



ACCIDENT INSURANCE

You can purchase this coverage for you and your family. Child coverage is available to age 26.

HELPS YOUR FINANCES AFTER A MISHAP.

When you, your spouse or child has a covered accident, like a fall from a bicycle that requires medical attention, you can receive cash benefits to help cover the unexpected costs.

HELPS COVER RELATED EXPENSES.

While health plans may cover direct costs associated with an accident, you can use accident benefits to help cover related expenses like lost income, child care, deductibles and co-pays.

PAYS CASH BENEFITS DIRECTLY TO YOU.

Accident Insurance can be used however you want, and it pays in addition to any other coverage you may already have. Benefits are payable directly to you. And get this - there are no health questions or pre-existing conditions limitations.

What's more, all family members on your plan are eligible for a wellness-screening benefit, also paid directly to you once each year per covered person.

ACCIDENT FAST FACTS

Falls

are the leading cause of injuries treated in emergency rooms every year, for people of all ages.

This coverage pays benefits for accidents that occur off the job.



WHAT'S COVERED

Once your coverage goes into effect, you can file a claim for covered accidents that occur after your insurance plan's effective date. Unless otherwise specified, benefits are payable only once for each covered accident, as applicable. The full list of benefits is listed here. Choose the plan that best meets your needs and your budget.

DISLOCATIONS	LOW PLAN		HIGH PLAN	
	OPEN (SURGERY)	CLOSED (NO SURGERY)	OPEN SURGERY	CLOSED (NO SURGERY)
Hip	\$2,000	\$1,000	\$4,000	\$2,000
Knee, ankle, or bones of the foot	\$1,000	\$500	\$2,000	\$1,000
Elbow, wrist or Lower jaw	\$400	\$200	\$800	\$400
Shoulder	\$500	\$250	\$1,000	\$500
Collarbone or bones of the hand	\$800	\$400	\$1,600	\$800
Finger(s) or toe(s)	\$100	\$50	\$200	\$100
FRACTURES	OPEN (SURGERY)	CLOSED (NO SURGERY)	OPEN SURGERY	CLOSED (NO SURGERY)
Hip or thigh	\$2,000	\$1,000	\$4,000	\$2,000
Skull-depressed	\$3,000	\$1,500	\$6,000	\$3,000
Skull-simple	\$1,500	\$750	\$3,000	\$1,500
Vertebral processes, Bones of the face or Nose	\$350	\$175	\$700	\$350
Leg	\$1,000	\$500	\$2,000	\$1,000
Vertebrae, Sternum or Pelvis	\$800	\$400	\$1,600	\$800
Upper jaw or upper arm	\$375	\$190	\$750	\$375
Lower jaw, Collarbone, Shoulder, Forearm, Hand, Wrist, Foot, Ankle, Kneecap, Elbow or Heel	\$325	\$170	\$650	\$325
Rib, Finger, Toe or Coccyx	\$175	\$90	\$350	\$175
Multiple ribs	\$500	\$250	\$1,000	\$500
ADDITIONAL INJURIES				
Eye Injury - surgical repair		\$125		\$250
Eye Injury - object remove		\$100		\$100
Gunshot wound		\$250		\$500
Paralysis-paraplegia		\$12,500		\$25,000
Paralysis-quadruplegia		\$25,000		\$50,000
Coma		\$5,000		\$10,000
Concussion		\$250		\$250
BURNS	2nd DEGREE	3rd DEGREE	2nd DEGREE	3rd DEGREE
20-40 square centimeters	\$200	\$500	\$400	\$1,000
41-65 square centimeters	\$400	\$1,000	\$800	\$2,000
66-160 square centimeters	\$600	\$3,000	\$1,200	\$6,000
161-225 square centimeters	\$800	\$7,000	\$1,600	\$14,000
More than 225 square centimeters	\$1,000	\$10,000	\$2,000	\$20,000
Skin graft	50% of the applicable Burn Benefit		50% of the applicable Burn Benefit	
LACERATIONS				
No sutures and treated by doctor		\$20		\$35
Single laceration under 5 cm with sutures		\$35		\$65
5-15 cm with sutures (total of all lacerations)		\$125		\$250
Greater than 15 cm with sutures (total of all lacerations)		\$250		\$500



