



Gulf Coast State College

OPEN ENROLLMENT

BENEFITS GUIDE

2024

LETTER TO EMPLOYEES

Dear Gulf Coast State College Employee,

It is our pleasure to announce the Florida College System Risk Management Consortium (FCSRMC) plans and the Cornerstone Benefits, LLC supplemental plan's Open Enrollment period will be October 4 -31.

New health plans will take effect January 1, 2024 with first payroll deduction being in December's pay periods.

As a full-time employee, you are eligible to participate in insurance plans offered by both the FCSRMC and Cornerstone Benefits, LLC.

At your request, your Benefits Representative will also provide enrollment and change information for the 457 and 403(b) plans.

Additionally, this is also an excellent time to review and/or update your beneficiaries for all applicable benefits.

Gulf Coast State College recognizes benefits as an important part of your total compensation package. Please take the time to review your choices and select the benefits most beneficial for you and your family.

Only changes are require to make new elections during the open enrollment period in FBMC.

What's Important in 2024?

Health Plan Options

The following two health plan options will be offered to eligible employees.

- Gold Plan BlueOption 03359
 - Premiums will not increase in 2024
- Silver Plan BlueOption 05774
 - Premiums will not increase in 2024

Dental

Dental premiums will increase in 2024.

Vision

There are no changes to the vision plan in 2024.

Dependent Life Insurance

There are no changes to the dependent Life insurance plan in 2024.

Flexible Spending Account

If you wish to participate in a Flexible Spending Account (FSA) plan in 2024 **YOU MUST ENROLL** during Open Enrollment, even if you are currently participating.

Life Insurance

There are not any changes to the life insurance plans. If you add or increase employee supplemental life insurance, it will be subject to Evidence of Insurability and underwriting approval.

Supplemental Benefits with Cornerstone Benefits, LLC

The following supplemental benefits through Allstate will remain the same, without any changes, in 2024:

- Cancer
- Medical GAP
- Accident
- Critical Illness
- Whole Life Insurance with Long Term Care Rider

Disability Insurance

- Short-term & Long-term Disability
 - All coverages are Guarantee Issue if you elect the benefits during this enrollment. This means, that OneAmerica will not ask health questions to qualify to enroll for the coverage – even if you have been declined by medical underwriting in the past.

Items to Remember!

- All enrollments must be completed online **no later than midnight on Tuesday, October 31, 2023.**
- You must provide dependent eligibility documents for all dependents added during Open Enrollment.
- Disability premiums are based on age and salary.

Assistance & Support

- Tom Watson with Cornerstone Benefits, LLC will be on site October 4, 2023 to assist you with claims, plan questions and enrollment in the following plans:
 - AUL Short-term and Long-term Disability
 - Allstate – Accident, Cancer, Medical GAP, Critical Illness, Whole Life & Universal Life

Sincerely,

Gulf Coast State College

GET AQUAINTED WITH FCSRMC SPONSORED BENEFITS

Enrollment Period – October 4 through October 31, 2023

- a. Health – FloridaBlue
- b. Dental – Delta Dental
- c. Vision – VSP
- d. Basic life w/accidental death and disability (AD&D)
- e. Supplemental life w/accidental death and disability (AD&D)
- f. Dependent Life

WHAT YOU NEED TO KNOW ABOUT BMC

Benefits Management Center (BMC) is the online enrollment site provided for enrollment in FCSRMC sponsored benefits plans. You are able to review current plan year elections, review previous plan year open enrollment confirmation statements, update beneficiaries throughout the year, and elect coverage during annual for open enrollment.

Changes to your FCSRMC sponsored benefits, must be completed online using the BMC online enrollment system provided by FBMC. Detailed instructions are provided on the following page.

BMC Enrollment Site

Benefits Management Center (BMC) is the online enrollment site provided for enrollment in FCSRM sponsored benefits plans. You are able to review current plan year elections, review previous plan year open enrollment confirmation statements, update beneficiaries throughout the year, and elect coverage during annual open enrollment.

Registration/Login

Log onto <https://bmc-myfbmc.com> and click **Register**. Enter **Registration Information**. Your **Username** will be the email address you enter (work or personal). Enter a **Password** following the required configuration and re- enter a second time to confirm your password. Click **I accept. Complete my registration**. You will receive an email with a **Validation Code** to the address provided as your username. Click the link and enter your validation code. You may then log into BMC for the first time. You will be asked to set up a Security Question that will be utilized if you need to reset your password in the future.

How do I add dependents?

- Look for **Dependent/Beneficiary information** Click **Add Dependent**
- Enter required fields. (First Name, Last Name, Relationship, Date of Birth, Social Security Number, Gender, Full-time Student status, Disabled status, Mailing Address)
- Click **Save**.
- Your Benefits Coordinator will contact you to provide the required Dependent Eligibility Verification forms.
- You may now add your dependent(s) to your benefit(s).

How do I retrieve my BMC Username?

- Log onto the Benefits Management Center (BMC) <https://bmc.myfbmc.com> and click **Username**.
- Enter **Recovery Information**. First name, last name, and zip code followed by your FMBC ID, Employee ID (A#) OR full social security number, then click **Continue**.
- Based on the information entered on the recovery page, you will receive your Username.

How do I reset my BMC password?

- Log onto the Benefits Management Center (BMC) <https://bmc.myfbmc.com> and click **Password**.
- Enter your **Username** and click **Next**.
- You will be asked to enter a **New Password** and **Confirm the Password** and click **Save**.
- You will receive a reset successful message and be asked to log in.

How do I update my personal information?

- Employees update their contact information through the Employee Dashboard. This includes address, phone numbers and personal e-mail addresses.
- Contact the Benefits Coordinator to update your marital status.
- To update your federal tax withholdings, go to forms on GCSCnet to print a new W-4 and submit to HR.
- To update your direct deposit, go to your Employee Dashboard>Pay Information>Direct Deposit Information, enter your changes and **Save Changes**.

How do I make changes?

- Log into BMC, <https://bmc.myfbmc.com>
- Click the Enroll Now button.
- Review your Current Benefits.
- Review your Employee Information.
Add or Modify your Dependents & Beneficiaries Information.
- Click Select Benefits.
- Click on each benefit option to make your selection, click Save before moving to the Next benefit (medical, dental, vision, basic life and AD&D, supplemental life and AD&D, dependent life – spouse and dependent life- children).
- Once you have selected your benefit options, click **Checkout**.
- The system will notify you if there are **Benefit Issues** or **Incomplete Benefits**. Click on the benefit(s) that need correcting or the **Keep** and **Waive** buttons as appropriate.
- Agreement and Authorization. In order to submit your elections, you must click the box **I agree to the Terms and Conditions**; enter the **FIRST four digits** of your social security number and you may (optional) enter an email address for your confirmation statement to be emailed to.
- Click **Confirm and Submit**.
- You will be provided a confirmation number at the top of your confirmation notice. You may download and/or print this notice. You may also log back into the BMC system at any time to access your confirmation notices.

Eligible employees will continue to have a choice of two medical plans with FloridaBlue/Blue Cross Blue Shield.

Option 1

Gold (BlueOptions PPO 03359) – most rich plan with higher premiums, but lower copays and co-insurance costs compared to Silver (BlueOptions PPO 05774).

Gold (BlueOptions PPO 03359) - Premiums		
Coverage Level	Bi Monthly	Monthly
Employee Only	\$19.88	\$39.75
Employee + Spouse	\$424.50	\$849.00
Employee + 1-2 Children	\$227.00	\$454.00
Employee + Spouse + Child(ren)	\$614.00	\$1,228.00

Option 2

Silver (BlueOptions PPO 05774) – lower premiums, but higher copays and co-insurance costs compared to Gold (BlueOptions PPO 03359).

Silver (BlueOptions PPO 05774) - Premiums		
Coverage Level	Bi Weekly	Monthly
Employee Only	\$18.13	\$36.25
Employee + Spouse	\$402.50	\$805.00
Employee + 1-2 Children	\$215.50	\$431.00
Employee + Spouse + Child(ren)	\$582.50	\$1,165.00

Summary of Benefits and Coverage (SBC)

The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services.

with Rx \$15/\$60/\$100

Summary of Benefits and Coverage: What this Plan Covers & What You Pay For Covered Services

Coverage for: Individual and/or Family | **Plan Type:** PPO



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **NOTE:** Information about the cost of this plan (called the premium) will be provided separately.

This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, [www.\[insert\].com](http://www.[insert].com). For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at [www.\[insert\].com](http://www.[insert].com) or call 1-800-664-5295 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall <u>deductible</u> ?	In-Network: \$1,200 Per Person/ \$2,400 Family. Out-of-Network: \$2,400 Per Person/ \$4,800 Family.	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u> , each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> .
Are there services covered before you meet your <u>deductible</u> ?	Yes. <u>Preventive care</u> .	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other <u>deductibles</u> for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services.
What is the <u>out-of-pocket limit</u> for this <u>plan</u> ?	In-Network: \$6,000 Per Person/ \$12,000 Family. Out-Of-Network: \$12,000 Per Person/ \$24,000 Family.	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
What is not included in the <u>out-of-pocket limit</u> ?	<u>Premium</u> , <u>balance-billed</u> charges, and health care this <u>plan</u> doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Will you pay less if you use a <u>network provider</u> ?	Yes. See https://providersearch.floridablue.com/providersearch/pub/index.htm or call 1-800-664-5295 for a list of <u>network providers</u> .	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's</u> charge and what your <u>plan</u> pays (<u>balance billing</u>). Be aware your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
Do you need a <u>referral</u> to see a <u>specialist</u> ?	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .



All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out of Network Provider (You will pay the most)	
If you visit a health care <u>provider's</u> office or clinic	Primary care visit to treat an injury or illness	Value Choice Provider: No Charge, <u>Deductible</u> does not apply/ Primary Care Visits: \$50 <u>Copay</u> per Visit/ Virtual Visits: No Charge, <u>Deductible</u> does not apply	<u>Deductible</u> + 40% <u>Coinsurance</u> / Virtual Visits: Not Covered	Physician administered drugs may have higher cost share. Virtual Visit services are <u>only</u> covered for In-Network providers.
	<u>Specialist</u> visit	Value Choice Specialist: \$20 <u>Copay</u> per Visit/ Specialist: \$70 <u>Copay</u> per Visit/ Virtual Visits: \$60 <u>Copay</u> per Visit	<u>Deductible</u> + 40% <u>Coinsurance</u> / Virtual Visits: Not Covered	Physician administered drugs may have higher cost share. Virtual Visit services are <u>only</u> covered for In-Network providers.
	<u>Preventive care/screening/immunization</u>	No Charge, <u>Deductible</u> does not apply	40% <u>Coinsurance</u>	Physician administered drugs may have higher cost share. You may have to pay for services that aren't <u>preventive</u> . Ask your <u>provider</u> if the services needed are <u>preventive</u> . Then check what your <u>plan</u> will pay for.
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	Value Choice Specialist: \$20 <u>Copay</u> per Visit/ Independent Clinical Lab: No Charge, <u>Deductible</u> does not apply/ Independent Diagnostic Testing Center: \$70 <u>Copay</u> per Visit	<u>Deductible</u> + 40% <u>Coinsurance</u>	Tests performed in hospitals may have higher cost share.
	Imaging (CT/PET scans, MRIs)	Value Choice Specialist: \$20 <u>Copay</u> per Visit/ Physician Office: <u>Deductible</u> + 20% <u>Coinsurance</u> / Independent Diagnostic Testing Center: \$125 <u>Copay</u> per Visit	<u>Deductible</u> + 40% <u>Coinsurance</u>	Prior Authorization may be required. Your benefits/services may be denied.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out of Network Provider (You will pay the most)	
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at https://www.floridablue.com/members/tols-resources/pharmacy/medication-guide	Generic drugs	\$15 <u>Copay</u> per Prescription at retail, \$40 <u>Copay</u> per Prescription by mail	50% <u>Coinsurance</u>	Up to 30 day supply for retail, 90 day supply for mail order. Responsible Rx programs such as Prior Authorization may apply. See Medication guide for more information.
	Preferred brand drugs	\$60 <u>Copay</u> per Prescription at retail, \$150 <u>Copay</u> per Prescription by mail	50% <u>Coinsurance</u>	Up to 30 day supply for retail, 90 day supply for mail order.
	Non-preferred brand drugs	\$100 <u>Copay</u> per Prescription at retail, \$250 <u>Copay</u> per Prescription by mail	50% <u>Coinsurance</u>	Up to 30 day supply for retail, 90 day supply for mail order.
	<u>Specialty drugs</u>	\$250 <u>Copay</u> per Prescription (retail) at retail	50% <u>Coinsurance</u>	Up to 30 day supply for retail. Not covered through Mail Order.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	Ambulatory Surgical Center: \$200 <u>Copay</u> per Visit/ Hospital: \$300 <u>Copay</u> per Visit	<u>Deductible</u> + 40% <u>Coinsurance</u>	—————none—————
	Physician/surgeon fees	<u>Deductible</u> + 20% <u>Coinsurance</u>	Ambulatory Surgical Center: <u>Deductible</u> + 40% <u>Coinsurance</u> / Hospital: <u>In-Network Deductible</u> + 20% <u>Coinsurance</u>	—————none—————
If you need immediate medical attention	<u>Emergency room care</u>	\$250 <u>Copay</u> per Visit	\$250 <u>Copay</u> per Visit	—————none—————
	<u>Emergency medical transportation</u>	<u>Deductible</u> + 20% <u>Coinsurance</u>	<u>In-Network Deductible</u> + 20% <u>Coinsurance</u>	—————none—————
	<u>Urgent care</u>	Value Choice Provider: No Charge, <u>Deductible</u> does not apply - Visits 1-2; \$70 <u>Copay</u> per remaining Visit/ Urgent Care Visits: \$70 <u>Copay</u> per Visit	<u>In-Network Deductible</u> + \$70 <u>Copay</u> per Visit	—————none—————
If you have a hospital stay	Facility fee (e.g., hospital room)	\$300 <u>Copay</u> per Day / \$1,500 maximum	<u>Deductible</u> + 40% <u>Coinsurance</u>	Inpatient Rehab Services limited to 30 days.

