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2022

Beck Automotive Group Employee Benefit Guide





Congratulations on your new position and welcome to the Beck Automotive Group. This benefit guide will have information you will find helpful as you start your employment at Beck.

As a new employee you are entitled to participate in Beck Automotive Health and Welfare Benefits Plan effective after your 90-day probationary period.

When enrolling in benefits you will be doing so through the end of the calendar year. You will only be allowed to make changes to your enrollment choices prior to December 31st if you have a qualified "Change in Family Status". In the fall, HR will conduct an Open Enrollment for the next benefit year.

Highlights of the Beck sponsored benefit plans include:

- 6 paid holidays a year
- Closed Sundays
- Company sponsored health and benefit plans for you and eligible family members
- Tuition reimbursement program of eligible employees and family members.
- Discounts on parts and service for your personal vehicle
- Purchase Discounts on new and used vehicles
- Affordable supplemental benefit plans offered through American Fidelity
- Opportunities to volunteer and make a difference in the local community

If you have questions about your benefits or how to enroll in them please feel free to contact Human Resources at 386-328-0344 Ext 340.

Sincerely,

Wayne McClain

Wayne McClain
Vice President-Beck Automotive Group
252 Hwy 17 N Palatka, Fl. 32177
www.checkbeck.com

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About this Guide

This benefit guide is a compilation guide of employee benefits. It is intended for informational purposes only. The actual benefits available and the full descriptions of these benefits are governed in all cases by the relevant plan document, insurance contracts, and Ordinances and Resolutions of the group, and where applicable, collective bargaining agreements. If there are discrepancies between the benefit guide and the actual plan documents, insurance contracts, and Ordinances and Resolutions, the documents, contracts, and Ordinances and Resolutions will govern.

HIPAA Compliance

The Health Insurance Portability and Accountability Act (HIPAA) requires that your health insurance plan limit the release of your health information to the minimum necessary required for your care. If you have questions about your claims, contact your insurance carrier first. If, after contacting the Plan administrator, you need a representative of the Employee Benefits Division to assist you with any claim issues, you may be required to provide written authorization to release information related to your claim. If you would like a copy of the HIPAA Notice of Privacy Practices or if you have any questions, please contact Randy Marquart at 386-328-0344, ext. 342.



2022 BENEFITS ENROLLMENT

**Annual Enrollment
Section 125 Cafeteria Plan
How to Enroll**

Your Annual Enrollment

Before you meet with your American Fidelity Representative, take time to evaluate your current coverage and decide how well it serves the needs of you and your family.

Important Points To Consider

- Figure an estimate of out-of-pocket medical expenses. Remember that over-the-counter drugs and medicines now require a prescription to be reimbursed.
- Figure an estimate of child care expenses.
- Review your beneficiaries.
- Review American Fidelity's options of portable insurance plans that you can keep if your employment changes.
- Evaluate your need for life insurance.
- Consider increasing your Disability Income Insurance policy amount to match your current salary.

Note: Changes to insurance plans will go into effect January 1st.

Annual Open Enrollment

Each year Open Enrollment provides you an opportunity to change plans and modify dependent coverage. Your election deductions begin in December and will remain in effect through the plan year (January 1, 2021 - December 31, 2021) for your Voluntary benefits.

NOTE: If eligibility changes during the year you must notify Human Resources within 31 days of the qualifying event.

Your Section 125 Plan

Save Money With Section 125

If there was a program available that could dramatically save money on your taxes, would you take advantage of it? That's exactly what the Section 125 Plan does—reduces your taxes and increases your spendable income! Plus, the Plan is available to you at no cost* and you're already eligible, all you have to do is enroll.

The Plan works like this: You are allowed to deduct needed benefits from gross earnings before taxes are computed. This means that current after-tax expenses, such as insurance products and benefits, can be paid for with pre-tax dollars.

The advantage of this Plan is simple: The eligible premiums you pay under the Plan are paid on a pre-tax basis. You could be on your way to increased savings, just by signing up and taking advantage of this Plan!

Benefits Eligible For The Section 125 Cafeteria Plan

- Group Medical, Dental and Vision Insurance
- Accident Insurance
- Cancer Insurance
- Flexible Spending Accounts

How Can This Plan Help Me?

The sample paycheck below shows the benefits under the Section 125 Plan compared to benefits outside of the Plan. In this example, the employee gained \$55 more spendable income per month!

Pre-Tax Example		After-Tax Example
\$1,500.00	Monthly Gross Salary	\$1,500.00
- \$150.00	Pre-Tax Medical Insurance	\$0.00
- \$25.00	Pre-Tax Disability Insurance	\$0.00
- \$25.00	Pre-Tax Accident Insurance	\$0.00
\$1,300.00	Adjusted Monthly Gross Salary	\$1,500.00
- \$260.00	Estimated Federal Tax (20%)	- \$300.00
- \$99.45	Estimated FICA (7.65%)	- \$114.75
\$0.00	After-Tax Medical Insurance	- \$150.00
\$0.00	After-Tax Disability Insurance	- \$25.00
\$0.00	After-Tax Accident Insurance	- \$25.00
\$940.55	Take-Home Pay	\$885.25

* Taxes are a sample average of State, Federal and FICA taxes. Your own average tax rate may vary.

How to Enroll

Beck Auto Group is providing every employee with an opportunity to understand their employee benefits, ask questions unique to their situation, and enroll in benefits. These include group meetings and one-on-one on-site enrollments.

Group Meetings

Every site will be given an opportunity to host a group meeting, allowing employees an opportunity to meet together as a group to learn about new benefits, plan adjustments, and any other benefit or insurance related news about our group's program. All employees are encouraged to speak with their spouses or other family members about their personal benefit needs, to help prepare them for their one-on-one benefit review.

Enroll On-site / One-on-one Benefit Review

On-site enrollment counselors will be available to assist you with the enrollment process. This allows you with the opportunity to ask unique questions regarding your benefit options, in a confidential and private setting.

Refer to the Open Enrollment Schedule provided in this guide for your scheduled attendance dates. Please remember to discuss with your supervisor to determine the best date to attend.

During your One-on-one Benefit Review, you can learn more about or enroll in the following:

- Medical Insurance
- Group Life Insurance
- Dental Insurance
- Vision Insurance
- Disability Income Insurance
- Term Life Insurance
- Accident Only Insurance
- Cancer Insurance
- Hospital Indemnity Insurance
- Flexible Spending Accounts



INSURANCE PLANS

Medical Plan
Dental Plan
Vision Plan
Optional Medication Coverage
General or Urgent Healthcare
Questions
Disability Income Insurance

Employee Assistance Program
Individual Life Insurance
Accident Insurance
Cancer Insurance
Critical Illness Insurance
Hospital Indemnity Insurance
Universal Life Insurance

CONCIERGE & ADVOCACY SERVICES NURSE NAVIGATOR

*"Making Smart Healthcare Decisions FREE,
and Bad Decisions EXPENSIVE."*

CONCIERGE SERVICES

Let's find the highest-quality outcomes for **YOU!**

- Choosing facilities that deliver proven high-quality care
- Choosing doctors and facilities that gladly accept your health plan
- Help maximizing your benefits and reducing your out of pocket
- Understanding your diagnosis and treatment options
- When is a second opinion appropriate?

Call ahead when you need to have an:
Inpatient Stay - Outpatient Procedure - Diagnostic Test/Service

**SAVE ON YOUR DEDUCTIBLE
& COINSURANCE!**

WHY SEEK **QUALITY** FIRST?