FLORIDA BREWERS GUILD

MEDICAL SERVICES		
Diagnostic Exam - Arteriogram Angiogram, CT, CAT, EKG, EEG,	\$100	\$200
Diagnostic Exam - X-ray (1 time per covered accident)	\$50	\$100
Accident Emergency Treatment, non-emergency room (once per covered accident)	\$100	\$150
Physician's Follow-up Treatment office visit (per visit, up to 6 times per covered accident)	\$75	\$100
Physical Therapy (per visit up to 10 visits per covered accident)	\$25	\$25
Medical Devices	\$400	\$500
Epidural Pain Management (up to 2 times per covered accident)	\$100	\$150
Prescription drug	\$35	\$50
Prosthesis (one)	\$250	\$500
Prosthesis (two)	\$500	\$1,000
Blood, Plasma, or Platelet Transfusion	\$100	\$200
HOSPITAL		
Hospital Admission (once per benefit year)	\$1,500	\$2,000
Hospital Confinement (per day up to 365 days per covered accident)	\$300	\$400
Intensive Care Unit Admission (once per Benefit Year, payable instead of Hospital Admission benefit if Confined immediately to ICU)	\$2,500	\$3,000
Intensive Care Unit Confinement (per day up to 14 days, payable in addition to any Hospital Confinement benefit)	\$300	\$500
Ambulance (Ground)	\$300	\$400
Ambulance (Air)	\$1,000	\$2,000
Emergency Room Admission	\$150	\$200
Family Lodging (per day up to 30 days per benefit year)	\$50	\$100
Transportation (100 or more miles up to 3 times per covered)	\$250	\$500
Rehabilitation Unit (per day up to 30 days per covered accident)	\$50	\$100
SURGERY		
Miscellaneous Surgery requiring general anesthesia (not covered by any other benefit)	\$150	\$300
Open Surgery	\$625	\$1,250
Exploratory Surgery or Debridement	\$125	\$250
Tendon/Ligament/Rotator Cuff Tear	\$300	\$625
Torn Knee Cartilage	\$300	\$625
Ruptured/Herniated Disc	\$300	\$625
EMERGENCY DENTAL		
Emergency Dental extraction	\$30	\$65

LIFE AND DISMEMBERMENT LOSSES*	LOW PLAN	HIGH PLAN
Accidental Death	\$15,000	\$25,000
Accidental Death Common Carrier (pays an additional benefit if accidental death occurs while traveling as a fare-paying passenger on a public conveyance)	\$30,000	\$100,000
Catastrophic Loss: Both arms or both hands, both legs or both feet, one hand and one foot or one arm and one leg, or irrecoverable loss of sight of both eyes	\$7,500	\$15,000
Loss of one hand, foot, leg, or arm	\$3,750	\$7,500
Loss of sight of one eye or loss of one eye	\$3,750	\$7,500
Two or more fingers or toes	\$750	\$1,500
One finger or one toe	\$375	\$750

FLORIDA BREWERS GUILD ASSOCIATION (FBGA)

All Eligible Employees

POLICY # 946412

Sun Life Assurance Company of Canada



Sterling Seacrest Pritchard



BASIC LIFE INSURANCE

Even among people who have life insurance, about **1 in 5** say they don't have enough.¹

PROTECTS YOUR LOVED ONES.

Life insurance provides your loved ones with money they can use for household expenses, tuition, mortgage payments and more.

HELPS PAY YOUR FINAL EXPENSES.

Your beneficiaries may use this money to pay for your burial or cremation, and pay any outstanding medical bills.

PART OF YOUR BENEFIT PACKAGE.

This benefit is completely paid for by your employer. Remember to name your beneficiaries if you haven't done so already.

BENEFITS

For you*

\$25,000. No medical questions asked, **up to the Guaranteed Issue amount of \$25,000.**

\$50,000. No medical questions asked, **up to the Guaranteed Issue amount of \$50,000.**

\$100,000. No medical questions asked, **up to the Guaranteed Issue amount of \$100,000.**

Benefits are reduced at age 70 and may reduce again in subsequent years as noted in your Certificate.

