts are available with participating surgery providers across the country. (not an insured benefit)

## Unum Vision benefits:

Vision Care Services	In-network Providers	Out-of-network Allowances
<b>Exam</b> (1 per 12 months)	\$10 co-pay	Up to \$35
<b>Materials</b>	\$25 co-pay	See allowances below
<b>Standard Plastic Lenses</b> (1 per 12 months) Single Vision Bifocal Trifocal Lenticular Progressive	Covered by co-pay Covered by co-pay Covered by co-pay \$80 allowance \$70 allowance	Up to \$25 Up to \$40 Up to \$50 Up to \$50 Up to \$40
<b>Lens Options</b> Scratch Resistant Coating Polycarbonate Lenses for children to age 19	Covered by co-pay (at Walmart only) Covered by co-pay	Not covered Not covered
<b>Frames</b> (1 per 12 months) Members choose from any frame available at provider locations.	\$120 allowance	Up to \$50
<b>Contact Lenses</b> (1 per 12 months) In lieu of eyeglass lenses & frames (Includes fit*, follow-up and materials) Elective Medically Necessary	\$25 co-pay \$120 allowance \$210 allowance	See allowances below Up to \$100 Up to \$210

\*Some providers, such as Walmart, may charge for a contact lens fit and evaluation separately from your contact lens allowance, leaving the entire allowance for materials.

## How much does it cost?

Monthly premium	
You	\$6.73
You and your spouse	\$13.45
You and your children	\$15.07
Family	\$23.55

## Laser Vision Correction Network

Membership provides access to preferred pricing. Transactions are handled directly between members and providers. Refractive surgery is an elective procedure and may involve potential risks to patients. This is not an insured benefit. Unum cannot and does not guarantee the outcome of any refractive surgical procedure or a total elimination of the need for glasses or contacts. Providers may not be available in all metropolitan areas. Search for participating laser vision correction providers at [unumvisioncare.com](https://unumvisioncare.com).

## Hearing Savings Plan

Unum offers a Hearing Savings Plan at no additional cost, to all of its Unum Dental and Unum Vision members. Partnering with EPIC Hearing Healthcare, the Hearing Savings Plan provides:

- 30-60% discounts off MSRP on name brand hearing instruments.
- 40% savings on hearing aid batteries shipped directly to members' homes.
- On-call support for member questions, managed by professional hearing counselors.

## Other Unum Vision Specifications

**Dependent children:** Dependent age guidelines vary by state. Please refer to your policy certificate or call our Contact Center at 888-400-9304.

**Services not listed:** If you expect to require a vision service not included on this brochure, it may still be covered. Please call our Contact Center at 888-400-9304, to confirm your exact benefits.

This is a primary vision care benefit and is intended to cover only eye examinations and corrective eyewear. Medical or surgical treatment of eye disease or injury is not provided under this plan. Coverage may not exceed the lesser of actual cost of covered services and materials or the limits of the policy.

Some providers at optical and/or retail chains, such as Walmart, may charge for a contact lens fit and evaluation separately and apart from your contact lens allowance, leaving the entire allowance for materials.

Covered materials that are lost or broken will be replaced only at normal service intervals indicated in the Plan Design; however, these materials and any items not covered below may be purchased at Preferred Pricing from a Participating Provider. In addition, benefits are payable only for expenses incurred while the Group and individual Member coverage is in force.

## This plan will not cover:

Orthoptics or vision training and any supplemental testing; Plano (non-prescription) lenses; or two pair of eyeglasses in lieu of bifocals or trifocals; Medical or surgical treatment of the eyes; An eye exam or corrective eye wear required by

an employer as a condition of employment; Any injury or illness covered under Workers' Compensation or similar law, or which is work related; Plain or prescription sunglasses or tinted lenses, and no-line bifocals and blended lenses (subject to allowance); Sub-normal vision aids; Services rendered or materials purchased outside the U.S. or Canada, unless: the insured resides in the U.S. or Canada, and the charges are incurred while on a business or pleasure trip; Charges in excess of Usual and Customary for services and materials; Experimental or non-conventional treatments or devices; Safety eyewear; Spectacle lens styles, materials, treatments or "add-ons" not shown in the Schedule of Benefits.

A Network Access plan is available.

THIS POLICY PROVIDES LIMITED BENEFITS

This brochure is not intended to be a complete description of the insurance coverage available. The policies or their provisions may vary or be unavailable in some states. The policies have exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form Series VI-2002, VI-2007 and VI-2019 or contact your Unum Vision representative.

Vision plans are underwritten by Starmount Life Insurance Company, Baton Rouge, LA.

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# Term Life with Accidental Death & Dismemberment (AD&D) Insurance



## How does it work?

You keep coverage for a set period of time, or “term.” If you die during that term, the money can help your family pay for basic living expenses, final arrangements, tuition and more. AD&D Insurance is also available, which can pay a benefit if you survive an accident but have certain serious injuries. It can pay an additional amount if you die from a covered accident.