- Less misdiagnosis
- Lower infection rates
- Less complications
- Lower readmission rates
- Less patient harm and death rates
- Appropriateness in care



Call your Concierge Nurse Navigator

at **440.992.7000**

Assistance navigating the complex healthcare system.

Medical Plans

CIGNA PPO NETWORK

Health Plans	Option 1	Option 2	Option 3
Plan Number	05770	05772	05302
Cost Sharing – Member’s Responsibility			
Deductible (Per Person/Family Aggregate)	In-Network - \$1,000 / \$3,000 Out-of-Network - \$3,000 / \$6,000	In-Network - \$2,000 / \$6,000 Out-of-Network - \$6,000 / \$18,000	In-Network - \$5,000 / \$10,000 Out-of-Network - \$10,000 / \$30,000
Coinsurance / Member pays	In-Network - 80% / 20% Out-of-Network - 50% / 50%	In-Network - 80% / 20% Out-of-Network - 50% / 50%	In-Network - 70% / 30% Out-of-Network - 50% / 50%
Out of Pocket Max (Per person/Family Aggregate)	In-Network - \$3,500 / \$7,000 Out-of-Network - \$7,000 / \$14,000	In-Network - \$5,500 / \$11,000 Out-of-Network - \$11,000 / \$22,000	In-Network - \$6,350 / \$12,700 Out-of-Network - \$20,000 / \$40,000
Medical Pharmacy OOP Max (Per Person Per Calendar Month)	In-Network (Preferred) \$200 In-Network (Non-Preferred) - Combined with Preferred OOP Out-of-Network - NA	In-Network (Preferred) \$200 In-Network (Non-Preferred) - Combined with Preferred OOP Out-of-Network - NA	In-Network (Preferred) \$200 In-Network (Non-Preferred) - Combined with Preferred OOP Out-of-Network - NA
Office Services	In-Network Family Physician - \$25 Copayment In-Network Specialist - \$45 Copayment Out-of-Network – DED + 50%	In-Network Family Physician - \$35 Copayment In-Network Specialist - \$65 Copayment Out-of-Network – DED + 50%	In-Network Family Physician - \$30 Copayment In-Network Specialist - \$55 Copayment Out-of-Network – DED + 50%
Emergency and Urgent Care			
Emergency Room Facility	In-Network – \$200 Copay Out-of-Network – \$200 Copay	In-Network – \$300 Copay Out-of-Network – \$300 Copay	In-Network – \$300 Copay Out-of-Network – \$300 Copay
Physician Services at ER	In-Network – \$100 Copay Out-of-Network – \$100 Copay	In-Network – DED + 20% Out-of-Network – INN DED + 20%	In-Network – DED + 30% Out-of-Network – INN DED + 30%
Urgent Care Centers	In-Network – \$50 Copay Out-of-Network – DED + 50%	In-Network – \$70 Copay Out-of-Network – DED + 50%	In-Network – \$60 Copay Out-of-Network – DED + 50%
Prescription Drugs			
Retail -Generic/Brand/Non-Preferred	\$10/50/80	\$10/60/100	\$10 Generic Choices
Mail Order - Generic/Brand/Non-Preferred	\$25/125/200	\$25/150/250	\$25 Generic Choices

Option 1 (05770)	Monthly Premium	Beck Pays	Employee Pays Month	Semi-Monthly
Employee Only	\$928.85	\$400.00	\$528.85	\$264.43
Employee/Spouse	\$2,210.64	\$400.00	\$1,810.64	\$905.32
Employee/Child	\$1,709.06	\$400.00	\$1,309.06	\$654.53
Employee/Family	\$2,897.99	\$400.00	\$2,497.99	\$1,249.00

Option 2 (05772)	Monthly Premium	Beck Pays	Employee Pays Month	Semi-Monthly
Employee Only	\$816.85	\$400.00	\$416.85	\$208.43
Employee/Spouse	\$1,944.10	\$400.00	\$1,544.10	\$772.05
Employee/Child	\$1,502.99	\$400.00	\$1,102.99	\$551.50
Employee/Family	\$2,548.58	\$400.00	\$2,148.58	\$1,074.29

Option 3 (05302)	Monthly Premium	Beck Pays	Employee Pays Month	Semi-Monthly
Employee Only	\$549.78	\$400.00	\$149.78	\$74.89
Employee/Spouse	\$1,308.48	\$400.00	\$908.48	\$454.24
Employee/Child	\$1,011.60	\$400.00	\$611.60	\$305.80
Employee/Family	\$1,715.33	\$400.00	\$1,315.33	\$657.67

PREMIUMS FOR EMPLOYEES USING TOBACCO WILL BE INCREASED \$100 PER MONTH

Vision care services

**If you use an
IN-NETWORK provider
(Member cost)**

**If you use an
OUT-OF-NETWORK provider
(Reimbursement)**

Exam with dilation as necessary

- Retinal imaging ¹

\$10
Up to \$39

Up to \$30
Not covered

Contact lens exam options ²

- Standard contact lens fit and follow-up
- Premium contact lens fit and follow-up

Up to \$40
10% off retail

Not covered
Not covered

Frames ³

\$130 allowance
20% off balance over \$130

\$65 allowance

Standard plastic lenses ⁴

- Single vision
- Bifocal
- Trifocal
- Lenticular

\$15
\$15
\$15
\$15

Up to \$25
Up to \$40
Up to \$60
Up to \$100

Covered lens options ⁴

- UV coating
- Tint (solid and gradient)
- Standard scratch-resistance
- Standard polycarbonate - adults
- Standard polycarbonate - children <19
- Standard anti-reflective coating
- Premium anti-reflective coating
 - Tier 1
 - Tier 2
 - Tier 3
- Standard progressive (add-on to bifocal)
- Premium progressive
 - Tier 1
 - Tier 2
 - Tier 3
 - Tier 4

\$15
\$15
\$15
\$40
\$40
\$45
Premium anti-reflective coatings as follows:
\$57
\$68
80% of charge
\$15
Premium progressives as follows:
\$110
\$120
\$135
\$90 copay, 80% of charge less \$120 allowance
\$75
20% off retail

Not covered
Not covered
Not covered
Not covered
Not covered
Not covered
Premium anti-reflective coatings as follows:
Not covered
Not covered
Not covered
Up to \$40
Premium progressives as follows:
Not covered
Not covered
Not covered
Not covered
Not covered

Contact lenses ⁵

(applies to materials only)

- Conventional
- Disposable
- Medically necessary

\$130 allowance,
15% off balance over \$130
\$130 allowance
\$0

\$104 allowance
\$104 allowance
\$200 allowance

Vision care services

**If you use an
IN-NETWORK provider
(Member cost)**

**If you use an
OUT-OF-NETWORK provider
(Reimbursement)**

Frequency

• Examination	Once every 12 months	Once every 12 months
• Lenses or contact lenses	Once every 12 months	Once every 12 months
• Frame	Once every 24 months	Once every 24 months

Diabetic Eye Care: care and testing for diabetic members

• Examination - Up to (2) services per year	\$0	Up to \$77
• Retinal Imaging - Up to (2) services per year	\$0	Up to \$50
• Extended Ophthalmoscopy - Up to (2) services per year	\$0	Up to \$15
• Gonioscopy - Up to (2) services per year	\$0	Up to \$15
• Scanning Laser - Up to (2) services per year	\$0	Up to \$33

¹ Member costs may exceed \$39 with certain providers. Members may contact their participating provider to determine what costs or discounts are available.

² Standard contact lens exam fit and follow up costs and premium contact lens exam discounts up to 10% may vary by participating provider. Members may contact their participating provider to determine what costs or discounts are available.

