Pasco County Schools

Your 2022 Voluntary Reference Guide

Kurt S. Browning, Superintendent

What's inside

Dental Benefits
Provider: Delta Dental

Voluntary dental plans are available to all benefit eligible employees and their eligible dependents.

What Dental Plans are available?

Pasco Schools offer three dental plans for you to choose from:

- DHMO (Delta Care USA)
- PPO Low Plan
- PPO High Plan

What about the networks?

You will have access to a large network of Delta Dental general dentists and specialty dentists. With enrollment in the PPO High or Low plans, you have the freedom to choose to see an in-network or out-of-network provider.

Delta Dental offers both the Delta Dental PPO and Delta Dental Premier Networks. By selecting the Delta Dental PPO network, you will usually achieve greater savings, due to lower negotiated fees. Additionally in this plan you do have the option of using a dentist not participating with Delta Dental; however you will need to file paper claims and it usually results in higher out-of-pocket cost to the member.

If you choose to participate in the DHMO Plan you will have to select a participating dentist from the DeltaCare USA network. In order to be covered for services under the DHMO plan, you must have services provided at your selected DHMO dental office. You can access the network directories of participating dentists by visiting deltadentalins.com.

Is there an age limitation for children to see a pediatric dentist?

If you are enrolled in the DHMO plan, your primary dental office must refer your child (under 8 years of age) to a pediatric dentist.
If you are enrolled in the PPO plan- there are no age limits that are applicable.

If you are traveling and experience a dental emergency, please contact Delta Dental customer service and a representative will assist you with treatment options.

What is a diagnostic & preventive maximum waiver (D&P waiver)?

Your PPO plans includes a D&P Maximum Waiver benefit, allowing you to obtain diagnostic and preventive dental services without those costs applying towards the plan year maximum. This benefit promotes good oral health and may reduce the need for more expensive, restorative dental services that can result from undetected oral or related health problems.

Which plans offer an orthodontic benefit?

The DHMO and the PPO High plans offer orthodontic coverage.

Who's eligible?

Primary enrolled employee, spouse, eligible dependent children to age 26. **Coverage will end at the end of the month in which a dependent child reaches age 26** (unless that dependent child is disabled.)

What is a pre-authorization?

We do encourage you to have your dentist submit a preauthorization request for a treatment plan that will cost more than $300. This will ensure that any of the procedures your dentist suggests are, in fact, covered benefits. It also gives you a chance to find out beforehand what your out-of-pocket expenses will be.

Dental Benefits

What if I need to see a specialist?

Specialists. The DHMO is a "direct referral" plan. This means your general dentist will refer you to a contracted specialist in your area.

What if I would like a second opinion?

Just let DeltaCare know that you would like another clinical opinion and they will provide the name of a dentist for you to see.

For more information regarding your dental benefit?

Go to the Employee Benefits Department website and follow the links to Delta Dental. To locate an in-network provider please visit www.deltadentalins.com.

Do any of the dental plans have a pre-exisiting condition clause?

No. There are no pre-exisiting condition clauses associated with any of the dental plans.

Dental Benefits

Who's Eligible: Primary enrollee, spouse, eligible dependent children to age 26	High PPO Plan		Low PPO Plan		DeltaCare USA DHMO	
Dental Network	**In-Network**	**Out-of-Network**	**In-Network**	**Out-of-Network**	**In-Network Only**	
Dental Networks- Payment Basis	PPO	Premier/MPA	PPO	PPO	14A	
Plan Year Maximum	$1,500 per covered member		$1,000 per covered member		No Plan Year Max for covered members	
Deductible (Per Member/ Per Family) Per Calendar Year	$75/$225	$75/$225	$75/$225	$75/$225	Office Visit $0 Co-Pay	
Diagnostic & Preventive SVC (D&P)	100%	100%	100%	60%	D&P $0-$70 Co-Pay	
Deductible Waived for D&P	Yes	Yes	Yes	Yes	N/A	
Basic Service	80%	80%	80%	50%	DeltaCare Schedule A	
Major Services	50%	50%	50%	40%	DeltaCare Schedule A	
Orthodontics- 3 Treatment Levels (applies to DHMO only)	50%		Not Covered		$1900 Child	$2100 Adult
Lifetime Ortho Max	$1,000		Not Covered		N/A	
Coverage Eligibility	Child & Adult		Not Covered		Child & Adult	
Simple Extractions	Basic	Basic	Basic	Basic	DeltaCare Schedule A	
Complex Oral Surgery	Basic	Basic	Basic	Basic	DeltaCare Schedule A	
Endodontics (Root Canal)	Basic	Basic	Basic	Basic	DeltaCare Schedule A	
Periodontics (Gum Disease)	Basic	Basic	Basic	Basic	DeltaCare Schedule A	
Crowns, Bridges, Inlays, Onlays	Major	Major	Major	Major	DeltaCare Schedule A	
Implants	Major	Major	Not Covered		Not Covered	

Dental Rates - per pay deductions

Delta Detal	DHMO 14A		PPO High Plan		PPO Low Plan	
	24 Ded	**20 Ded**	**24 Ded**	**20 Ded**	**24 Ded**	**20 Ded**
Employee Employee Emp	$9.75	$11.70	$22.04	$26.45	$14.27	$17.67
Employee + 1 Dependent	$17.06	$20.48	$54.96	$65.95	$35.73	$42.88
EE+ 2 or more Dependents	$26.82	$32.18	$75.23	$90.28	$49.88	$59.86

Vision Benefits
Provider: Davis Vision

Vision coverage is available for Pasco County employees and their dependents. The vision plan covers routine eye examinations, corrective lenses, frames and contact lenses.

What are the benefits?

Option 1 & 2 (one-pair benefit) plan frequencies:

- Exam every 12 months
- Lenses every 12 months
- Frames every 24 months

Option 3 (two pair benefit) plan frequencies:

- Exam every 12 months
- Lenses every 12 months
- Two frames every 24 months

***Note:** If you enroll in the vision program your initial enrollment period drives eligibility for your frames. Therefore, if you enroll for the first time, in 2021 then you must obtain your frames in 2021. If you do not get them in 2021, you will be unable to order them in 2022, even if you continue your participation in the vision benefit.

Are there any restrictions or limitations?

If you see a Davis Vision participating provider, you will receive full benefits. If you use a non-participating provider, your benefits will be reduced.

Could I incur additional costs?

Yes, depending upon the plan option that you choose. If you choose option 2 or 3, you will see in the comparison chart that extra features such as tint or polarized lenses will be covered without any additional charges. Please refer to the coverage chart for more detail regarding covered benefits and co-payment costs.

What is the out-of-network reimbursement schedule?

- Eye Examination up to $52 - Frame up to $45
- Spectacle Lenses (per pair) up to:
- Single Vision $55, Bifocal $75, Trifocal $95, Lenticular $95
- Elective Contacts up to $105, Medically Necessary Contacts up to $210

How do I receive services from a provider in the network?

- Call the network provider of your choice and schedule an appointment.
- Identify yourself as Davis Vision plan participant.
- Provide the office with the member's ID number and the date of birth of any covered children needing services. It's that easy! The provider's office will verify your eligibility for services, and no claim forms or ID cards are required.

For additional information:

Please call Davis Vision at 1-800- 999-5431 with questions or visit our website: www.davisvision.com.

Member Service Representatives are available (EST): Monday through Friday 8:00am- 11:00pm, Saturday 9:00am- 4:00pm, Sunday 12:00pm- 4:00pm. Participants who use a TTY (Teletypewritter) because of a hearing or speech disability may access TTY services by calling 1-800-523-2847.

For more details about the plan, just log on to the Open Enrollment/ Discount Plan section of our Member site at davisvision.com or call 1-877-923-2847 and enter your Client Code:
2825: Option 1 (Designer)
2826: Option 2 (Premier Platinum Plus)
2827: Option 3 (Premier Platinum Plus/ Two-pair Benefit)

DavisVision™

Vision benefits for Pasco County School employees

Services	Frequency	Plan design options		
		Option I: Designer CC#: 2825	Option II: Premier platinum plus CC#:2826	Option III: Premier platinum plus (Two-pair benefit[1]) CC#: 2827
Eye examination Includes dilation when professionally indicated	Every 12 months	$10 copayment	$10 copayment	$10 copayment
Frames				
Retail allowance	Every 24 months	Up to $130 plus 20% discount[2]	Up to $150 plus 20% discount[2]	Up to $150 plus 20% discount[2]
Davis Vision frame collection			(in lieu of allowance)	
Fashion		Covered in full	Covered in full	Covered in full
Designer		Covered in full	Covered in full	Covered in full
Premier		$25 copayment	Covered in full	Covered in full
Spectacle lenses Includes single-vision, bifocal, trifocal, lenticular, polycarbonate lenses, and scratch-resistant & UV coating, other lens options available	Every 12 months	$15 copayment	$15 copayment includes most lens options, Covered in full	$15 copayment includes most lens options, Covered in full
Contact lenses (in lieu of eyeglasses)				
Retail allowance	Every 12 months	Up to $130 plus 15% discount[2]	Up to $150 plus 15% discount[2]	Up to $150 plus 15% discount[2]
Davis Vision collection (in lieu of allowance)		Covered in full	Covered in full	Covered in full
Visually required		Covered in full	Covered in full	Covered in full
Contact lens evaluation, Fitting & follow-up care		$15 copayment	$15 copayment	$15 copayment
Retail allowance: standard type	Every 12 months	Covered in full	Covered in full	Covered in full
Retail allowance: specialty type		Up to $60 plus 15% discount[2]	Up to $60 plus 15% discount[2]	Up to $60 plus 15% discount[2]
Davis Vision collection		Covered in full	Covered in full	Covered in full
Visually required		Covered in full	Covered in full	Covered in full

[1]Members have three options available; two pairs of eyeglasses; one pair of eyeglasses & contact lenses; or two dispenses of contact lenses
[2]Additional discounts not available at Walmart or Sam's Club locations

Out-of-network reimbursement rate

Eye examination up to $52 | Frame up to $45
Spectacle lenses (per pair) up to:
Single vision $55, Bifocal $75, Trifocal $95, Lenticular $95
Elective contacts up to $105, Visually required contacts up to $210

Contact your benefits department today to enroll.

For more details about the plan, just log on to the open enrollment/discount plan section of our member site at **davisvision.com** or call **1 (877) 923-2847** and enter client code:

2825: Option I (Designer)

2826: Option II (Premier platinum plus)

2827: Option III (Premier platinum plus/two-pair benefit)

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Spectacle lenses benefit	Plan design		
	Option I: Designer CC#: 2825	Option II: Premier platinum plus CC#:2826	Option III: Premier platinum plus (Two-pair benefit[/1]) CC#: 2827
All ranges of prescriptions and sizes	Included	Included	Included
Choice of glass or plastic lenses	Included	Included	Included
Tinting of plastic lenses	Included	Included	Included
Scratch-resistant coating	Included	Included	Included
Polycarbonate lenses	Included	Included	Included
Ultraviolet coating	Included	Included	Included
Standard anti-reflective (AR) coating	$35	Included	Included
Premium AR coating	$48	Included	Included
Ultra AR coating	$60	Included	Included
Ultimate AR coating	$85	$85	$85
Standard progressive lenses	Included	Included	Included
Premium progressive lenses	$40	Included	Included
Ultra progressive lenses	$90	$50	$50
Ultimate progressive lenses	$125	$85	$85
Intermediate-vision lenses	$30	Included	Included
Blended-segment lenses	$20	Included	Included
High-index lenses 1.67	$55	Included	Included
High-index lenses 1.74	$120	$120	$120
Polarized lenses	$75	Included	Included
Photochromic glass lenses	$20	Included	Included
Plastic photosensitive lenses	$65	Included	Included
Scratch protection plan: Single vision lenses | multifocal	$20 | $40	$20 | $40	$20 | $40

Value-added features:

Replacement contacts through DavisVisionContacts.com mail-order contact lens replacement service ensures easy, convenient purchasing online and quick shipping direct to your door. Davis Vision provides you and your eligible dependents with the opportunity to receive discounted laser vision correction, often referred to as LASIK. For more information, visit www.davisvision.com.

How do I receive services from a provider in the network?

- Call the network provider of your choice and schedule an appointment.
- Identify yourself as Davis Vision plan participant.
- Provide the office with the member's ID number and the date of birth of any covered children needing services.

It's that easy! The provider's office will verify your eligibility for services, and no claim forms or ID cards are required!

Who are the network providers?

They are licensed providers who are extensively reviewed and credentialed to ensure that stringent standards for quality service are maintained. Please call 1 (800) 999-5431 to access the Interactive Voice Response (IVR) Unit, which will supply you with the names and addresses of the network providers nearest you, or you may access our Web site at **www.davisvision.com** and utilize our "Find a Doctor" feature.

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Want additional information?

Please call Davis Vision at 1 (800) 999-5431 with questions or visit our Web site: **www.davisvision.com**. Member Service Representatives are available (EST): Monday through Friday, 8:00 AM to 11:00 PM, Saturday, 9:00 AM to 4:00 PM, and Sunday, 12:00 PM to 4:00 PM. Participants who use a TTY (Teletypewriter) because of a hearing or speech disability may access TTY services by calling 1 (800) 523-2847.

Vision Benefits

Vision Plans - per pay deductions

Davis Vision Rates 2021		
Option 1: Designer	**24 Pay**	**20 Pay**
Employee Only	$6.55	$7.86
Employee + One	$11.78	$14.13
Family	$18.32	$21.99
Option 2: Premier Platinum Plus	**24 Pay**	**20 Pay**
Employee Only	$10.63	$12.75
Employee +One	$19.13	$22.96
Family	$29.76	$35.71
Option 3: Premier Platinum Plus 2 Pair	**24 Pay**	**20 Pay**
Employee Only	$17.92	$21.51
Employee + One	$32.26	$38.71
Family	$50.18	$60.21

Medical & Dependent Care Flexible Spending Accounts
Provider: Health Equity

Flexible Spending Accounts

Flexible Spending Accounts are optional benefit plans that allow you to direct a part of your pay, TAX-FREE, into two accounts, described below. A Healthcare Flexible Spending Account (HFSA) can be used to pay for out-of-pocket medical expenses for you and your tax dependents. These include charges for office visits, amounts toward your deductible, prescriptions, dental work, eyeglasses, contacts and lab fees. The Dependent Care Flexible Spending Account (DFSA) can be used to pay for daycare or elder care expenses.

Your FSA deposits are not taxable income on your W-2. Since your annual income is reduced, so are your annual taxes.