For more information about limitations and exceptions, see the plan or policy document at [www.\[insert\].com](http://www.[insert].com).

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		<u>Network Provider</u> (You will pay the least)	<u>Out of Network Provider</u> (You will pay the most)	
	Physician/surgeon fees	<u>Deductible</u> + 20% <u>Coinsurance</u>	<u>In-Network Deductible</u> + 20% <u>Coinsurance</u>	—————none—————
If you need mental health, behavioral health, or substance abuse services	Outpatient services	No Charge, <u>Deductible</u> does not apply/ Specialist Virtual Visits: No Charge, <u>Deductible</u> does not apply/ Hospital: No Charge, <u>Deductible</u> does not apply	40% <u>Coinsurance</u> / Specialist Virtual Visits: Not Covered	Virtual Visit services are <u>only</u> covered for In-Network providers.
	Inpatient services	No Charge, <u>Deductible</u> does not apply	<u>Physician Services</u> : No Charge, <u>Deductible</u> does not apply/ Hospital: 40% <u>Coinsurance</u>	Prior Authorization may be required. Your benefits/services may be denied.
If you are pregnant	Office visits	\$70 <u>Copay</u> on initial Visit	<u>Deductible</u> + 40% <u>Coinsurance</u>	Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound.)
	Childbirth/delivery professional services	<u>Deductible</u> + 20% <u>Coinsurance</u>	<u>In-Network Deductible</u> + 20% <u>Coinsurance</u>	—————none—————
	Childbirth/delivery facility services	\$300 <u>Copay</u> per Day / \$1,500 maximum	<u>Deductible</u> + 40% <u>Coinsurance</u>	—————none—————
If you need help recovering or have other special health needs	<u>Home health care</u>	<u>Deductible</u> + 20% <u>Coinsurance</u>	<u>Deductible</u> + 40% <u>Coinsurance</u>	Coverage limited to 60 visits.
	<u>Rehabilitation services</u>	\$70 <u>Copay</u> per Visit	<u>Deductible</u> + 40% <u>Coinsurance</u>	Coverage limited to 35 visits, including 26 manipulations. Services performed in hospital may have higher cost share. Prior Authorization may be required. Your benefits/services may be denied.
	<u>Habilitation services</u>	Not Covered	Not Covered	Not Covered
	<u>Skilled nursing care</u>	<u>Deductible</u> + 20% <u>Coinsurance</u>	<u>Deductible</u> + 40% <u>Coinsurance</u>	Coverage limited to 60 days.
	<u>Durable medical equipment</u>	<u>Deductible</u> + 20% <u>Coinsurance</u>	<u>Deductible</u> + 40% <u>Coinsurance</u>	Excludes vehicle modifications, home modifications, exercise, bathroom equipment and replacement of <u>DME</u> due to use/age.
	<u>Hospice services</u>	<u>Deductible</u> + 20% <u>Coinsurance</u>	<u>Deductible</u> + 40% <u>Coinsurance</u>	—————none—————
	Children's eye exam	Not Covered	Not Covered	Not Covered

For more information about limitations and exceptions, see the plan or policy document at [www.\[insert\].com](http://www.[insert].com).

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out of Network Provider (You will pay the most)	
If your child needs dental or eye care	Children's glasses	Not Covered	Not Covered	Not Covered
	Children's dental check-up	Not Covered	Not Covered	Not Covered

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)			
<ul style="list-style-type: none"> • Acupuncture • Cosmetic surgery • Dental care (Adult) • Habilitation services 	<ul style="list-style-type: none"> • Hearing aids • Infertility treatment • Long-term care • Pediatric dental check-up • Pediatric eye exam 	<ul style="list-style-type: none"> • Pediatric glasses • Private-duty nursing • Routine eye care (Adult) • Routine foot care unless for treatment of diabetes • Weight loss programs 	
Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)			
<ul style="list-style-type: none"> • Bariatric surgery • Chiropractic care - Limited to 35 visits 	<ul style="list-style-type: none"> • Most coverage provided outside the United States. See www.floridablue.com. 	<ul style="list-style-type: none"> • Non-emergency care when traveling outside the U.S. 	

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: State Department of Insurance at 1-877-693-5236, the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/agencies/ebsa or the Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.cciio.cms.gov. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact the insurer at 1-800-664-5295. You may also contact your State Department of Insurance at 1-877-693-5236 or the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform. For group health coverage subject to ERISA contact your employee services department. For non-federal governmental group health plans and church plans that are group health plans contact your employee services department. You may also contact the state insurance department at 1-877-693-5236. Additionally, a consumer assistance program can help you file your appeal. Contact U.S. Department of Labor Employee Benefits Security Administration at 1-866-4-USA-DOL (866-487-2365) or www.dol.gov/ebsa/healthreform.

Does this plan provide Minimum Essential Coverage? Yes

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

For more information about limitations and exceptions, see the plan or policy document at [www.\[insert\].com](http://www.[insert].com).

Does this plan meet the Minimum Value Standards? Yes

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

—————To see examples of how this plan might cover costs for a sample medical situation, see the next section.—————

For more information about limitations and exceptions, see the plan or policy document at [www.\[insert\].com](http://www.[insert].com).

with Rx \$15/\$70/\$110

Summary of Benefits and Coverage: What this Plan Covers & What You Pay For Covered Services

Coverage for: Individual and/or Family | **Plan Type:** PPO



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **NOTE:** Information about the cost of this plan (called the premium) will be provided separately. **This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, www.floridablue.com/plancontracts/group. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at www.floridablue.com/plancontracts/group or call 1-800-664-5295 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall <u>deductible</u> ?	In-Network: \$4,000 Per Person/ \$8,000 Family. Out-of-Network: \$8,000 Per Person/ \$16,000 Family.	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u> , each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> .
Are there services covered before you meet your <u>deductible</u> ?	Yes. <u>Preventive care</u> .	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other <u>deductibles</u> for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services.
What is the <u>out-of-pocket limit</u> for this <u>plan</u> ?	In-Network: \$7,000 Per Person/ \$14,000 Family. Out-Of-Network: \$14,000 Per Person/ \$28,000 Family.	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
What is not included in the <u>out-of-pocket limit</u> ?	<u>Premium</u> , <u>balance-billed</u> charges, and health care this <u>plan</u> doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Will you pay less if you use a <u>network provider</u> ?	Yes. See https://providersearch.floridablue.com/providersearch/pub/index.htm or call 1-800-664-5295 for a list of <u>network providers</u> .	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's</u> charge and what your <u>plan</u> pays (<u>balance billing</u>). Be aware your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
Do you need a <u>referral</u> to see a <u>specialist</u> ?	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .



All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out of Network Provider (You will pay the most)	
If you visit a health care <u>provider's</u> office or clinic	Primary care visit to treat an injury or illness	Value Choice Provider: No Charge, <u>Deductible</u> does not apply/ Primary Care Visits: \$70 <u>Copay</u> per Visit/ Virtual Visits: No Charge, <u>Deductible</u> does not apply	<u>Deductible</u> + 50% <u>Coinsurance</u> / Virtual Visits: Not Covered	Physician administered drugs may have higher cost share. Virtual Visit services are <u>only</u> covered for In-Network providers.
	<u>Specialist</u> visit	Value Choice Specialist: \$20 <u>Copay</u> per Visit/ Specialist: \$100 <u>Copay</u> per Visit/ Virtual Visits: \$85 <u>Copay</u> per Visit	<u>Deductible</u> + 50% <u>Coinsurance</u> / Virtual Visits: Not Covered	Physician administered drugs may have higher cost share. Virtual Visit services are <u>only</u> covered for In-Network providers.
	<u>Preventive care/screening/immunization</u>	No Charge, <u>Deductible</u> does not apply	50% <u>Coinsurance</u>	Physician administered drugs may have higher cost share. You may have to pay for services that aren't <u>preventive</u> . Ask your <u>provider</u> if the services needed are <u>preventive</u> . Then check what your <u>plan</u> will pay for.
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	Value Choice Specialist: \$20 <u>Copay</u> per Visit/ Independent Clinical Lab: No Charge, <u>Deductible</u> does not apply/ Independent Diagnostic Testing Center: \$100 <u>Copay</u> per Visit	<u>Deductible</u> + 50% <u>Coinsurance</u>	Tests performed in hospitals may have higher cost share.
	Imaging (CT/PET scans, MRIs)	\$400 <u>Copay</u> per Visit	<u>Deductible</u> + 50% <u>Coinsurance</u>	Prior Authorization may be required. Your benefits/services may be denied.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out of Network Provider (You will pay the most)	
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at https://www.floridablue.com/members/tols-resources/pharmacy/medication-guide	Generic drugs	\$15 <u>Copay</u> per Prescription at retail, \$40 <u>Copay</u> per Prescription by mail	50% <u>Coinsurance</u>	Up to 30 day supply for retail, 90 day supply for mail order. Responsible Rx programs such as Prior Authorization may apply. See Medication guide for more information.
	Preferred brand drugs	\$70 <u>Copay</u> per Prescription at retail, \$175 <u>Copay</u> per Prescription by mail	50% <u>Coinsurance</u>	Up to 30 day supply for retail, 90 day supply for mail order.
	Non-preferred brand drugs	\$110 <u>Copay</u> per Prescription at retail, \$275 <u>Copay</u> per Prescription by mail	50% <u>Coinsurance</u>	Up to 30 day supply for retail, 90 day supply for mail order.
	<u>Specialty drugs</u>	\$350 <u>Copay</u> per Prescription (retail) at retail	50% <u>Coinsurance</u>	Up to 30 day supply for retail. Not covered through Mail Order.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	Ambulatory Surgical Center: \$350 <u>Copay</u> per Visit/ Hospital: <u>Deductible</u> + 30% <u>Coinsurance</u>	<u>Deductible</u> + 50% <u>Coinsurance</u>	—————none—————
	Physician/surgeon fees	Ambulatory Surgical Center: \$100 <u>Copay</u> per Visit/ Hospital: <u>Deductible</u> + 30% <u>Coinsurance</u>	Ambulatory Surgical Center: <u>Deductible</u> + 50% <u>Coinsurance</u> / Hospital: <u>In-Network Deductible</u> + 30% <u>Coinsurance</u>	—————none—————
If you need immediate medical attention	<u>Emergency room care</u>	\$450 <u>Copay</u> per Visit	\$450 <u>Copay</u> per Visit	—————none—————
	<u>Emergency medical transportation</u>	<u>Deductible</u> + 30% <u>Coinsurance</u>	<u>In-Network Deductible</u> + 30% <u>Coinsurance</u>	—————none—————
	<u>Urgent care</u>	Value Choice Provider: No Charge, <u>Deductible</u> does not apply - Visits 1-2; \$100 <u>Copay</u> per remaining Visit/ Urgent Care Visits: \$100 <u>Copay</u> per Visit	\$100 <u>Copay</u> per Visit	—————none—————
If you have a hospital stay	Facility fee (e.g., hospital room)	<u>Deductible</u> + 30% <u>Coinsurance</u>	<u>Deductible</u> + 50% <u>Coinsurance</u>	Inpatient Rehab Services limited to 30 days.