³ Discounts may be available on all frames except when prohibited by the manufacturer.

⁴ Lens option costs may vary by provider. Members may contact their participating provider to determine if listed costs are available.

⁵ Plan covers contact lenses or frames, but not both.

Additional plan discounts

- Member may receive a 20% discount on items not covered by the plan at network Providers. Members may contact their participating provider to determine what costs or discounts are available. Discount does not apply to EyeMed Provider's professional services, or contact lenses. Plan discounts cannot be combined with any other discounts or promotional offers. Services or materials provided by any other group benefit plan providing vision care may not be covered. Certain brand name Vision Materials may not be eligible for a discount if the manufacturer imposes a no-discount practice. Frame, Lens, & Lens Option discounts apply only when purchasing a complete pair of eyeglasses. If purchased separately, members receive 20% off the retail price.
- Members may also receive 15% off retail price or 5% off promotional price for LASIK or PRK from the US Laser Network, owned and operated by LCA Vision. Since LASIK or PRK vision correction is an elective procedure, performed by specialty trained providers, this discount may not always be available from a provider in your immediate location.

Vision health impacts overall health

Routine eye exams can lead to early detection of vision problems and other diseases such as diabetes, hypertension, multiple sclerosis, high blood pressure, osteoporosis, and rheumatoid arthritis.¹

¹ Thompson Media Inc.

Humana Vision Rates	Monthly Rates	Semi-Monthly Rates
Employee	\$6.66	\$3.33
Employee Spouse	\$13.31	\$6.65
Employee child(ren)	\$12.66	\$6.33
Family	\$19.89	\$9.95



Questions?

Check out Humana.com
 Call 1-866-995-9316 seven days a week:
 8 a.m. to 6 p.m. Eastern Time
 Monday through Saturday and
 11 a.m. to 8 p.m. Sunday.

Limitations and Exclusions:

In addition to the limitations and exclusions listed in your "Vision Benefits" section, this policy does not provide benefits for the following:

1. Any expenses incurred while you qualify for any worker's compensation or occupational disease act or law, whether or not you applied for coverage.
2. Services:
 - That are free or that you would not be required to pay for if you did not have this insurance, unless charges are received from and reimbursable to the U.S. government or any of its agencies as required by law;
 - Furnished by, or payable under, any plan or law through any government or any political subdivision (this does not include Medicare or Medicaid); or
 - Furnished by any U.S. government-owned or operated hospital/institution/agency for any service connected with sickness or bodily injury.
3. Any loss caused or contributed by:
 - War or any act of war, whether declared or not;
 - Any act of international armed conflict; or
 - Any conflict involving armed forces of any international authority.
4. Any expense arising from the completion of forms.
5. Your failure to keep an appointment.
6. Any hospital, surgical or treatment facility, or for services of an anesthesiologist or anesthesiologist.
7. Prescription drugs or pre-medications, whether dispensed or prescribed.
8. Any service not specifically listed in the Schedule of Benefits.
9. Any service that we determine:
 - Is not a visual necessity;
 - Does not offer a favorable prognosis;
 - Does not have uniform professional endorsement; or
 - Is deemed to be experimental or investigational in nature.
10. Orthoptic or vision training.
11. Subnormal vision aids and associated testing.
12. Aniseikonic lenses.
13. Any service we consider cosmetic.
14. Any expense incurred before your effective date or after the date your coverage under this policy terminates.
15. Services provided by someone who ordinarily lives in your home or who is a family member.
16. Charges exceeding the reimbursement limit for the service.
17. Treatment resulting from any intentionally self-inflicted injury or bodily illness.
18. Plano lenses.
19. Medical or surgical treatment of eye, eyes, or supporting structures.
20. Replacement of lenses or frames furnished under this plan which are lost or broken, unless otherwise available under the plan.
21. Any examination or material required by an Employer as a condition of employment.
22. Non-prescription sunglasses.
23. Two pair of glasses in lieu of bifocals.
24. Services or materials provided by any other group benefit plans providing vision care.
25. Certain name brands when manufacturer imposes no discount.
26. Corrective vision treatment of an experimental nature.
27. Solutions and/or cleaning products for glasses or contact lenses.
28. Pathological treatment.
29. Non-prescription items.
30. Costs associated with securing materials.
31. Pre- and Post-operative services.
32. Orthokeratology.
33. Routine maintenance of materials.
34. Refitting or change in lens design after initial fitting, unless specifically allowed elsewhere in the certificate.
35. Artistically painted lenses.

Humana Vision products insured by Humana Insurance Company, Humana Health Benefit Plan of Louisiana, The Dental Concern, Inc. or Humana Insurance Company of New York.

This is not a complete disclosure of the plan qualifications and limitations. Specific limitations and exclusions as contained in the Regulatory and Technical Information Guide will be provided by the agent. Please review this information before applying for coverage.

NOTICE: Your actual expenses for covered services may exceed the stated cost or reimbursement amount because actual provider charges may not be used to determine insurer and member payment obligations.

Humana Dental Traditional Preferred

Beck Auto Sales, Inc.

FLORIDA

	If you use an IN-NETWORK dentist		If you use an OUT-OF-NETWORK dentist	
Calendar-year deductible (excludes orthodontia services)	Individual \$50	Family \$150	Individual \$50	Family \$150
Deductible applies to all services excluding preventive services.				
Calendar-year annual maximum (excludes orthodontia services)	\$2,000 + extended annual maximum (see section below)			
Preventive services <ul style="list-style-type: none"> • Routine oral examinations (3 per year) • Bitewing x-rays (2 films under age 10, up to 4 films ages 10 and older) • Routine cleanings (3 per year) • Periodontal cleanings (4 per year) • Fluoride treatment (1 per year, through age 16) • Sealants (permanent molars, through age 16) • Space maintainers (primary teeth, through age 15) • Oral Cancer Screening (1 per year, ages 40 and older) 	100% no deductible		100% no deductible	
Basic services <ul style="list-style-type: none"> • Emergency care for pain relief • Amalgam fillings (1 per tooth every 2 years, composite for anterior/front teeth) • Composite fillings (1 per tooth every 2 years, molar teeth) • Oral surgery (tooth extractions including impacted teeth) • Stainless steel crowns • Harmful habit appliances for children (1 per lifetime, through age 14) 	80% after deductible		80% after deductible	
Major services <ul style="list-style-type: none"> • Crowns (1 per tooth every 5 years) • Inlays/onlays (1 per tooth every 5 years) • Bridges (1 per tooth every 5 years) • Dentures (1 per tooth every 5 years) • Denture relines/rebases (1 every 3 years, following 6 months of denture use) • Denture repair and adjustments (following 6 months of denture use) • Implants (crowns, bridges, and dentures each limited to 1 per tooth every five years) • Periodontics (scaling/root planing and surgery 1 per quadrant every 3 years) • Endodontics (root canals 1 per tooth per lifetime and 1 re-treatment) 	50% after deductible		50% after deductible	

	If you use an IN-NETWORK dentist	If you use an OUT-OF-NETWORK dentist
Extended Annual Max Additional coverage for preventive, basic, and major services after the calendar-year maximum is met (excludes orthodontia)	30%	30%

Orthodontia services

Child orthodontia - Covers children through age 18. Plan pays 50 percent (no deductible) of the covered orthodontia services, up to: \$1,000 lifetime orthodontia maximum.