Medical FSA (Deductions occur 20 times per year)

How the FSA tax advantage works - Medical Flexible Spending (MFSA)

First, determine your election amount: For the HFSA, the minimum is $200 and the maximum is $2,750. Your election amount divided by the number of paychecks that you receive during the plan year will tell you what will be deducted pre-tax from each pay period.

You get the exclusive FSA debit card

The Health Equity FSA card can be used at any provider or merchant classified as a medical, dental or vision provider. It is limited to doctor's offices, pharmacies, hospitals, dental providers, vision providers, and medical labs.

Use of the card is optional. You can also use a different form of payment and then submit the claim to Heath Equity on their website or via their mobile application.

When using the card, **please be sure to keep all of your receipts. You may be required to submit them to Health Equity**. The IRS requires that you substantiate all charges. WageWorks will attempt to do so systematically, but may contact you and request a receipt for your card transactions.

Due to Health Care Reform, over-the-counter (OTC) medicines and drugs, except for insulin, will require a letter of medical necessity or prescription from your physician to be reimbursed from your medical FSA. If you have any questions regarding whether a health-related supply is eligible please contact WageWorks customer services.

How Do You File a Claim?

Your Flexible Spending Account (FSA) is offered by Health Equity. With this you will have several conveniences:

- Fast and efficient claim reimbursements
- Multiple claim submission options including online, fax or regular mail.
- Online account access 24 hours a day/ 7 days a week
- Toll-free customer service assistance, email and web chat customer service
- Interactive Voice Response System availability 24 hours/ 7 days a week to check account activity, account balance, and more
- Opportunity to sign up for text/ email notifications of account activity

How do I avoid losing money?

Pasco Schools allows the "carry over" option that enables you to carry over from one year to the next a maximum of $550 of unused funds. If on December 31, you have an unused amount that exceeds the $550 carry over, it will be forfeited. When making your election, please consider what your expected out-of-pocket expenses will be for the coming year for yourself and your tax dependents. The "Carry over" amount will be available to use after your 2022 account balnce has been exhausted.

Please note that should your employment end during the plan year, your eligibility ends as of the last day of the month of your termination, yet you would still have ninety days to submit claims for dates-of-service that fell on or before your termination date. Monies not claimed within ninety days of your termination will be forfeited. Also, you are not eligible for the carryover of funds unless you are an active participant on the last day of the plan year or if you extend your FSA via COBRA thru the end of the year.

Medical & Dependent Care Flexible Spending Accounts

Dependent Care Reimbursement FSA Account (Deductions occur 20 times per year)

A Dependent Care reimbursement account gives you the opportunity to pay for the first $5,000 of employment-related dependent care expenses, tax-free. Your eligible dependents are children under the age of 13 and adults incapable of self-care that you claim as dependents. The DFSA, the minimum is $200 and the maximum is $5,000 (if married and filling jointly.) There is a maximumof $5,000 for the household if it's two married employees of the board.

What are eligible dependent care expenses?

- Expenses for services provided in your home as long as someone you claim as a dependent, or other children under age 19 are not providing these services.
- Expenses for daycare services outside your home at a facility compliant with state and local laws.
- Dependent care expenses include adult daycare center, after school program, babysitting (work-related), before and after school programs, child care, custodial elder care (work-related), elder care (while you work, to enable you to work or look for work), senior daycare, and sick childcare.

Questions

Should you have any immediate questions, please contact Health Equity Customer Service at 877-924-3967. You can also visit our website at www.wageworks.com

Please note that should your employment end during the plan year, your eligibility ends as of the last day of the month of your termination, yet you would still have ninety days to submit claims for dates-of-service that fell on or before your termination date. Monies not claimed within ninety days of your termination will be forfeited. Also, you are not eligible for the carryover of funds unless you are an active participant on the last day of the plan year or if you extend your FSA via COBRA thru the end of the year.

Supplemental Term Life Insurance
Provider: Minnesota Life

Basic term life insurance
Pasco County Schools provides an employer-paid basic life benefit to all benefit eligible employees through Minnesota Life. You also automatically receive $35,000 of Accidental Death and Dismemberment coverage as part of your basic life insurance benefit. This benefit is provided at no cost to you.

Supplemental life insurance
In addition to the $35,000 basic core life, you may purchase supplemental life insurance for you, your spouse and your children. The supplemental life insurance is an age-banded benefit; premium amounts are based on your age and the amount of coverage that you select. During Open Enrollment coverage may increase by $20,000 with no evidence of insurability required. Any additional increase over $20,000 will require evidence of insurability and medical underwriting.

What is accidental death and dismemberment (AD&D) insurance?
AD&D coverage is included in your basic life insurance benefit provided by Pasco County Schools. AD&D means that when your death or dismemberment results directly from an accidental injury which is unintended, unexpected and unforeseen the policy pays a benefit in addition to the basic life insurance benefit. The benefit amount is equal to the amount of the basic life benefit. For example, an employee would have $35,000 of AD&D Insurance in addition to the $35,000 of Basic Life Insurance. There is not an AD&D benefit associated with supplemental policies.

Employee supplemental life
You may purchase supplemental life insurance coverage for yourself in $10,000 increments up to 5 times your salary or a maximum of $300,000, whichever is less. If you enroll in coverage as a new benefit eligible employee, you may apply for up to the maximum amount of coverage that you are eligible for without having to provide evidence of insurability or complete medical underwriting documents.

Spouse life insurance
As a new employee, when you are first eligible for benefits, you may purchase coverage amounts up to $25,000 for your spouse, without having to provide evidence of insurability or medical underwriting.Spouse supplemental life insurance can be purchased in $5,000 increments not to exceed 100% of the employee's coverage or $150,000 (whichever is less). Any additional coverage or increase in coverage requires medical underwriting.

If both spouses work for Pasco County Schools, an employee cannot be covered by their spouse.

Child life insurance
Employees can purchase life insurance for their eligible dependent children. The coverage option for Child Life Insurance is $10,000 for each child covered. You pay one premium for all children covered under your benefit plan.

Parents who both work for Pasco County Schools may only cover their children under one parent.

Supplemental Term Life Insurance
Provider: Minnesota Life

Do I need to complete an evidence of insurability form?

In the following situations, the life insurance carrier requires applicants to complete a medical underwriting form (Medical History Statement) regarding past health history: Evidence of Insurability (EOI) is required:

- Employees not currently enrolled
- Employees enrolled in supplemental life Insurance, who are requesting an increase in coverage of more than $20,000
- Reinstatement of Benefits: Any request to reinstate a life insurance benefit

Newly hired employees: Evidence of Insurability (EOI) - Medical underwriting is not required.

Electronic Evidence of Insurability Process (EOI)

If you recently elected to increase your group life insurance coverage by more than $20,000 or you are enrolling for the first time you must submit a satisfactory Evidence of Insurability (EOI). This year you may complete your EOI online.

Before you begin:

- The process will take 10-30 minutes to complete
- You will not be able to save your work to return later
- An email address is required
- Have your medical records available
- If you have elected spouse coverage, they must complete their questions during the same session
- Click here to visit the Securian website
- Provide your group policy number- 33290
- Enter your access key – pasco
- Complete the word validation

This electronic process is not available for “child” supplemental life. A paper EOI form must be completed. It can be obtained on-line in Munis on the page that the benefit is elected (icon on top of page). Any new coverage for children with the exception of new hires will require an evidence of insurability to be completed. A link to the paper form is available during open enrollment.

Group policy number - 33290

Supplemental Term Life Insurance
Provider: Minnesota Life

How do I designate a beneficiary?
To assign beneficiaries for your Life insurance policy (core and supplemental), you must use your assigned log-in ID and password sent to you by Minnesota Life in the mail to sign into www.lifebenefits.com website to designate your beneficiaries.

You may assign multiple primary and contingent beneficiaries, as long as the percentages are in whole numbers, and equal 100 percent. Contingent beneficiaries will only receive a benefit if none of the primary beneficiaries survive you. You can change your beneficiaries at any time by logging onto lifebenefits.com.

Age Reductions (Supplemental Life only)
Age reductions apply to *supplemental life coverage only.* Age reductions will apply the first day of the month following and insured employee's 70th and 75th birthdays. The amount of supplemental insurance on an employee age 70 or older shall be a percentage of the amount otherwise provided by the plan of insurance. Age 70=65% of the amount of insurance, Age 75=50% of the amount of insurance. (Example: $100,000 of coverage reduces to $65,000 at age 70 and $50,000 at age 75)

Are my life insurance benefits reduced while I grow older?
Your basic core life insurance benefit ($35,000) does not reduce with age for active employees. Supplemental policies will reduce with age. See your certificate of coverage for information regarding benefit reductions due to age.

Can I collect my life insurance benefit while I am still living?
Both the Basic Employee Life policy and the supplemental employee life insurance include an Accelerated Benefit that allows an insured employee with a "Qualifying Medical Condition" to receive up to 75% of the amount of the insured's life insurance. A "Qualifying Medical Condition" is a terminal illness or physical condition that is reasonably expected to result in death within 12 months.

The receipt of this benefit may be taxable and may affect your eligibility for Medicaid or other government benefits or entitlements, so you should consult your tax or legal advisor before you apply for an Accelerated Benefit.

How do I submit a claim?
If you need to submit a claim, please contact our Risk Management at 813-794-2520.

Do I still need to pay my premium of coverage if I become disabled?
The waiver of premium benefit is available for those who become totally and permanently disabled prior to age 60. Contact Risk Management to receive the waiver of Premium Application.

Supplemental Term Life Insurance
Provider: Minnesota Life

Can I take my life insurance with me if I leave Pasco County Schools?

You are eligible to "port" (buy) your life coverage to take with you when you leave employment with Pasco County Schools. This portability option applies to basic and supplemental life policies. If you are not in good health, you may be required to "convert" your basic coverage which will result in a much higher premium amount due.

When you end your employment, you may visit the Employee Benefits website and download the form to port your policy with Minnesota Life. It will be your responsibility to download the portability form and contact Minnesota life to continue your basic or supplemental insurance benefit. This action must be taken within 60 days of your employment ending.

As part of your participation in this benefit, the following services are available at no charge:

Travel Assistance
Services include a full range of medical, travel, legal and emergency transportation services when you travel more than 100 miles from home or internationally. Medical professional locator services, assistance replacing lost or stolen luggage, medication, or other critical items, medical or security evacuation.

Legal Services
You have access to an online library of legal forms, comprehensive web and mobile resources. Also available is a free 30-minute consultation with a participating attorney.

Legacy Planning
Access to a variety of information and resources to work through end-of-life issues: End-of-life planning, final arrangements, Express Assignment™ for expedited funeral home assignments.

Minnesota Life Rates (Deductions occur 20 times per year for all employees)

Age	Employee Only Per $10,000 Per Pay	Spouse Only Per $5,000 Per Pay	Children Only Per Pay
18-24	$0.29	$0.15	$0.79
25-29	$0.25	$0.12	-
30-34	$0.29	$0.15	-
35-39	$0.44	$0.22	-
40-44	$0.69	$0.35	-
45-49	$1.14	$0.57	-
50-54	$1.73	$0.86	-
55-59	$2.57	$1.28	-
60-64	$3.66	$1.83	-
65-69	$6.08	$3.04	-
70-74	$10.88	$5.44	-
75 & over	$22.20	$11.10	-

Long-Term Disability Benefits (LTD)
Provider: Unum

You may elect to participate in the Long-Term Disability benefit at a per pay period cost to you. This coverage will pay you a monthly benefit if you become disabled due to an accident or an illness and are unable to work. **In order to be eligible to receive a benefit, an employee is required to exhaust all available sick time. Please keep this in mind when choosing a benefit elimination (waiting) period.**

What is a waiting period?

The elimination period is the length of time you must be continuously disabled before you can receive benefits. Employees have the opportunity to choose which elimination (waiting) period fits their needs. The options on elimination (waiting) periods are:

- 14 days for accident and 14 days for illness
- 30 days for accident and 30 days for illness
- 60 days for accident and 60 days for illness
- 90 days for accident and 90 days for illness
- 180 days for accident and 180 days for illness

What is the maximum dollar amount that I can elect?

Coverage can be purchased in $100 increments up to a maximum of 60% of your annual salary, beginning at a minimum benefit selection of $200. LTD premiums are paid by employees on a post-tax basis, so the LTD benefits paid to employees are not taxed. When calculating monthly benefits, it is important to note that your disability benefit may be reduced by deductible sources of income and any earnings you have while disabled. Deductible sources of income may include such items as disability income or other amounts you receive or are entitled to receive under: workers' compensation or similar occupational benefit laws; state compulsory benefit laws; automobile liability and no fault insurance; legal judgments and settlements; certain retirement plans; salary continuation or sick leave plans; other group or association disability programs or insurance; and amounts you or your family receive or are entitled to receive from Social Security or similar governmental programs.

When am I considered disabled?

You are 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 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

How long can LTD benefits continue?

There are two plan choices available:
Plan 1: Pays a monthly benefit up to age 65*.
Plan 2: Pays a monthly benefit for a maximum of 24 months.

*If a participant becomes disabled after age 60, benefits could extend past age 65. Please refer to the certificate of coverage for the full benefit duration schedule.

Disability Benefits

How do I enroll?

Employees who would like to enroll in the LTD coverage must make an election on the employee self-service portal. Please make sure to select the plan details: the elimination (waiting) period, dollar amount and benefit coverage duration.

Do I need to complete any special forms to qualify?

Yes. Medical underwriting is required for any new coverage or increase in coverage with the exception of new hires. An electronic link will be provided to complete the EOI process.

- Please complete your Statement of Health (Evidence of Insurability)
- Access Code: 2LSY3TR
- You will need the following information before logging in to complete your Statement of Health (Evidence of Insurability)
- Name, address, date of birth, social security number, gender, employee annual salary, date of hire, phone number, and email address
- Medical information such as height, weight, medical treatment dates, duration, treatment received, medications and dosages, names and addresses of physicians and hospitals

What is considered a pre-existing condition?

You have a pre-existing condition if:

- you received medical treatment, consultation, care or services including diagnostic measures, or took prescribed drugs or medicines 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.

What if I have a pre-exisiting condition?

Pre-existing conditions apply to any added benefits or increases in benefits or elimination periods. This limitation will not apply to a period of disability that begins after the employee has been covered for 12 months after the effective date of coverage, or the effective date of any added or increased benefits.

I do not work over the summer. If I am disabled in the summer can I collect a monthly benefit?

If your pay-type does not require you to work summer months, then you will not receive a benefit during the summer months, when you would not be missing scheduled work days.