## Why Choose Unum?

Your employer is offering you this coverage at no cost to you.

## What else is included?

### A “Living” Benefit

If you are diagnosed with a terminal illness with less than 12 months to live, you can request 100% of your life insurance benefit (up to \$250,000) while you are still living. This amount will be taken out of the death benefit and may be taxable.

### Waiver of premium

Your cost may be waived if you are totally disabled for a period of time.

### Portability

You may be able to keep coverage if you leave the company, retire or change the number of hours you work.

Employees or dependents who have a sickness or injury having a material effect on life expectancy at the time their group coverage ends are not eligible for portability.

## Who can get Term Life coverage?

If you are actively at work at least 30 hours per week, you can receive coverage for:

You:	You can receive a benefit amount of \$25,000. You can get up to \$25,000 with no medical underwriting.
------	--

## Who can get Accidental Death & Dismemberment (AD&D) coverage?

You:	You can receive an AD&D benefit amount of \$25,000.
------	---

No medical underwriting is required for AD&D coverage.

## Actively at work

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

Employees must be U.S. citizens or legally authorized to work in the U.S. to receive coverage.

Employees must be actively employed in the United States with the Employer to receive coverage. Employees must be insured under the plan for spouses and dependents to be eligible for coverage.

## Exclusions and limitations

Life insurance benefits will not be paid for deaths that are caused by suicide occurring within 24 months after the effective date of coverage or the date that increases to existing coverage becomes effective. This exclusion standardly applies to all medically written amounts and contributory amounts that are funded by the employee including shared funding plans.

### AD&D specific exclusions and limitations:

Accidental death and dismemberment benefits will not be paid for losses caused by, contributed to by, or resulting from:

- Disease of the body; diagnostic, medical or surgical treatment or mental disorder as set forth in the latest edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM)
- Suicide, self-destruction while sane, intentionally self-inflicted injury while sane or self-inflicted injury while insane
- War, declared or undeclared, or any act of war
- Active participation in a riot
- Committing or attempting to commit a crime under state or federal law
- The voluntary use of any prescription or non-prescription drug, poison, fume or other chemical substance unless used according to the prescription or direction of your doctor. This exclusion does not apply to you if the chemical substance is ethanol.
- Intoxication – "Being intoxicated" means your blood alcohol level equals or exceeds the legal limit for operating a motor vehicle in the state or jurisdiction where the accident occurred.

### Delayed effective date of coverage

Employee: Insurance coverage will be delayed if you are not in active employment because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

### Age reduction

Coverage amounts for Life and AD&D Insurance for you will reduce to 65% of the original amount when you reach age 70, and will reduce to 50% of the original amount when you reach age 75. Coverage may not be increased after a reduction.

### Termination of coverage

Your coverage under the policy ends on the earliest of:

- The date the policy or plan is cancelled
- The date you no longer are in an eligible group
- The date your eligible group is no longer covered
- The last day of the period for which you made any required contributions
- The last day you are actively employed (unless coverage is continued due to a covered layoff, leave of absence, injury or sickness), as described in the certificate of coverage

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form C.FP-1 et al or contact your Unum representative.

Life Planning Financial & Legal Resources services, provided by HealthAdvocate, are available with select Unum insurance offerings. Terms and availability of service are subject to change. Service provider does not provide legal advice; please consult your attorney for guidance. Services are not valid after coverage terminates. Please contact your Unum representative for details.

Underwritten by: Unum Life Insurance Company of America, Portland, Maine

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# Term Life and Accidental Death & Dismemberment (AD&D) Insurance



## How does it work?

You choose the amount of coverage that's right for you, and you keep coverage for a set period of time, or "term." If you die during that term, the money can help your family pay for basic living expenses, final arrangements, tuition and more.

AD&D Insurance is also available, which pays a benefit if you survive an accident but have certain serious injuries. It pays an additional amount if you die from a covered accident.

## Why is this coverage so valuable?

If you buy a minimum of \$10,000 of coverage now, you can increase your coverage in the future up to \$50,000 to meet your growing needs. There would be no medical underwriting to qualify for coverage.

## What else is included?

**A 'Living' Benefit** — If you are diagnosed with a terminal illness with less than 12 months to live, you can request 100% of your life insurance benefit (up to \$250,000) while you are still living. This amount will be taken out of the death benefit, and may be taxable. **These benefit payments may adversely affect the recipient's eligibility for Medicaid or other government benefits or entitlements, and may be taxable.** Recipients should consult their tax attorney or advisor before utilizing living benefit payments.

**Waiver of premium** — Your cost may be waived if you are totally disabled for a period of time.

**Portability** — You may be able to keep coverage if you leave the company, retire or change the number of hours you work.

Employees or dependents who have a sickness or injury having a material effect on life expectancy at the time their group coverage ends are not eligible for portability.