Non-participating dentists can bill you for charges above the amount covered by your HumanaDental plan. To ensure you do not receive additional charges, visit a participating PPO Network dentist. Members and their families benefit from negotiated discounts on covered services by choosing dentists in our network. If a member visits a participating network dentist, the member will not receive a bill for charges more than the negotiated fee for covered services. If a member sees an out-of-network dentist, coinsurance will apply to the usual and customary charge. Out-of-network dentists may bill you for charges above the amount covered by your dental plan.

Waiting periods

Voluntary funding: 10+ enrolled employees

Enrollment type	Preventive	Basic	Major	Orthodontia
Initial enrollment, open enrollment and timely add-on	No	No	No	12 months ¹
Late applicant ^{2,3}	No	12 months	12 months	12 months

¹ Waiting periods may be decreased or waived based on the number of months the member had dental insurance immediately before their effective date. Members must have prior orthodontic insurance to reduce or waive the orthodontic waiting period.

² Late applicants not allowed with open enrollment option.

³ Waiting periods do not apply to endodontic or periodontic services unless a late applicant.

Humana Dental Rates	Monthly Rates	Semi- Monthly Rates
Employee	\$27.02	\$13.51
Employee/Spouse	\$54.04	\$27.02
Employee/child(ren)	\$75.76	\$37.88
Family	\$104.16	\$52.08



Questions?

Simply call 1-800-233-4013 to speak with a friendly, knowledgeable Customer Care specialist, or visit [Humana.com](https://www.humana.com).

Feel good about choosing a HumanaDental plan

Make regular dental visits a priority

Regular cleanings can help manage problems throughout the body such as heart disease, diabetes, and stroke.* Your HumanaDental Traditional Preferred plan focuses on prevention and early diagnosis, providing four exams and cleanings every calendar year: two regular and two periodontal.

* www.perio.org

Go to MyDentalIQ.com

Take a health risk assessment that immediately rates your dental health knowledge. You'll receive a personalized action plan with health tips. You can print a copy of your scorecard to discuss with your dentist at your next visit.

Tips to ensure a healthy mouth:

- Use a soft-bristled toothbrush
- Choose toothpaste with fluoride
- Brush for at least two minutes twice a day
- Floss daily
- Watch for signs of periodontal disease such as red, swollen, or tender gums
- Visit a dentist regularly for exams and cleanings

Did you know that 74 percent of adult Americans believe an unattractive smile could hurt a person's chances for career success?*

HumanaDental helps you feel good about your dental health so you can smile confidently.

* American Academy of Cosmetic Dentistry

Humana group dental plans are offered by Humana Insurance Company, HumanaDental Insurance Company, Humana Insurance Company of New York, Humana Health Benefit Plan of Louisiana, The Dental Concern, Inc., Humana Medical Plan of Utah, CompBenefits Company, CompBenefits Dental, Inc., Humana Employers Health Plan of Georgia, Inc. or DentiCare, Inc. (d/b/a CompBenefits).

This is not a complete disclosure of plan qualifications and limitations. Your agents will provide you with specific limitations and exclusions as contained in the Regulatory and Technical Information Guide. Please review this information before applying for coverage. The amount of benefits provided depends upon the plan selected. Premiums will vary according to the selection made.

Use your HumanaDental benefits

Find a dentist

With HumanaDental's Traditional Preferred plan, you can see any dentist. Members and their families benefit from negotiated discounts on covered services by choosing dentists in the HumanaDental Traditional Preferred Network. To find a dentist in HumanaDental's Traditional Preferred Network, log on to **Humana.com** or call 1-800-233-4013.

Know what your plan covers

The other side of this page gives you a summary of HumanaDental benefits. Your plan certificate describes your HumanaDental benefits, including limitations and exclusions. You can find it on MyHumana, your personal page at **Humana.com** or call 1-800-233-4013.

See your dentist

Your HumanaDental identification card contains all the information your dentist needs to submit your claims. Be sure to share it with the office staff when you arrive for your appointment. If you don't have your card, you can print proof of coverage at **Humana.com**.

Learn what your plan paid

After HumanaDental processes your dental claim, you will receive an explanation of benefits or claims receipt. It provides detailed information on covered dental services, amounts paid, plus any amount you may owe your dentist. You can also check the status of your claim on MyHumana at **Humana.com** or by calling 1-800-233-4013.



Disability Income Insurance

American Fidelity Assurance Company

Disability Income Insurance

When a disabling injury or sickness happens to one of your employees, it can be difficult to know what to do. You want to help financially, but where do you draw the line? That is why offering disability insurance is so important to a comprehensive benefit package. It helps ensure that your employees' paychecks are protected when they need it the most.

American Fidelity's Disability Income Insurance has been designed specifically with your industry in mind. The plan design may be customized to meet the needs of each individual employee and complement your benefit offerings.

Short-Term and Long-Term Disability

The benefits package you provide to your employees will ultimately drive which disability insurance program you decide to offer. At American Fidelity, we offer ways for both you and your employees to customize the plan to meet specific needs.

Customized with Your Employees in Mind

Not everyone's needs are the same. That is why we offer multiple elimination and benefit periods for each employee to choose from. This allows each disability plan to be customized to each employee's specific needs.

Highlights

Eligibility

Each employee will have up to 13 months to apply for coverage without answering medical questions. Pre-existing conditions may apply.

Return-to-Work Incentive

Employees will receive partial benefit for coming to work part-time while still on disability.

Customized Benefit Amounts

Employees are allowed to select a benefit amount that meets their needs up to 60% of their income.

Special Condition Benefits

Mental illness, drug and alcohol addiction, and other special conditions benefit payments are available.

Employee Assistance Program

This value-added service is provided with the long-term disability product and provides your employees with access to telephonic life coaching, legal assistance, and more.

Short Term Disability	Elimination Periods	Benefit Periods Up To	Benefit Amount
	7 days	180 days	Up to 60% of monthly compensation
Paycheck Protector	Elimination Periods	Benefit Periods Up To	Benefit Amount
	14 Days Injury & 30 Days Sickness	Social Security Normal Retirement Age - Injury 150 days - Sickness	Up to 60% of monthly compensation
Long Term Disability	Elimination Periods	Benefit Periods Up To	Benefit Amount
	7 Days, 14 Days, 30 Days, 90 Days, or 180 Days	Social Security Normal Retirement Age - Injury 5 years - Sickness	Up to 60% of monthly compensation

These products may contain limitations, exclusions and waiting periods.

American Fidelity Employee Assistance Program (EAP)

Support for Everyday Issues, Every Day

American Fidelity EAP provides emotional wellness and work/life balance resources for you and your immediate family members.

Everyone faces problems or situations that are difficult to resolve. When these instances arise, American Fidelity EAP will be there to help. American Fidelity EAP provides confidential resources to help you navigate life's ups and downs. This includes professional referrals for a wide variety of concerns, such as:

Anxiety

Depression

Marriage and Relationship Problems

Grief and Loss

Substance Abuse

Anger Management

Work Related Pressures

Stress

Expert Referrals and Consultation

Whether you are a new parent, a caregiver, selling your home, or looking for legal advice, you're likely to need guidance and referrals to expert resources.

- **Legal Assist** Free telephonic or face-to-face legal consultation
- **Financial Assist** Expert financial planning and consultation
- **Family Assist** Consultation and referrals for everyday issues, such as: dependent care, auto repair, pet care, and home improvement

Confidentiality: American Fidelity EAP upholds strict confidentiality standards. Nobody, including your employer, will know you have accessed the program unless you specifically grant permission or express a concern that presents us with a legal obligation to release information. Some products and services may be provided by third party contractors and affiliated companies.