**This coverage includes Accidental Death and Dismemberment insurance.*



LONG-TERM DISABILITY INSURANCE

COMMON CAUSES OF DISABILITY

Musculoskeletal Conditions

Circulatory Conditions

Cancer

Nervous System Disorders

Injuries

PROTECTS YOUR LOVED ONES.

If you're unable to work because of a covered disability, Long-Term Disability insurances replaces a portion of your income. After your claim is approved, you will receive a monthly check for your benefits that helps you pay everyday expenses like your mortgage or rent, childcare and groceries.

HELPS YOU RETURN TO WORK.

If you are able, Sun Life has benefits and services, including guidance from vocational rehabilitation counselors, to help you return to work.

PART OF YOUR BENEFIT PACKAGE.

This benefit is completely paid for by your employer.

BENEFITS

Monthly benefit after your claim is approved.	You will receive a check for your benefits on a monthly basis. It will replace 60% of your Total Monthly Earnings, up to \$10,000 each month.
When benefits begin	Benefits begin as soon as 90 days from the date of your disability.
Benefits may be paid for	Up to your Social Security Normal Retirement Age or longer, depending on your age at disability.
Additional plan information	This plan provides a benefit for covered disabilities resulting from illness or injury that occur on or off the job.

LONG-TERM DISABILITY FAST FACTS

34.6 months

The length of the average long-term disability claim.¹

You may receive additional benefits if your covered disability begins with a hospital stay of 14 days or more.



SHORT-TERM DISABILITY INSURANCE

COMMON CAUSES OF DISABILITY

Pregnancy

Injuries

Joint Disorders

Back Disorders

Digestive Disorders

PROTECTS YOUR INCOME WHEN YOU CAN'T WORK.

If you're unable to work because of a covered disability, Short-Term Disability insurance replaces a portion of your income in addition to providing other services and benefits that help you return to work.

PROVIDES YOU WITH A WEEKLY CHECK.

After your claim is approved, you will receive a check for your benefits that helps you pay everyday expenses like your mortgage or rent, childcare and groceries.

PART OF YOUR BENEFIT PACKAGE.

This benefit is completely paid for by your employer.

BENEFITS	
Weekly benefit after your claim is approved	You will receive a check for your benefits on a weekly basis. It will replace 60% of your Total Weekly Earnings, up to \$1,500 each week.
When benefits begin	Benefits begin as soon as 8 days from the date you are unable to work due to an injury and 8 days due to an illness.
Benefits may be paid for	Up to 12 weeks , as long as you are still unable to work due to a covered disability.
Additional plan information	This plan provides a benefit for covered disabilities resulting from illness or injury that are not work-related.

SHORT-TERM DISABILITY FAST FACTS

1 in 4 workers

will miss up to 3 months of work due to disability during their career.¹

More than three-quarters of workers are living paycheck to paycheck.²





With Critical Illness Insurance, you also get access to health care support services. You can talk with medical and claims experts about your medical coverage, benefits, diagnosis and treatment options.

CRITICAL ILLNESS

HELPS PROTECT YOUR FINANCES FROM AN ILLNESS.

When you, your spouse or child is diagnosed with a covered condition, you can receive a cash benefit to help pay unexpected costs not covered by your health plan.

HELPS COVER RELATED EXPENSES.

While health plans may cover direct costs associated with a critical illness, you can use your benefit to help with related expenses like lost income, child care, travel to and from treatment, deductibles and co-pays.

PAYS A CASH BENEFIT DIRECTLY TO YOU.

Critical Illness insurance can be used however you want, and it pays in addition to any other coverage you may already have.

What's more, all family members on your plan are eligible for a wellness-screening benefit, also paid directly to you once each year per covered person.

BENEFITS (You can purchase this coverage at a group rate.)

For You	You can choose between \$10,000 and \$30,000 of coverage, in increments of \$10,000. No medical questions asked.
For Your Spouse	If you elect coverage for yourself, you can choose between \$10,000 and \$30,000 of coverage, in increments of \$10,000. No medical questions asked. Not to exceed 100% of your coverage amount.
For Your Children	If you elect coverage for yourself, you can choose between \$5,000 and \$15,000 of coverage, in increments of \$5,000. No medical questions asked. Not to exceed 50% of your coverage amount. An eligible child is defined as your child from birth to age 26.