This summary page provides a brief overview of your LTD Plan. For a complete explanation of your coverage (exclusions, limitations and reductions of your coverage) please refer to your Certificate of Coverage.

How much can my monthly benefit be?

(Annual salary X 60%) /12 This calculation is rounded down to the closest $100 increment. **If you enrolled in a brand new disability policy during Open Enrollment and you are not present at work the first day back from winter break the policy becomes null in void.**

Additional Coverage

You have the opportunity to buy additional coverage through Allstate for life's unexpected events.
This coverage include:

Guaranteed issued:

- Accident
- Critical Illness
- Hospital
- Term to Age 100

Not Guaranteed issued:

- Cancer

Accident

Protection for accidental injuries that occur on or off the job. It includes dislocations or fractures, hospital confinement, ambulance services and more. You can select and individual or family plan.

Cancer

Receiving a cancer diagnosis can be one of life's most frightening events. With Cancer insurance you can rest a little easier. This coverage pays you a cash benefit to help with the costs associated with treatments, to pay for daily living expenses and more. You can select and individual or family plan.

Hospital

The Hospital policy helps you pay for out-of-pocket medical expenses associated with hospital confinements, other medical procedures and/or visits. You can select and individual or family plan.

Critical Illness

Critical Illness coverage helps offer financial support if you are diagnosed with a covered critical illness such as a heart attack, stroke, and more. This plan also offers an additional wellness benefit for yearly screenings such as mammogram, Colonoscopy, stress test and more. New this year is an additional cancer benefit to Plan 1+ and Plan 2+. You can select and individual or family plan.

Term to Age 100 Life Insurance

You choose the coverage that's right for you and your family. Premiums are affordable and remain level to age 100 unless you make changes.

Allstate BENEFITS

Protection for accidental injuries on- and off-the-job, 24 hours a day

Accident Insurance

Today, active lifestyles in or out of the home may result in bumps, bruises and sometimes breaks. Getting the right treatment can be vital to recovery, but it can also be expensive. And if an accident keeps you away from work during recovery, the financial worries can grow quickly.

Most major medical insurance plans only pay a portion of the bills. Our coverage can help pick up where other insurance leaves off and provide cash to help cover the expenses.

With Accident insurance from Allstate Benefits, you can gain the advantage of financial support, thanks to the cash benefits paid directly to you. You also gain the financial empowerment to seek the treatment needed to be on the mend.

Here's How It Works

Our coverage pays you cash benefits that correspond with hospital and intensive care confinement. Your plan may also include coverage for a variety of occurrences, such as: dismemberment; dislocation or fracture; ambulance services; physical therapy and more. The cash benefits can be used to help pay for deductibles, treatment, rent and more.

Meeting Your Needs

- Guaranteed Issue, meaning no medical questions to answer
- Benefits are paid directly to you unless otherwise assigned
- Pays in addition to other insurance coverage
- Coverage also available for your dependents
- Premiums are affordable and can be conveniently payroll deducted
- Coverage can be continued; refer to your certificate for details

With Allstate Benefits, you can protect your finances against life's slips and falls.

Are you in Good Hands? You can be.

*National Safety Council, Injury Facts®, 2017 Edition

ABJ30901X-1

DID YOU KNOW ?

The number of injuries suffered by workers in one year, both on- and off-the-job, includes:*

ON-THE-JOB (in millions)

Work **4.4**

OFF-THE-JOB (in millions)

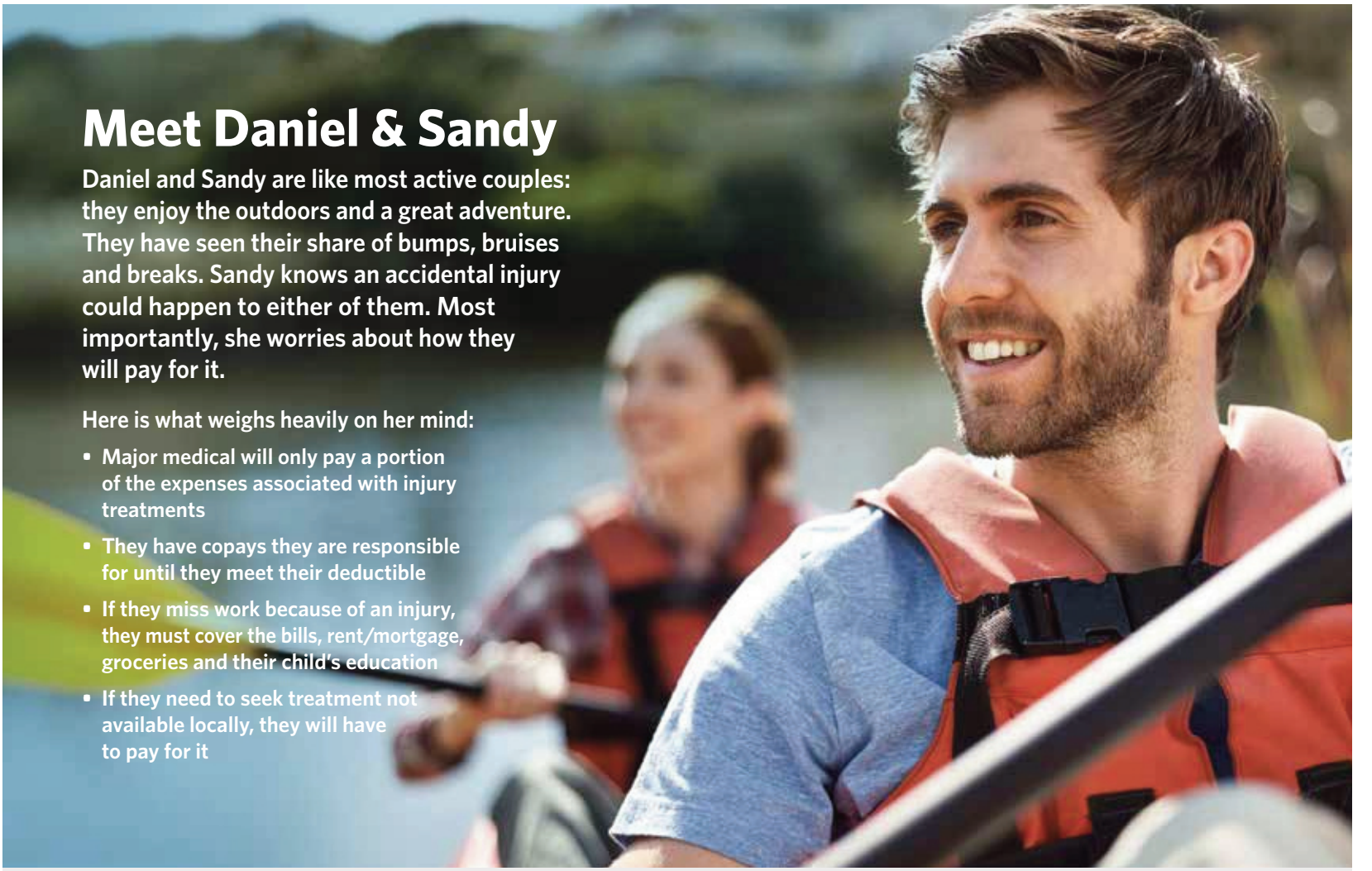
Home **9.2**

Non-Auto **4.0**

Auto **2.2**

Offered to the employees of:

Pasco County Schools



Meet Daniel & Sandy

Daniel and Sandy are like most active couples: they enjoy the outdoors and a great adventure. They have seen their share of bumps, bruises and breaks. Sandy knows an accidental injury could happen to either of them. Most importantly, she worries about how they will pay for it.

Here is what weighs heavily on her mind:

- **Major medical will only pay a portion of the expenses associated with injury treatments**
- **They have copays they are responsible for until they meet their deductible**
- **If they miss work because of an injury, they must cover the bills, rent/mortgage, groceries and their child's education**
- **If they need to seek treatment not available locally, they will have to pay for it**

Daniel's story of injury and treatment turned into a happy ending, because he had supplemental Accident Insurance to help with expenses.

CHOOSE

Daniel and Sandy choose benefits to help protect their family if they suffer an accidental injury.

USE

Daniel was playing a pick-up game of basketball with his friends when he went up for a jump-shot and, on his way back down, twisted his foot and ruptured his Achilles tendon.

Here's Daniel's treatment path:

- Taken by ambulance to the emergency room
- Examined by a doctor and X-rays were taken
- Underwent surgery to reattach the tendon
- Was visited by his doctor and released after a one-day stay in the hospital
- Had to immobilize his ankle for 6 weeks
- Was seen by the doctor during a follow-up visit and sent to physical therapy to strengthen his leg and improve his mobility

Daniel would go online after each of his treatments to file claims. The cash benefits were direct deposited into his bank account.

Daniel is back playing basketball and enjoying life.

CLAIM

Daniel's Accident claim paid cash benefits for the following:

Ambulance Services
Medicine
Medical Expenses (Emergency Room and X-rays)
Initial Hospital Confinement
Hospital Confinement
Tendon Surgery
General Anesthesia
Accident Follow-Up Treatment
Physical Therapy (3 days/week)

For a listing of benefits and benefit amounts, see your company's rate insert.

Using your cash benefits

Cash benefits provide you with options, because you decide how to use them.

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

Travel
Can help pay for expenses while receiving treatment in another city.

Home
Can help pay the mortgage, continue rental payments, or perform needed home repairs for after care.

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

MyBenefits: 24/7 Access
allstatebenefits.com/mybenefits

An easy-to-use website that offers 24/7 access to important information about your benefits. Plus, you can submit and check your claims (including claim history), request your cash benefit to be direct deposited, make changes to personal information, and more.

Dependent Eligibility

Coverage may include you, your spouse or domestic partner, and your children.

[1]Multiple dismemberments, dislocations or fractures are limited to the amount shown in the rate insert. [2]Up to three times per covered person, per accident. [3]Two or more surgeries done at the same time are considered one operation. [4]Paid for each day a room charge is incurred, up to 30 days for each covered person per continuous period of rehabilitation unit confinement, for a maximum of 60 days per calendar year. [5]Two treatments per covered person, per accident. *Must begin or be received within 180 days of the accident. **Within 3 days after the accident.

Benefits (subject to maximums as listed on the attached rate insert)

BASE POLICY BENEFITS

Accidental Death*

Common Carrier Accidental Death - riding as a fare-paying passenger on a scheduled common-carrier

Dismemberment[1,] * - amount paid depends on type of dismemberment. See Injury Benefit Schedule in rate insert

Dislocation or Fracture[1] - amount paid depends on type of dislocation or fracture. See Injury Benefit Schedule in rate insert

Initial Hospitalization Confinement - initial hospitalization after the effective date

Hospital Confinement - up to 90 days for any one injury

Intensive Care - up to 90 days for each period of continuous confinement

Ambulance Services - transfer to or from hospital by ambulance service

Medical Expenses - expenses incurred for medical or surgical treatment. Expenses are limited to physician fees, X-rays and emergency room services. Includes treatment for dental repair to sound natural teeth if repair is diagnosed by a dentist as necessary and as a result of injury

Outpatient Physician's Treatment - treatment outside the hospital for any cause. Payable up to 2 visits per covered person, per calendar year and a maximum of 4 visits per calendar year if dependents are covered

ADDITIONAL BENEFITS

Hospital Admission -** first hospital confinement occurring during a calendar year, and 12 months after the effective date. Payable when a benefit has been paid under the Hospital Confinement Benefit in the base policy

Lacerations -** treatment for one or more lacerations (cuts)

Burns -** treatment for one or more burns, other than sunburns

Skin Graft - receiving a skin graft for which a benefit is paid under the Burns benefit

Brain Injury Diagnosis -** first diagnosis of concussion, cerebral laceration, cerebral contusion or intracranial hemorrhage within three days of an accident. Must be diagnosed within 30 days after the accident by CT Scan, MRI, EEG, PET scan or X-ray

Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI)* - must first be treated by a physician within 30 days after the accident

Paralysis -** spinal cord injury resulting in complete/permanent loss of use of two or more limbs for at least 90 days

Coma with Respiratory Assistance - unconsciousness lasting 7 or more days; intubation required. Medically induced comas excluded

Open Abdominal or Thoracic Surgery[3,] **

Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery[3,] * - surgery received for torn, ruptured, or severed tendon, ligament, rotator cuff or knee cartilage; pays the reduced amount shown for arthroscopic exploratory surgery

Ruptured Disc Surgery[3,] * - diagnosis and surgical repair to a ruptured disc of the spine by a physician

Eye Surgery - surgery or removal of a foreign object by a physician

General Anesthesia* - payable only if the policy Surgery benefit is paid

Blood and Plasma -** transfusion after an accident

Appliance - physician-prescribed wheelchair, crutches or walker to help with personal locomotion or mobility

Medical Supplies - purchased over-the-counter medical supplies. Payable only if the policy Medical Expenses benefit is paid

Medicine - purchased prescription or over-the-counter medicines. Payable only if the policy Medical Expenses benefit is paid

Prosthesis* - physician-prescribed prosthetic arm, leg, hand, foot or eye lost as a result of an accident. Payable only if a benefit is paid for loss of arm, leg, hand, foot or eye under the Dismemberment benefit

Physical Therapy* - one treatment per day; maximum of 6 treatments per accident. Chiropractic services are excluded. Not payable for same visit for which Accident Follow-Up Treatment benefit is paid. Must take place no longer than 6 months after accident

Rehabilitation Unit[4] - must be hospital-confined due to an injury immediately prior to being transferred to rehab. Not payable for the days on which the Hospital Confinement benefit is paid

Non-Local Transportation[2] - treatment obtained at a non-local hospital or freestanding treatment center more than 100 miles from your home. Does not cover ambulance or physician's office or clinic visits for services other than treatment

Family Member Lodging - one adult family member to be with you while you are confined in a non-local hospital or freestanding treatment center. Not payable if family member lives within 100 miles one-way of the treatment facility. Up to 30 days per accident. Only payable if the Non-Local Transportation benefit is paid

Post-Accident Transportation - after a three-day hospital stay more than 250 miles from your home, with a flight on a common carrier to return home. Payable only if a benefit is paid for Hospital Confinement

Accident Follow-Up Treatment[5] - must take place no longer than 6 months after the accident. Payable only if the policy Medical Expenses benefit is paid. Not payable for the same visit for which the Physical Therapy benefit is paid

CERTIFICATE SPECIFICATIONS

Conditions and Limits

When an injury results in a covered loss within 90 days (unless otherwise stated on the Benefits page) from the date of an accident and is diagnosed by a physician, Allstate Benefits will pay benefits as stated. Treatment must be received in the United States or its territories.