## Who can get Term Life coverage?

If you are actively at work at least 30 hours per week, you may apply for coverage for:

<b>You:</b>	Choose from \$10,000 to \$50,000 in \$10,000 increments, up to 5 times your earnings. You can get up to \$50,000. This is the amount of coverage you can qualify for with no medical underwriting.
<b>Your spouse:</b>	Get up to \$25,000 of coverage in \$5,000 increments. Spouse coverage cannot exceed 100% of the coverage amount you purchase for yourself. Your spouse can get up to \$25,000 with no medical underwriting, if eligible (see delayed effective date).
<b>Your children:</b>	Get up to \$10,000 of coverage in \$2,000 increments if eligible (see delayed effective date). One policy covers all of your children until their 19th birthday – or until their 26th birthday if they are full-time students. The maximum benefit for children live birth to 6 months is \$1,000.

## Who can get Accidental Death & Dismemberment (AD&D) coverage?

<b>You:</b>	Get up to \$50,000 of AD&D coverage for yourself in \$10,000 increments to a maximum of 5 times your earnings.
<b>Your spouse:</b>	Get up to \$25,000 of AD&D coverage for your spouse in \$5,000 increments, if eligible (see delayed effective date).
<b>Your children:</b>	Get up to \$10,000 of coverage for your children in \$2,000 increments if eligible (see delayed effective date).

No medical underwriting is required for AD&D coverage.

## How much coverage can I get?

### Calculate your costs

1. Enter the coverage amount you want.
2. Divide by the amount shown.
3. Multiply by the rate.  
Use the rate table (at right) to find the rate based on age.  
(Choose the age you will be when your coverage becomes effective on 08/01/2023. To determine your spouse rate, choose the age the employee will be when coverage becomes effective on 08/01/2023.)
4. Enter your cost.

	1	2	3	4
Employee	\$____,000	÷ \$10,000 = \$____	X \$____	= \$____
Spouse	\$____,000	÷ \$5,000 = \$____	X \$____	= \$____
Child	\$____,000	÷ \$2,000 = \$____	X \$____	= \$____
Total cost				

Employee monthly rate		Spouse monthly rate	Child monthly rate
Age	Per \$10,000 of coverage	Per \$5,000 of coverage	\$0.871 per \$2,000 of coverage
	Cost	Cost	
15-24	\$1.211	\$0.375	
25-29	\$1.153	\$0.470	
30-34	\$1.468	\$0.695	
35-39	\$2.148	\$1.100	
40-44	\$3.103	\$1.570	
45-49	\$5.126	\$2.505	
50-54	\$7.823	\$3.820	
55-59	\$11.439	\$5.510	
60-64	\$15.080	\$7.455	
65-69	\$19.402	\$9.850	
70-74	\$35.560	\$18.035	
75+	\$119.473	\$60.610	

1. Enter the AD&D coverage amount you want.
2. Divide by the amount shown.
3. Multiply by the rate.  
Use the AD&D rate table (at right) to find the rate.
4. Enter your cost.

AD&D				
	1	2	3	4
Employee	\$____,000	÷ \$10,000 = \$____	X \$0.495	= \$____
Spouse	\$____,000	÷ \$5,000 = \$____	X \$0.275	= \$____
Child	\$____,000	÷ \$2,000 = \$____	X \$0.176	= \$____
Total cost				

AD&D monthly rates		
	Coverage amount	Rate
Employee	per \$10,000 of coverage	\$0.495
Spouse	per \$5,000 of coverage	\$0.275
Child	per \$2,000 of coverage	\$0.176

Billed amount may vary slightly.

If you apply for coverage above the guaranteed issue amount, you may be subject to medical underwriting which may affect your ability to get the larger coverage amount. In order to purchase coverage for your dependents, you must buy coverage for yourself. Coverage amounts cannot exceed 100% of your coverage amounts.

## Exclusions and limitations

### Actively at work

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

An unmarried handicapped dependent child who becomes handicapped prior to the child's attainment age of 26 may be eligible for benefits. Please see your plan administrator for details on eligibility.

Employees must be U.S. citizens or legally authorized to work in the U.S. to receive coverage. Employees must be actively employed in the United States with the Employer to receive coverage. Employees must be insured under the plan for spouses and dependents to be eligible for coverage.

### Exclusions and limitations

Life insurance benefits will not be paid for deaths caused by suicide occurring within 24 months after the effective date of coverage. The same applies for increased or additional benefits.

### AD&D specific exclusions and limitations:

Accidental death and dismemberment benefits will not be paid for losses caused by, contributed to by, or resulting from:

- Disease of the body; diagnostic, medical or surgical treatment or mental disorder as set forth in the latest edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM)
- Suicide, self-destruction while sane, intentionally self-inflicted injury while sane or self-inflicted injury while insane
- War, declared or undeclared, or any act of war
- Active participation in a riot
- Committing or attempting to commit a crime under state or federal law
- The voluntary use of any prescription or non-prescription drug, poison, fume or other chemical substance unless used according to the prescription or direction of your or your dependent's doctor. This exclusion does not apply to you or your dependent if the chemical substance is ethanol.
- Intoxication – "Being intoxicated" means your or your dependent's blood alcohol level equals or exceeds the legal limit for operating a motor vehicle in the state or jurisdiction where the accident occurred.