800-295-8323

americanfidelity.mysupportportal.com

American Fidelity Assurance Company
SB-32903-0120



Easy Digital Access

Mobile

- eConnect® mobile app for on-the-go access to the EAP
- Call or live chat with a licensed counselor
- Review a summary of the program

Web

- Secure video counseling through the eConnect® Portal
- Discounted fitness center memberships
- Library of online seminars and eLearning modules
- Bilingual content (English and Spanish)
- Thousands of helpful articles and tip sheets for personal and work related topics
- Search engines and directories for child care, elder care, education, legal, financial, and convenience services

Access eConnect® Mobile App

Username: americanfidelity

AMERICAN FIDELITY 
a different opinion

Individual Term Life Insurance

American Fidelity Assurance Company

Life insurance is an important factor to any family. It serves as a foundation to help in the case of a loved one's premature death. Plan today to make the right move for your loved ones.

American Fidelity Assurance Company offers an AF™ **Term Life Insurance** policy to help with your financial needs for your short-term and long-term goals.

How the Plan Works

Individual Term Life Insurance has a death benefit with no cash accumulation feature. The policy is initially written for a 10, 20 or 30-year term period, but may be renewed at the insured's option for the same level renewal period depending upon the term chosen.

The last level renewal period is no later than age 70 for the 10-year term policy and age 60 for the 20-year term policy. Thereafter, premiums are renewable annually up to age 90. The 30-year term policy is renewable annually after the initial 30-year term period up to age 90. Renewal rates will be based on the insured's age at the time of renewal.¹

Optional Riders

Enhance your base plan with the following riders:

- **Spouse Term**
- **Children's Term**
- **Waiver of Premium**
- **Accidental Death & Dismemberment**
- **Accelerated Benefit for Long Term Illness (30 Year Term Only)**

Coverage Feature	What It Means To You
Three Plan Options: 10, 20 and 30-Year Level Term Coverage	Choose the coverage period to meet your financial needs.
Guaranteed Death Benefit	Your death benefit is guaranteed during the initial term period you choose.
Accelerated Death Benefit for Terminal Condition	Receive a portion of the chosen death benefit if you are diagnosed with a covered Terminal Condition. Limitations and exclusions may apply.
Conversion Benefit	Turn your policy into a permanent plan anytime up to age 70. The rate for your new plan will be based on your attained age.
Guaranteed Renewable	Renew your policy up to age 90 regardless of your health. ¹
Interim Coverage for Death	Death benefit coverage starts when the life insurance application has been signed and underwriting guidelines have been met.
Express Issue Application	Only 3 express issue health questions are required to issue coverage. ²
Portable	You own the policy. Take the coverage with you if you choose to leave your current job.
Payroll Deducted	Enjoy the convenience of having your premiums deducted straight from your paycheck.

¹Premiums are subject to increase upon renewal. ²Issuance of the policy may depend on the answer to these questions.

Limitations, exclusions and waiting periods apply. Please refer to your policy for complete details, Policy Form Series ICC14 RCTL14. Not generally qualified benefits under Section 125 Plans.

Individual Whole Life Insurance

American Fidelity Assurance Company

It's important to prepare for the unexpected and help ensure your loved ones will be financially protected in the event of a tragedy. Your life insurance benefit can help replace your income and help your family meet important financial needs like funeral expenses, everyday living costs, and college.

American Fidelity Assurance Company's AF™ **Whole Life Insurance** provides protection for your entire life. It's an individual policy, which means you own it and can take it with you when you leave employment or when you retire to age 121. The premium and amount of protection stay the same as long as the policy is in force, provided premiums are paid as required.

Discontinue Your Premium While Keeping Your Coverage Active

- **Same Amount of Coverage - Shorter Length of Time:** Under the **Extended Term Insurance Provision**, your policy's original face amount (minus outstanding loans or accelerated benefit payments) will be guaranteed for a specific term of time. In addition, your premium is "paid in full" until your new extended term period expires, terminating your policy.
- **Coverage to Age 121 - Smaller Guaranteed Benefit Amount.** You can rest easy knowing you are covered for your entire life by utilizing the **Reduced Paid-Up Provision** and reducing your original death benefit to a smaller amount. Enjoy being premium-free while having the security of guaranteed lifetime coverage, just at a reduced benefit amount. Plus your cash value will continue to accumulate.

Optional Riders

Enhance your base plan with the following riders:

- **Waiver of Premium Rider**
- **Accidental Death and Dismemberment Rider**
- **Children's Term Rider**
- **Accelerated Benefit Rider for Long Term Illness**
- **Accelerated Benefit Rider for Critical Illness**

Flexibility when you need it

By choosing a Whole Life Policy, you have flexibility to adjust your benefits when needed. Cash value flexibility features include:

	What It Means To You
Cash Surrender	You will receive a check equal to your plan's current available cash value. In many situations, cash surrenders may be paid taxfree. ¹
Partial Surrender	You can withdraw a small portion of the policy's cash value in the form of cash, in exchange for a proportional reduction to the policy's available cash value and the face amount.
Loans	You can borrow against your cash value at a competitive 8% loan interest rate.

¹As long as the cash surrender does not exceed the total premiums received under the policy since inception. Please consult your tax consultant for your specific situation.

Limitations, exclusions and waiting periods apply. Please refer to your policy for complete details, ICC14 WL14 series. **Individual life plans do not qualify under Section 125.**

Accident Only Insurance

Limited Benefit Accident Only Insurance

American Fidelity Assurance Company

Whether a weekend warrior with an active lifestyle or just a busy family, accidents can happen anytime, anywhere, without warning. Being prepared for the unexpected can make all the difference.

American Fidelity Assurance Company's AF™ **Limited Benefit Accident Only Insurance** policy can provide you with a solution for those unforeseen accidents that life sometimes delivers. Our Limited Benefit Accident Only Insurance is designed to help pay for the unexpected medical expenses an individual may incur for the treatment of covered injuries received in an accident.

How the Plan Works

Our Accident Only Insurance policy pays according to a wide-ranging schedule of benefits. In addition, the policy provides 24-hour coverage for accidents that occur both on and off the job.

All benefits are only paid as a result of Injuries received in an Accident that occurs while coverage is in force. All treatment, procedures, and medical equipment must be diagnosed, recommended and treated by a Physician. All benefits are paid once per Covered Person per Covered Accident unless otherwise specified in the Limitations and Exclusions section.

Optional Rider

Enhance your base plan with the following rider:

- **Accident Benefit Enhancement Rider**

Coverage Feature	What It Means For You
Plan Options: Basic, Enhanced, and Enhanced Plus	Choose the plan to meet your financial needs.
Four Choices of Coverage: Individual, Individual and Spouse, Individual and Child, or Family	Choose the coverage that fits your lifestyle.
Wide-Ranging Schedule of Benefits	Covers many types of covered injuries.
Wellness Benefit	The plan pays an annual Wellness Benefit for one Covered Person to receive a routine physical exam, including immunizations and preventative testing.
Accident Emergency Treatment Benefit	Receive a benefit when emergency treatment in a Physician's office or emergency room occurs within 72 hours of a covered accident.
Benefit Paid Directly to You, to use as you see fit	Use the benefit however best fits your financial needs.
Guaranteed Renewable	Keep your coverage as long as premiums are paid as required.
24-Hour Coverage	You are covered on or off the job.
Portable	You own the policy. Take the coverage with you if you choose to leave your current job. Your premiums will remain the same.
Additional Coverage Options	Enhance the base plan by adding an optional rider.
Payroll Deducted	Enjoy the convenience of having your premiums deducted straight from your paycheck.