Eligibility

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

Dependent Eligibility/Termination

Coverage may include you, your spouse or domestic partner, and your children. Coverage for children ends when the child reaches age 26, unless he or she continues to meet the requirements of an eligible dependent. Spouse/domestic partner coverage ends upon valid decree of divorce/termination of the domestic partnership or your death.

When Coverage Ends

Coverage under the policy ends on the earliest of: the date the policy or certificate is canceled; 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 Temporarily Not Working provision; the date you are no longer in an eligible class; or the date your class is no longer eligible.

Continuation of Coverage

You may be eligible to continue coverage when coverage under the policy ends. Refer to your Certificate of Insurance for details.

EXCLUSIONS AND LIMITATIONS

Benefits are not paid for: injury incurred before the effective date; act of war or participation in a riot, insurrection or rebellion; suicide or attempt at suicide; injury while under the influence of alcohol or any narcotic, unless taken upon the advice of a physician; any bacterial infection (except pyogenic infections from an accidental cut or wound); participation in aeronautics unless a fare-paying passenger on a licensed common-carrier aircraft; committing or attempting an assault or felony; driving in any race or speed test or testing any vehicle on any racetrack or speedway; hernia, including complications; serving as an active member of the Military, Naval, or Air Forces of any country or combination of countries.

Allstate BENEFITS

www.allstate.com or allstatebenefits.com

This brochure is for use in enrollments sitused in FL and is incomplete without the accompanying rate insert.
Rev. 9/18. This material is valid as long as information remains current, but in no event later than September 15, 2021.
Group Accident benefits are provided under policy form GVAP1, or state variations thereof.

The coverage provided is limited benefit supplemental accident insurance. The policy is not a Medicare Supplement Policy. If eligible for Medicare, review Medicare Supplement Buyer's Guide available from Allstate Benefits. There may be instances when a law requires that benefits under this coverage be paid to a third party, rather than to you. If you or a dependent have coverage under Medicare, Medicaid, or a state variation, please refer to your health insurance documents to confirm whether assignments or liens may apply.

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

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

Group Voluntary Accident (GVAP1)

On- and Off-the-Job Accident Insurance from Allstate Benefits

Offered to the employees of:
Pasco County Schools

BENEFIT AMOUNTS

Benefits are paid once per accident unless otherwise noted here or in the brochure

BASE POLICY BENEFITS		PLAN
Accidental Death	Employee Spouse Children	$100,000 $50,000 $25,000
Common Carrier Accidental Death (fare-paying passenger)	Employee Spouse Children	$500,000 $250,000 $125,000
Dismemberment[1]	Employee Spouse Children	$200,000 $100,000 $50,000
Dislocation or Fracture[1]	Employee Spouse Children	$8,000 $4,000 $2,000
Initial Hospitalization Confinement (pays once)		$2,000
Hospital Confinement (pays daily)		$800
Intensive Care (pays daily)		$1,600
Ambulance Services	Ground Air	$800 $2,400
Medical Expenses (pays up to amount shown)		$600
Outpatient Physician's Treatment (pays per visit)		$50

ADDITIONAL BENEFITS		PLAN
Hospital Admission (pays once/year)		$2,000
Lacerations (pays once/year)		$200
Burns	< 15% body surface 15% or more	$400 $2,000
Skin Graft (% of Burns Benefit)		50%
Brain Injury Diagnosis (pays once)		$600
Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI) (pays once/accident/year)		$100
Paralysis (pays once)	Paraplegia Quadriplegia	$15,000 $30,000
Coma with Respiratory Assistance (pays once)		$20,000
Open Abdominal or Thoracic Surgery		$5,000
Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery	Surgery Exploratory	$2,500 $750
Ruptured Disc Surgery		$2,500
Eye Surgery		$400
General Anesthesia		$400
Blood and Plasma		$1,200
Appliance		$500
Medical Supplies		$20
Medicine		$20
Prosthesis	1 device 2 or more devices	$1,000 $2,000
Physical Therapy (pays daily)		$120
Rehabilitation Unit (pays daily)		$400
Non-Local Transportation		$800
Family Member Lodging (pays daily)		$200
Post-Accident Transportation (pays once/year)		$400
Accident Follow-Up Treatment (pays daily)		$200

[1]Up to amount shown; see Injury Benefit Schedule on reverse. Multiple losses from same injury pay only up to amount shown above.

PLAN PREMIUMS

MODE	EE	EE + SP	EE + CH	F
Semi-Monthly	$7.26	$13.44	$12.30	$18.48
Monthly	$14.52	$26.88	$24.60	$36.96
20thly	$8.71	$16.13	$14.76	$22.18

Issue ages: 18 and over if actively at work

EE = Employee; **EE + SP** = Employee + Spouse;
EE + CH = Employee + Child(ren); **F** = Family

Injury Benefit Schedule is on reverse

INJURY BENEFIT SCHEDULE

Benefit amounts for coverage and one occurrence are shown below.
Covered spouse gets 50% of the amounts shown and children 25%.

COMPLETE DISLOCATION	PLAN
Hip joint	$8,000
Knee or ankle joint▲, bone or bones of the foot▲	$3,200
Wrist joint	$2,800
Elbow joint	$2,400
Shoulder joint	$1,600
Bone or bones of the hand▲, collarbone	$1,200
Two or more fingers or toes	$560
One finger or toe	$240
COMPLETE, SIMPLE OR CLOSED FRACTURE	**PLAN**
Hip, thigh (femur), pelvis✦✦	$8,000
Skull✦✦	$7,600
Arm, between shoulder and elbow (shaft), shoulder blade (scapula), leg (tibia or fibula)	$4,400
Ankle, knee cap (patella), forearm (radius or ulna), collarbone (clavicle)	$3,200
Foot✦✦, hand or wrist✦✦	$2,800
Lower jaw✦✦	$1,600
Two or more ribs, fingers or toes, bones of face or nose	$1,200
One rib, finger or toe, coccyx	$560
LOSS	**PLAN**
Life	$100,000
Both eyes, hands, arms, feet, or legs, or one hand or arm and one foot or leg	$200,000
One eye, hand, arm, foot, or leg	$100,000
One or more entire toes or fingers	$20,000

▲Knee joint (except patella). Bone or bones of the foot (except toes). Bone or bones of the hand (except fingers). ✦✦Pelvis (except coccyx). Skull (except bones of face or nose). Foot (except toes). Hand or wrist (except fingers). Lower jaw (except alveolar process).

Allstate BENEFITS

Protection for the treatment of cancer and 29 specified diseases

Cancer Insurance

Receiving a cancer diagnosis can be one of life's most frightening events. Unfortunately, statistics show you probably know someone who has been in this situation.

With Cancer insurance from Allstate Benefits, you can rest a little easier. Our coverage pays you a cash benefit to help with the costs associated with treatments, to pay for daily living expenses, and more importantly, to empower you to seek the care you need.

Here's How It Works

You choose the coverage that's right for you and your family. Our Cancer insurance pays cash benefits for cancer and 29 specified diseases to help with the cost of treatments and expenses as they happen. Benefits are paid directly to you unless otherwise assigned. With the cash benefits you can receive from this coverage, you may not need to use the funds from your Health Savings Account (HSA) for cancer or specified disease treatments and expenses.

Meeting Your Needs

- Guaranteed Issue, meaning no medical questions to answer at initial enrollment*
- Includes coverage for cancer and 29 specified diseases
- Benefits are paid directly to you unless otherwise assigned
- Coverage available for dependents
- Waiver of premium after 90 days of disability due to cancer for as long as your disability lasts (employee only)
- Coverage may be continued; refer to your certificate for details
- Additional benefits have been added to enhance your coverage

With Allstate Benefits, you can protect your finances if faced with an unexpected cancer or specified disease diagnosis. **Are you in Good Hands? You can be.**

[1]Life After Cancer: Survivorship by the Numbers, American Cancer Society, 2017. [2]Cancer Treatment & Survivorship Facts & Figures, 2016-2017. *Enrolling after your initial enrollment period requires evidence of insurability.

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DID YOU KNOW ?

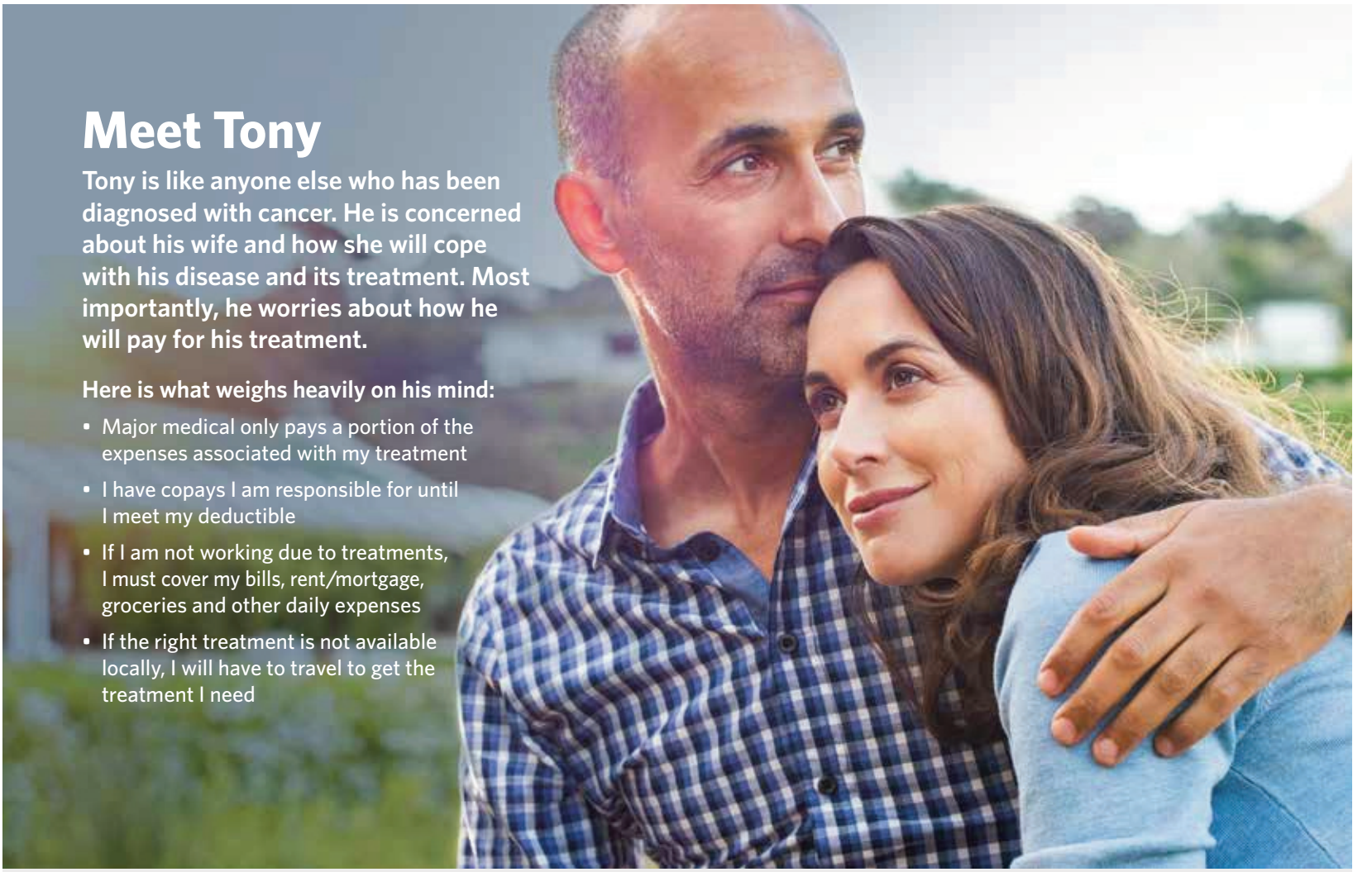
Early detection, improved treatments and access to care are factors that influence cancer survival[1]

20.3 million

The number of cancer survivors in the U.S. is increasing, and is expected to jump to nearly 20.3 million by 2026[2]

Offered to the employees of:

Pasco County Schools



Meet Tony

Tony is like anyone else who has been diagnosed with cancer. He is concerned about his wife and how she will cope with his disease and its treatment. Most importantly, he worries about how he will pay for his treatment.

Here is what weighs heavily on his mind:

- Major medical only pays a portion of the expenses associated with my treatment
- I have copays I am responsible for until I meet my deductible
- If I am not working due to treatments, I must cover my bills, rent/mortgage, groceries and other daily expenses
- If the right treatment is not available locally, I will have to travel to get the treatment I need

Here's how Tony's story of diagnosis and treatment turned into a happy ending, because he had supplemental Cancer Insurance to help with expenses.

CHOOSE

Tony chooses benefits to help protect himself and his wife if diagnosed with cancer or a specified disease

USE

Tony undergoes his annual wellness test and is diagnosed for the first time with prostate cancer. His doctor reviews the results with him and recommends pre-op testing and surgery.

Here's Tony's treatment path:

- Tony travels to a specialized hospital 400 miles from where he lives and undergoes pre-op testing
- He is admitted to the hospital for laparoscopic prostate cancer surgery
- Tony undergoes surgery and spends several hours in the recovery waiting room
- He is transferred to his room where he is visited by his doctor during a 2-day hospital stay
- Tony is released under doctor required treatment and care during a 2-month recovery period

Tony continues to fight his cancer and follow his doctor recommended treatments.

CLAIM

Tony's Cancer claim paid him cash benefits for the following:

- Cancer Screening
- Cancer Initial Diagnosis
- Continuous Hospital Confinement
- Non-Local Transportation
- Surgery
- Anesthesia
- Inpatient Drugs and Medicine
- Physician's Attendance
- Comfort/Anti-Nausea

For a listing of benefits and benefit amounts, see your company's rate insert.

Using your cash benefits
Cash benefits provide you with options, because you decide how to use them.

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

Travel
Can help pay for expenses while receiving treatment in another city.

Home
Can help pay the mortgage, continue rental payments, or perform needed home repairs for after care.

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

MyBenefits: 24/7 Access
allstatebenefits.com/mybenefits
An easy-to-use website that offers 24/7 access to important information about your benefits. Plus, you can submit and check your claims (including claim history), request your cash benefit to be direct deposited, make changes to personal information, and more.

Eligibility
Coverage may include you, your spouse, and children.

