

If you have any questions regarding these plans, contact:



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It is time to start thinking about our annual open enrollment for the voluntary insurance offerings. All regular full-time employees working a minimum of 30 hours per week are eligible to participate in open enrollment. The open enrollment period is from **November 5, 2022 to November 18, 2022**. The benefit elections you make during this time will be effective January 1, 2022.

Allstate Benefits: Voluntary Accident Insurance (On/Off-the-Job Coverage)

The Allstate Accident Plan provides cash benefits to you, regardless of other insurance, when you or a covered family member have an on/off-the-job accident that causes an injury that you seek medical treatment for. These cash benefits can be used to pay your out-of-pocket medical costs, day to day expenses or put them into savings.

- Examples of Accidents: Lacerations, Sports Injuries, Car Accidents, Home Improvement Mishaps, etc.

Some of the Accident Insurance highlights are listed below:

- CASH Benefits paid directly to you regardless of other insurance.
- Benefits paid help you pay out of pocket expenses associated with an accident.
- Payments for emergency room, doctor visits, follow-up or referral visits, hospitalization, surgeries, ambulance, crutches, physical therapy, lump sum payment based on injury and more.
- 2 Plan Options to choose from – please refer to the accident brochure for plan specifics

Accident Claim Sample:

Laceration	Plan 1	Plan 2
Urgent Care Services	\$100.00	\$150.00
Physician Treatment	\$100.00	\$150.00
Laceration Benefit	\$100.00	\$150.00
Accident Follow Up	\$100.00	\$150.00
Prescription	\$10.00	\$15.00
Total Amount Paid to You	\$410.00	\$615.00

Semi-Monthly Costs/Per Payroll Premium:

Plan 1
 Single: \$3.94
 Employee + Spouse: \$6.82
 Employee + Child(ren): \$8.42
 Family: \$10.73

Plan 2
 Single: \$6.81
 Employee + Spouse: \$11.79
 Employee + Child(ren): \$14.77
 Family: \$18.28

Allstate Benefits: Voluntary Critical Illness/Cancer Insurance

The Allstate Critical Illness/Cancer Plan provides cash benefits to you when you or a covered family member are diagnosed with a benefit payable critical illness. These cash benefits can be used to pay your out-of-pocket medical costs, day to day expenses or put them into savings. If you originally waived this benefit, you will need to complete the Evidence of Insurability form to enroll in this product.

Initial Critical Illness Benefits	Employee Amount: \$10,000 50% Benefit for Spouse & Dependents	Employee Amount: \$20,000 50% Benefit for Spouse & Dependents
Heart Attack	100%	100%
Stroke	100%	100%
End Stage Renal Failure	100%	100%
Major Organ Transplant	100%	100%
Coronary Artery Bypass Surgery	25%	25%

Second Event Initial Critical Illness: 100% of original benefit if diagnosed with same Initial Critical Illness, at least 12 months separation between each diagnosis.

Cancer Critical Illness Benefits	Employee Amount: \$10,000 50% Benefit for Spouse & Dependents	Employee Amount: \$20,000 50% Benefit for Spouse & Dependents
Invasive Cancer	100%	100%
Carcinoma in Situ	25%	25%

Supplemental Critical Illness Rider	Employee Amount: \$10,000 50% Benefit for Spouse & Dependents	Employee Amount: \$20,000 50% Benefit for Spouse & Dependents
Advanced Alzheimer’s Disease	25%	25%
Advanced Parkinson’s Disease	25%	25%
Benign Brain Tumor	100%	100%
Coma	100%	100%
Complete Blindness	100%	100%
Complete Loss of Hearing	100%	100%
Paralysis	100%	100%

Different Critical Illness: 100% for each critical illness if date of diagnosis is separated by at least 90 days.

<p>Wellness Benefit (23 Covered Screenings) Examples: Blood test for Triglycerides, PSA, Colonoscopy, Echocardiogram, EKG, Flexible Sigmoidoscopy, HPV Vaccination, Lipid Panel, Mammogram, Pap Smear, Stress Test, etc</p>	<p>\$50 (Once per covered person per year)</p>
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\$10,000 Employee Amount Issue Age Premiums Semi-Monthly Costs/Per Payroll Premium				
AGE	EE or EE+CH	EE+SP or F	EE or EE+CH	EE+SP or F
	Non-Tobacco		Tobacco	
18-29	\$2.67	\$5.34	\$3.91	\$7.82
30-39	\$4.68	\$9.35	\$7.25	\$14.49
40-49	\$8.54	\$17.07	\$15.06	\$30.11
50-59	\$15.04	\$30.07	\$25.34	\$50.67
60-63	\$24.36	\$48.72	\$41.69	\$83.37
64+	\$31.85	\$63.69	\$55.05	\$110.09