For more information about limitations and exceptions, see the plan or policy document at www.floridablue.com/plancontracts/group.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out of Network Provider (You will pay the most)	
	Physician/surgeon fees	<u>Deductible</u> + 30% <u>Coinsurance</u>	<u>In-Network Deductible</u> + 30% <u>Coinsurance</u>	—————none—————
If you need mental health, behavioral health, or substance abuse services	Outpatient services	No Charge, <u>Deductible</u> does not apply/ Specialist Virtual Visits: No Charge, <u>Deductible</u> does not apply/ Hospital: No Charge, <u>Deductible</u> does not apply	50% <u>Coinsurance</u> / Specialist Virtual Visits: Not Covered	Virtual Visit services are <u>only</u> covered for In-Network providers.
	Inpatient services	No Charge, <u>Deductible</u> does not apply	<u>Physician Services</u> : No Charge, <u>Deductible</u> does not apply/ Hospital: 50% <u>Coinsurance</u>	Prior Authorization may be required. Your benefits/services may be denied.
If you are pregnant	Office visits	\$100 <u>Copay</u> on initial Visit	<u>Deductible</u> + 50% <u>Coinsurance</u>	Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound.)
	Childbirth/delivery professional services	<u>Deductible</u> + 30% <u>Coinsurance</u>	<u>In-Network Deductible</u> + 30% <u>Coinsurance</u>	—————none—————
	Childbirth/delivery facility services	<u>Deductible</u> + 30% <u>Coinsurance</u>	<u>Deductible</u> + 50% <u>Coinsurance</u>	—————none—————
If you need help recovering or have other special health needs	<u>Home health care</u>	<u>Deductible</u> + 30% <u>Coinsurance</u>	<u>Deductible</u> + 50% <u>Coinsurance</u>	Coverage limited to 60 visits.
	<u>Rehabilitation services</u>	\$100 <u>Copay</u> per Visit	<u>Deductible</u> + 50% <u>Coinsurance</u>	Coverage limited to 35 visits, including 26 manipulations. Services performed in hospital may have higher cost share. Prior Authorization may be required. Your benefits/services may be denied.
	<u>Habilitation services</u>	Not Covered	Not Covered	Not Covered
	<u>Skilled nursing care</u>	<u>Deductible</u> + 30% <u>Coinsurance</u>	<u>Deductible</u> + 50% <u>Coinsurance</u>	Coverage limited to 60 days.
	<u>Durable medical equipment</u>	<u>Deductible</u> + 30% <u>Coinsurance</u>	<u>Deductible</u> + 50% <u>Coinsurance</u>	Excludes vehicle modifications, home modifications, exercise, bathroom equipment and replacement of <u>DME</u> due to use/age.
	<u>Hospice services</u>	<u>Deductible</u> + 30% <u>Coinsurance</u>	<u>Deductible</u> + 50% <u>Coinsurance</u>	—————none—————
	Children's eye exam	Not Covered	Not Covered	Not Covered

For more information about limitations and exceptions, see the plan or policy document at www.floridablue.com/plancontracts/group.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out of Network Provider (You will pay the most)	
If your child needs dental or eye care	Children's glasses	Not Covered	Not Covered	Not Covered
	Children's dental check-up	Not Covered	Not Covered	Not Covered

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)			
<ul style="list-style-type: none"> • Acupuncture • Cosmetic surgery • Dental care (Adult) • Habilitation services 	<ul style="list-style-type: none"> • Hearing aids • Infertility treatment • Long-term care • Pediatric dental check-up • Pediatric eye exam 	<ul style="list-style-type: none"> • Pediatric glasses • Private-duty nursing • Routine eye care (Adult) • Routine foot care unless for treatment of diabetes • Weight loss programs 	
Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)			
<ul style="list-style-type: none"> • Bariatric surgery • Chiropractic care - Limited to 35 visits 	<ul style="list-style-type: none"> • Most coverage provided outside the United States. See www.floridablue.com. 	<ul style="list-style-type: none"> • Non-emergency care when traveling outside the U.S. 	

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: State Department of Insurance at 1-877-693-5236, the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/agencies/ebsa or the Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.cciio.cms.gov. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact the insurer at 1-800-664-5295. You may also contact your State Department of Insurance at 1-877-693-5236 or the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform. For group health coverage subject to ERISA contact your employee services department. For non-federal governmental group health plans and church plans that are group health plans contact your employee services department. You may also contact the state insurance department at 1-877-693-5236. Additionally, a consumer assistance program can help you file your appeal. Contact U.S. Department of Labor Employee Benefits Security Administration at 1-866-4-USA-DOL (866-487-2365) or www.dol.gov/ebsa/healthreform.

Does this plan provide Minimum Essential Coverage? Yes

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

For more information about limitations and exceptions, see the plan or policy document at www.floridablue.com/plancontracts/group.

Does this plan meet the Minimum Value Standards? Yes

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

To see examples of how this plan might cover costs for a sample medical situation, see the next section.

For more information about limitations and exceptions, see the plan or policy document at www.floridablue.com/plancontracts/group.

DENTAL and VISION (DV) Only Plan

FCSRMC has mandatory enrollment in base benefits. This means if an employee waives health insurance because they have other health insurance outside GCSC (TriCare, spouse's employer, Medicare, etc.) they are enrolled in the Dental and Vision insurance and receive an additional two times their salary in life insurance. This plan is referred to as the "DV Only plan". All premiums are paid by GCSC, the employee is able to add his/her eligible dependents to dental and vision coverage, and GCSC pays those premiums as well.

DENTAL

Eligible employees continue to have the option to elect voluntary dental insurance with Delta Dental. Employees who wish to enroll or make plan changes must make an election in the BMC enrollment system during the open enrollment period.

Delta Dental - Premiums		
Coverage Level	Bi Weekly	Monthly
Employee Only	\$15.45	\$30.90
Employee + Spouse	\$32.46	\$64.92
Employee + Child(ren)	\$32.77	\$65.54
Employee + Spouse + Child(ren)	\$54.34	\$108.68

VISION

Eligible employees continue to have the option to elect voluntary vision insurance with VSP. Employees who wish to enroll or make plan changes must make an election in the BMC enrollment system during the open enrollment period.

VSP - Premiums		
Coverage Level	Bi Weekly	Monthly
Employee Only	\$2.79	\$5.58
Employee + Spouse	\$5.59	\$11.18
Employee + Child(ren)	\$5.75	\$11.50
Employee + Spouse + Child(ren)	\$7.96	\$15.92

Plan Benefit Highlights for: Florida College System Risk Management Consortium

(Plan 2)

Group No: 16020**Effective Date:** 1/1/2024DELTA DENTAL PPOSM
BENEFIT HIGHLIGHTS

Eligibility	For eligibility details, refer to the plan's Evidence/Certificate of Coverage (on file with your benefits administrator, plan sponsor or employer).			
Deductibles Deductibles waived for Diagnostic & Preventive (D & P) and Orthodontics?	\$50 per person / \$150 per family each calendar year Yes			
Maximums D & P counts toward maximum?	\$1,500 per person each calendar year Yes			
Waiting Period(s)	Basic Services None	Major Services None	Prosthodontics None	Orthodontics None

Benefits and Covered Services*	Delta Dental PPO dentists**	Non-Delta Dental PPO dentists**
Diagnostic & Preventive Services (D & P) Exams, cleanings and x-rays	100%	100%
Basic Services Fillings, sealants and space maintainers	80%	80%
Endodontics (root canals) Covered Under Basic Services	80%	80%
Periodontics (gum treatment) Covered Under Basic Services	80%	80%
Oral Surgery Covered Under Basic Services	80%	80%
Major Services Crowns, inlays, onlays and cast restorations	50%	50%
Prosthodontics Bridges, dentures and implants	50%	50%
Orthodontic Benefits Dependent children to age 19	50%	50%
Orthodontic Maximums	\$1,000 Lifetime	\$1,000 Lifetime

* Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental maximum contract allowances and not necessarily each dentist's submitted fees.

** Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and PPO contracted fees for non-Delta Dental dentists.

Delta Dental Insurance Company 1130 Sanctuary Parkway, Suite 600 Alpharetta, GA 30009	Customer Service 800-521-2651	Claims Address P.O. Box 1809 Alpharetta, GA 30023-1809
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deltadentalins.com

This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your company's benefits representative.

Your VSP Vision Benefits Summary

FLORIDA COLLEGE SYSTEM RISK MANAGEMENT CONSORTIUM HIGH and VSP provide you with an affordable eye care plan.

VSP Coverage Effective Date: 01/01/2024 VSP Provider Network: VSP Choice

Benefit	Description	Copay	Frequency
Your Coverage with a VSP Provider			
WellVision Exam	Focuses on your eyes and overall wellness	\$10	Every calendar year
Prescription Glasses		\$10	
Frame	\$180 allowance for a wide selection of frames \$200 allowance for featured frame brands 20% savings on the amount over your allowance \$100 Costco® frame allowance	Included in Prescription Glasses	Every other calendar year
Lenses	Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children	Included in Prescription Glasses	Every calendar year
Lens Enhancements	Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 20-25% on other lens enhancements	\$55 \$95 - \$105 \$150 - \$175	Every calendar year
Contacts (instead of glasses)	\$120 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation)	Up to \$60	Every calendar year
Diabetic Eyecare Plus Program	Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details.	\$20	As needed
Extra Savings	Glasses and Sunglasses Extra \$20 to spend on featured frame brands. Go to vsp.com/specialoffers for details. 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.		
	Retinal Screening No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam		
	Laser Vision Correction Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities		
Your Coverage with Out-of-Network Providers			
Visit vsp.com for details, if you plan to see a provider other than a VSP network provider.			
Exam	up to \$45	Lined Bifocal Lenses	up to \$50
Frame	up to \$70	Lined Trifocal Lenses	up to \$65
Single Vision Lenses	up to \$30	Progressive Lenses	up to \$50
		Contacts	up to \$105
Coverage with a participating retail chain may be different. Once your benefit is effective, visit vsp.com for details. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location.			

Contact us. 800.877.7195 | vsp.com

¹Brands/Promotion subject to change.
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BASIC TERM LIFE AND AD&D INSURANCE

GCSC provides all eligible employees a base life insurance policy with matching accidental death and disability (AD&D) insurance that is equal to one-times their annual salary rounded up to the next \$1,000. This policy is employer paid.

SUPPLEMENTAL AND AD&D LIFE INSURANCE

The Standard underwrites any changes to voluntary employee supplemental life insurance are subject to evidence of insurability and underwriting approval.

Optional Supplemental Term Life insurance is available to eligible employees at group rates on an employee paid basis for employees and eligible dependents. This coverage is 100% paid by the employee through payroll deduction while employed.

Eligible employees have the following two options:

Option 1:

Annual earnings, rounded to the next higher multiple of \$1,000, **x1**, to a maximum of \$300,000.

Option 2:

Annual earnings, rounded to the next higher multiple of \$1,000, **x2**, to a maximum of \$300,000.

DEPENDENT LIFE INSURANCE

The Standard underwrites the plan and provides guaranteed issue.

Dependent life insurance pays a death benefit upon the death of a designated “dependent,” which typically equates to a spouse, domestic partner or child.