Benefits (subject to maximums as listed on the attached rate insert)

HOSPITAL CONFINEMENT AND RELATED BENEFITS

Continuous Hospital Confinement - inpatient admission and confinement, up to 70 days per continuous confinement

Extended Benefits - daily benefit for continuous hospital confinement lasting more than 70 days. Paid in lieu of all other benefits except Waiver of Premium

Government or Charity Hospital - confinements in lieu of all other benefits except Waiver of Premium

Private Duty Nursing Services - full-time nursing services authorized by attending physician

Extended Care Facility - confinement must begin within 14 days of a covered hospital stay; payable up to the number of days of the previous hospital stay

At Home Nursing - private nursing care must begin within 14 days of a covered hospital stay; payable up to the number of days of the previous hospital stay

Hospice Care (Freestanding Hospice Care Center or Hospice Care Team) - terminal illness care in a facility or at home; one visit per day. Must begin within 14 days of a covered hospital stay

RADIATION/CHEMOTHERAPY

Radiation/Chemotherapy - covered treatments to destroy or modify cancerous tissue

Blood, Plasma and Platelets - transfusions, administration, processing, procurement, cross-matching

SURGERY AND RELATED BENEFITS

Surgery* - based on Certificate Schedule of Surgical Procedures. Does not pay for surgeries covered by other policy benefits

Anesthesia - 25% of Surgery benefit for anesthesia received by an anesthetist

Bone Marrow or Stem Cell Transplant - autologous, non-autologous for treatment of cancer or specified disease other than Leukemia, or non-autologous for treatment of Leukemia

Ambulatory Surgical Center - payable only if Surgery benefit is paid

Second Surgical Opinion - second opinion for surgery by a doctor not in practice with your doctor

TRANSPORTATION AND LODGING BENEFITS

Ambulance - transfer by a licensed service or hospital-owned ambulance to or from hospital where confined for cancer or specified disease treatment

Non-Local Transportation - obtaining treatment not available locally

Outpatient Lodging - more than 100 miles from home

Family Member Lodging and Transportation - adult family member travels with you during non-local hospital stays for specialized treatment. Transportation not paid if Non-Local Transportation benefit paid

MISCELLANEOUS BENEFITS

Inpatient Drugs and Medicine - not including drugs/medicine covered under the Radiation/Chemotherapy benefit

Physician's Attendance - one inpatient visit by one physician

Physical or Speech Therapy - to restore normal body function

New or Experimental Treatment - payable if physician judges to be necessary and only for treatment not covered under other policy benefits

Prosthesis - surgical implantation of prosthetic device for each amputation and breast reconstructive surgery incident to mastectomies

Comfort/Anti-Nausea Benefit - prescribed anti-nausea medication administered on outpatient basis

Waiver of Premium -** must be disabled 90 days in a row due to cancer, as long as disability lasts

ADDITIONAL BENEFITS

Cancer Initial Diagnosis - for first-time diagnosis of cancer other than skin cancer

Intensive Care (ICU)
a. **ICU Confinement -** confinements up to 45 days/stay
b. **Ambulance -** licensed air or surface ambulance service to ICU

Cancer Screening - pays annually for each covered person, when one of the following covered screening tests is performed: Bone Marrow Testing; Blood Tests for CA15-3 (breast cancer), CA125 (ovarian cancer), PSA (prostate cancer) and CEA (colon cancer); Chest X-ray; Colonoscopy; Flexible Sigmoidoscopy; Hemoccult Stool Analysis; Mammography; Pap Smear; Serum Protein Electrophoresis (test for myeloma)

SPECIFIED DISEASES

29 Specified Diseases Covered - Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease), Muscular Dystrophy, Poliomyelitis, Multiple Sclerosis, Encephalitis, Rabies, Tetanus, Tuberculosis, Osteomyelitis, Diphtheria, Scarlet Fever, Cerebrospinal Meningitis, Brucellosis, Sickle Cell Anemia, Thalassemia, Rocky Mountain Spotted Fever, Legionnaires' Disease, Addison's Disease, Hansen's Disease, Tularemia, Hepatitis (Chronic B or C), Typhoid Fever, Myasthenia Gravis, Reye's Syndrome, Primary Sclerosing Cholangitis (Walter Payton's Disease), Lyme Disease, Systemic Lupus Erythematosus, Cystic Fibrosis, and Primary Biliary Cirrhosis

*Two or more surgeries done at the same time are considered one operation. The operation with the largest benefit will be paid. Outpatient is paid at 150% of the amount listed in the Schedule of Surgical Procedures. Does not pay for other surgeries covered by other benefits **Premiums waived for employee only

DEFINITIONS

Actual Charges vs. Actual Cost

Actual Charge – Amount billed for a treatment or service before any insurance discounts or payments.

Actual Cost – Amount actually paid by or on behalf of you, accepted as full payment by the provider of goods or services.

CERTIFICATE SPECIFICATIONS

Eligibility

Coverage may include you, your spouse, and children.

Termination of Coverage

Coverage under the policy ends on the date the policy is canceled; the last day premium payments were made; the last day of active employment; or the date you or your class is no longer eligible.

Spouse coverage ends upon divorce or your death. Coverage for children ends when the child reaches age 26, unless he or she continues to meet the requirements of an eligible dependent.

Conversion Privilege

If coverage terminates for any reason other than non-payment of premiums, the covered person can convert to an individual policy without evidence of insurability. This may also apply to a dependent whose coverage terminates.

LIMITATIONS AND EXCLUSIONS

Pre-Existing Condition Limitation

We do not pay benefits for a pre-existing condition during the 12-month period beginning on the date that person's coverage starts. A pre-existing condition is a disease or physical condition for which medical advice or treatment was received by the covered person during the 6-month period prior to the effective date of coverage.

Exclusions and Limitations

We do not pay for any loss except for losses due directly from cancer or a specified disease and any other conditions or diseases caused or aggravated by cancer or a specified disease. Treatment and services must be received in the United States or its territories.

For those benefits for which we pay actual charges up to a specified maximum amount (except **Radiation/Chemotherapy; Blood, Plasma and Platelets; Prosthesis; New or Experimental Treatment;** and **Bone Marrow or Stem Cell Transplant**), if specific charges are not obtainable as proof of loss, we will pay 50% of the maximum benefit.

Hospice Care: Services are not covered for food or meals, well-baby care, volunteers or support for the family after covered person's death.

Blood, Plasma and Platelets Limitation: Does not include blood replaced by donors.

For the **Radiation/Chemotherapy** benefit, we do not pay for: treatment planning, consultation or management; the design and construction of treatment devices; basic radiation dosimetry calculation; any type of laboratory tests; X-ray or other imaging used for diagnosis or monitoring; the diagnostic tests related to these treatments; or any devices or supplies including intravenous solutions and needles related to these treatments.

We do not pay the **Family Member Transportation Benefit** if we pay the personal vehicle transportation benefit under the **Non-Local Transportation Benefit** when the family member lives in the same town as the confined insured.

Intensive Care Exclusions and Limitations

Benefits are not paid for attempted suicide or intentional self-inflicted injury, intoxication or being under the influence of drugs not prescribed by a physician, or alcoholism or drug addiction. Benefits are not paid for confinements to a care unit that does not qualify as a hospital intensive care unit, including progressive care, subacute intensive care, intermediate care, private rooms with monitoring, or step-down and other lesser care units. Benefits are not paid for continuous confinements occurring during a hospitalization prior to the effective date. We do not pay for ambulance if paid under the Ambulance benefit (see Transportation and Lodging benefit section of this brochure).

Allstate BENEFITS

This brochure is for use in enrollments sitused in FL and is incomplete without the accompanying rate insert.

Rev. 9/18. This material is valid as long as information remains current, but in no event later than September 15, 2021.
Group Cancer benefits are provided under policy form GVCP2, or state variations thereof.

The coverage provided is limited benefit supplemental cancer and specified disease insurance. The policy is not a Medicare Supplement Policy. If eligible for Medicare, review Medicare Supplement Buyer's Guide available from Allstate Benefits. There may be instances when a law requires that benefits under this coverage be paid to a third party, rather than to you. If you or a dependent have coverage under Medicare, Medicaid, or a state variation, please refer to your health insurance documents to confirm whether assignments or liens may apply.

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

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

Cancer Insurance (GVCP2)

Includes coverage for 29 Specified Diseases
from Allstate Benefits

Offered to the employees of:
Pasco County Schools

BENEFIT AMOUNTS

HOSPITAL CONFINEMENT AND RELATED BENEFITS	PLAN 1	PLAN 2
Continuous Hospital Confinement (daily)	$200	$300
Extended Benefits[1] (daily)	$200	$300
Government or Charity Hospital (daily)	$200	$300
Private Duty Nursing Services[1] (daily)	$200	$300
Extended Care Facility[1] (daily)	$200	$300
At Home Nursing[1] (daily)	$200	$300
Hospice Care Center[1] (daily) or Hospice Care Team[1] (per visit)	$200 $200	$300 $300
RADIATION/CHEMOTHERAPY	**PLAN 1**	**PLAN 2**
Radiation/Chemotherapy[1] (every 12 months)	$5,000	$10,000
Blood, Plasma, and Platelets[1] (every 12 months)	$5,000	$10,000
SURGERY AND RELATED BENEFITS	**PLAN 1**	**PLAN 2**
Surgery[2] 1. Inpatient 2. Outpatient	 $1,500 $2,250	 $4,500 $6,750
Anesthesia[1] (% of surgery benefit)	25%	25%
Bone Marrow or Stem Cell Transplant (once/year) 1. Autologous 2. Non-autologous (cancer or specified disease treatment) 3. Non-autologous (Leukemia)	 1. $500 2. $1,250 3. $2,500	 1. $1,500 2. $3,750 3. $7,500
Ambulatory Surgical Center[1] (daily)	$250	$750
Second Surgical Opinion[1]	$200	$600
TRANSPORTATION AND LODGING BENEFITS	**PLAN 1**	**PLAN 2**
Ambulance[1] (per confinement)	$100	$100
Non-Local Transportation (coach fare or amount shown per mile♦)	$0.40/mi	$0.40/mi
Outpatient Lodging[3] (daily; limit $2,000/12 mo. period)	$50	$50
Family Member Lodging[3] (daily per trip; max. 60 days) and Transportation (coach fare or amount shown per mile♦)	$50 $0.40/mi	$50 $0.40/mi
MISCELLANEOUS BENEFITS	**PLAN 1**	**PLAN 2**
Inpatient Drugs and Medicine[1] (daily)	$25	$25
Physician's Attendance[1] (daily)	$50	$50
Physical or Speech Therapy[1] (daily)	$50	$50
New or Experimental Treatment[1] (every 12 months)	$5,000	$5,000
Prosthesis[1] (per amputation)	$2,000	$2,000
Comfort/Anti-Nausea Benefit[1]	$200	$200
Waiver of Premium (employee only)	Yes	Yes
ADDITIONAL BENEFITS	**PLAN 1**	**PLAN 2**
Cancer Initial Diagnosis (one-time benefit)	$2,000	$5,000
Intensive Care (ICU) ICU Confinement (daily) Ambulance	$200 Charges	$600 Charges
Cancer Screening	$50	$100

[1]Pays actual charges up to amount listed. [2]Pays actual charges up to amount listed in certificate Schedule of Surgical Procedures. Amount paid depends on surgery. [3]Pays actual cost up to amount listed. ♦Maximum of 700 miles.

PLAN 1 PREMIUMS

MODE	EE	F
Semi-Monthly	$7.44	$12.70
Monthly	$14.87	$25.40
20thly	$8.92	$15.24

PLAN 2 PREMIUMS

MODE	EE	F
Semi-Monthly	$15.83	$27.28
Monthly	$31.65	$54.56
20thly	$18.99	$32.74

EE = Employee; F = Family

Issue Ages: 18 and over if Actively at Work

Allstate BENEFITS

For use in enrollments situsted in: FL

This rate insert is part of form ABJ30903X-1 and is not to be used on its own.

This material is valid as long as information remains current, but in no event later than September 15, 2021. Allstate Benefits is the marketing name used by American Heritage Life Insurance Company (Home Office, Jacksonville, FL), a subsidiary of The Allstate Corporation. www.allstate.com or allstatebenefits.com.

American Heritage Life Insurance Company

Protection when faced with a critical illness diagnosis and you need treatment

Critical Illness Insurance from **Allstate Benefits***

No one is ever really prepared for a life-altering critical illness diagnosis. The whirlwind of appointments, tests, treatments and medications can add to your stress levels.

The treatment to recovery is vital, but it can also be expensive. Your medical coverage may only cover some of the costs associated with treatment. You're still responsible for deductibles and coinsurance. If treatment keeps you out of work, the financial worries can grow quickly and stress levels may rise.

Critical Illness coverage helps provide financial support if you are diagnosed with a covered critical illness. With the expense of treatment often high, seeking the treatment you need could seem like a financial burden. When a diagnosis occurs, you need to be focused on getting better and taking control of your health, not stressing over financial worries.

Here's How It Works

You choose benefits to protect yourself and any family members if diagnosed with a critical illness. Then, if diagnosed with a covered critical illness, you will receive a cash benefit based on the percentage payable for the condition.

Meeting Your Needs

- Guaranteed Issue coverage with a Pre-Existing Condition Limitation**
- Coverage available for individual and child(ren) or family
- Covered dependents receive 50% of your Basic-Benefit Amount
- Benefits paid regardless of any other medical or disability plan coverage
- Premiums are affordable and conveniently payroll deducted
- Coverage may be continued; refer to your certificate for details
- 100% of your Basic-Benefit Amount is paid for Advanced Alzheimer's Disease and Advanced Parkinson's Disease

With Allstate Benefits, you can make treatment decisions without putting your finances at risk. **Practical benefits for everyday living.®**

DID YOU KNOW ?

Every 40 seconds, an American will suffer a heart attack†

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

Offered to the employees of:

Pasco County School Board

*Allstate Benefits is the marketing name used by American Heritage Life Insurance Company, a subsidiary of The Allstate Corporation. **Please refer to the Exclusions and Limitations section of this brochure.
†https://www.cdc.gov/heartdisease/heart_attack.htm ††https://www.cdc.gov/stroke/facts.htm

Meet Ashley

Ashley is like any single parent who has been diagnosed with a critical illness. She's worried about her future, her children and how they will cope with her treatments. Most importantly, she worries about how she will pay for it all.

Here is what weighs heavily on her mind:

- **Major medical only pays a portion of the expenses associated with my treatment**
- **I have copays I am responsible for until I meet my deductible**
- **If I am not working due to my treatments, I must cover my bills, rent/mortgage, groceries and my children's education**
- **If the right treatment is not available locally, I will have to travel to get the treatment I need**

Ashley's story of diagnosis and treatment turned into a happy ending, because she had supplemental Critical Illness Insurance to help with expenses.