### Delayed effective date of coverage

Insurance coverage will be delayed if you are not an active employee because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

Delayed Effective Date: if your spouse or child has a serious injury, sickness, or disorder, or is confined, their coverage may not take effect. Payment of premium does not guarantee coverage. Please refer to your policy contract or see your plan administrator for an explanation of the delayed effective date provision that applies to your plan.

### Age Reduction

Coverage amounts for Life and AD&D Insurance for you and your dependents will reduce to 65% of the original amount when you reach age 70, and will reduce to 50% of the original amount when you reach age 75. Coverage may not be increased after a reduction.

### Termination of coverage

Your coverage and your dependents' coverage under the policy ends on the earliest of:

- The date the policy or plan is cancelled
- The date you no longer are in an eligible group
- The date your eligible group is no longer covered
- The last day of the period for which you made any required contributions
- The last day you are actively employed (unless coverage is continued due to a covered layoff, leave of absence, injury or sickness), as described in the certificate of coverage

In addition, coverage for any one dependent will end on the earliest of:

- The date your coverage under a plan ends
- The date your dependent ceases to be an eligible dependent
- For a spouse, the date of a divorce or annulment
- For dependents, the date of your death

Unum will provide coverage for a payable claim that occurs while you and your dependents are covered under the policy or plan.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form C.FP-1 et al or contact your Unum representative.

Life Planning Financial & Legal Resources services, provided by HealthAdvocate, are available with select Unum insurance offerings. Terms and availability of service are subject to change. Service provider does not provide legal advice; please consult your attorney for guidance. Services are not valid after coverage terminates. Please contact your Unum representative for details.

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

Underwritten by:

Unum Life Insurance Company of America, Portland, Maine

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Cornerstone Trucking

# Long Term Disability Insurance



## How does it work?

This coverage provides a monthly benefit if you have a covered illness or injury and you can't work for a few months — or even longer.

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

## Why is this coverage so valuable?

You can use the money however you choose. It can help you pay for your rent or mortgage, groceries, out-of-pocket medical expenses and more.

Long Term Disability Insurance can replace part of your income if a disability keeps you out of work for a long period of time

## What else is included?

### Survivor Benefit

If you die while you've been disabled and receiving benefits for at least 180 days, your family could get a benefit equal to 3 months of your gross disability payment.

### Waiver of premium

If you're disabled and receiving benefit payments, Unum waives your cost until you return to work.

### Work-life balance Employee Assistance Program

Get access to professional help for a range of personal and work-related issues, including counselor referrals, financial planning and legal support.

### Worldwide emergency travel assistance

One phone call gets you and your family immediate help anywhere in the world, as long as you're traveling 100 or more miles from home. However, a spouse traveling on business for his or her employer is not covered.



## Consider your expenses

Utilities	\$
Housing	\$
Groceries	\$
Transportation	\$
Child care/Elder care	\$
Medical/Personal care	\$
Education	\$
Insurance	\$

## Exclusions and limitations

### Active employee

You are considered in active employment, if on the day you apply for coverage, you are being paid regularly by your employer for the required minimum hours each week and you are performing the material and substantial duties of your regular occupation.

### Delayed effective date of coverage

Insurance coverage will be delayed if you are not an active employee because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

### Benefit duration (BD)

The duration of your benefit payments is based on your age when your disability occurs. Your Long Term Disability benefits are payable while you continue to meet the definition of disability. Please refer to your plan document for the duration of benefits under this policy.

### Definition of disability

You are considered disabled when Unum determines that:

- You are limited from performing the material and substantial duties of your regular occupation due to sickness or injury; and
- You have a 20% or more loss of indexed monthly earnings due to the same sickness or injury

After 24 months, you are considered disabled when Unum determines that due to the same sickness or injury, you are unable to perform the duties of any gainful occupation for which you are reasonably fitted by education, training or experience.

You must be under the regular care of a physician in order to be considered disabled.

The loss of a professional or occupational license or certification does not, in itself, constitute disability.

“Substantial and material acts” means the important tasks, functions and operations that are generally required by employers from those engaged in your usual occupation and that cannot be reasonably omitted or modified.

Unless the policy specifies otherwise, as part of the disability claims evaluation process, Unum will evaluate your occupation based on how it is normally performed in the national economy, not how work is performed for a specific employer, at a specific location or in a specific region.

### Pre-existing conditions

You have a pre-existing condition if:

- You received medical treatment, consultation, care or services including diagnostic measures for the condition, or took prescribed drugs or medicines for it in the 3 months just prior to your effective date of coverage; and
- The disability begins in the first 12 months after your effective date of coverage.