WHAT'S COVERED

Once your coverage goes into effect, you can file a claim for covered conditions diagnosed after your insurance plan's effective date. Below is the full list of conditions.

BENEFITS (You can purchase this coverage at a group rate.)		
Core Conditions	Heart Attack End-Stage Kidney Disease ^R Occupational HIV/Hepatitis B,C, or D Major Organ Failure ^R Stroke ^R Coronary Artery Bypass Graft ^R (Pays 25%) Angioplasty ^R (Pays 5%)	
Cancer Conditions	Invasive Cancer ^R Noninvasive Cancer ^R (Pays 25%) Skin Cancer ^R (Pays 5%)	
Other Conditions	Complete Blindness Complete Loss of Hearing Loss of Speech Benign Brain Tumor Coma	Severe Burns Advanced ALS/Lou Gehrig's Disease (Pays 25%) Advanced Alzheimer's Disease (Pays 25%) Paralysis
Childhood Conditions Applies to dependent children only	Down Syndrome Cystic Fibrosis Type 1 Diabetes Mellitus Complex Congenital Heart Disease	Cerebral Palsy Cleft Lip/Palate Muscular Dystrophy Spina Bifida
Wellness Screening Benefit	Payable to any covered person on your plan one time each year, once you provide proof of an eligible health screening.	Employee \$50 Spouse \$50 Child \$50

^R = Recurrence Benefit available

WHEN WOULD I NEED THE RECURRENCE BENEFIT?

Sometimes people are diagnosed with the same condition twice. If this happens to you, and 12 consecutive months have passed between the first and second diagnoses, we'll pay you an additional benefit (the amount of which is noted in your Certificate). Only the conditions marked (R) in the table above are eligible for the Recurrence Benefit. Once a Recurrence Benefit has been paid, no additional benefit will be paid for that critical illness.



DENTAL INSURANCE

COMMONLY COVERED

Exams And cleanings

X-rays

Fillings

Tooth extractions

PROTECTS YOUR SMILE.

You can feel more confident with dental insurance that encourages routine cleanings and checkups. Dental insurance helps protect your teeth for a lifetime.

PREVENTS OTHER HEALTH ISSUES.

Just annual preventive care alone can help prevent other health issues such as heart disease and diabetes. Many plans cover preventive services at or near 100% to make it easy for you to use your dental benefits.

LOWERS OUT-OF-POCKET EXPENSES.

Seeing an in-network dentist can reduce your fees approximately 30% from their standard fees. Add the benefits of your coinsurance to that and things are looking good for your wallet.

DENTAL FAST FACTS

Periodontal disease can lead to receding gums, bone damage, loss of teeth, and can increase the risk of other health problems such as heart disease and diabetes.¹

Treatment of gum disease in people with type 2 diabetes can lower blood sugar over time.²



WHAT'S COVERED (BASIC PLAN)

Good news! Your plan covers routine services like cleanings and exams at 100%.

CALENDAR YEAR MAXIMUM	IN-NETWORK	OUT-OF-NETWORK
Type II (Basic Services)	\$750 per person	\$750 per person

Type I Preventive Services do not count toward your Calendar Year maximum

CALENDAR YEAR DEDUCTIBLE

PROCEDURE	IN-NETWORK	OUT-OF-NETWORK
Type I Preventive Services	N/A	N/A
Type II Basic Services	\$50 individuals/\$150 family	\$50 individual/\$150 family

THE PLAN PAYS THE FOLLOWING PERCENTAGE FOR PROCEDURES

PROCEDURE	IN-NETWORK	OUT-OF-NETWORK
Type I Preventive Services	100%	100%
Type II Basic Services	80%	80%
Type III Major Services	0%	0%

SERVICES

Type I Preventive Dental Services, including:

- Oral evaluations – 1 in any 6 month period
- Routine dental cleanings – 1 in any 6 month period
- Fluoride treatment – 1 in any 6 month period. Only for children under age 14
- Sealants – no more than 1 per tooth in any 36 month period, only for permanent molar teeth.
Only for children under age 14
- Bitewing x-rays – 1 in any 12 month period
- Intraoral complete series x-rays – 1 in any 60 month period
- Genetic test for susceptibility to oral diseases

Type II Basic Dental Services, including:

- New fillings
- Space maintainers – only for children under age 19
- Simple extractions, incision and drainage
- Localized delivery of antimicrobial agents
- Dentures and bridges – subject to 10 year replacement limit

Waiting Periods

For a complete description of services and waiting periods, please review your certificate of insurance. If you were covered under your employer's prior plan the wait will be waived for any type of service covered under the prior plan and this plan.

- No waiting period for preventive or basic services



PROCEDURE	IN-NETWORK	OUT-OF-NETWORK
Type II, III (Basic and Major Services)	\$1,500 per person	\$1,500 per person
Type IV Ortho Service	\$1,000 lifetime per child	\$1,000 lifetime per child

Type I Preventive Services do not count toward your Calendar Year maximum

CALENDAR YEAR DEDUCTIBLE

PROCEDURE	IN-NETWORK	OUT-OF-NETWORK
Type I Preventive Services	N/A	N/A
Type II (Basic Services and Major Services)	\$50 individual/\$150 family	\$50 individuals/\$150 family
Type IV Ortho Services	N/A	N/A

THE PLAN PAYS THE FOLLOWING PERCENTAGE FOR PROCEDURES

PROCEDURE	IN-NETWORK	OUT-OF-NETWORK
Type I Preventive Services	100%	100%
Type II (Basic Services and Major Services)	80%	80%
Type IV Ortho Services	50%	50%
Type II (Basic Services and Major Services)	50%	50%

SERVICES

Type I Preventive Dental Services, including:

- Oral evaluations – 1 in any 6 month period
- Routine dental cleanings – 1 in any 6 month period
- Fluoride treatment – 1 in any 6 month period. Only for children under age 14
- Sealants – no more than 1 per tooth in any 36 month period, only for permanent molar teeth. Only for children under age 14
- Bitewing x-rays – 1 in any 12 month period
- Intraoral complete series x-rays – 1 in any 60 month period
- Genetic test for susceptibility to oral diseases

Type II Basic Dental Services, including:

- New fillings
- Space maintainers – only for children under age 19
- Simple extractions, incision and drainage
- Localized delivery of antimicrobial agents

Type III Major Dental Services, including:

- Dentures and bridges – subject to 10 year replacement limit
- Stainless steel crowns– only for children under age 19
- Inlay, onlay, and crown restorations – 1 per tooth in any 10 year period
- Dental implants – subject to 10 year replacement limit

- Surgical extractions of erupted teeth, impacted teeth, or exposed root
- Biopsy (including brush biopsy)
- Endodontics (includes root canal therapy) – 1 per tooth in any 24 month period
- General anesthesia/IV sedation – medically required
- Minor gum disease (non-surgical periodontics)
- Scaling and root planing – 1 in any 24 month period per area
- Periodontal maintenance – 1 in any 6 consecutive months
- Major gum disease (surgical periodontics)

Type IV Ortho Services, including:

- Orthodontic treatment is limited to the dependent children or student age listed above

Waiting Periods

For a complete description of services and waiting periods, please review your certificate of insurance. If you were covered under your employer's prior plan the wait will be waived for any type of service covered under the prior plan and this plan.

- No waiting period for preventive, basic or major services
- No waiting period for orthodontic services



HOSPITAL INDEMNITY INSURANCE

HELPS PROTECT YOUR FINANCES.

When you, your spouse or child are facing a hospital stay, you can receive a benefit to help pay unexpected expenses not covered by your plan.

HELPS COVER RELATED EXPENSES.

While health plans may cover direct costs associated with an illness or injury, you can use your hospital indemnity benefits to help cover related expenses like lost income, child care, deductibles and copays.

PAYS CASH BENEFITS DIRECTLY TO YOU.

Hospital Indemnity insurance payments can be used however you want, and it pays in addition to any other coverage you may already have. Benefits are payable directly to you.

You can purchase this coverage for you and your family. Child coverage is available to age 26.