CHOOSE

Ashley chooses Critical Illness benefits to help protect herself and her children, if they are diagnosed with a critical illness.

USE

During Ashley's annual wellness exam, her doctor noticed an irregular heartbeat. She underwent an electrocardiogram (EKG) test and stress test, which confirmed she had a blockage in one of her coronary arteries.

Here's Ashley's treatment path:

- Ashley has her annual wellness exam
- Her doctor notices an abnormality in her heartbeat; tests are performed and she is diagnosed with coronary artery disease
- After visits with doctors, surgeons and an anesthesiologist, Ashley undergoes surgery
- Surgery is performed to remove the blockage with a bypass graft. She is visited by her doctor during a 4-day hospital stay and released
- Ashley followed her doctor required treatment during a 2-month recovery period, and had regular doctor office visits

Ashley is doing well and is on the road to recovery.

CLAIM

Ashley's Critical Illness claim paid her cash benefits for the following:

Fixed Wellness

Coronary Artery Bypass Surgery

The cash benefits were direct deposited into her bank account.

For a listing of benefits and benefit amounts, see pages 3 and 4.

Using your cash benefits
Cash benefits provide you with options, because you decide how to use them.

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

Travel
Can help pay for expenses while receiving treatment in another city.

Home
Can help pay the mortgage, continue rental payments, or perform needed home repairs for after care.

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

MyBenefits: 24/7 Access
allstatebenefits.com/mybenefits

An easy-to-use website that offers 24/7 access to important information about your benefits. Plus, you can submit and check your claims (including claim history), request your cash benefit to be direct deposited, make changes to personal information, and more.

Fixed Wellness Rider - Biopsy for skin cancer; Blood tests for triglycerides, CA15-3 (breast cancer), CA125 (ovarian cancer), CEA (colon cancer), PSA (prostate cancer); Bone Marrow Testing; Sampling of blood or tissue for genetic testing for cancer risk; Chest X-ray; Colonoscopy; Doppler screening for carotids or peripheral vascular disease; Echocardiogram; EKG; Flexible sigmoidoscopy; Hemoccult stool analysis; HPV (Human Papillomavirus) Vaccination; Lipid panel (total cholesterol count); Mammography, including Breast Ultrasound; Pap Smear, including ThinPrep Pap Test; Serum Protein Electrophoresis (test for myeloma); Stress test on bike or treadmill; Thermography; Ultrasound screening for abdominal aortic aneurysms.

Benefits (subject to maximums as listed on page 4)

Benefit paid upon diagnosis of one of the following conditions

INITIAL CRITICAL ILLNESS BENEFITS*

Heart Attack - the death of a portion of the heart muscle due to inadequate blood supply. Established (old) myocardial infarction and cardiac arrest are not covered

Stroke - the death of a portion of the brain producing neurological sequelae including infarction of brain tissue, hemorrhage and embolization from an extra-cranial source. Transient ischemic attacks (TIAs), head injury, chronic cerebrovascular insufficiency and reversible ischemic neurological deficits are not covered

End Stage Renal Failure - irreversible failure of both kidneys, resulting in peritoneal dialysis or hemodialysis. Renal failure caused by traumatic events, including surgical trauma, are not covered

Major Organ Transplant - pays either Candidate Benefit if placed on National Transplant List, or Surgery Benefit for transplant of heart, lungs, liver, pancreas or kidneys. Lungs and kidneys are each considered one major organ, regardless of whether one or both lungs or kidneys are transplanted. Surgery Benefit not paid if Candidate Benefit paid; also not paid for mechanical or non-human organs

Coronary Artery Bypass Surgery - to correct narrowing or blockage of one or more coronary arteries with bypass graft. Abdominal aortic bypass, balloon angioplasty, laser embolectomy, atherectomy, stent placement and non-surgical procedures are not covered

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

CANCER CRITICAL ILLNESS BENEFITS*

Invasive Cancer - malignant tumor with uncontrolled growth, including Leukemia and Lymphoma. Carcinoma in situ, non-invasive or metastasized skin cancer and early prostate cancer are not covered

Carcinoma In Situ - non-invasive cancer, including early prostate cancer (stages A, I, II) and melanoma that has not invaded the dermis. Other skin malignancies, pre-malignant lesions (such as intraepithelial neoplasia), benign tumors and polyps are not covered

REOCCURRENCE OF CRITICAL ILLNESS BENEFITS*

Initial Critical Illness - second diagnosis more than 6 months after the first date of diagnosis for which an Initial Critical Illness benefit was paid

Cancer Critical Illness - second diagnosis more than 6 months after the last date treatment was received for which a Cancer Critical Illness benefit was paid

RIDER BENEFITS

Skin Cancer Rider - includes diagnosis of basal cell carcinoma and squamous cell carcinoma. Must not have been paid within 365 days. Malignant melanoma and pre-cancerous conditions such as leukoplakia; actinic keratosis; carcinoid; hyperplasia; polycythemia; non-malignant melanoma; moles; and similar diseases or lesions are not covered

Lifestyle Enhancement Rider - program completion of: tobacco or alcohol cessation; weight or stress management; walking challenge; running, rowing, cycling, swimming or combination event; or online health assessment. One day per covered person per year for Individual and Child(ren) coverage, two days per covered person per year for Family coverage

Supplemental Critical Illness Rider* -

- **Advanced Alzheimer's Disease -** must exhibit impaired memory and judgment and be certified unable to perform at least two daily activities[1] without adult assistance
- **Advanced Parkinson's Disease -** must exhibit two or more of the following: muscle rigidity, tremor, or bradykinesis (slowness in physical and mental responses); and be certified unable to perform at least two daily activities[1] without adult assistance
- **Benign Brain Tumor -** a non-malignant tumor limited to brain, meninges, cranial nerves or pituitary gland. Tumors of the skull, pituitary adenomas less than 10mm, and germinomas are not covered
- **Coma -** unconscious and not responsive to external stimulation or responsive to internal needs. Medically-induced coma, coma resulting from alcohol or drug use, and diagnosis of brain death are not covered
- **Complete Loss of Hearing -** permanent loss of hearing in both ears
- **Complete Loss of Sight -** permanent loss of vision in both eyes
- **Complete Loss of Speech -** permanent loss of speech or verbal communication
- **Paralysis -** permanent loss of muscle function in two or more limbs, due to disease or injury. Does not include loss of muscle function limited to fingers or toes

Fixed Wellness Rider - 24 exams. Once per person per calendar year; see left for list of wellness services and tests

*Benefits paid once per covered person. When all benefits have been used, the coverage terminates. [1]Daily activities include: bathing, dressing, toileting, bladder and bowel continence, transferring and eating.

BENEFIT AMOUNTS

Percentages below are based on the Basic Benefit Amount of $10,000 (Plan 1 and Plan 1+) or $20,000 (Plan 2 and Plan 2+) chosen by your employer.

†Covered dependents receive 50% of your benefit amount.

INITIAL CRITICAL ILLNESS BENEFITS†	PLAN 1	PLAN 2	PLAN 1+	PLAN 2+
Heart Attack (100%)	$10,000	$20,000	$10,000	$20,000
Stroke (100%)	$10,000	$20,000	$10,000	$20,000
End Stage Renal Failure (100%)	$10,000	$20,000	$10,000	$20,000
Major Organ Transplant (100%)	$10,000	$20,000	$10,000	$20,000
Coronary Artery Bypass Surgery (25%)	$2,500	$5,000	$2,500	$5,000
Waiver of Premium (employee only)	Yes	Yes	Yes	Yes
CANCER CRITICAL ILLNESS BENEFITS†	**PLAN 1**	**PLAN 2**	**PLAN 1+**	**PLAN 2+**
Invasive Cancer (100%)	n/a	n/a	$10,000	$20,000
Carcinoma In Situ (25%)	n/a	n/a	$2,500	$5,000
RECOCCURRENCE OF CRITICAL ILLNESS BENEFITS†	**PLAN 1**	**PLAN 2**	**PLAN 1+**	**PLAN 2+**
Initial Critical Illness (same amount as Initial Critical Illness Benefit)	Yes	Yes	Yes	Yes
Cancer Critical Illness (same amount as Cancer Critical Illness Benefit)	No	No	Yes	Yes
RIDER BENEFITS	**PLAN 1**	**PLAN 2**	**PLAN 1+**	**PLAN 2+**
Skin Cancer Rider	n/a	n/a	$250	$250
Lifestyle Enhancement Rider	$25	$25	$25	$25
Supplemental Critical Illness Rider†				
Advanced Alzheimer's Disease (100%)	$10,000	$20,000	$10,000	$20,000
Advanced Parkinson's Disease (100%)	$10,000	$20,000	$10,000	$20,000
Benign Brain Tumor (100%)	$10,000	$20,000	$10,000	$20,000
Coma (100%)	$10,000	$20,000	$10,000	$20,000
Complete Loss of Hearing (100%)	$10,000	$20,000	$10,000	$20,000
Complete Loss of Sight (100%)	$10,000	$20,000	$10,000	$20,000
Complete Loss of Speech (100%)	$10,000	$20,000	$10,000	$20,000
Paralysis (100%)	$10,000	$20,000	$10,000	$20,000
Fixed Wellness Rider (per year)	$100	$100	$100	$100

PLAN 1 PREMIUMS

MODE	EE, EE + CH	EE + SP, F
Semi-Monthly	$6.53	$10.99
Monthly	$13.06	$21.98
20thly	$7.84	$13.19

PLAN 1+ PREMIUMS

MODE	EE, EE + CH	EE + SP, F
Semi-Monthly	$11.92	$19.30
Monthly	$23.83	$38.60
20thly	$14.30	$23.16

PLAN 2 PREMIUMS

MODE	EE, EE + CH	EE + SP, F
Semi-Monthly	$10.66	$17.19
Monthly	$21.32	$34.38
20thly	$12.79	$20.63

PLAN 2+ PREMIUMS

MODE	EE, EE + CH	EE + SP, F
Semi-Monthly	$20.98	$32.90
Monthly	$41.96	$65.79
20thly	$25.18	$39.47

EE = Employee; EE + CH = Employee + Child(ren); EE + SP = Employee + Spouse; F = Family

CERTIFICATE SPECIFICATIONS

Eligibility
Your employer decides who is eligible for your group (such as length of service and hours worked each week). Issue ages are 18 and over.

Dependent Eligibility/Termination
Family members eligible for coverage are your spouse or domestic partner and children. Coverage for children ends when the child reaches age 26, unless he or she continues to meet the requirements of an eligible dependent. Spouse coverage ends upon valid decree of divorce or your death. Domestic partner coverage ends when the domestic partnership ends or your death.

When Coverage Ends
Coverage under the policy ends on the earliest of: the date the certificate is canceled; the date the policy is canceled; you stop paying your premium; the last day of active employment; you or your class are no longer eligible; 45 days after we provide termination notice due to a false claim being filed; or when all benefits have been paid under the policy and riders.

Continuing Your Coverage
You may be eligible to continue coverage when coverage under the policy ends. Refer to your Certificate of Insurance for details.

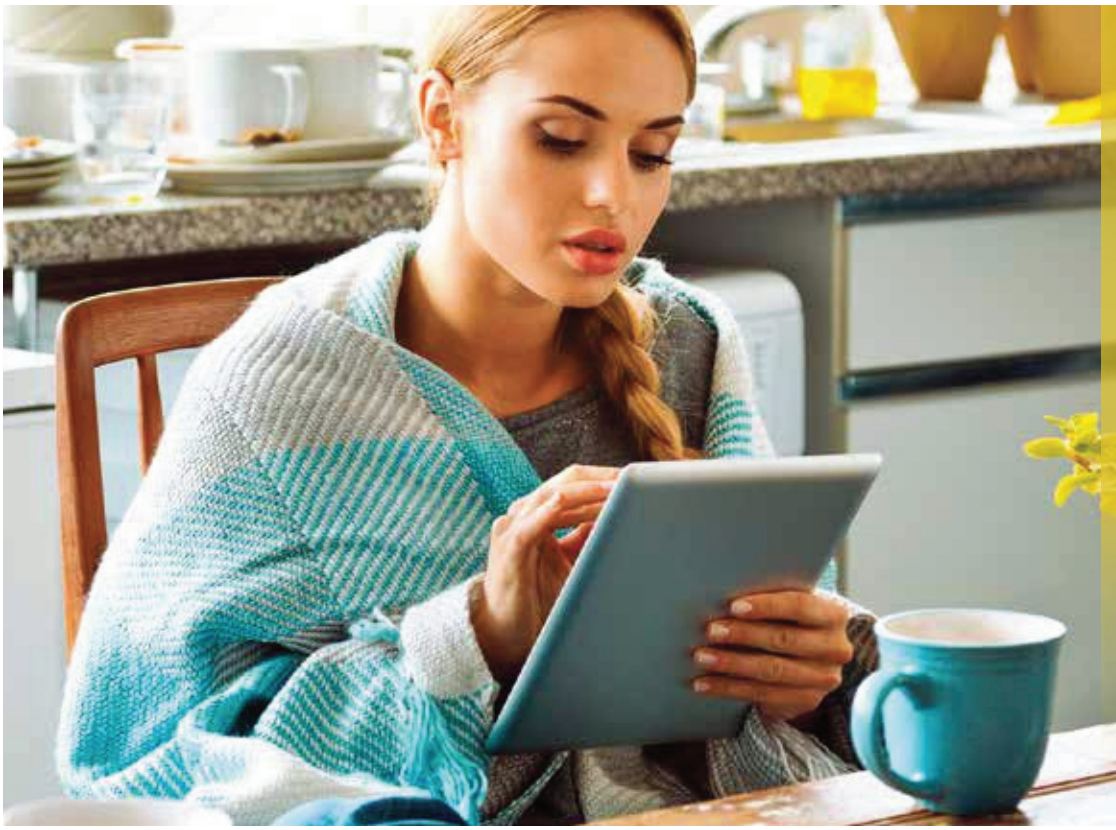
EXCLUSIONS AND LIMITATIONS

Conditions and Limits
A diagnosis occurring before your coverage begins is not payable; however, a diagnosis of any covered critical illness or specified disease after your effective date will be payable. Benefits are subject to the Pre-Existing Condition Limitation as well as all other limitations and exclusions. All critical illnesses must meet the definitions and dates of diagnoses stated in the policy and be diagnosed by a physician while coverage is in effect.

If the first diagnosis of cancer occurs before the effective date of coverage, benefits are paid for a subsequent diagnosis of cancer after the effective date, subject to the terms and conditions in the certificate.