Premiums are included below:

Voluntary Term Life Monthly Premium Rates 2024	
Option 1 - Spouse \$5,000/Child(ren) \$2,500	\$1.00
Option 2 - Spouse \$10,000/Child(ren) \$5,000	\$2.00
Option 3 - Spouse \$20,000/Child(ren) \$10,000	\$4.00

GET AQUAINTED WITH EAGLES BENEFITS BY DESIGN, INC

Enrollment Period – Eagles Benefits by Design Plan Year January 1 – December 31, 2024

- a. Flexible Spending Accounts
 - i. Telephone: 1-800-726-5603
 - ii. Fax: 772-334-7059
 - iii. support@eaglesbenefits.com
 - iv. claims@eaglesbenefits.com

FLEXIBLE SPENDING ACCOUNT (FSA)

Eligibility Criteria: Regular employees working 80% or 30 hours per week are eligible to participate in the Flexible Spending Account (FSA) plan. Employees who elect a HD/HSA plan may only enroll in a Limited Purpose FSA and should calculate the annual election amount using only forecasted dental and vision expenses.

A Flexible Spending Account permits employees to set aside a specified number of pre-tax dollars up to an annual maximum for use for purposes permitted by the Internal Revenue Service (IRS). The Flexible Spending Account is sponsored by GCSC and administered by Custom Benefit Services.

The minimum annual Healthcare FSA election is \$120.00 and the maximum annual contribution is \$3,050 (subject to change).

If you want a medical and/or dependent day care reimbursement account in 2024, you must sign up during the Open Enrollment Period (10/04-11/30/2023) – even if you are already participating. This open enrollment is effective January 1, 2024.

You will need the following information:

1. Your [Social Security Number](#)
2. Your [Date of Birth](#)
3. Work Email Address

Registration and Enrollment Instructions

1. Go to <https://cps125.com>
2. Click “Online Enrollment Login”
under Our Services
3. Click on “New User Registration”
4. Enter in requested information.
 - a. Your First and Last Name
 - b. Company Identifier **GCstatecollege**
 - c. PIN - Last 4 digits of your Social Security Number
 - d. Your Date of Birth (mm/dd/yyyy)
 - e. Click “Next”
5. Set up Login
 - a. Set up Username (Your Email Address)
 - b. Set up a Password
 - c. Check “I agree with the terms of use”
 - d. Click “Next”
6. Click “Start Benefits”

Our Services

- FSA
- HRA
- HSA
- COBRA
- Retiree Billing & Consolidated Billing
- Healthy+ Perks Wellness Programs
- Online Enrollment Login



Username

Password

Login

[Forgot Username?](#) [Forgot Password?](#)

[Register as a new user](#)

Welcome, tester.

30 days left to complete your benefit enrollment.



[Start Benefits](#)



Profile

Update personal information



Benefits

View and manage your benefits



Required Tasks

Complete required company tasks



Resources

Find other information

7. Update Personal information
8. Make your benefits election
9. Enroll by **11/30/2023**

Book a time with an Eagles Rep at:

<https://outlook.office365.com/owa/calendar/OpenEnrollment1@NETORG9684197.onmicrosoft.com/bookings/>

GET AQUAINTED WITH CORNERSTONE BENEFITS, LLC

Enrollment Period – Custom Benefit Services plans October 04 through November 30, 2023

- a. Cornerstone Benefits, LLC
 - i. P.O Box 4078, Ocala, FL 34478
 - ii. Telephone: (352) 369-9453 or (352) 237-0425
 - iii. Fax: (352)291-6690 or (352)-369-9461
 - iv. tom@cornerstonebenefitsfl.com

Products Offered:

- a. AUL/One America Short-term & Long-term Disability
- b. Allstate Cancer
- c. Allstate Medical GAP
- d. Allstate Accident
- e. Allstate Critical Illness
- f. Allstate Whole Life Insurance

SHORT-TERM and LONG-TERM DISABILITY

GCSC will continue offering Short-term (STD) and Long-term Disability (LTD) underwritten by AUL/OneAmerica. STD & LTD insurance provide income protection in the event an employee becomes disabled due to a covered sickness or accidental bodily injury. During the annual open enrollment period, the following allowed changes can occur (all terms and conditions of the policy will apply):

- Employees that are currently participating may **increase** their level of coverage at annual open enrollment by completing an enrollment form and evidence of insurability form (EOI). All increases must be approved by AUL/OneAmerica before the increase in benefit is effective.
- Employees that are currently participating may **decrease** their level of coverage during the annual enrollment without completing EOI.

Employees may voluntarily terminate coverage at this time. Employees who terminate coverage will be considered a late entrant if they decide to re-enter the plan during a subsequent annual open enrollment period and will be subject to completing an EOI form and underwriting approval.

STD & LTD insurance premiums will not increase in 2024. If you are affected by an increase in age bracket, your Benefits Coordinator will contact you directly.

Short-Term Disability Coverage Options:

	Benefit Percentage	Maximum Covered Monthly Earnings	Maximum Monthly Benefit	Elimination Period	Maximum Benefit Duration	Pre-Existing Condition Period
Option 1 – STD	50%	\$10,000.00	\$5,000	15 Days	11 Weeks	3/12
Option 2 – STD	50%	\$10,000.00	\$5,000	15 Days	24 Weeks	3/12
Option 5 – STD	50%	\$10,000.00	\$5,000	30 Days	9 Weeks	3/12

Rates: (monthly premium rates per \$100 of covered monthly earnings; based on age as of 1/1)

Age Brackets	Option 1 – STD	Option 2 – STD	Option 5 - STD
0 - 19	\$0.330	\$0.390	\$.290
20 - 24	\$0.330	\$0.390	\$.290
25 – 29	\$0.330	\$0.390	\$.290
30 – 34	\$0.330	\$0.390	\$.290
35 – 39	\$0.330	\$0.390	\$.290
40 – 44	\$0.510	\$0.580	\$.390
45 – 49	\$0.690	\$0.790	\$.510
50 – 54	\$0.990	\$1.190	\$.710
55 – 59	\$1.310	\$1.580	\$.940
60 – 64	\$1.550	\$1.850	\$1.090
65 – 69	\$1.550	\$1.850	\$1.090
70 – 74	\$1.550	\$1.850	\$1.090
75 +	\$1.550	\$1.850	\$1.090

Long-Term Disability Coverage Options:

	Benefit Percentage	Maximum Covered Monthly Earnings	Maximum Monthly Benefit	Elimination Period	Maximum Benefit Duration	Pre-Existing Condition Period
Option 3 – LTD	60%	\$8,333.33	\$5,000	90 Days	5 Years/SSFRA	6/12
Option 4 – LTD	60%	\$8,333.33	\$5,000	90 Days	SSFRA	6/12

Rates: (monthly premium rates per \$100 of covered monthly earnings; based on age as of 1/1)

Age Brackets	Option 3 – LTD	Option 4 – LTD
0 - 19	\$0.240	\$.330
20 - 24	\$0.240	\$.330
25 – 29	\$0.240	\$.330
30 – 34	\$0.240	\$.330
35 – 39	\$0.240	\$.330
40 – 44	\$0.370	\$.530
45 – 49	\$0.490	\$.720
50 – 54	\$0.710	\$1.080
55 – 59	\$0.940	\$1.450
60 – 64	\$1.120	\$1.730
65 – 69	\$1.120	\$1.730
70 – 74	\$1.120	\$1.730
75 +	\$1.120	\$1.730

To determine your monthly cost:

1. Annual earnings \$_____
2. Divide by 1,200 = \$_____
3. Enter rate from table above \$_____
4. Multiply line 2 by line 3 = monthly cost \$_____

Allstate Cancer

Allstate Cancer insurance pays you a cash benefit to help cover the costs associate with treatments, to pay for daily living expenses, and to empower you to seek the care you need. Key features are:

- Benefits are paid directly to you unless otherwise assigned
- Coverage is available for you or your entire family
- Premium waiver after 90 days of disability due to cancer for as long your disability lasts (primary insured only)
- Rider benefits may be added to your coverage

PLAN 1 SEMI-MONTHLY PREMIUMS		
AGES	INDIVIDUAL	FAMILY
18-64	\$12.74	\$25.16
65-69	\$28.50	\$56.79
70-74	\$33.30	\$65.48
75-80	\$36.85	\$72.80

PLAN 2 SEMI-MONTHLY PREMIUMS		
AGES	INDIVIDUAL	FAMILY
18-64	\$18.77	\$37.41
65-69	\$41.85	\$84.05
70-74	\$48.73	\$96.91
75-80	\$53.80	\$107.47

PLAN 3 SEMI-MONTHLY PREMIUMS		
AGES	INDIVIDUAL	FAMILY
18-64	\$24.85	\$48.65
65-69	\$57.68	\$112.80
70-74	\$68.86	\$132.03
75-80	\$77.89	\$148.25

**RATES DO NOT
INCREASE WITH AGE**

If you do not wish to make changes, no action is required at this time. Health history questions are required and Allstate underwriting approval is required prior to coverage beginning.

Allstate Medical GAP

Allstate Medical GAP insurance is designed to complement existing major medical insurance and help provide first dollar benefits to fill the gap between what your current major medical coverage pays and what your out-of-pocket expenses are.

Allstate Medical GAP - Premiums				
Coverage Level	"Low" Plan GIM1		"High" Plan GIM1	
	Bi Weekly	Monthly	Bi Weekly	Monthly
Employee Only	\$9.68	\$19.36	\$15.85	\$31.70
Employee + Spouse	\$16.61	\$33.22	\$28.40	\$56.80
Employee + Child(ren)	\$14.64	\$33.28	\$24.97	\$49.94
Employee + Spouse + Child(ren)	\$21.20	\$42.40	\$36.78	\$73.56

If you do not wish to make changes, no action is required at this time.

Allstate Accident Insurance

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.

Allstate Critical Illness Coverage

Critical Illness Coverage—is one of the fastest growing insurance plans today. The benefit pays a lump sum amount (\$15,000.00) in the event you are diagnosed with covered Critical Illness. A few of the covered illnesses are Heart Attack, Stroke, Cancer, Renal Failure, Alzheimer's and Parkinson's. There are 14 illnesses covered plus there are benefits for Bypass Surgery, Skin Cancer, Transportation and a \$100.00 per year Wellness Benefit.

The benefit paid to you can be used to cover Deductibles, Co-insurance, loss wages or any other need you may have. Based on your age, premiums begin at \$3.39 twice a month and rates do not increase as you get older. Premiums are paid on Pre-tax basis saving you about 23% of the cost. You may continue your coverage at the same rate should you leave employment.

Allstate Whole Life Insurance

Whole Life Insurance with Long Term Care Rider—Coverage is available for Employees and or Spouse on a Guaranteed Issue Basis. Employees may enroll for up to \$75,000.00 of coverage. Employees do not need to enroll in order to cover a spouse. Dependent Children up to age 26 may be covered as well. The coverage also includes a benefit where you can receive funds for 25 months to help with Long Term Care.