### Deductible sources of income

Your disability benefit may be reduced by deductible sources of income and any earnings you have while you are disabled, including such items as group disability benefits or other amounts you receive or are entitled to receive:

- Workers' compensation or similar occupational benefit laws, including a temporary disability benefit under a workers' compensation law
- State compulsory benefit laws
- Automobile liability insurance policy
- No fault motor vehicle plan
- Third-party settlements
- Other group insurance plans
- A group plan sponsored by your employer
- Governmental retirement system
- Salary continuation or sick leave plans, if applicable
- Retirement payments
- Social Security or similar governmental programs

### Exclusions and limitations

Benefits will not be paid for disabilities caused by, contributed to by, or resulting from:

- Intentionally self-inflicted injuries;
- Active participation in a riot;
- War, declared or undeclared or any act of war;
- Commission of a crime for which you have been convicted;
- Loss of professional license, occupational license or certification; or
- Pre-existing conditions (See the disclosure section to learn more).

The loss of a professional or occupational license does not, in itself, constitute disability.

Unum will not pay a benefit for any period of disability during which you are incarcerated.

The lifetime cumulative maximum benefit for all disabilities due to mental illness is 24 months. Disabilities based primarily on self-reported symptoms are limited to 24 months. Only 24 months of benefits will be paid for any combination of such disabilities even if the disabilities are not continuous and/or are not related. Payments can continue beyond 24 months only if you are confined to a hospital or institution as a result of the disability.

### Termination of coverage

Your coverage under the policy ends on the earliest of the following:

- The date the policy or plan is cancelled
- The date you no longer are in an eligible group
- The date your eligible group is no longer covered
- The last day of the period for which you made any required contributions
- The last day you are in active employment except as provided under the covered layoff or leave of absence provision.

Unum will provide coverage for a payable claim that occurs while you are covered under the policy or plan. Unum's LTD contracts standardly include a provision called the Social Security Claimant Advocacy Program. With this feature, claimants can receive expert advice and assistance from us regarding their Social Security Disability claim during the application and appeal process. Social Security advocacy services are provided by GENEX Services, LLC or Brown & Brown Absence Services Group. Referral to one of our advocacy partners is determined by Unum.

Worldwide emergency travel assistance services are provided by Assist America, Inc. Work-life balance employee assistance program services are provided by HealthAdvocate. Services are available with select Unum insurance offerings. Terms and availability of service are subject to change and prior notification requirements. Service providers do not provide legal advice; please consult your attorney for guidance. Services are not valid after coverage terminates. Please contact your Unum representative for details.

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## Individual Dental PPO(IDN8000) for TN

Applicable to policy form Individual Dental PPO(IDN8000)

- with Orthodontic Benefit

### Zip Codes: All Zip Codes

COVERAGE LEVEL	INDIVIDUAL	INDIVIDUAL AND SPOUSE	INDIVIDUAL AND CHILDREN	INDIVIDUAL AND FAMILY
Plan 1 - 100/60/40, \$1,000 MAC	\$5.75	\$10.65	\$15.54	\$22.25
Plan 4 Premier - 100/80/50, \$2,000 MAC	\$7.31	\$13.72	\$18.99	\$27.57

## Individual Disability - ISTD3000 for TN *B Risk Class*

Applicable to policy form Individual Disability

- Off Job Accident & Off Job Sickness

### 3 Month Benefit Period

ELIMINATION PERIOD	ISSUE AGE	\$1,000*	\$2,000*	\$3,000*	\$4,000*	\$5,000*
0 days Accident/14 days Sickness	17-49	\$6.39	\$12.78	\$19.18	\$25.57	N/A
	50-64	\$7.78	\$15.55	\$23.33	\$31.11	N/A
	65-74	\$9.90	\$19.80	\$29.70	\$39.60	N/A
7 days Accident/7 days Sickness	17-49	\$8.19	\$16.38	\$24.58	\$32.77	N/A
	50-64	\$9.44	\$18.88	\$28.32	\$37.75	N/A
	65-74	\$11.42	\$22.85	\$34.27	\$45.69	N/A
14 days Accident/14 days Sickness	17-49	\$5.47	\$10.94	\$16.41	\$21.88	\$27.35
	50-64	\$6.67	\$13.34	\$20.01	\$26.68	\$33.35
	65-74	\$8.33	\$16.66	\$24.99	\$33.32	\$41.65