Pre-Existing Condition Limitation
Benefits are not paid for: a critical illness that is, caused by, contributed to by or results from, a pre-existing condition when the date of diagnosis is within 12 months after the effective date of coverage. A pre-existing condition is a sickness, injury or other condition, whether diagnosed or not, for which symptoms existed within the 12-month period prior to the effective date; or medical advice or treatment was recommended or received from a medical professional within 12 months prior to the effective date. The exception to the above is for follow-up care for breast cancer. Routine follow-up care for a covered person who has been previously determined to be free of breast cancer does not constitute medical advice, diagnosis, care or treatment unless evidence of breast cancer is found during, or as the result of, the follow-up care.

Exclusions
Benefits are not paid for: intentionally self-inflicted injury or action; committing or attempting an assault or felony or participation in an illegal occupation; suicide while sane, or self-destruction while insane, or any attempt at either; substance abuse, including alcohol, alcoholism, abuse of legally obtained prescription medication, or illegal use of non-prescribed drugs or narcotics; or being under the influence of alcohol, drugs or narcotics, unless administered and taken as prescribed by a physician.



Allstate BENEFITS

Protection for hospital stays when a sickness or injury occurs

Hospital Indemnity Insurance

Life is unpredictable. Without any warning, an illness or injury can lead to a hospital confinement, medical procedures and/or visits, which may mean costly out-of-pocket expenses.

Expenses associated with a hospital stay can be financially difficult if money is tight and you are not prepared. But having the right coverage in place before you experience a sickness or injury can help eliminate your financial concerns and provide support at a time when it is needed most.

Allstate Benefits offers a solution to help you protect your income and empower you to seek treatment.

Here's How It Works

Our Hospital Indemnity insurance pays a cash benefit for hospital confinements. This benefit is payable directly to you and can keep you from withdrawing money from your personal bank account or your Health Savings Account (HSA) for hospital-related expenses. It is increasingly important to not only protect your finances if faced with an unexpected illness, but also to empower yourself to seek the necessary treatment.

Meeting Your Needs

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

With Allstate Benefits, you can feel assured that you have the protection you need if faced with a hospitalization. **Are you in Good Hands? You can be.**

[1]http://www.uofmhealth.org/news/archive/201606/heading-hospital-even-insurance-it-may-cost-you-1000-or-more
[2]www.healthcare.gov/why-coverage-is-important/protection-from-high-medical-costs/
[3]www.cdc.gov/nchs/data/hus/2012/099.pdf

ABJ30904X-1

DID YOU KNOW?

In recent years, the cost of a hospital stay has increased by more than 37%.[1]

$7,500

cost to fix a broken leg

Medical costs in the United States are among the highest in the world. In 2015, the average cost to fix a broken leg in the United States was $7,500.[2]

$30,000

cost per 3-day stay

The average cost of a 3-day hospital stay is around $30,000.[3]

Offered to the employees of:

Pasco County Schools

Meet Tommy

Tommy's parents are like most parents; they worry about the health and well-being of their family. They know that as Tommy grows he will become more active and may be hospitalized due to a sickness or injury. Most importantly, they worry about how they will pay for it.

Here is what weighs heavily on their minds:

- Major medical only pays a portion of the expenses associated with hospital stays
- They have copays they are responsible for until they meet their deductible
- If they miss work due to Tommy having a hospital stay, they must cover their bills, rent/mortgage, groceries and education expenses
- If the right treatment is not available locally, they will have to travel to get the treatment he needs

Tommy's story of sickness and a hospital stay turned into a happy ending, because his parents had supplemental Hospital Indemnity Insurance to help with expenses.

CHOOSE

Tommy's mother chooses benefits to help protect herself and her family members, should they suffer an illness or injury that requires a hospital stay.

USE

Tommy was sick and vomiting, had a loss of appetite and a fever, and complained about a pain in his side. He was also unable to get out of bed.

Here's Tommy's treatment path:

- Taken by ambulance to the emergency room
- Examined by a physician
- Multiple tests were performed
- Admitted for a two-day hospital stay
- Undergoes emergency appendectomy surgery
- Visited by his doctor and released
- Recovered from surgery in 5 weeks
- Seen by the doctor during a follow-up visit

Tommy's mother went online after Tommy's hospital stay to file a claim. The cash benefits were direct deposited into her bank account.

Tommy is fully recovered and back to normal.

CLAIM

Tommy's hospital stay claim paid cash benefits for the following:

Ambulance

First Day Hospital Confinement

Daily Hospital Confinement

Variable Surgical Schedule

Anesthesia

Inpatient Physician's Treatment

Outpatient Physician's Treatment

For a listing of benefits and benefit amounts, see the rate insert.

Using your cash benefits

Cash benefits provide you with options, because you decide how to use them.

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

Travel
Can help pay for expenses while receiving treatment in another city.

Home
Can help pay the mortgage, continue rental payments, or perform needed home repairs for after care.

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

MyBenefits: 24/7 Access
allstatebenefits.com/mybenefits

An easy-to-use website that offers 24/7 access to important information about your benefits. Plus, you can submit and check your claims (including claim history), request your cash benefit to be direct deposited, make changes to personal information, and more.

Hospitalization Due to Pregnancy

Your First Day Hospital Confinement does include hospitalization due to normal pregnancy or complications of pregnancy. A newborn child's initial confinement in a hospital is not payable. A newborn child's initial confinement in a hospital includes any transfers to another hospital before being discharged to go home.

A newborn child's routine nursing or well-baby care during the initial confinement in a hospital is not payable.

Dependent Eligibility

Coverage may include you, your spouse or domestic partner, and children.

Benefits

HOSPITALIZATION BENEFITS

First Day Hospital Confinement - once per continuous confinement per covered person, up to the limit stated in the rate insert. Not paid for newborn child's initial confinement after birth (see Hospitalization Due to Pregnancy at bottom left for complete details)

Daily Hospital Confinement - up to the maximum number of days for each confinement.* Hospitalization due to pregnancy is covered, subject to any Pregnancy Waiting Period (see rate insert). Not paid for any day the First Day Hospital Confinement benefit is paid

Hospital Intensive Care - up to the maximum number of days for each confinement.* Pays in addition to the First Day Hospital Confinement benefit and Daily Hospital Confinement benefit

Inpatient Physician's Treatment - for physician services (other than a surgeon) when hospital confined, up to the maximum number of days for each confinement.* Payable once per day per covered person

SURGERY BENEFITS

Variable Surgical Schedule - surgery performed in a hospital or ambulatory surgical center, based on the amount shown in the certificate Surgical Schedule.**† Payable once per day per covered person

Ambulatory Surgical Center - surgery performed at an ambulatory surgical center. Not paid for any day the Outpatient Emergency Treatment benefit is paid. Payable once per day per covered person, up to 2 days per person per year

Anesthesia - 25% of the Variable Surgical Schedule benefit

OUTPATIENT BENEFITS

Outpatient Emergency Treatment - medical treatment received in an emergency treatment center. Not paid for any day the Ambulatory Surgical Center benefit is paid. Payable once per day per covered person, up to 2 days per person per coverage year

Outpatient Physician's Treatment - physician treatment received outside a hospital for any cause. Payable once per day per covered person, up to 5 days per covered person, per coverage year; max. 10 days per coverage year if Employee + Spouse or Employee + Child(ren); or a max. of 15 days per coverage year if Family coverage

Ambulance - transportation by ground or air to an emergency treatment center by a licensed or hospital-owned ambulance. Payable once per day per covered person, up to 3 days per person per coverage year

Non-Local Transportation - first day of confinement for treatment in a non-local hospital 100 miles or more away from home. Payable once for each confinement, up to the limit stated in the rate insert

DIAGNOSTIC & WELLNESS BENEFITS

Fixed Outpatient Diagnostic X-ray and Laboratory - tests performed on an outpatient basis to diagnose an injury or sickness. Payable once per day per covered person, up to 3 days per person per year. Not paid for any day the Fixed Wellness benefit is paid

Fixed Wellness - once per day per person per year, if one of the following services is received: Biopsy for skin cancer; Blood test for triglycerides; Bone Marrow Testing; CA15-3, CA125, CEA and PSA (blood tests for breast, ovarian, colon and prostate cancer); Chest X-ray; Colonoscopy; Doppler screenings for carotids and peripheral vascular disease; Echocardiogram; EKG (Electrocardiogram); Flexible sigmoidoscopy; Hemoccult stool analysis; HPV Vaccination (Human Papillomavirus); Lipid panel (total cholesterol count); Mammography, including Breast Ultrasound; Pap Smear, including ThinPrep Pap Test; Serum Protein Electrophoresis (test for myeloma); Stress test on bike or treadmill; Thermography; Ultrasound screening for abdominal aortic aneurysms. Not paid for any day the Fixed Outpatient Diagnostic X-ray and Laboratory benefit is paid

*See the maximum number of days for each confinement on the rate insert. **See the full schedule located under the Benefit Information section in your certificate; ask your benefits representative for details. †Two or more surgeries performed at the same time through one incision are considered one surgery.

CERTIFICATE SPECIFICATIONS

Conditions and Limits

We pay benefits as stated for service and treatment received by the covered person while coverage is in force for sickness or injury. Hospital room and board charges must be incurred for benefits to be payable. **Treatment must be received in the United States or its territories.**

Eligibility

Your employer decides who is eligible for your group (such as length of service and hours worked each week). Issue ages are 18 and over.

Dependent Eligibility/Termination of Coverage

Coverage may include you, your spouse or domestic partner, and children. Coverage for children ends upon your death or when the child reaches age 26, unless he or she continues to meet the requirements of an eligible dependent. Spouse coverage ends upon valid decree of divorce or your death. Domestic partner coverage ends upon termination of domestic partnership or your death.

When Coverage Ends

Coverage under the policy ends on the earliest of: the date the policy is canceled; the last day of the period for which you made any required contributions; the last day you are in active employment or a member in an association, labor union or other entity, except as provided under the "Temporary Layoff, Leave of Absence, or Family and Medical Leave of Absence" provision; the date you are no longer in an eligible class; the date your class is no longer eligible; or upon discovery of fraud or material misrepresentation when filing for a claim.

Portability

You may be eligible to continue your coverage when coverage under the policy ends. Portability coverage ends when the group policy terminates. Refer to your Certificate of Insurance for details.

Pre-Existing Condition

We do not pay benefits due to a pre-existing condition if the loss occurs during the first 12 months of coverage. A pre-existing condition is a condition for which: medical treatment, consultation, care or services were received, including diagnostic measures; drugs or medicines were taken or prescribed; over-the-counter medications were taken; treatment recommendations were followed in the 12 months prior to the effective date or the date an increase in benefits would be effective; or symptoms existed within the 12 months prior to the effective date or the date an increase in benefits would be effective.

EXCLUSIONS AND LIMITATIONS

Benefits are not paid for: injury or sickness incurred before the effective date; any act of war or participation in a riot, insurrection or rebellion; suicide or attempt at suicide; engaging in an illegal occupation or committing or attempting an assault or felony; cosmetic dentistry or plastic surgery, except to treat an injury or correct a disorder of normal body function; intentionally self-inflicted injuries; confinement that begins before the effective date of coverage; the reversal of a tubal ligation or vasectomy; artificial insemination, in vitro fertilization, and test tube fertilization, including any related testing, medications or physician services, unless required by law; participation in aeronautics (including parachuting and hang gliding) unless a fare-paying passenger on a licensed common-carrier aircraft operating between established airports; a newborn child's routine nursing or well-baby care during the initial confinement in the hospital; driving in any race or speed test or testing any motorized vehicle on any racetrack or speedway; mental or nervous disorders; alcoholism, drug addiction or dependence upon any controlled substance.

Allstate BENEFITS

This brochure is for use in enrollments sitused in FL and is incomplete without the accompanying rate insert.

Rev. 9/18. This material is valid as long as information remains current, but in no event later than September 15, 2021.
Group Hospital Indemnity benefits are provided under policy form GVSP2, or state variations thereof.

The coverage provided is limited benefit hospital indemnity medical insurance. The policy is not a Medicare Supplement Policy. If eligible for Medicare, review Medicare Supplement Buyer's Guide available from Allstate Benefits. There may be instances when a law requires that benefits under this coverage be paid to a third party, rather than to you. If you or a dependent have coverage under Medicare, Medicaid, or a state variation, please refer to your health insurance documents to confirm whether assignments or liens may apply.

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

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

Hospital Indemnity (GIM2)

Group Hospital Indemnity Insurance from Allstate Benefits

Offered to the employees of:
Pasco County Schools

BENEFIT AMOUNTS

HOSPITALIZATION BENEFITS		PLAN 1	PLAN 2
First Day Hospital Confinement Limit to Number of Occurrences		$650 Once/30 days	$1,450 Once/30 days
Daily Hospital Confinement (daily) Maximum Number of Days		$200 30	$450 30
Hospital Intensive Care (daily) Maximum Number of Days		$200 30	$450 30
Inpatient Physician's Treatment (daily) Maximum Number of Days		n/a n/a	$75 30
SURGERY BENEFITS		**PLAN 1**	**PLAN 2**
Variable Surgical Schedule (daily, varies by surgery)		n/a	$100-$4,000
Ambulatory Surgical Center (daily)		$50	$50
Anesthesia (% of Surgical Schedule)		n/a	25%
OUTPATIENT BENEFITS		**PLAN 1**	**PLAN 2**
Outpatient Emergency Treatment (daily)		$50	$100
Outpatient Physician's Treatment (daily)		$50	$75
Ambulance (daily)	Ground Air	n/a n/a	$100-$200 $200-$400
Non-Local Transportation Limit to Number of Occurrences		n/a n/a	$50 No Limit
DIAGNOSTIC & WELLNESS BENEFITS		**PLAN 1**	**PLAN 2**
Fixed Outpatient Diagnostic X-ray and Laboratory (daily)		$50	$100
Fixed Wellness (daily)		$50	$100

PLAN 1 PREMIUMS

MODE	EE	EE + SP	EE + CH	F
Semi-Monthly	$19.37	$42.06	$33.48	$47.78
Monthly	$38.74	$84.11	$66.95	$95.55
20thly	$23.24	$50.47	$40.17	$57.33

PLAN 2 PREMIUMS

MODE	EE	EE + SP	EE + CH	F
Semi-Monthly	$40.30	$88.66	$69.75	$100.36
Monthly	$80.60	$177.32	$139.49	$200.72
20thly	$48.36	$106.39	$83.69	$120.43

EE = Employee; **EE + SP =** Employee + Spouse;
EE + CH = Employee + Child(ren); **F =** Family

Issue Ages: 18 and over if Actively at Work

Allstate BENEFITS

For use in the Pasco County Schools enrollment situsedin: FL

This rate insert is part of form ABJ30904X-1 and is not to be used on its own.