Allstate. BENEFITS

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

Critical Illness Insurance

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

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 have
a heart attack¹



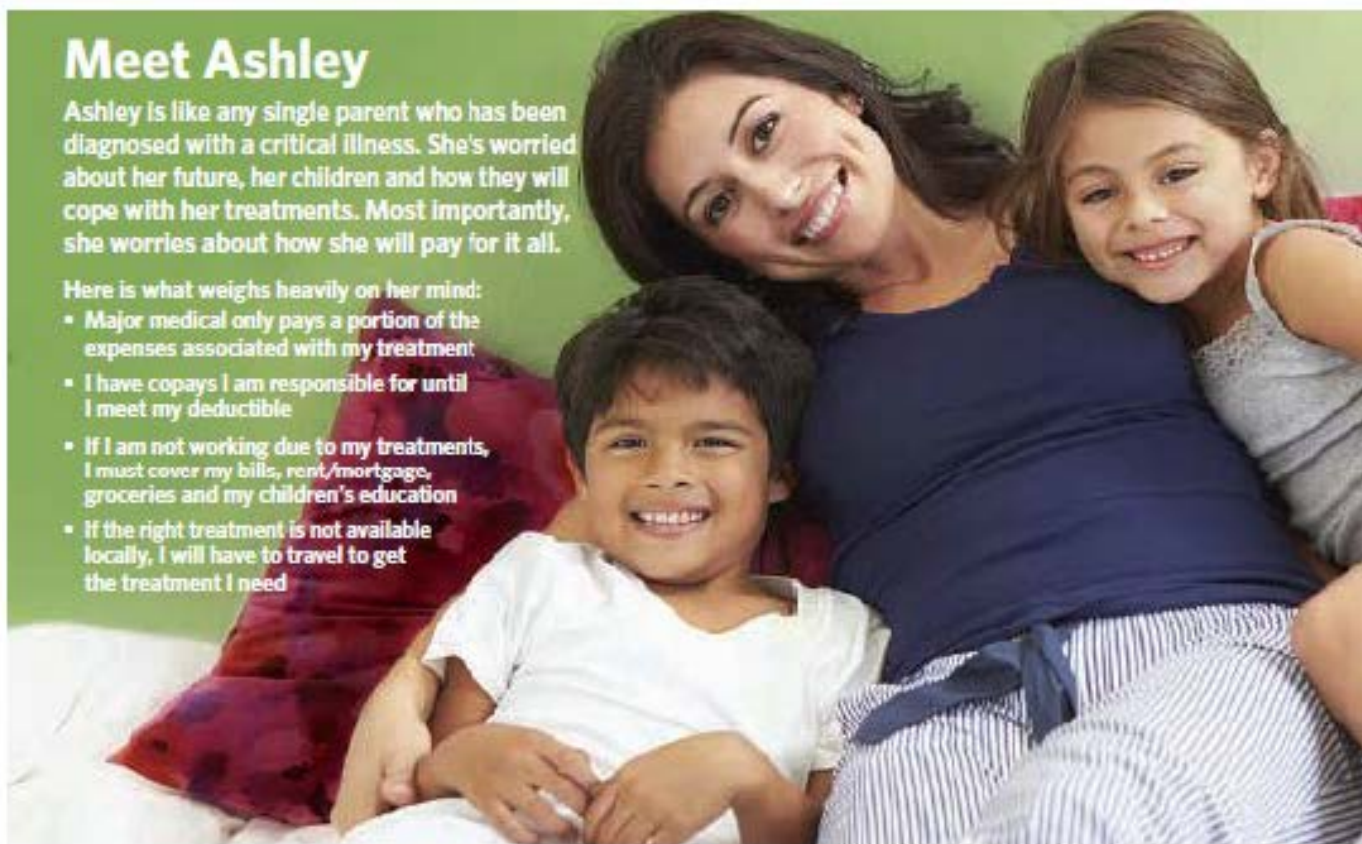
Every **40** seconds,
someone in the U.S.
has a stroke²

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 and rider 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 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.

Specified Chronic Illness Rider/ Specified Chronic Illness or Injury

Rider - Adrenal Hypofunction (Addison's Disease); Lou Gehrig's Disease (ALS); Arthritis; Huntington's Chorea; Multiple Sclerosis; Muscular Dystrophy; Osteomyelitis; Osteoporosis.

Fixed Wellness Rider - Biopsy for skin cancer; Blood tests for tri-glycerides, 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 the attached rate insert)

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*

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

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

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; carcinoma; hyperplasia; polycythemia; non-malignant melanoma; moles; and similar diseases or lesions are not covered

Cardiopulmonary Enhancement Rider - once per illness per covered person

Sudden Cardiac Arrest - payable if it is the primary diagnosis. Myocardial infarction (heart attack) is not covered

Pulmonary Embolism

Pulmonary Fibrosis

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

Second Evaluation, Transportation and Lodging Rider -

Second Evaluation - must be obtained prior to surgery or treatment and by a physician other than your current physician. One second evaluation per surgery or treatment

Non-Local Transportation - traveling to receive outpatient treatment for a covered critical illness more than 75 miles from home

Outpatient Lodging - while receiving outpatient treatment for a covered critical illness more than 75 miles from home

Family Member Lodging and Transportation - for one adult family member to accompany and care for an incapacitated covered person during non-local hospital stays (more than 75 miles from family member's home) for specialized treatment. Transportation benefit not paid if Non-Local Transportation benefit paid

Specified Chronic Illness Rider* - must be certified by a physician as having one of the chronic illnesses listed to the left. Must be unable to perform at least two daily activities¹ for at least 90 days

Specified Chronic Illness or Injury Rider* - must be certified by a physician as having an injury or one of the chronic illnesses listed to the left. Must be unable to perform at least two daily activities¹ for at least 365 days

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. ¹Daily activities include: bathing, dressing, toileting, bladder and bowel continence, transferring and eating.

Group Critical Illness (GVCIP4)

Critical Illness Insurance from Allstate Benefits

Offered to the employees of:

GULF COAST STATE COLLEGE

BENEFIT AMOUNTS

Percentages below are based on the Basic Benefit Amount of \$15,000(Plan 1) or \$15,000(Plan 2) chosen by your employer.

[†]Covered dependents receive 50% of your benefit amount.

INITIAL CRITICAL ILLNESS BENEFITS [†]		PLAN 1	PLAN 2
Heart Attack (100%)		\$15,000	\$15,000
Stroke (100%)		\$15,000	\$15,000
End Stage Renal Failure (100%)		\$15,000	\$15,000
Major Organ Transplant (100%)		\$15,000	\$15,000
Coronary Artery Bypass Surgery (25%)		\$3,750	\$3,750
Waiver of Premium (employee only)		Yes	Yes
CANCER CRITICAL ILLNESS BENEFITS [†]		PLAN 1	PLAN 2
Invasive Cancer (100%)		\$15,000	n/a
Carcinoma In Situ (25%)		\$3,750	n/a
REOCURRENCE OF CRITICAL ILLNESS BENEFITS [†]		PLAN 1	PLAN 2
Initial Critical Illness (same amount as Initial Critical Illness Benefit)		Yes	Yes
Cancer Critical Illness (same amount as Cancer Critical Illness Benefit)		Yes	No
RIDER BENEFITS		PLAN 1	PLAN 2
Skin Cancer Rider		\$250	n/a
Cardiopulmonary Enhancement Rider [†]			
Sudden Cardiac Arrest (25%)		\$3,750	\$3,750
Pulmonary Embolism (25%)		\$3,750	\$3,750
Pulmonary Fibrosis (25%)		\$3,750	\$3,750
Second Evaluation, Transportation and Lodging Rider			
Second Evaluation		\$1,000	\$1,000
Non-Local Transportation ¹ (per trip or mile ⁴)	Air Fare	\$500	\$500
	Personal Vehicle	\$0.50/mi.	\$0.50/mi.
Outpatient Lodging ² (daily)		\$100	\$100
Family Member Lodging ² (daily) and Transportation ¹ (per trip or mile ⁴)	Air Fare	\$100	\$100
	Personal Vehicle	\$500	\$500
		\$0.50/mi.	\$0.50/mi.
Specified Chronic Illness Rider [†] (50%)		\$7,500	\$7,500
Specified Chronic Illness or Injury Rider [†]	Illness (50%)	\$7,500	\$7,500
	Injury (100%)	\$15,000	\$15,000
Supplemental Critical Illness Rider [†]			
Advanced Alzheimer's Disease (100%)		\$15,000	\$15,000
Advanced Parkinson's Disease (100%)		\$15,000	\$15,000
Benign Brain Tumor (100%)		\$15,000	\$15,000
Coma (100%)		\$15,000	\$15,000
Complete Loss of Hearing (100%)		\$15,000	\$15,000
Complete Loss of Sight (100%)		\$15,000	\$15,000
Complete Loss of Speech (100%)		\$15,000	\$15,000
Paralysis (100%)		\$15,000	\$15,000
Fixed Wellness Rider (per year)		\$100	\$100

¹Limit of \$5,000 in a calendar year. ²Limit of \$1,000 in a calendar year. ⁴Maximum of 1,000 miles.

PLAN 1
SEMI-MONTHLY ISSUE AGE
PREMIUMS

AGE	EE, EE+CH EE+SP, F EE, EE+CH EE+SP, F			
	Non-Tobacco		Tobacco	
18-29	\$4.50	\$7.71	\$5.59	\$9.37
30-39	\$7.70	\$12.62	\$10.45	\$16.80
40-49	\$13.69	\$21.76	\$20.24	\$31.74
50-59	\$23.12	\$36.14	\$35.27	\$54.59
60-64	\$30.45	\$47.28	\$46.44	\$71.57
65+	\$47.20	\$72.59	\$70.56	\$107.97

PLAN 2
SEMI-MONTHLY ISSUE AGE
PREMIUMS

AGE	EE, EE+CH EE+SP, F EE, EE+CH EE+SP, F			
	Non-Tobacco		Tobacco	
18-29	\$3.39	\$6.01	\$4.33	\$7.45
30-39	\$4.82	\$8.21	\$6.99	\$11.52
40-49	\$7.61	\$12.46	\$11.94	\$19.10
50-59	\$12.68	\$20.17	\$19.70	\$30.92
60-64	\$17.02	\$26.74	\$26.46	\$41.20
65+	\$27.82	\$43.01	\$43.24	\$66.48

PLAN 1
MONTHLY ISSUE AGE
PREMIUMS

AGE	EE, EE+CH EE+SP, F EE, EE+CH EE+SP, F			
	Non-Tobacco		Tobacco	
18-29	\$9.00	\$15.42	\$11.18	\$18.74
30-39	\$15.40	\$25.24	\$20.90	\$33.60
40-49	\$27.37	\$43.51	\$40.48	\$63.47
50-59	\$46.23	\$72.27	\$70.54	\$109.18
60-64	\$60.89	\$94.56	\$92.88	\$143.14
65+	\$94.39	\$145.18	\$141.12	\$215.94

PLAN 2
MONTHLY ISSUE AGE
PREMIUMS

AGE	EE, EE+CH EE+SP, F EE, EE+CH EE+SP, F			
	Non-Tobacco		Tobacco	
18-29	\$6.77	\$12.01	\$8.65	\$14.89
30-39	\$9.64	\$16.42	\$13.98	\$23.04
40-49	\$15.22	\$24.92	\$23.88	\$38.20
50-59	\$25.36	\$40.33	\$39.39	\$61.83
60-64	\$34.03	\$53.48	\$52.91	\$82.40
65+	\$55.64	\$86.02	\$86.48	\$132.95

EE = Employee; EE + SP = Employee + Spouse; EE + CH = Employee + Child(ren); 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, if applicable.

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, if applicable, 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.

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

This material is valid as long as information remains current, but in no event later than September 8, 2025. Group Critical Illness benefits are provided under policy form GVCIP4, or state variations thereof. Critical Illness Rider benefits are provided under the following rider forms, or state variations thereof: Skin Cancer Rider GCIP4SCR; Cardiopulmonary Enhancement Rider GCIP4CER; Lifestyle Enhancement Rider GCIP4LER; Second Evaluation, Transportation and Lodging Rider GCIP4SER; Specified Chronic Illness Rider GCIP4SCIR; Specified Chronic Illness or Injury Rider GCIP4SCIR; and Fixed Wellness Rider GCIP4FWR.

The coverage provided is limited benefit supplemental critical illness insurance. The policy is not a Medicare Supplement Policy. If eligible for Medicare, review Medicare Supplement Buyer's Guide available from Allstate Benefits.

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.



Allstate Benefits is the marketing name used by American Heritage Life Insurance Company, a subsidiary of The Allstate Corporation. ©2022 Allstate Insurance Company.

www.allstate.com or
allstatebenefits.com

POD124481



Allstate.
BENEFITS

Provides a cash benefit
directly to your beneficiary

Underwritten by: **AMERICAN HERITAGE LIFE INSURANCE COMPANY***

Group Whole Life Insurance

Life is unpredictable. Let Allstate Benefits help you prepare for the unexpected with Group Whole Life Insurance. Now you can provide your family with financial peace of mind for the future and the journey to get there. Not only do you get protection for your lifetime, but you also have the ability to build cash value as you go. Give yourself and your loved ones a gift of love with Good Hands® protection from Allstate Benefits.

Here's How It Works

With Group Whole Life Insurance from Allstate Benefits, you get simplified and straightforward coverage. You decide how much coverage and who to cover. You get guaranteed rates for the life of the policy and a guaranteed death benefit to be paid to your beneficiaries. As the policy builds cash value, you can achieve your financial goals or borrow against it should you need to.

Meeting Your Needs

- You choose a fully-guaranteed death benefit (premiums payable to age 95) to leave behind, or if you live to age 121, a lump-sum maturity benefit is paid
- Spouse and children may be covered¹
- Premiums are affordable and conveniently payroll deducted
- Coverage may be continued if you leave employment; refer to your certificate for details

With Allstate Benefits Group Whole Life, you can enjoy protection for the future while building peace of mind right now. **Practical benefits for everyday living.®**

*Allstate Benefits is the marketing name used by American Heritage Life Insurance Company, a subsidiary of The Allstate Corporation. ¹Coverage for spouse and child(ren) may be limited to a percentage of the employee's face amount in some states. ²2019 Insurance Barometer Study, LIMRA

DID YOU KNOW ?