\*monthly benefit amount

### 6 Month Benefit Period

ELIMINATION PERIOD	ISSUE AGE	\$1,000*	\$2,000*	\$3,000*	\$4,000*	\$5,000*
0 days Accident/14 days Sickness	17-49	\$8.54	\$17.08	\$25.62	\$34.15	N/A
	50-64	\$10.92	\$21.83	\$32.75	\$43.66	N/A
	65-74	\$13.98	\$27.97	\$41.95	\$55.94	N/A
7 days Accident/7 days Sickness	17-49	\$10.27	\$20.54	\$30.81	\$41.08	N/A
	50-64	\$13.50	\$27.00	\$40.50	\$54.00	N/A
	65-74	\$17.38	\$34.75	\$52.13	\$69.51	N/A
14 days Accident/14 days Sickness	17-49	\$7.57	\$15.14	\$22.71	\$30.28	\$37.85
	50-64	\$9.78	\$19.57	\$29.35	\$39.14	\$48.92
	65-74	\$12.74	\$25.48	\$38.22	\$50.95	\$63.69

\*monthly benefit amount

### 12 Month Benefit Period

ELIMINATION PERIOD	ISSUE AGE	\$1,000*	\$2,000*	\$3,000*	\$4,000*	\$5,000*
0 days Accident/14 days Sickness	17-49	\$11.40	\$22.80	\$34.20	\$45.60	N/A
	50-64	\$15.28	\$30.55	\$45.83	\$61.11	N/A
	65-74	\$24.42	\$48.83	\$73.25	\$97.66	N/A
7 days Accident/7 days Sickness	17-49	\$14.17	\$28.34	\$42.51	\$56.68	N/A
	50-64	\$17.93	\$35.86	\$53.79	\$71.72	N/A
	65-74	\$28.68	\$57.37	\$86.05	\$114.74	N/A

\*monthly benefit amount



(Continued...)

**12 Month Benefit Period**

ELIMINATION PERIOD	ISSUE AGE	\$1,000*	\$2,000*	\$3,000*	\$4,000*	\$5,000*
14 days Accident/14 days Sickness	17-49	\$10.55	\$21.09	\$31.64	\$42.18	\$52.73
	50-64	\$14.05	\$28.11	\$42.16	\$56.22	\$70.27
	65-74	\$22.48	\$44.95	\$67.43	\$89.91	\$112.38

\*monthly benefit amount

## Individual Accident (IAC4000) for TN

Applicable to Policy Forms IAC4000

- On/Off-Job Accident Coverage, Wellbeing Assistance Standard - \$100

BENEFIT LEVEL	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
Preferred	0-80	\$5.28	\$8.95	\$9.91	\$13.58
Premier	0-80	\$6.15	\$10.40	\$11.82	\$16.08

## Critical Illness 1.0 for TN

Applicable to policy form CI-1.0

- HSA Compliant, with Subsequent Diagnosis Coverage, Health Screening Benefit, Cancer Benefit

**Non-Tobacco Rates**

	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
\$10,000	17-24	\$1.45	\$2.19	\$1.82	\$2.58
	25-29	\$1.93	\$2.95	\$2.30	\$3.32
	30-34	\$2.46	\$3.76	\$2.83	\$4.15
	35-39	\$3.27	\$5.03	\$3.66	\$5.40
	40-44	\$3.94	\$6.04	\$4.31	\$6.41
	45-49	\$5.18	\$7.94	\$5.55	\$8.33
	50-54	\$7.26	\$11.14	\$7.65	\$11.54
	55-59	\$8.99	\$13.82	\$9.38	\$14.21
	60-64	\$11.99	\$18.44	\$12.38	\$18.81
	65-70	\$13.31	\$20.44	\$13.70	\$20.81
\$20,000	17-24	\$2.39	\$3.62	\$3.13	\$4.41
	25-29	\$3.36	\$5.14	\$4.10	\$5.88
	30-34	\$4.42	\$6.76	\$5.16	\$7.54
	35-39	\$6.04	\$9.30	\$6.82	\$10.04
	40-44	\$7.38	\$11.33	\$8.12	\$12.07
	45-49	\$9.87	\$15.11	\$10.61	\$15.90
	50-54	\$14.02	\$21.53	\$14.81	\$22.31
	55-59	\$17.48	\$26.88	\$18.27	\$27.67
	60-64	\$23.48	\$36.11	\$24.27	\$36.85
	65-70	\$26.12	\$40.13	\$26.90	\$40.87

## Critical Illness 1.0 for TN

Applicable to policy form CI-1.0

- HSA Compliant, with Subsequent Diagnosis Coverage, Health Screening Benefit, Cancer Benefit