BENEFITS (You can purchase this coverage at a group rate.)

Benefits are payable for hospital stays due to:	<ul style="list-style-type: none">• Sickness• Accidents*• Routine pregnancy**• Complications of pregnancy• Newborn complications• Mental and nervous disorders• Substance abuse
Additional reasons to sign-up:	<ul style="list-style-type: none">• No medical questions to answer - guaranteed issue coverage• Benefits add up - many of your benefits can all be payable on the same day

Your employer is offering you a choice of two plans. Please review the information for both plans. Then, choose the one plan that best fits your needs.

*Confinements due to an accident must be within 365 days of the accident.

**Confinements due to routine pregnancy are subject to a 10 month waiting period (see Frequently Asked Questions)

FLORIDA BREWERS GUILD ASSOCIATION (FBGA)

All Eligible Employees

POLICY # 946412

Sun Life Assurance Company of Canada



Sterling Seacrest Pritchard



WHAT'S COVERED - LOW

This plan provides benefits due to hospital stays for covered accidents or sickness. Once your Hospital Indemnity coverage goes into effect, you can file a claim for covered hospital stays occurring after your plan's effective date.

The benefits shown in the schedule are payable for each person covered by the plan unless otherwise stated.

BENEFITS SCHEDULE - LOW	
FIRST DAY BENEFITS Payable per benefit year	LOW
First day hospital confinement - This benefit pays the first day you stay in a regular hospital bed	\$1,000 per day 1 day
CONFINEMENT BENEFITS Payable per benefit year	LOW
Hospital confinement – This benefit pays for a hospital stay in a standard room. Payable with: <ul style="list-style-type: none">• First day hospital confinement benefit	\$100 per day Up to 30 days
Intensive Care Unit (ICU) confinement – This benefit pays for a hospital ICU stay. Payable with: <ul style="list-style-type: none">• First day hospital confinement benefit• Hospital confinement benefit	\$100 per day Up to 10 days
ADDITIONAL AND ENHANCED BENEFITS Payable per benefit year	LOW
Extended hospitalization benefit – This additional benefit pays after 10 total days in a row of confinement beginning with your first day in: <ul style="list-style-type: none">• a regular hospital room• the ICU	\$100 per day
Wellness screening benefit – This benefit pays for a covered wellness test or exam even without a hospital stay.	\$50 per day 1 day per insured per benefit year



WHAT'S COVERED - HIGH

This plan provides benefits due to hospital stays for covered accidents or sickness. Once your Hospital Indemnity coverage goes into effect, you can file a claim for covered hospital stays occurring after your plan's effective date.

The benefits shown in the schedule are payable for each person covered by the plan unless otherwise stated.

BENEFITS SCHEDULE - HIGH	
FIRST DAY BENEFITS Payable per benefit year	HIGH
First day hospital confinement - This benefit pays the first day you stay in a regular hospital bed	\$2,000 per day 1 day
CONFINEMENT BENEFITS Payable per benefit year	HIGH
Hospital confinement – This benefit pays for a hospital stay in a standard room. Payable with: <ul style="list-style-type: none"> • First day hospital confinement benefit 	\$200 per day Up to 30 days
Intensive Care Unit (ICU) confinement – This benefit pays for a hospital ICU stay. Payable with: <ul style="list-style-type: none"> • First day hospital confinement benefit • Hospital confinement benefit 	\$200 per day Up to 10 days
ADDITIONAL AND ENHANCED BENEFITS Payable per benefit year	HIGH
Extended hospitalization benefit – This additional benefit pays after 10 total days in a row of confinement beginning with your first day in: <ul style="list-style-type: none"> • a regular hospital room • the ICU 	\$200 per day
Wellness screening benefit – This benefit pays for a covered wellness test or exam even without a hospital stay.	\$50 per day 1 day per insured per benefit year



VISION INSURANCE

COMMONLY COVERED

Annual exams

Lenses

Frames

Contact lenses

Laser vision correction
discount

PROTECTS YOUR EYES.

You can help protect your eyesight by visiting an eye doctor regularly. Vision insurance includes an annual comprehensive eye exam with an eye care doctor. Taking care of your eyes today can lead to a better quality of life later.