Limitations, exclusions and waiting periods apply. Refer to your policy for complete details, AO-03 series with AMDI258 rider. **This product is inappropriate for people who are eligible for Medicaid coverage.** The premium and amount of benefits provided vary dependent upon the plan selected. The company has the right to change premiums by class. Availability of riders may vary by state.

Cancer Insurance

Limited Benefit Cancer Insurance Policy

American Fidelity Assurance Company

A cancer diagnosis may be overwhelming. Even with a good major medical plan, the out-of-pocket costs of cancer treatment, such as travel, childcare, and loss of income, are considerable and may not be covered.

American Fidelity Assurance Company's AF™ **Limited Benefit Individual Cancer Insurance** offers a solution to help you focus your attention on fighting cancer. We offer plans that can help assist with out-of-pocket costs often associated with a cancer diagnosis.

How the Plans Work

Our plans are designed to help cover expenses if you are diagnosed with a covered Cancer. With over 20 benefits available to you, these plans can provide benefits for the treatment of cancer, transportation, hospitalization and more. We provide the benefit directly to you, to be used however you see fit.

Optional Riders

Enhance your base plan with the following riders:

- **Critical Illness Rider**
Includes a cancer benefit and a heart attack/stroke benefit
- **Hospital Intensive Care Unit Rider**

Coverage Feature	What It Means For You
Plan Options: Basic, Enhanced and Enhanced Plus	Choose the plan option to meet your financial needs.
Three Choices of Coverage: Individual, Single Parent Family, or Family	Choose the coverage that fits your lifestyle.
Wide-Ranging Schedule of Benefits	Covers a wide range of treatments.
Benefit Paid Directly to You	Use the money however best fits your financial needs.
Guaranteed Renewable	Policy is guaranteed renewable as long as premiums are paid as required.
Diagnostic and Prevention Benefit	Receive a benefit for visiting your doctor for a cancer screening test, which helps with early detection.
Transportation and Lodging	Receive benefits if you travel more than 50 miles from your home using the most direct route for covered treatment.
Portable	You own the policy. Take the coverage with you if you choose to leave your current job. Your premiums will remain the same.
Additional Coverage Options	Enhance the base plan by choosing from a selection of optional riders.
Payroll Deducted	Enjoy the convenience of having your premiums deducted straight from your paycheck.

Limitations, exclusions and waiting periods apply. Please refer to your policy for complete details. **This product is inappropriate for people who are eligible for Medicaid coverage.** The company has the right to change premiums by class. The premium and amount of benefits provided vary dependent upon the plan selected. Availability of riders may vary by state.

Group Critical Illness Insurance

Limited Benefit Group Critical Illness Insurance Policy

American Fidelity Assurance Company

Surviving a critical illness, such as a heart attack or stroke, can come at a high price. With advances in technology to treat these diseases, the cost of treatment rises more and more every year. Even with major medical insurance, the out-of-pocket expenses associated with a critical illness can affect anyone's finances.

American Fidelity Assurance Company's AF™ **Limited Benefit Critical Illness Insurance** can be the solution that helps you and your family focus on recovery, and may help you with paying bills. Our plan can assist with the expenses that may not be covered by major medical insurance.

How the Plan Works

If you are diagnosed with a covered Critical Illness, such as a heart attack or stroke, this plan is designed to pay a lump sum benefit amount to help cover expenses. Also, this plan offers a Recurrent Diagnosis Benefit for certain specified Critical Illnesses that provides an additional 50% of the Critical Illness benefit amount after the second occurrence date. Covered Critical Illness events include Heart Attack, Permanent Damage Due to a Stroke, and Major Organ Failure.

Guaranteed Renewable

You are guaranteed the right to renew your base policy until age 75 as long as you pay premiums when due or within the premium grace period. The insurer has the right to increase premium rates if the policy so provides.

Coverage Feature	What It Means For You
Plan Options	Choose from three lump sum benefit amounts: \$10,000, \$20,000 or \$30,000.
Coverage Option	Children are automatically covered under the Employee base plan. If elected, Spousal Benefit Amounts will be 50% of the Employee Benefit Amount.
Wellness Benefit	Receive a benefit for your annual health screening test.
Benefit Paid Directly to You	Use the benefit however best fits your financial needs.
Portable	You own the policy. Take the coverage with you if you choose to leave your current job. Your premiums will remain the same.
Additional Coverage Options	Enhance the base plan by adding an optional rider.
Payroll Deducted	Enjoy the convenience of having your premiums deducted straight from your paycheck.

Limitations, exclusions and waiting periods apply. Please refer to your policy for complete details. **This product is inappropriate for people who are eligible for Medicaid coverage.** Group Critical Illness is only offered on an after-tax basis.

Group Hospital Indemnity Insurance

AF™ Limited Benefit Group Hospital Indemnity Insurance

American Fidelity Assurance Company

If you experienced a medical emergency, would you be prepared to cover the out-of-pocket medical expenses? And, what about everything else that adds up—like bills, groceries, and housing?

Major medical insurance plans are designed to pay a large portion of your medical costs. But with a high deductible plan, you must pay out of your own pocket until you meet your deductible and plan maximum. That's where AF Hospital Assist™ can help.

How the Plan Works

AF™ Limited Benefit Group Hospital Indemnity Insurance, or AF Hospital Assist™, is a Health Savings Account (HSA)-qualified plan designed to help pay for out-of-pocket expenses, like a hospital stay, while also allowing the tax benefit and potential savings from an HSA.

This plan includes a health screening benefit and provides benefits paid directly to you for hospitalization, unexpected accidents, and certain high-dollar critical illnesses.

Coverage Feature	What It Means For You
Simplified underwriting	No medical exams or health questions are required to apply
Health Savings Account compatible	Help offset your high deductible while allowing your HSA savings to grow
Multiple plan options: Basic, Enhanced, Enhanced Plus	Choose the plan to meet your financial needs
Three choices of coverage: You, your spouse, and your children	Choose the coverage that best fits your lifestyle
Benefits paid directly to you	Use the money however best fits your needs
Guaranteed renewable	Keep the policy as long as premiums are paid
Portable	Take the policy with you even if you change employers

This product may contain limitations, exclusions and waiting periods. **This product is inappropriate for people who are eligible for Medicaid coverage.** The critical illness benefit is only offered on an after-tax basis. The insurer has the right to increase premiums.

Universal Life Insurance

Texas Life Insurance Company

It is impossible for life insurance to emotionally compensate for a loss, but it may help ease the financial obligations placed on your loved ones. Individual life insurance products can help.

Universal Life Insurance

(PureLife-Plus)

A voluntary permanent⁷ life insurance product that guarantees life insurance to age 121. *(Underwritten by Texas Life Insurance Company)*

Did You Know?

More Americans were relying on employer-sponsored life insurance coverage than individual coverage.¹

Ask your employer or your AFES representative can provide you with the opportunity for Group Life Insurance — but, do you have individual life insurance you can take with you after your employment ends? Life insurance at retirement can be very costly.

Consider a PureLife-Plus Policy!

Ask Employer or American Fidelity Representative how you can secure your permanent⁷ life insurance with a product that provides:

- Guaranteed death benefit to age 121.⁷
- Minimal cash value – premiums dedicated primarily to the purchase of life insurance.
- Long premium guarantees.²
- Limited right to partial refund of premium if future premium required to continue coverage increases.²
(Conditions apply)
- Take it with you when you leave employment.
- Coverage available for employee, spouse, children and grandchildren.³

¹LIMRA: Life Ownership Focus, 2016.

²After the guaranteed period, premiums may go down, stay the same or go up.

³Coverage not available in WA on children or on grandchildren in WA or MD. In MD, child must reside with the applicant to be eligible for coverage.