### Non-Tobacco Rates

	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
\$30,000	17-24	\$3.34	\$5.05	\$4.45	\$6.23
	25-29	\$4.79	\$7.34	\$5.90	\$8.44
	30-34	\$6.38	\$9.76	\$7.49	\$10.94
	35-39	\$8.81	\$13.57	\$9.98	\$14.68
	40-44	\$10.82	\$16.61	\$11.92	\$17.72
	45-49	\$14.55	\$22.29	\$15.66	\$23.47
	50-54	\$20.78	\$31.91	\$21.96	\$33.09
	55-59	\$25.98	\$39.94	\$27.15	\$41.12
	60-64	\$34.98	\$53.79	\$36.15	\$54.90
	65-70	\$38.92	\$59.81	\$40.10	\$60.92
\$40,000	17-24	\$4.28	\$6.48	\$5.76	\$8.05
	25-29	\$6.22	\$9.53	\$7.70	\$11.01
	30-34	\$8.35	\$12.76	\$9.82	\$14.33
	35-39	\$11.58	\$17.84	\$13.15	\$19.31
	40-44	\$14.25	\$21.90	\$15.73	\$23.38
	45-49	\$19.24	\$29.47	\$20.72	\$31.04
	50-54	\$27.55	\$42.30	\$29.12	\$43.87
	55-59	\$34.47	\$53.01	\$36.04	\$54.58
	60-64	\$46.47	\$71.47	\$48.04	\$72.94
	65-70	\$51.73	\$79.50	\$53.30	\$80.98
\$50,000	17-24	\$5.23	\$7.91	\$7.08	\$9.88
	25-29	\$7.65	\$11.72	\$9.50	\$13.57
	30-34	\$10.31	\$15.76	\$12.15	\$17.72
	35-39	\$14.35	\$22.11	\$16.31	\$23.95
	40-44	\$17.69	\$27.18	\$19.54	\$29.03
	45-49	\$23.92	\$36.64	\$25.77	\$38.61
	50-54	\$34.31	\$52.68	\$36.27	\$54.64
	55-59	\$42.96	\$66.07	\$44.92	\$68.03
	60-64	\$57.96	\$89.14	\$59.92	\$90.99
	65-70	\$64.54	\$99.18	\$66.50	\$101.03

## Critical Illness 1.0 for TN

Applicable to policy form CI-1.0

- HSA Compliant, with Subsequent Diagnosis Coverage, Health Screening Benefit, Cancer Benefit

### Tobacco Rates

	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
\$10,000	17-24	\$1.84	\$2.81	\$2.23	\$3.21
	25-29	\$2.65	\$4.04	\$3.02	\$4.43
	30-34	\$3.66	\$5.63	\$4.05	\$6.02
	35-39	\$4.98	\$7.61	\$5.35	\$8.01
	40-44	\$6.22	\$9.55	\$6.62	\$9.94
	45-49	\$8.02	\$12.34	\$8.42	\$12.71
	50-54	\$11.05	\$16.96	\$11.44	\$17.35
	55-59	\$14.12	\$21.69	\$14.51	\$22.06
	60-64	\$18.18	\$27.90	\$18.55	\$28.29
	65-70	\$20.30	\$31.18	\$20.67	\$31.57
\$20,000	17-24	\$3.18	\$4.87	\$3.96	\$5.65
	25-29	\$4.79	\$7.31	\$5.53	\$8.10
	30-34	\$6.82	\$10.50	\$7.61	\$11.28
	35-39	\$9.45	\$14.47	\$10.19	\$15.25
	40-44	\$11.95	\$18.34	\$12.73	\$19.13
	45-49	\$15.55	\$23.93	\$16.33	\$24.67
	50-54	\$21.59	\$33.16	\$22.38	\$33.94
	55-59	\$27.73	\$42.62	\$28.52	\$43.36
	60-64	\$35.85	\$55.04	\$36.59	\$55.82
	65-70	\$40.10	\$61.59	\$40.84	\$62.38
\$30,000	17-24	\$4.52	\$6.92	\$5.69	\$8.10
	25-29	\$6.94	\$10.59	\$8.05	\$11.77
	30-34	\$9.98	\$15.37	\$11.16	\$16.54
	35-39	\$13.93	\$21.32	\$15.04	\$22.50
	40-44	\$17.67	\$27.14	\$18.85	\$28.31
	45-49	\$23.07	\$35.51	\$24.25	\$36.62
	50-54	\$32.14	\$49.36	\$33.32	\$50.54
	55-59	\$41.35	\$63.55	\$42.52	\$64.66
	60-64	\$53.53	\$82.18	\$54.64	\$83.35
	65-70	\$59.90	\$92.01	\$61.01	\$93.18
\$40,000	17-24	\$5.85	\$8.98	\$7.42	\$10.54
	25-29	\$9.08	\$13.87	\$10.56	\$15.44
	30-34	\$13.15	\$20.24	\$14.72	\$21.81
	35-39	\$18.41	\$28.18	\$19.88	\$29.74
	40-44	\$23.39	\$35.93	\$24.96	\$37.50
	45-49	\$30.59	\$47.10	\$32.16	\$48.58
	50-54	\$42.68	\$65.56	\$44.25	\$67.13
	55-59	\$54.96	\$84.48	\$56.53	\$85.96
	60-64	\$71.21	\$109.31	\$72.68	\$110.88
	65-70	\$79.70	\$122.42	\$81.18	\$123.99

(Continued...)