PREVENTS OTHER HEALTH ISSUES.

Just annual preventive care alone can help detect signs of chronic health conditions such as high blood pressure and diabetes. Early detection can be key before costly symptoms arise.¹

LOWERS OUT-OF-POCKET EXPENSES.

Seeing an in-network eye care provider can reduce your expenses with savings on frames, lenses, contacts, eye exams and more.

VISION INSURANCE FAST FACTS

Roughly, 90% of diabetes-related blindness can be avoided by getting an annual eye exam.²

59% of adults report experiencing symptoms of digital eye strain, such as blurred vision or headaches.³



WHAT'S COVERED

BENEFIT	FREQUENCY	IN-NETWORK BENEFIT	OUT-OF-NETWORK BENEFIT
Exam services	1 per 12 months	\$10 for exam	Up to \$45
WellVision exam			
Routine retinal screening		No more than a \$39 copay	N/A
LASER VISION CORRECTION DISCOUNT			
Standard	Once per eye per lifetime	Average 15% off the regular price or 5% off the promotional price Discounts only available from contracted facilities.	N/A
LENSES			
Single lined	1 per 12 months	\$25 (lenses and frame)	Up to \$30
Bifocal lined			Up to \$50
Trifocal			Up to \$60
Lenticular			Up to \$100
Necessary contacts			Up to \$210
LENS ENHANCEMENTS			
Standard		\$55 copay	N/A
Premium Progressive		\$95-\$105 copay	N/A
Custom Progressive		\$150-\$175 copay	N/A
Other		Average savings of 20-25%	N/A
FRAMES			
	1 per 24 months	\$130 for the frame of your choice and 20% off the amount over your allowance \$70 allowance at Costco and Walmart	Up to \$70
ELECTIVE CONTACT LENSES			
Contact lenses are in place of lenses and frame	1 per 12 months	\$60 for your contact lens exam (fitting and evaluation) \$130 for contact lenses	Up to \$105
ADDITIONAL GLASSES AND SUNGLASSES DISCOUNT			
	20% off complete pairs of prescription and non-prescription glasses, including sunglasses. Discounts are unlimited for 12 months flowing exam.		N/A
COVERAGE WITH RETAIL PROVIDERS			
	*Coverage with retail providers may be different. Check with Costco for VSP member pricing. Costco and Walmart allowance is equivalent to the allowance at preferred providers and other retail providers.		

This chart outlines services for Plan 3.

Administrative services for the vision insurance plan are provided by Vision Service Plan (VSP).



VOLUNTARY LIFE INSURANCE

BENEFITS (You can purchase this coverage at a group rate.)

For you*

You can choose from **\$10,000 to \$200,000**—in increments of \$10,000. No medical questions asked **up to the Guaranteed Issue amount of \$200,000.**

Benefits are reduced at age 70 and may reduce again in subsequent years as noted in your Certificate.

For your spouse

If you elect coverage for yourself, you can choose from **\$5,000 to \$200,000**—in increments of \$5,000. No medical questions asked **up to the Guaranteed Issue amount of \$30,000.**

The amount you select for your spouse cannot exceed 100% of your coverage amount. Coverage ends when your spouse turns age 70.

For your child(ren)*

If you elect coverage for yourself, you can choose **\$1,000 to \$10,000**—in \$1,000 increments. No medical questions asked.

The amount you select for your child(ren) cannot exceed 50% of your coverage amount. Benefits may reduce as noted in your Certificate. Child(ren) must primarily depend on the employee for 50% or more of their support.

A full benefit is payable for a dependent child who is 6 months to 25. A reduced benefit of \$500 is payable for a child from 14 days to 6 months. (No benefit is payable for a child from birth to 14 days).

MORE PROTECTION FOR YOUR LOVED ONES.

The people you love and support could face financial challenges without you. Life insurance provides your loved ones with money they can use for household expenses, tuition, mortgage payments and more.

HELPS YOU CLOSE ANY COVERAGE GAPS.

You may have life insurance today, either on your own or through your employer. Now is a good time to ask yourself if you need more coverage.

***This coverage includes Accidental Death and Dismemberment insurance.**