Reasons for purchasing life coverage include: replace income, final expenses, wealth transfer, and mortgage payoff.²



Common financial concerns among Americans include: the ability to afford long-term care, medical and disability expenses, retirement, investments, living debt/expenses and final expenses.²

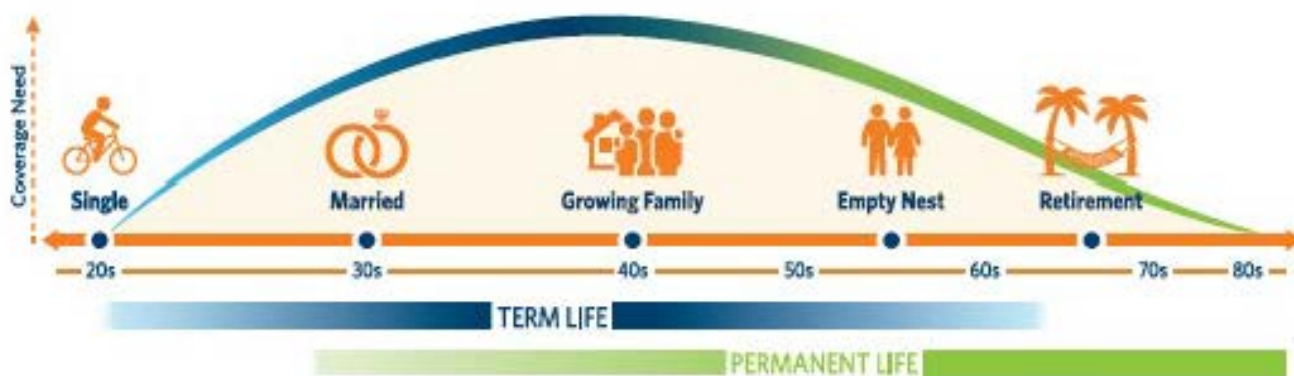
Like any adult who has emotional and financial responsibilities, we think about how our family would make ends meet if we died unexpectedly. Most importantly, we may think about the debt we leave behind.

Here is what we may consider:

- The cost of funerals often leaves a financial commitment behind for surviving loved ones
- Money for day-to-day living expenses such as food, gas, and electricity will be needed
- A substantial mortgage or rental payment may still be owed
- Child care and education expenses for children

Coverage for all stages of life

As people move through the stages of life, certain factors dictate the type of life insurance they need. During working years, an employer may provide Term Life insurance, but the wraparound coverage of our Group Whole Life product can help give peace of mind because the money you spent builds cash value that you can use later in life or add to the term benefit payout. The graph below illustrates the need for term and permanent whole life insurance throughout the various stages of life.



The examples above detail fictional thought processes and needs; your individual needs and reasons for coverage may vary.

Using your cash benefits

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



Finances

Cash benefits can help protect your HSAs, savings, retirement plans and 401ks from being depleted



Home

Your beneficiary can use the cash benefits to help pay the mortgage, continue rental payments, or perform needed home repairs



Expenses

The cash benefit can be used to help pay for medical and living expenses such as bills, electricity and gas



¹With proper planning, the death benefit can pass to your beneficiaries free from state or federal estate taxes. Please consult with your tax advisor for specific information.

You may be required to answer health questions at enrollment. Coverage may be available with reduced underwriting through your employer during your initial enrollment period. If you enroll after your initial enrollment period, answers to health questions are required.

Prepare for the future today

One way you can determine if you and your family need the coverage is to review the list below and check some or all that apply to you and your family.

- ☐ You're the primary wage earner in your family
- ☐ Your family would have trouble living comfortably without your income
- ☐ You have regular debts, like mortgage, car payment or credit cards
- ☐ You have children under 18
- ☐ You want permanent, fully guaranteed coverage
- ☐ You'd like to offer a tax-free death benefit to your beneficiary¹

Here's how Whole Life works

Premiums are payable to age 95 and are conveniently payroll deducted. The longer the policy coverage continues and premiums are paid, the more the cash value builds.

Cash values and payments

As premiums are paid, the policy is building cash value over time. Premiums are guaranteed at issue and the coverage becomes fully paid-up at age 95 if all premiums have been paid.

If the decision is made to stop paying premiums after the coverage is effective and has developed cash value, various non-forfeiture options are available.

Extended Term Insurance (ETI) is the default non-forfeiture option when premium payments stop and there is no active selection made to continue coverage. ETI reduces the duration of coverage (now a shorter term instead of whole life), but provides the same amount of death benefit.

Benefits

Whole Life Insurance provides either:

- Death Benefit** - pays a lump-sum cash benefit when the insured dies; or
- Maturity Benefit** - pays a lump-sum cash benefit if the insured is still living at age 121

OPTIONAL/ADDITIONAL RIDER BENEFITS³

Accelerated Death Benefit for Terminal Illness or Condition⁴ - an advance of the death benefit, up to 75% of the certificate face amount, when certified terminally ill

Children's Term⁴ - level term insurance for each covered dependent child under age 26. Not available if dependent child is covered under a separate certificate

Spouse's 20 Year Term⁴ - 20 year level term insurance. Not available if spouse is covered under a separate certificate

Accelerated Death Benefit for Long Term Care⁵ - a monthly advance of 4% of the death benefit for up to 25 months while receiving qualified long-term care services after a 90-day elimination period when certified chronically ill by a licensed health care practitioner

³The riders have exclusions and limitations, may vary in availability by issue or termination age, and may not be available to all covered dependents or in all states. Additional premiums may be required for riders added to coverage. ⁴Subject to state limits on dependent life coverage. ⁵Premiums are waived after payment of benefit. ⁶Premiums are waived for the months when the benefit is payable.

Allstate Benefits Group Whole Life Insurance (GWL) for Employee/Member with riders (when available for the issue age):

NON-TOBACCO PREMIUM RATES AND VALUES (These are GI quotes, unless otherwise noted)															Face Amount
Face Amount	\$10,000		\$20,000		\$30,000		\$40,000		\$50,000		\$60,000		\$70,000		Issue Age
Issue Age	Semimonthly Premium	CV @ age 65 or 10 years ¹	Semimonthly Premium	CV @ age 65 or 10 years ¹	Semimonthly Premium	CV @ age 65 or 10 years ¹	Semimonthly Premium	CV @ age 65 or 10 years ¹	Semimonthly Premium	CV @ age 65 or 10 years ¹	Semimonthly Premium	CV @ age 65 or 10 years ¹	Semimonthly Premium	CV @ age 65 or 10 years ¹	Issue Age
18	\$2.56	\$3,517	\$5.13	\$7,034	\$7.69	\$10,551	\$10.25	\$14,068	\$12.82	\$17,585	\$15.38	\$21,102	\$17.94	\$24,619	18
19	2.36	3,498	4.71	6,997	7.07	10,495	9.42	13,993	11.77	17,492	14.13	20,990	16.48	24,488	19
20	2.42	3,479	4.84	6,957	7.27	10,436	9.69	13,914	12.11	17,393	14.53	20,872	16.95	24,350	20
21	2.51	3,458	5.01	6,916	7.52	10,374	10.02	13,832	12.52	17,290	15.03	20,748	17.53	24,206	21
22	2.61	3,436	5.21	6,873	7.82	10,309	10.42	13,745	13.02	17,182	15.63	20,618	18.23	24,054	22
23	2.71	3,413	5.42	6,827	8.13	10,240	10.84	13,653	13.55	17,067	16.25	20,480	18.96	23,893	23
24	2.84	3,389	5.68	6,778	8.52	10,168	11.35	13,557	14.19	16,946	17.03	20,335	19.87	23,724	24

25	2.97	3,364	5.95	6,727	8.92	10,091	11.88	13,455	14.86	16,819	17.83	20,182	20.80	23,546	25
26	3.11	3,337	6.22	6,674	9.33	10,011	12.44	13,348	15.54	16,685	18.65	20,021	21.76	23,358	26
27	3.26	3,308	6.51	6,617	9.77	9,925	13.02	13,234	16.28	16,542	19.53	19,850	22.78	23,159	27
28	3.39	3,278	6.79	6,557	10.18	9,835	13.57	13,114	16.96	16,392	20.35	19,670	23.74	22,949	28
29	3.56	3,247	7.11	6,494	10.67	9,741	14.22	12,988	17.77	16,235	21.33	19,481	24.88	22,728	29
30	3.73	3,214	7.45	6,427	11.18	9,641	14.90	12,855	18.63	16,069	22.35	19,282	26.08	22,496	30
31	3.91	3,179	7.82	6,357	11.73	9,536	15.64	12,715	19.55	15,894	23.45	19,072	27.36	22,251	31
32	4.11	3,142	8.21	6,284	12.32	9,426	16.42	12,568	20.53	15,710	24.63	18,851	28.73	21,993	32
33	4.34	3,103	8.67	6,207	13.00	9,310	17.34	12,414	21.67	15,517	26.00	18,620	30.34	21,724	33
34	4.68	3,063	9.34	6,126	14.02	9,189	18.69	12,252	23.36	15,316	28.03	18,379	32.70	21,442	34
35	5.01	3,021	10.01	6,042	15.02	9,064	20.02	12,085	25.02	15,106	30.03	18,127	35.03	21,148	35
36	5.19	2,978	10.38	5,955	15.57	8,933	20.75	11,910	25.94	14,888	31.13	17,866	36.32	20,843	36
37	5.36	2,932	10.73	5,864	16.09	8,797	21.45	11,729	26.82	14,661	32.18	17,593	37.54	20,525	37
38	5.67	2,885	11.33	5,769	16.99	8,654	22.65	11,539	28.31	14,424	33.98	17,308	39.64	20,193	38
39	5.96	2,835	11.91	5,670	17.87	8,505	23.82	11,340	29.77	14,175	35.73	17,010	41.68	19,845	39
40	6.27	2,782	12.54	5,565	18.80	8,347	25.07	11,130	31.34	13,912	37.60	16,694	43.87	19,477	40
41	6.61	2,727	13.21	5,454	19.82	8,180	26.42	10,907	33.02	13,634	39.63	16,361	46.23	19,088	41
42	7.02	2,668	14.03	5,336	21.04	8,004	28.05	10,672	35.06	13,340	42.08	16,007	49.09	18,675	42
43	7.45	2,605	14.89	5,211	22.33	7,816	29.77	10,422	37.21	13,027	44.65	15,632	52.10	18,238	43
44	7.90	2,539	15.79	5,078	23.69	7,617	31.59	10,156	39.48	12,695	47.38	15,233	55.28	17,772	44
45	8.32	2,468	16.64	4,936	24.96	7,405	33.27	9,873	41.59	12,341	49.90	14,809	58.22	17,277	45
46	8.84	2,393	17.69	4,786	26.53	7,179	35.37	9,572	44.21	11,966	53.05	14,359	61.89	16,752	46
47	9.43	2,313	18.84	4,626	28.27	6,940	37.69	9,253	47.11	11,566	56.53	13,879	65.95	16,192	47
48	10.05	2,228	20.10	4,456	30.14	6,685	40.18	8,913	50.23	11,141	60.28	13,369	70.32	15,597	48
49	10.70	2,138	21.40	4,276	32.11	6,414	42.80	8,552	53.50	10,690	64.20	12,827	74.90	14,965	49
50	11.39	2,042	22.78	4,084	34.17	6,125	45.55	8,167	56.94	10,209	68.33	12,251	79.72	14,293	50

This rate insert is for use with materials for accounts situated in Florida, and is not to be used on its own.

¹ CV @ age 65 or 10 years - Value shown is at attained age 65 or the end of year 10 if later, and assumes all premiums have been paid, no changes have been made to the certificate, and there is no certificate debt.

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.

Existing Condition Limitation - The Accelerated Death Benefit for Long Term Care (GWCLTC, GWCLTC1) rider may contain a pre-existing condition limitation. (cluded) have other elimination periods, exclusions and limitations that may affect coverage.