\$20,000 Employee Amount Issue Age Premiums Semi-Monthly Costs/Per Payroll Premium				
AGE	EE or EE+CH	EE+SP or F	EE or EE+CH	EE+SP or F
	Non-Tobacco		Tobacco	
18-29	\$4.72	\$9.43	\$7.21	\$14.41
30-39	\$8.74	\$17.47	\$13.87	\$27.73
40-49	\$16.46	\$32.92	\$29.48	\$58.96
50-59	\$29.47	\$58.93	\$50.04	\$100.08
60-63	\$48.10	\$96.20	\$82.75	\$165.50
64+	\$63.07	\$126.13	\$109.47	\$218.93

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

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Mutual of Omaha: Voluntary Term Life & Accidental Death & Dismemberment (AD&D)

When you enroll yourself and/or your dependents in this benefit, you pay the full cost of the premium through payroll deductions. You can purchase coverage on yourself in \$10,000 increments. Minimum coverage is \$10,000 and maximum coverage is 5 times your annual salary up to \$500,000. If you elect coverage for yourself, you can purchase coverage for your spouse in \$5,000 increments to a maximum of 100% of your benefit up to \$100,000.

Note: If you are currently enrolled in this coverage, you are allowed to increase your benefit amount by \$10,000 to the guarantee issue amount or \$150,000 without answering medical questions. If you are not currently enrolled in this coverage, you may apply during annual open enrollment and will be required to complete an Evidence of Insurability form and issuance is subject to approval by Mutual of Omaha.

Voluntary Term Life & Accidental Death & Dismemberment (AD&D) Cost Summary

(Spouse rates are based on employee’s age):

EMPLOYEE PREMIUM TABLE (24 PAYROLL DEDUCTIONS PER YEAR)										
Age	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
0 - 29	\$0.43	\$0.85	\$1.28	\$1.70	\$2.13	\$2.55	\$2.98	\$3.40	\$3.83	\$4.25
30 - 34	\$0.48	\$0.95	\$1.43	\$1.90	\$2.38	\$2.85	\$3.33	\$3.80	\$4.28	\$4.75
35 - 39	\$0.53	\$1.05	\$1.58	\$2.10	\$2.63	\$3.15	\$3.68	\$4.20	\$4.73	\$5.25
40 - 44	\$0.73	\$1.45	\$2.18	\$2.90	\$3.63	\$4.35	\$5.08	\$5.80	\$6.53	\$7.25
45 - 49	\$1.08	\$2.15	\$3.23	\$4.30	\$5.38	\$6.45	\$7.53	\$8.60	\$9.68	\$10.75
50 - 54	\$1.68	\$3.35	\$5.03	\$6.70	\$8.38	\$10.05	\$11.73	\$13.40	\$15.08	\$16.75
55 - 59	\$2.58	\$5.15	\$7.73	\$10.30	\$12.88	\$15.45	\$18.03	\$20.60	\$23.18	\$25.75
60 - 64	\$3.78	\$7.55	\$11.33	\$15.10	\$18.88	\$22.65	\$26.43	\$30.20	\$33.98	\$37.75
65 - 69	\$6.93	\$13.85	\$20.78	\$27.70	\$34.63	\$41.55	\$48.48	\$55.40	\$62.33	\$69.25
70+	\$11.03	\$22.05	\$33.08	\$44.10	\$55.13	\$66.15	\$77.18	\$88.20	\$99.23	\$110.25

Example: 38 Year Old Employee electing \$100,000 self and \$20,000 spouse:

- Self: \$5.25 per payroll deduction
- Spouse: \$1.05 per payroll deduction

ALL CHILDREN PREMIUM TABLE (24 PAYROLL DEDUCTIONS PER YEAR)*									
\$1,000	\$2,000	\$3,000	\$4,000	\$5,000	\$6,000	\$7,000	\$8,000	\$9,000	\$10,000
\$0.15	\$0.29	\$0.44	\$0.58	\$0.73	\$0.87	\$1.02	\$1.16	\$1.31	\$1.45

Mutual of Omaha: Voluntary Short-Term Disability Insurance

Have you thought about how you will pay your monthly bills if you are unable to work for up to 12 weeks? You have the opportunity to purchase a voluntary short-term disability policy to help supplement your income (40% or 60%) if you are unable to work due to an illness or non-occupational injury. This benefit is payable for a maximum of 12 weeks after an 8-day elimination period.

This policy does include a pre-existing clause with a three-month look back period and a 6-month exclusion period.

Note: If you are currently enrolled in this coverage, you are allowed to change your benefit without answering medical questions. If you are not currently enrolled in this coverage, you may apply during annual open enrollment and will be required to complete an Evidence of Insurability form and issuance is subject to approval by Mutual of Omaha.

If you are interested in this product, please contact Human Resources to discuss the cost per payroll.