⁴Some limitations apply. See brochure for details.

⁵Conditions apply. In Kansas, Temporary Insurance applies. Form 16M050.

⁶Issuance of this policy may depend on the answer to these questions.

⁷Provided required premiums are timely paid.

Flexible Premium Adjustable Life Insurance to age 121. PureLife-plus is underwritten and issued by Texas Life Insurance Company, 900 Washington Avenue, Waco, Texas 76701. Texas Life is licensed to do business in the District of Columbia and every state but NY. See the PureLife-plus brochure for details. Policy Form ICC18-PRFNG-NI-18 or Form Series PRFNG-NI-18. 19M010-C 1009 (exp0121)

SB-22482-0319

Coverage Feature	What It Means To You
Several Product Options	Choose the coverage to meet your financial needs.
Guaranteed Premium ²	Your premiums are guaranteed for each applicable period.
Guaranteed Death Benefit ⁴	Your death benefit is guaranteed for the life of the policy provided premiums are paid when due.
Interim Coverage ⁵	Coverage normally begins when you complete the application and the authorization for your employer to deduct premiums from your paycheck. Two year suicide and contestability provisions apply. (one year in ND).
Enhance Your Coverage	Additional riders may be available on certain products to expand your policy.
Easy Application	No medical exams and minimal health questions. ⁶
Portable	You own the policy. Take the coverage with you if you choose to leave your current job.
Payroll Deducted	Enjoy the convenience of having your premiums deducted straight from your paycheck.

This product may not be available in all states and may contain limitations. Not generally qualified benefits under Section 125 Plans. Underwritten by Texas Life Insurance Company. Not affiliated with American Fidelity Assurance Company.



FLEXIBLE SPENDING ACCOUNTS

Health Flexible Spending Account (Healthcare FSA)

Benefits Debit Card

Dependent Care FSA

Managing Your Account

Retirement

Flexible Spending Accounts

American Fidelity Assurance Company

Flexible Spending Accounts are great cost savings tools to help with common medical expenses not covered by your major medical insurance and/or dependent care expenses. You can elect a portion of your pay to be deducted, on a pre-tax basis, from each paycheck to use for reimbursement of qualified out-of-pocket expenses throughout the plan year.

Flexible Spending Account Savings Example

With FSA		Without FSA
\$30,000	Annual Gross Income	\$30,000
- \$2,400	Healthcare FSA Election	\$0
- \$2,500	Dependent Care Account Election	\$0
\$25,100	Taxable Gross Income	\$30,000
- \$5,020	Estimated Federal Tax (20%)*	- 6,000
- \$1,920.15	Estimated FICA (7.65%)	- 2,295
\$18,159.85	Annual Net Income	\$21,705
\$0	Cost of Medical Expenses	- \$2,400
\$0	Cost of Dependent Care Expenses	- \$2,500
\$18,159.85	Spendable Income	\$16,805
With an FSA, potential annual savings in this example is: \$1,354.85		
By using an FSA to pay for eligible expenses, you can reduce your taxable income.		

* Estimated state 5% and federal 15%.

Healthcare Flexible Spending Account (Healthcare FSA)

A Healthcare FSA allows you to allocate money on a pre-tax basis to reimburse yourself for qualified medical expenses for you and your family. Qualified expenses include anything from co-payments, medical deductibles, prescriptions and much more.

Minimum Annual Election: Determined by your employer
 Maximum Annual Election: Internal Revenue Code allows up to \$2,750 per plan year, but your employer will determine amount.

Examples of Eligible Expenses for Healthcare FSA

- Copays/coinsurance
- Deductibles
- Dental treatments
- Diabetic supplies
- Prescription drugs and medicines
- Eye exams, eyeglasses, contact lenses, contact lens solution and enzyme
- Flu shots
- Immunizations
- Lab fees
- Laser/Lasik/RK surgery
- Medical exams
- Orthodontia
- Psychiatric care
- Wheelchair
- X-rays

For a more complete list of eligible expenses, please visit www.americanfidelity.com

Flexible Spending Accounts

Benefits Debit Card

Benefits DebitCard

American Fidelity will provide a Benefits Debit Card to all employees who elect to participate in a Healthcare FSA (where offered by your employer.) The debit card gives immediate, convenient access to Healthcare FSA funds at the point of sale for prescriptions, copays, and other common qualified medical expenses. The card can only be used for the Healthcare FSA and is not available for the DCA.



Using Your Benefits Debit Card

Simply swipe your card like you would with any other credit card. Whether at the doctor's office or the dentist, the amount of your eligible expenses will be automatically deducted from your Healthcare FSA. Save ALL receipts!

Cards for Healthcare FSAs can be used at:

- Health care related facilities which include: hospitals, physician offices, dental offices, vision offices; and,
- Merchants participating in the Inventory Information Approval System (IIAS).
- The card is for medical expenses only; dependent day care expenses are not eligible.
- The card cannot be used for over-the-counter drugs filled with a prescription. You will need to file a manual claim for these types of expenses.

Snap. Submit. And Go!

When using your Benefits Debit Card to pay for an eligible expense, you may need to retain documentation to verify the expense. The AFmobile® app makes this easy.

- **Snap** a photo of the itemized receipt* with your phone.
- **Submit** the photo of the itemized receipts within the app when you receive notification that a receipt is needed to verify your expense.
- **Go!** After submitting your verification and its review, you will be able to view the status of your reimbursement within the app.

*The Internal Revenue Code (IRC) requires proof of the eligible expenses using itemized receipts or other documentation showing the date of service, person for whom service was provided and description of the expense. Depending on the type of expense, documentation may come in the form of third party itemized statements or Explanation of Benefits.

Activating Your Card

You will receive your card at your home address and may begin using your card on the first day of your plan year. Your card will be automatically activated when you use it for the first time for an eligible expense.

Flexible Spending Accounts

American Fidelity Assurance Company

Dependent Care Account (DCA)

A Dependent Care Account allows you to allocate money on a pre-tax basis to reimburse yourself for dependent care expenses that allow you (and your spouse) to work. Reimbursement is permitted only after the services have been provided and the expense has been paid. As dependent care contributions are withheld from your paycheck and placed into the account, these funds become available for reimbursement requests. Submit the entire amount of your dependent care expense after the care is provided, even if it exceeds your monthly contribution amount, to maximize reimbursement opportunities. This allows you to build up a "pool" of submitted expenses, with pending amounts ready for reimbursement as soon as your next contribution is received and deposited into your account.

Minimum Annual Election: Determined by your employer.

Maximum Annual Election: While the IRC allows a maximum of \$5,000 per year, the employer may set the maximum equal to or lower than this amount.

Examples of Eligible Dependent Care Expenses

After-school care or extended day programs

Nanny expenses

Baby-sitter inside or outside participant's household

Custodial or elder care expenses if the qualifying individual still spends at least 8 hours each day in the employee's household

Dependent Day Care center* expenses/pre-kindergarten/nursery school expense

Expenses paid to a non-dependent relative of participant to care for the child

Summer day camp if the primary purpose of the expense is custodial in nature and not educational

For a more complete list of eligible expenses, please visit www.americanfidelity.com.

**A Dependent Care Center is a place that provides care for more than six persons (other than persons who live there) and receives a fee, payment or grant for providing services for any of those persons, regardless of whether the center is run for profit.*

Regardless of whether you participate in the Dependent Care Account under the Section 125 Plan or claim the Dependent Care credit on your income tax return, you must provide the Internal Revenue Service with the name, address and taxpayer identification number (TIN) or Social Security number of your dependent care provider(s) by completing either Schedule 2 of Form 1040A or Form 2441 and attaching it to your annual income tax return. Be sure that you follow

the current instructions given by the IRS for preparing your annual income tax return. Failure to provide this information to the IRS could result in loss of the pre-tax treatment of your Dependent Day Care FSA contributions or loss of the Dependent Care Tax Credit.