Accelerated Death Benefit for Long Term Care (GWCLTC, GWCLTC1)*, and Accelerated Death Benefit for Terminal Illness or Condition

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This information is valid as long as information remains current, but in no event later than 12/31/2023. Group Whole Life Insurance benefits are provided under form GWLC, or state variations thereof. Rider benefits are provided under the following forms, or state variations thereof: Accelerated Death Benefit for Terminal Illness or Condition (GWPTI), Children's Term (GWPCT), Spouse's 20 Year Term (GWPST) and Accelerated Death Benefit for Long Term Care (GWCLTC, GWCLTC1).

This is a brief overview of the benefits available under the group voluntary policy underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville, FL). Details of the insurance, including exclusions, restrictions, and other provisions are included in the certificates issued.

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Allstate Benefits Group Whole Life Insurance (GWL) for Employee/Member with riders (when available for the issue age):

NON-TOBACCO PREMIUM RATES AND VALUES (These are GI quotes, unless otherwise noted)													Face Amount
Issue Age	Semimonthly Premium	CV @ age 65 or 10 years ¹	Semimonthly Premium	CV @ age 65 or 10 years ¹	Semimonthly Premium	CV @ age 65 or 10 years ¹	Semimonthly Premium	CV @ age 65 or 10 years ¹	Semimonthly Premium	CV @ age 65 or 10 years ¹	Semimonthly Premium	CV @ age 65 or 10 years ¹	Issue Age
51	\$12.13	\$1,940	\$24.25	\$3,879	\$36.38	\$5,819	\$48.50	\$7,759	\$60.63	\$9,699	\$72.75	\$11,638	51
52	13.06	1,831	26.12	3,663	39.18	5,494	52.23	7,325	65.29	9,157	78.35	10,988	52
53	14.01	1,716	28.01	3,433	42.02	5,149	56.02	6,866	70.02	8,582	84.03	10,298	53
54	14.99	1,594	29.97	3,189	44.95	4,783	59.94	6,378	74.92	7,972	89.90	9,566	54
55	16.17	1,465	32.34	2,930	48.51	4,395	64.67	5,860	80.84	7,326	97.00	8,791	55
56	17.43	1,338	34.85	3,075	52.28	4,613	69.70	6,150	87.13	7,688	104.55	9,224	56
57	18.72	1,214	37.43	3,228	56.14	4,842	74.85	6,456	93.56	8,070	112.28	9,683	57
58	20.12	1,094	40.25	3,388	60.37	5,082	80.48	6,776	100.61	8,470	120.73	10,164	58
59	21.48	1,000	42.96	3,557	64.44	5,335	85.92	7,113	107.40	8,892	128.88	10,670	59
60	22.92	1,867	45.84	3,733	68.75	5,600	91.67	7,467	114.59	9,334	137.50	11,200	60
61	24.78	1,959	49.55	3,919	74.33	5,878	99.10	7,837	123.88	9,797	148.65	11,754	61
62	26.43	2,056	52.84	4,113	79.27	6,169	105.69	8,225	132.11	10,282	158.53	12,338	62
63	28.95	2,158	57.90	4,315	86.84	6,473	115.78	8,630	144.73	10,788	173.68	12,943	63
64	29.22	2,263	58.43	4,526	87.65	6,789	116.87	9,052	146.08	11,315	175.30	13,577	64
65	29.50	2,372	58.99	4,744	88.49	7,117	117.99	9,489	147.48	11,861	176.98	14,233	65
66	34.19	2,486	68.37	4,971	102.56	7,457	136.73	9,942	170.92	12,428	205.10	14,913	66
67	36.91	2,603	73.82	5,205	110.73	7,808	147.64	10,411	184.54	13,014	221.45	15,616	67
68	42.21	2,724	84.41	5,447	126.62	8,171	168.82	10,894	211.03	13,618	253.23	16,341	68
69	43.66	2,848	87.32	5,695	130.98	8,543	174.64	11,390	218.30	14,238	261.95	17,085	69
70	47.08	2,974	94.16	5,947	141.24	8,921	188.32	11,895	235.40	14,869	282.48	17,842	70

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¹ CV @ age 65 or 10 years - Value shown is at attained age 65 or the end of year 10 if later, and assumes all premiums have been paid, no changes have been made to the certificate, and there is no certificate debt.

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.

Issue Age Specific rating structure. SEMIMONTHLY means 24 times per year.

* Issue Ages 18-70 Only for Accelerated Death Benefit for Long Term Care (GWCLTC, GWCLTC1).

† Issue Ages 18-65 Only for Children's Term (GWPCT) and Spouse's Term (GWPST) Spouse Term add-on cost is provided on a separate page.

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Accelerated Death Benefit for Long Term Care (GWCLTC, GWCLTC1)*, and Accelerated Death Benefit for Terminal Illness or Condition

This information is valid as long as information remains current, but in no event later than 12/31/2023. Group Whole Life Insurance benefits are provided under form GWLC, or state variations thereof. Rider benefits are provided under the following forms, or state variations thereof: Accelerated Death Benefit for Terminal Illness or Condition (GWPTI), Children's Term (GWPCT), Spouse's 20 Year Term (GWPST) and Accelerated Death Benefit for Long Term Care (GWCLTC, GWCLTC1).

This is a brief overview of the benefits available under the group voluntary policy underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville, FL). Details of the insurance, including exclusions, restrictions, and other provisions are included in the certificates issued.

For additional information, you may contact your Allstate Benefits Representative.

The Children's Term (GWPCT)† rider may be added to the Employee/Member's certificate for an additional premium. The additional semimonthly premium for \$10,000

is \$2.28. Dependent coverage is limited to no more than 100% of the Employee/Member's coverage in FL.

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Allstate Benefits Group Whole Life Insurance (GWL) for Employee/Member with riders (when available for the issue age):

TOBACCO PREMIUM RATES AND VALUES (These are GI quotes, unless otherwise noted)															
Face Amount	\$10,000		\$20,000		\$30,000		\$40,000		\$50,000		\$60,000		\$70,000		Face Amount
Issue Age	Semimonthly Premium	CV @ age 65 or 10 years ¹	Semimonthly Premium	CV @ age 65 or 10 years ¹	Semimonthly Premium	CV @ age 65 or 10 years ¹	Semimonthly Premium	CV @ age 65 or 10 years ¹	Semimonthly Premium	CV @ age 65 or 10 years ¹	Semimonthly Premium	CV @ age 65 or 10 years ¹	Semimonthly Premium	CV @ age 65 or 10 years ¹	Issue Age
19	\$3.91	\$4,397	\$7.82	\$8,794	\$11.73	\$13,192	\$15.64	\$17,589	\$19.55	\$21,986	\$23.45	\$26,383	\$27.36	\$30,780	19
20	3.94	4,373	7.87	8,745	11.81	13,118	15.74	17,491	19.67	21,864	23.60	26,236	27.54	30,605	20
21	4.12	4,347	8.23	8,694	12.36	13,041	16.47	17,388	20.59	21,735	24.70	26,081	28.82	30,428	21
22	4.31	4,320	8.61	8,640	12.92	12,959	17.22	17,279	21.52	21,599	25.83	25,919	30.13	30,239	22
23	4.50	4,291	9.00	8,582	13.51	12,873	18.00	17,164	22.50	21,456	27.00	25,747	31.50	30,038	23
24	4.71	4,261	9.41	8,522	14.12	12,783	18.82	17,044	23.52	21,306	28.23	25,567	32.93	29,828	24
25	4.94	4,230	9.88	8,459	14.82	12,689	19.75	16,918	24.69	21,148	29.63	25,377	34.57	29,607	25
26	5.16	4,196	10.31	8,392	15.47	12,589	20.62	16,785	25.77	20,981	30.93	25,177	36.08	29,375	26
27	5.39	4,161	10.77	8,322	16.16	12,483	21.54	16,644	26.92	20,805	32.30	24,966	37.69	29,127	27
28	5.62	4,124	11.25	8,247	16.87	12,371	22.48	16,495	28.11	20,619	33.73	24,742	39.35	28,866	28
29	5.86	4,084	11.71	8,169	17.57	12,253	23.42	16,337	29.27	20,422	35.13	24,506	40.98	28,594	29
30	6.06	4,043	12.12	8,085	18.18	12,128	24.23	16,170	30.29	20,213	36.35	24,256	42.41	28,298	30
31	6.36	3,999	12.71	7,997	19.07	11,996	25.42	15,994	31.78	19,993	38.13	23,992	44.48	27,990	31
32	6.66	3,952	13.33	7,904	19.99	11,857	26.65	15,809	33.32	19,761	39.98	23,713	46.64	27,665	32
33	7.01	3,903	14.01	7,806	21.02	11,709	28.02	15,612	35.02	19,516	42.03	23,419	49.03	27,322	33
34	7.38	3,852	14.74	7,703	22.12	11,555	29.49	15,407	36.86	19,259	44.23	23,110	51.60	26,962	34
35	7.71	3,798	15.42	7,596	23.13	11,394	30.84	15,192	38.55	18,990	46.25	22,787	53.96	26,585	35
36	8.08	3,741	16.14	7,483	24.22	11,224	32.29	14,965	40.36	18,707	48.43	22,448	56.50	26,188	36
37	8.51	3,682	17.03	7,364	25.54	11,046	34.05	14,728	42.57	18,411	51.08	22,093	59.59	25,775	37
38	8.99	3,620	17.98	7,240	26.97	10,861	35.95	14,481	44.94	18,101	53.93	21,721	62.92	25,341	38

39		9.46	3,555	18.91	7,110	28.37	10,666	37.82	14,221	47.27	17,776	56.73	21,331	66.18	24,886	39
40		9.89	3,487	19.79	6,974	29.68	10,460	39.57	13,947	49.46	17,434	59.35	20,921	69.24	24,408	40
41		10.47	3,415	20.93	6,829	31.39	10,244	41.85	13,659	52.31	17,074	62.78	20,488	73.24	23,903	41
42		11.07	3,339	22.13	6,677	33.20	10,016	44.27	13,354	55.33	16,693	66.40	20,031	77.47	23,370	42
43		11.70	3,258	23.40	6,515	35.09	9,773	46.78	13,031	58.48	16,289	70.18	19,546	81.87	22,804	43
44		12.38	3,172	24.74	6,344	37.12	9,516	49.49	12,688	61.86	15,860	74.23	19,032	86.60	22,204	44
45		13.01	3,081	26.02	6,161	39.03	9,242	52.04	12,323	65.05	15,404	78.05	18,484	91.06	21,565	45
46		13.72	2,984	27.44	5,967	41.17	8,951	54.89	11,935	68.61	14,919	82.33	17,907	96.05	20,888	46
47		14.52	2,881	29.04	5,762	43.56	8,642	58.07	11,523	72.59	14,404	87.10	17,285	101.62	20,166	47
48		15.37	2,772	30.74	5,543	46.11	8,315	61.47	11,086	76.84	13,858	92.20	16,630	107.57	19,401	48
49		16.24	2,656	32.48	5,311	48.72	7,967	64.95	10,623	81.19	13,279	97.43	15,934	113.67	18,596	49
50		17.17	2,533	34.34	5,065	51.51	7,598	68.67	10,130	85.84	12,663	103.00	15,195	120.17	17,728	50

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¹ CV @ age 65 or 10 years - Value shown is at attained age 65 or the end of year 10 if later, and assumes all premiums have been paid, no changes have been made to the certificate, and there is no certificate debt.

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.

cco, Issue Age Specific rating structure. SEMIMONTHLY means 24 times per year.

[†] Issue Ages 18-70 Only for Accelerated Death Benefit for Long Term Care (GWCLTC, GWCLTC1).

[‡] Issue Ages 18-65 Only for Children's Term (GWCTT) and Spouse Term (GWCTST) Spouse Term add-on cost is provided on a separate page.

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This is a brief overview of the benefits available under the group voluntary policy underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville, FL).

Details of the insurance, including exclusions, restrictions, and other provisions are included in the certificates issued. For additional information, you may contact your Allstate Benefits Representative.

The Children's Term (GWCTT)† rider may be added to the Employee/Member's certificate for an additional premium. The additional semimonthly premium for \$10,000

is \$2.28. Dependent coverage is limited to no more than 100% of the Employee/Member's coverage in FL.