Allstate BENEFITS

Protecting those you love during life's most challenging times

Term to Age 100 Life Insurance

A death not only leaves behind loved ones, but can also leave overwhelming financial obligations. And, if you're like most people, you don't have enough life insurance to keep your family afloat if an unexpected death occurs. Give yourself and your loved ones a gift of love – put yourself in Good Hands with coverage from Allstate Benefits.

Without a Term Life Insurance policy, your family may have to tap into their savings, retirement, or 401k to help cover final expenses and everyday living expenses, should a breadwinner die unexpectedly. This product offers a guaranteed premium to age 100.

Here's How It Works

You choose the coverage that's right for you and your family. With planning, the death benefit can pass to your beneficiaries free from state or federal estate taxes. Consult with your tax advisor for specific information. Then, when life comes to an end, your beneficiary can receive a tax-free death benefit that can be used to help pay for funeral expenses, mortgage payments and more.

Meeting Your Needs

- You choose the death benefit amount to leave behind
- Coverage for spouse through a separate certificate, and for child(ren) through a separate certificate or rider
- Premiums are affordable and remain level to age 100 unless you make changes to your coverage
- Premiums are affordable and conveniently payroll deducted
- Guaranteed minimum death benefit is level for 5 years; current non-guaranteed death benefit is projected to remain level to age 100

With Allstate Benefits, you gain peace of mind knowing your loved ones will receive a financial safety net when you die – think of it as your final gift of love.

Are you in Good Hands? You can be.

DID YOU KNOW?

A number of **financial concerns remain consistent** from person to person, including long-term care, financial security of dependents, credit card debt, and having a comfortable retirement.[1]

69%

Sixty-nine percent of people surveyed would have trouble paying living expenses in two years or less if they were to lose their primary wage earner.[1]

Offered to the employees of:

Pasco County Schools

[1]2017 Insurance Barometer Study, LIMRA

Meet Tiffany

Tiffany is like any parent who has emotional and financial responsibilities. She's worried about how her family will make ends meet if she dies unexpectedly. Most importantly, she worries about leaving them with a large debt.

Here is what weighs heavily on her mind:

- **She has a mortgage and still owes a substantial amount before it is paid off**
- **Her children go to private school and will need income to help continue their education as they get older**
- **Her debt to income ratio is high and would be a hardship on her family**
- **Daily living expenses for items such as gas, food, insurance, electricity, and water are a necessary part of life**
- **Funeral expenses are high and the government provides very little for assistance**

Tiffany's Term Life coverage brought comfort to her family, because they received a lump-sum cash benefit to help with their everyday living expenses.

CHOOSE

Tiffany chooses a Term Life policy to help protect her family in the event of her untimely death.

USE

Tiffany was out of town on business when she suffered a heart attack. She was rushed to the hospital, but all of the life-saving actions by the medical team could not save her.

Here's Tiffany's treatment path:

- Tiffany traveled out of town on business
- She was meeting with a client when sharp pains and shortness of breath caused her to collapse
- She was taken by ambulance to the nearest hospital emergency room
- While in the emergency room, her heart began beating at an altered rate, then stopped
- The emergency room doctors and nurses worked tirelessly to revive her, but they could not save her
- Her husband and family were notified of her passing

Tiffany's family used proceeds from the lump-sum cash benefit to cover her final expenses.

CLAIM

Tiffany designated her husband as her beneficiary. He received the following:

Term Life: Lump-sum cash benefit

The cash benefit was direct deposited into his bank account.

For complete details on the benefits and pricing, please consult with your benefits representative.

Using your cash benefits
Cash benefits provide you with options, because you or your beneficiary get to decide how to use them.

Finances
Can help eliminate the need to deplete savings or retirement plans

Home
Can help pay the mortgage, continue rental payments, or perform needed home repairs

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

MyBenefits: 24/7 Access
AllstateBenefits.com/mybenefits
An easy-to-use website that offers 24/7 access to important information about your benefits. Plus, you can submit and check your claims (including claim history), request your cash benefit to be direct deposited, make changes to personal information, and more.

Why Term Life Insurance might be right for you

Have you ever experienced a life-changing event, whether good or bad, and worried that you would not have the finances in place to handle it if you lost your spouse?

Perhaps it has crossed your mind, but you put it off because you did not want to think about the unthinkable. However, if you have a spouse, children, or even grandchildren, that is reason enough to think about planning for their future today.

Here are some additional reasons to consider:

- You can't predict when you'll die, whether from a disease, accidental injury or natural causes
  Upon your death, Term to Age 100 can provide a lump-sum cash benefit directly to your designated beneficiary
- You live on a budget, and purchasing traditional permanent life insurance would be costly
  Term to Age 100 is affordably priced
- You want a Term Life policy that offers coverage for more than 5, 10 or 20 years
  Term to Age 100 offers coverage that can be with you until age 100
- You want affordable coverage that goes with you should you leave your employer
  You can take the Term to Age 100 coverage with you; see your Certificate of Insurance for details
- You're the primary wage earner and your family would have difficulty living without your income
  If you die before age 100, Term to Age 100 offers your designated beneficiary a lump-sum death benefit that is guaranteed for the first five years of coverage and is priced to remain level under current experience factors
- You have recurring monthly debts such as a mortgage, car payment or credit cards
  Term to Age 100 provides a lump-sum death benefit that can be used to help cover monthly expenses
- You have children under 18, and they require money for daily living expenses such as food, clothing, school sports and college education
  Term to Age 100 provides a lump-sum death benefit that can be used to help with daily living expenses
- Your family may need additional money to help with health care related bills after you die
  Term to Age 100 provides a lump-sum death benefit that can be used to help cover these expenses

Benefits

	Issue Ages
Term Life Insurance Death Benefit - pays a lump-sum death benefit to your designated beneficiary when you die before age 100	**EE/SP[2]** 18-80 NT & 19-80 T **CH/GCH[2]** 0-25 NT & 19-25 T

EE = Employee, **SP** = Spouse, **CH** = Children, **GCH** = Grandchildren, **NT** = Non-Tobacco, **T** = Tobacco
[2]Coverage for spouse and child(ren) may be limited to a percentage of the employee's face amount.

ADDITIONAL RIDER BENEFIT[3]	Insured Issue Ages
Accelerated Death Benefit for Terminal Illness - an advance of the death benefit is paid when diagnosed as terminally ill	0-75

[3]The rider listed has exclusions and limitations.

EXCLUSIONS AND LIMITATIONS

Suicide Exclusion - If a covered person commits suicide, the death benefit may be limited to the premiums paid for that covered person.

Other Exclusions and Limitations - The policy and rider have other elimination periods, exclusions and limitations that may affect coverage. Please refer to your certificate for details.

Allstate BENEFITS

This brochure is for use in enrollments sitused in FL.

Rev. 9/18. This material is valid as long as information remains current, but in no event later than September 15, 2021.
Group Term Life Insurance benefits are provided under policy form GPTLP, or state variations thereof. Accelerated Death Benefit for Terminal Illness benefits are provided under rider form GTLPLBR, or state variations thereof.

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

Legal Insurance from ARAG

Designed for

PASCO COUNTY SCHOOLS
A WORLD-CLASS EDUCATION

What does legal insurance cover?

A legal insurance plan from ARAG® **covers a wide range of legal needs** like the examples shown below — and many more — to help you address life's legal situations.

Consumer Protection
- ✔ Auto repair
- ✔ Buy or sell a car
- ✔ Consumer fraud
- ✔ Consumer protection for goods or services
- ✔ Home improvement
- ✔ Personal property disputes
- ✔ Small claims court

Criminal Matters
- ✔ Juvenile
- ✔ Parental responsibility

Debt-Related Matters
- ✔ Debt collection
- ✔ Garnishments
- ✔ Personal bankruptcy
- ✔ Student loan debt

Driving Matters
- ✔ License suspension/revocation
- ✔ Traffic tickets

Tax Issues
- ✔ IRS tax audit
- ✔ IRS tax collection

Family
- ✔ Adoption
- ✔ Guardianship/conservatorship
- ✔ Name change
- ✔ Pet-related matters
- ✔ Divorce

Services for Tenants
- ✔ Contracts/lease agreements
- ✔ Eviction
- ✔ Security deposit
- ✔ Disputes with a landlord

Real Estate & Home Ownership
- ✔ Buying a home
- ✔ Deeds
- ✔ Foreclosure
- ✔ Contractor issues
- ✔ Neighbor disputes
- ✔ Promissory notes
- ✔ Real estate disputes
- ✔ Selling a home

Wills & Estate Planning
- ✔ Powers of attorney
- ✔ Wills

What does it cost?

UltimateAdvisor®
$18.25 monthly

UltimateAdvisor Plus™
$22.58 monthly

Which plan is right for you?

UltimateAdvisor **Plus**™ offers you all of the above and more including:

- ✔ **Services for parents/grandparents**
- ✔ **Child custody, support, visitation**
- ✔ **Trusts**
- ✔ **And more**

What is legal insurance?

Legal coverage isn't just for the serious issues, it's for your everyday needs, too. Legal insurance helps you address common situations like creating wills, transferring property or buying a home.

More details please!

See the complete list of what your plan covers at:
ARAGlegal.com/myinfo Access Code: **17843pcs**

Let's Talk! Call ARAG at 800-247-4184

Why should you get legal insurance?

Work with a network attorney and attorney fees are **100% paid-in-full** for most covered matters.

Save thousands on average, for each legal matter.*

Access more than **14,000 attorneys** within ARAG's network with an **average of 20 years of experience**.

Address your covered legal situations with a network attorney who is only a **phone call away for legal help and representation.**

Use DIY Docs® to create a variety of **legally valid documents,** including state-specific templates.

How does legal insurance work?

1. **Call 800-247-4184** when you have a legal matter.
2. **Customer Care will walk you through your options** and help you get connected to network attorneys.
3. **Meet with your network attorney** over the phone or in person to begin resolving your legal issue.

Reviews from plan members

"ARAG gives me the right protection and makes me feel at ease when a legal situation that I have to solve arrives. I made the right decision joining ARAG a few years ago and will keep this plan protection for many years to come."

– Clara Miami, FL ★★★★★

How can legal work for you?

Most of us aren't prepared for the unexpected — like the circumstances caused by the coronavirus outbreak.

Legal insurance provides a benefit you can use to plan for it all — the expected and unexpected times in your life. Go online to view a complete list of coverages and see how a legal plan can protect you.

ARAGlegal.com/myinfo
Access code: 17843pcs

New Ways Your Legal Insurance Plan Has You Covered

We're always adding to the 100+ legal issues covered by your plan.

Here are some new additions to your plan to check out:

- ✔ Alimony & Child Support Modification
- ✔ Child Custody/Child Support Agreement Creation
- ✔ Child Support Enforcement

Take advantage of the peace of mind offered by legal insurance – for whatever life brings your way.

Effective on: 01/01/2021

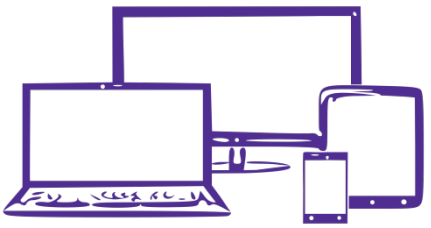
* Average cost to employee without legal insurance is based on the average number of attorney hours for ARAG claims incurred in 2017 or 2018 and paid by December 31, 2019, multiplied by $368 per hour. $368 is the average hourly rate for a U.S. attorney with 11 to 15 years experience according to The Survey of Law Firm Economics: 2018 Edition, The National Law Journal and ALM Legal Intelligence, October 2018.

Rev 6/20 200333pcs

Electronic Device Insurance

(Optional – Participation is Voluntary)

Pasco County Schools (District) offer employees the opportunity to purchase Electronic Device Protection for their District assigned laptop or iPad. This insurance is optional, but strongly encouraged and requires a single-premium payment.



What is a single-premium payment?

- A one-time payroll premium deduction
- Premiums are non-refundable
- Provides coverage for the January 1 – December 31, plan year
- Coverage must be renewed each plan year

Device	Single-Premium
iPen	$20.00
iPad	$30.00
Laptop	$40.00

Who is eligible to purchase Electronic Device Protection?

All District employees assigned a District owned laptop, iPad or iPen are eligible to participate. The program is open to new hires and current employees including employees who are not eligible to participate in the group health plan.

Who should consider purchasing Electronic Device Protection?

- Employees who frequently travel with their iPad, iPen or laptop.
- Employees who take their iPad, iPen or laptop home on a regular basis.
- Employees who often walk across campus with their iPad, iPen or laptop in hand.

What are the benefits of Electronic Device Protection?

- Covers up to 2 accidential damage incidients per plan year.
- Relieves you of any liability for repairs resulting from accidental damage.
- Relieves you of out-of-pocket cost associated with the repair or replacement of your device.

Replacement Devices

If the District replaces an employee device during the plan year, the employee has the option to purchase new Electronic Device Insurance to cover the new device for the remainder of the plan year.

Stolen Devices

Reports of stolen devices must be substantiated by a police report. The Electronic Device Insurance plan will become the secondary provider if other insurance is present.

Examples of Covered Events:

- Accidental damage – includes cracked screens, spilled liquids, fire/flood damage
- Vandalism
- Power surge due to lightning
- Theft

Is there a deadline to enroll?

Yes. Current employees must enroll during the annual open enrollment period. New employees must enroll during their new hire benefit election period. Employees not eligible to group health benefits must email mybenefits@pasco.k12.fl.us to enroll.

May I purchase coverage for my personal electronic devices?

Only work-related, District assigned devices are eligible for coverage under the Electronic Device Protection Program.

What is not covered?

The Electronic Device Insurance does not cover damages resulting from malicious intent, vandalism or theft by the employee.

Are employees required to purchase coverage?

No. Participation in the program is strictly voluntary. Employees who elect not to purchase Electronic Device Insurance may be responsible for any damage to the device, consistent with Pasco County Schools' Employee Electronic Device Program and must return the device and accessories to its original condition at time assigned to employee.

Enrollment Information
Employee Benefits
mybenefits@pasco.k12.fl.us
(813) 794-2253

Claims Information
Risk Management
riskmanagement@pasco.k12.fl.us
(813) 794-2520

Sunbelt Worksite Marketing, Inc.
PO Box 1287
Auburndale, FL 33823-1287
Customer Service 1.800.822.8045
Information contained herein does not constitute an insurance certificate or policy.
Certificates will be provided to participants following the start of the plan year, if applicable.