FSA Fund Availability

Healthcare FSA

Your full annual election is available to you on the first day of the plan year.

Dependent Care Account

Unlike the Healthcare FSA, the entire elected amount is not available on the first day of the plan year, but rather as contributions are received.

Important FSA Notes:

- Participants are generally allowed a 90-day run-off period after the plan year ends to submit claims for expenses that occurred during the plan year but were not yet submitted.
- If you are a new employee entering the FSA during a plan year, reimbursement is only available for expenses and services provided after you begin your participation in the FSA.
- If you are enrolled in the Healthcare FSA and take a leave of absence during the plan year, you may (subject to your employer's plan):
 1. Prepay the contributions on a pre-tax basis, or
 2. Continue the contributions by remitting them to your employer. Pre-tax contributions may continue if you continue to receive enough pay, or
 3. Prorate the unpaid contributions over the remaining pay periods when you return to work.
- Failure to make all elected contributions will result in termination of your account as of the date contributions ceased.
- Healthcare FSAs must comply with COBRA and generally must offer COBRA continuation rights to qualified beneficiaries who lose Healthcare FSA coverage due to certain qualifying events. For most Healthcare FSAs, COBRA may be offered upon a qualifying event only if you have a balance remaining in your Healthcare FSA. The balance is generally calculated by subtracting the reimbursements made prior to the qualifying event from the annual election. If eligible, you may choose to continue your contributions by either sending your contributions to your employer on an after-tax basis each pay period, or, you may choose to make a pre-tax contribution for your remaining elections for the plan year from your final pay or severance pay. Expenses incurred while contributions are being made are eligible for reimbursement. Coverage generally may not continue beyond the current plan year. If you do not elect COBRA, only expenses incurred during the period of employment are reimbursable. Coverage under the Healthcare FSA ceases when the contributions cease.

SB-23290-0419

Flexible Spending Accounts

American Fidelity Assurance Company

Mobile Convenience



24/7 Access with AFmobile®

Manage your insurance benefits and reimbursement accounts all from the palm of your hand.

Get Started:

Register at americanfidelity.com/register or download AFmobile from the Apple App or Google Play Store and select the **New User** link.

\$ View account balances

⚙️ Manage claims and reimbursements

📄 Submit documentation

🔔 Receive alerts

👤 Maintain personal information

Please allow one business day after you enroll before registering for an online account. If you already have an account, your username and password will be the same for AFmobile.

File Your Claim Faster



AFmobile®

Our mobile app is the easiest way to **submit your claims and documentation**. Upload documentation* directly from your device's picture gallery.

americanfidelity.com™

Filing online is convenient, secure, and provides **faster claim processing than filing by paper**. From your laptop or desktop, log in to file a claim and upload documentation*.

Need assistance?

Visit americanfidelity.com/fileclaim

AMERICAN FIDELITY 
a different opinion

*The Internal Revenue Code regulations require proof of eligible expenses using itemized receipts or other documentation showing the date of service, person for whom service was provided and description of the expense. Depending on the type of expense, documentation may come in the form of third party itemized statements or Explanation of Benefits.

SB-30990-0519

American Fidelity Assurance Company

John Hancock®



It all
starts
with
enrollment

Hi

Congratulations!
You are now eligible to participate in your company's retirement savings plan.

Your employer has partnered with John Hancock to provide you with this valuable benefit.

Now that you're eligible, it's easy to get started. Simply register your account and enroll.

Take advantage of:

- Automatic payroll deductions
- Pre-tax contributions
- Roth contributions
- Catch-up contributions (50 and over)
- Compound earnings
- Potential for reduced taxes
- And more...



Register

Go to myplan.johnhancock.com
or scan the code.



Enroll

After you register, you'll be prompted to enroll into the plan.

Contract Number:

138395

Enrollment Access Number:

076821



Need Help?

More information about plan features, investment options, contribution limits, calculators and more, can all be found online.

Call us anytime at **1-855-JHENROLL (543-6765)**.

Take control of your financial future today!



Connect

to see your retirement savings in one place*



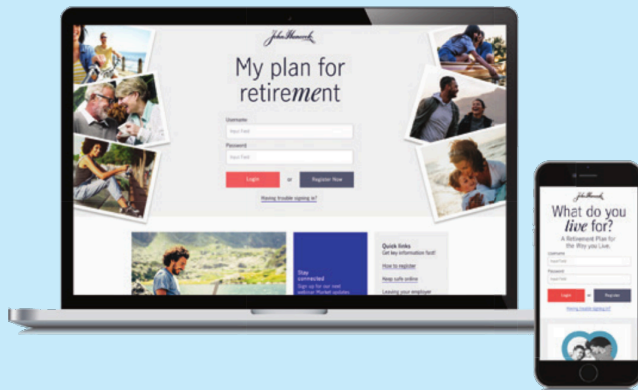
Analyze

your cashflow spending patterns and debts to effectively manage your budget



Create

action plans and strategies to achieve your goals for today and tomorrow



Get a jump on saving for your future.

Register today at myplan.johnhancock.com

Start to explore.

myplan.johnhancock.com

You now have access to powerful tools and resources to help you get financially fit

Link your accounts to see the big picture

Take the Financial Wellness Assessment

Set a retirement goal and track your progress

Manage your investments

See your account balance, personal rate of return and your latest statement

Learn how to manage your finances for today and tomorrow

Update or change your beneficiary information

*Available for plans utilizing John Hancock's consolidation services; rollovers are subject to the provisions of your company's plan. As other options are available, you are encouraged to review all of your options to determine if combining your retirement accounts is suitable for you.

Benefits Directory

Core Benefits

Bates Hewett & Floyd

Health, Dental and Vision Assistance

Richard Frederick
Mon - Fri, 8 a.m. - 5 p.m.
386-328-1100
bates-hewett.com

J.P. Farley

Health Plan

Member Services
(Group Numbers 05770/05772/05302)
Mon - Fri, 24/7
800-634-0173
www.jpfarley.com

Humana

Dental Plan

Member Services
822-877-1051
humana.com

Humana

Vision Plan

Member Services
822-877-1051
humana.com

Voluntary Benefits

American Fidelity Assurance Company

Disability Income, Term Life, Whole Life, Accident, Cancer, and Group Critical Illness

Mon - Fri, 7 a.m. - 7 p.m. CST
800-662-1113
americanfidelity.com

Section 125 Administrative Services & Flexible Spending Accounts

American Fidelity Assurance Company

Mon - Fri, 7 a.m. - 7 p.m. CST
800-662-1113
americanfidelity.com

American Fidelity Assurance Company

Molly Wilson

Account Executive

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Other Contact Information

Auto Group

Beck Human Resources

Amanda Hayes
386-328-0344 ext. 340

Beck Payroll

Jimmie Harris
386-328-0344 ext. 342

This Enrollment Benefits booklet is not a contract, is not legally binding, and does not alter any original plan documents. Rather, it is intended to be a summary of available benefits provided through your employer. Every effort has been made to ensure the accuracy of this information. However, the actual determination of your benefits is based solely on the plan documents and if statements in this description differ from the applicable plan documents, coverage documents or Summary Plan Descriptions, then the terms and conditions of those documents will prevail. Please check with your employer's Benefit's Office for further guidance.