## Critical Illness 1.0 for TN

Applicable to policy form CI-1.0

- HSA Compliant, with Subsequent Diagnosis Coverage, Health Screening Benefit, Cancer Benefit

### Tobacco Rates

	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
\$50,000	17-24	\$7.19	\$11.03	\$9.15	\$12.99
	25-29	\$11.23	\$17.14	\$13.08	\$19.11
	30-34	\$16.31	\$25.11	\$18.27	\$27.07
	35-39	\$22.88	\$35.03	\$24.73	\$36.99
	40-44	\$29.12	\$44.72	\$31.08	\$46.68
	45-49	\$38.12	\$58.68	\$40.08	\$60.53
	50-54	\$53.23	\$81.76	\$55.19	\$83.72
	55-59	\$68.58	\$105.41	\$70.54	\$107.26
	60-64	\$88.88	\$136.45	\$90.73	\$138.41
	65-70	\$99.50	\$152.84	\$101.35	\$154.80

## Term Life (ITL5000) for TN

Applicable to policy form ITL5000

- 20-Year Term Base Plan, Waiver of Premium Benefit, Accidental Death Benefit

### Non-Tobacco Rates

ISSUE AGE	\$50,000	\$100,000	\$150,000	\$200,000	\$250,000
30	\$3.54	\$6.18	\$8.80	\$9.69	\$11.19
40	\$4.74	\$8.56	\$12.37	\$12.08	\$14.17
50	\$9.08	\$17.27	\$25.44	\$23.27	\$28.16
60	\$17.53	\$34.15	\$50.76	\$46.92	\$57.73

### Tobacco Rates

ISSUE AGE	\$50,000	\$100,000	\$150,000	\$200,000	\$250,000
30	\$5.31	\$9.72	\$14.11	\$14.27	\$16.91
40	\$7.98	\$15.04	\$22.09	\$19.96	\$24.03
50	\$18.39	\$35.89	\$53.36	\$47.81	\$58.83
60	\$35.26	\$69.61	\$103.95	\$93.38	\$115.80

## Whole Life Plus (IWL5000) for TN

Applicable to policy forms ICC19-IWL5000-70/IWL5000-70,  
ICC19-IWL5000-100/IWL5000-100,  
ICC19-IWL5000J/IWL5000J and rider forms  
ICC19-R-IWL5000-STR/R-IWL5000-STR,  
ICC19-R-IWL5000-CTR/R-IWL5000-CTR,  
ICC19-R-IWL5000-WP/R-IWL5000-WP,  
ICC19-R-IWL5000-ACCD/R-IWL5000-ACCD,  
ICC19-R-IWL5000-CI/R-IWL5000-CI,  
ICC19-R-IWL5000-CC/R-IWL5000-CC,  
ICC19-R-IWL5000-GPO/R-IWL5000-GPO

- Adult Base Plan Paid-Up at Age 100, Accidental Death Benefit, Waiver of Premium Benefit

### Non-Tobacco Rates

ISSUE AGE	\$20,000	\$30,000	\$40,000	\$50,000
25	\$4.71	\$7.05	\$9.41	\$11.76
35	\$6.28	\$9.42	\$12.55	\$15.69
45	\$9.85	\$14.77	\$19.69	\$24.61
55	\$16.64	\$24.96	\$33.27	\$41.59
65	\$27.02	\$40.53	\$54.05	\$67.55

# Whole Life Plus (IWL5000) for TN

Applicable to policy forms ICC19-IWL5000-70/IWL5000-70,  
ICC19-IWL5000-100/IWL5000-100,  
ICC19-IWL5000J/IWL5000J and rider forms  
ICC19-R-IWL5000-STR/R-IWL5000-STR,  
ICC19-R-IWL5000-CTR/R-IWL5000-CTR,  
ICC19-R-IWL5000-WP/R-IWL5000-WP,  
ICC19-R-IWL5000-ACCD/R-IWL5000-ACCD,  
ICC19-R-IWL5000-CI/R-IWL5000-CI,  
ICC19-R-IWL5000-CC/R-IWL5000-CC,  
ICC19-R-IWL5000-GPO/R-IWL5000-GPO

- Adult Base Plan Paid-Up at Age 100, Accidental Death Benefit, Waiver of Premium Benefit

**Tobacco Rates**

ISSUE AGE	\$20,000	\$30,000	\$40,000	\$50,000	
25	\$7.87	\$11.80	\$15.75	\$19.68	
35	\$9.52	\$14.28	\$19.05	\$23.81	
45	\$14.10	\$21.15	\$28.21	\$35.26	
55	\$24.31	\$36.46	\$48.61	\$60.76	
65	\$39.10	\$58.64	\$78.20	\$97.74	

**Important Notice**

Insurance coverage has exclusions and limitations that may affect benefits payable. For a complete description of benefits, limitations and exclusions, please refer to an outline of coverage, sample policy/certificate, proposal description or see your Colonial Life benefits counselor. Coverage type, benefits and rates vary by state. Coverage may not be available in all states. Rates provided are illustrative and your actual premium may be different depending on your particular situation and plan choices.

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