Accelerated Death Benefit for Long Term Care (GWCLTC, GWCLTC1)†, and Accelerated Death Benefit for Terminal Illness or Condition

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FOR AGENT USE ONLY

Allstate Benefits Group Whole Life Insurance (GWL) for Employee/Member with riders (when available for the issue age):

TOBACCO PREMIUM RATES AND VALUES (These are GI quotes, unless otherwise noted)																		
Face Amount	\$10,000			\$20,000		\$30,000		\$40,000		\$50,000		\$60,000		\$70,000		Face Amount		
Issue Age	Seminomonthly Premium	CV @ age 65 or 10 years¹		Seminomonthly Premium	CV @ age 65 or 10 years¹		Seminomonthly Premium	CV @ age 65 or 10 years¹		Seminomonthly Premium	CV @ age 65 or 10 years¹		Seminomonthly Premium	CV @ age 65 or 10 years¹		Seminomonthly Premium	CV @ age 65 or 10 years¹	
51	\$18.23	\$2,401		\$36.46	\$4,803		\$54.69	\$7,204		\$72.92	\$9,606		\$91.15	\$12,007		\$109.38	\$14,408	
52	19.35	2,262		38.70	4,524		58.06	6,786		77.40	9,048		96.75	11,311		116.10	13,573	
53	20.54	2,114		41.07	4,227		61.60	6,341		82.14	8,455		102.67	10,569		123.20	12,682	
54	21.79	1,956		43.57	3,912		65.35	5,867		87.14	7,823		108.92	9,779		130.70	11,735	
55	23.04	1,788		46.07	3,575		69.11	5,363		92.14	7,150		115.17	8,938		138.20	10,725	
56	24.58	1,643		49.15	3,686		73.73	5,528		98.30	7,371		122.88	9,214		147.45	11,057	
57	26.10	1,898		52.20	3,795		78.31	5,693		104.40	7,590		130.50	9,488		156.60	11,386	
58	27.73	1,953		55.47	3,905		83.20	5,858		110.93	7,811		138.67	9,764		166.40	11,716	
59	29.32	2,008		58.63	4,017		87.94	6,025		117.25	8,034		146.57	10,042		175.88	12,050	
60	30.81	2,065		61.61	4,130		92.42	6,196		123.22	8,261		154.03	10,326		184.83	12,391	
61	32.58	2,123		65.14	4,245		97.72	6,368		130.29	8,491		162.86	10,614		195.43	12,736	
62	34.73	2,182		69.46	4,364		104.19	6,546		138.92	8,728		173.65	10,910		208.38	13,092	
63	36.88	2,244		73.75	4,488		110.63	6,732		147.50	8,976		184.38	11,220		221.25	13,464	
64	39.18	2,315		78.36	4,631		117.54	6,946		156.72	9,261		195.90	11,577		235.08	13,892	
65	41.06	2,405		82.11	4,811		123.17	7,216		164.22	9,621		205.27	12,027		246.33	14,432	
66	42.95	2,501		85.89	5,002		128.83	7,502		171.77	10,003		214.71	12,504		257.65	15,005	
67	46.04	2,603		92.07	5,206		138.10	7,809		184.14	10,412		230.17	13,015		276.20	15,618	
68	49.72	2,713		99.43	5,425		149.14	8,138		198.85	10,851		248.57	13,564		298.28	16,276	
69	53.44	2,831		106.88	5,662		160.32	8,493		213.75	11,324		267.19	14,156		320.63	16,987	
70	57.24	2,957		114.47	5,914		171.70	8,871		228.94	11,828		286.17	14,785		343.40	17,742	

This rate insert is for use with materials for accounts situated in Florida, and is not to be used on its own.

¹ CV @ age 65 or 10 years - Value shown is at attained age 65 or the end of year 10 if later, and assumes all premiums have been paid, no changes have been made to the certificate, and there is no certificate debt.

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.

coverage.

cco, Issue Age Specific rating structure. SEMIMONTHLY means 24 times per year.

[†] Issue Ages 18-70 Only for Accelerated Death Benefit for Long Term Care (GWCLTC, GWCLTC1).

[‡] Issue Ages 18-65 Only for Children's Term (GWCTT) and Spouse Term (GWCTST) Spouse Term add-on cost is provided on a separate page.

Ratecard generated September 8, 2022 - 12:17 PM by ABQuote 08.31.2022.

HO Use Only: apeln-20220908-8211-FL-TN15-8 STD - FALSE-275-FA-10000-80000-10000-PIE-24x-T1T-PWP-F-ADB-F-TYT-Q-GWCLTC-T-CT-T-ST-T-UWR

This is a brief overview of the benefits available under the group voluntary policy underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville, FL).

Details of the insurance, including exclusions, restrictions, and other provisions are included in the certificates issued. For additional information, you may contact your Allstate Benefits Representative.

The Children's Term (GWCTT)† rider may be added to the Employee/Member's certificate for an additional premium. The additional semimonthly premium for \$10,000

is \$2.28. Dependent coverage is limited to no more than 100% of the Employee/Member's coverage in FL.

Accelerated Death Benefit for Long Term Care (GWCLTC, GWCLTC1)†, and Accelerated Death Benefit for Terminal Illness or Condition

This information is valid as long as information remains current, but in no event later than 12/31/2023. Group Whole Life Insurance benefits are provided under form GWLC, or state variations thereof. Rider benefits are provided under the following forms, or state variations thereof: Accelerated Death Benefit for Terminal Illness or Condition (GWPPT), Children's Term (GWPCT), Spouse's 20 Year Term (GWPST) and Accelerated Death Benefit for Long Term Care (GWCLTC, GWCLTC1).

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ABJ20743-44444

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FOR AGENT USE ONLY

CERTIFICATE SPECIFICATIONS

Pre-Existing Condition Limitation

Accelerated Death Benefit for Long Term Care Rider - Benefits are not paid for a period of chronic illness care resulting from a pre-existing condition that begins within the first 6 months after the effective date of coverage. This does not apply to a period of care beginning 6 months after the effective date. A pre-existing condition is a condition, whether diagnosed or not, for which symptoms existed within the 6-month period prior to the effective date, or medical advice or treatment was recommended or received from a health care provider within 6 months before the effective date.

Exclusions

Accelerated Death Benefit for Long Term Care Rider - The rider may not limit or exclude coverage by type of illness, treatment, medical condition, or accident, except as follows: pre-existing conditions or diseases; mental or emotional disorder (except for Alzheimer's Disease, senility or senile dementia that are of organic origin); alcoholism and drug addiction; illness, treatment or medical conditions due to: act of war, participation in a felony, riot or insurrection, serving in the armed forces or auxiliary units, suicide or attempt at suicide, or intentionally self-inflicted injury; treatment provided in a government facility (unless required by law); services for which benefits are available under Medicare or other governmental program (except Medicaid); any state or federal workers' compensation, employer's liability or occupational disease law, or motor vehicle no-fault law; care or services received outside the United States or its territories.

Suicide Exclusion for Group Whole Life, Children's Term Rider and Spouse 20 Year Term Rider - If the insured or rider insured (if included) commits suicide within 2 years of the effective date of coverage, the death benefit will be limited to the premiums paid.



Allstate Benefits is the marketing name used by American Heritage Life Insurance Company, a subsidiary of The Allstate Corporation. ©2022 Allstate Insurance Company. www.allstate.com or allstatebenefits.com

This brochure is for use in enrollments situated in FL. This advertisement is a solicitation of insurance; contact may be made by an Allstate Benefits Agent, Agency, or Representative.

This material is valid as long as information remains current, but in no event later than September 8, 2025.

Group Whole Life Insurance benefits are provided under form GWLP, or state variations thereof. Rider benefits are provided under the following forms, or state variations thereof: Accelerated Death Benefit for Terminal Illness or Condition (GWPTI); Children's Term (GWPC); Spouse's 20 Year Term (GWPST); and Accelerated Death Benefit for Long Term Care (GWPLTC, GWPLTC).

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



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 coverage, subject to exclusions and limitations*
- 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 may be continued; refer to your certificate for details

With Allstate Benefits, you can protect your finances against life's slips and falls.
Practical benefits for everyday living.®

*Please refer to the Exclusions and Limitations section of this brochure. †National Safety Council, Injury Facts®, 2019 Edition

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
25.0



Non-Auto
12.6



Auto
4.3

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
- Visited by his doctor and released after a one-day stay in the hospital
- Had to immobilize his ankle for 6 weeks
- 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:

Ground Ambulance
Medicine
Emergency Room
X-rays
Initial Hospital Confinement
Daily Hospital Confinement
Accident Physician's Treatment
Tendon Surgery
General Anesthesia
Outpatient Physician
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.

*Two treatments per covered person, per accident. **Up to three times per covered person, per accident. †Multiple dislocations, fractures, dismemberments or functional losses from the same accident are limited to the amount shown in the Benefit Amounts on rate insert. ‡Two or more surgeries done at the same time are considered one operation. §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. Not paid for days on which the Daily Hospital Confinement benefit is paid.

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

BASE POLICY BENEFITS

Initial Hospital Confinement

Daily Hospital Confinement - up to 365 days for any one accident

Intensive Care - up to 180 days for each period of continuous confinement

RIDER BENEFITS ADDED TO BASE POLICY

Accident Treatment & Urgent Care Rider

Benefits for: Ground Ambulance, Air Ambulance, Accident Physician's Treatment, X-ray, Urgent Care

Dislocation/Fracture Rider¹ - amount paid depends on type of dislocation or fracture. See Injury Benefit Schedule In rate insert

Emergency Room Services Rider - received as a result of injury

OPTIONAL/ADDITIONAL RIDER BENEFITS

Outpatient Physician's Benefit Rider - Once per day, per covered person, not to exceed 2 days per covered person, per calendar year and a maximum of 4 days per calendar year if dependents are covered. Covers sickness

Accidental Death, Dismemberment and Functional Loss Rider

Benefits for: Accidental Death, Common Carrier, Dismemberment², Functional Loss³

Benefit Enhancement Rider

Accident Follow-Up Treatment - not payable for the same visit for which the Physical, Occupational or Speech Therapy benefit is paid⁴

Lacerations

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

Skin Graft - for a burn for which a benefit is paid under the Burns benefit

Brain Injury Diagnosis - first diagnosis of concussion, cerebral laceration, cerebral contusion or intracranial hemorrhage. Must be diagnosed by CT Scan, MRI, EEG, PET scan or X-ray

Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI) - treatments must be received within 30 days after the accident. Payable once per covered person, per accident, per calendar year

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

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

Open Abdominal or Thoracic Surgery - must be performed by a physician⁵

Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery - surgery for torn, ruptured, or severed tendon, ligament, rotator cuff or knee cartilage; pays the reduced amount shown for arthroscopic exploratory surgery⁶

Ruptured Disc Surgery - diagnosis and surgical repair to a ruptured disc of the spine by a physician⁷

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

General Anesthesia - payable only if one of the rider Surgery benefits is paid

Blood and Plasma

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

Medical Supplies

Medicine

Prosthesis - physician-prescribed prosthetic arm, leg, hand, foot or eye lost as a result of an accident

Physical, Occupational or Speech Therapy - 1 treatment per day, maximum of 6 treatments per accident. Includes chiropractic services. Not payable for same visit for which Accident Follow-Up Treatment benefit is paid

Rehabilitation Unit - must be hospital-confined due to an injury prior to being transferred to rehab⁸

Non-Local Transportation - obtaining treatment more than 50 miles from your home when not available locally. Ground or air ambulance is not covered⁹

Family Member Lodging - 1 adult family member to be with you while you are hospital confined. Not paid if family member lives within 50 miles of the hospital. Payable up to 30 days per accident

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

Broken Tooth - dental repair by crown, filling or extraction; only one of the three is covered per accident. Injury must be to natural teeth and cannot be due to biting or chewing

Residence/Vehicle Modification - permanent structural modification certified necessary by a physician, within 365 days after accident

Pain Management (Epidural Injection) - injection in the spine to manage pain due to an accidental injury

Miscellaneous Outpatient Surgery - physician-performed outpatient surgical procedure. Not paid if one of the following benefits is paid: Open Abdominal or Thoracic Surgery; Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery; Ruptured Disc Surgery; or Eye Surgery

Group Voluntary Accident (GVAP6)

24-Hour Accident Insurance from Allstate Benefits

BENEFIT AMOUNTS

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

BASE POLICY BENEFIT		PLAN 1	PLAN 2
Initial Hospital Confinement (pays once/year)		\$1,000	\$1,500
Daily Hospital Confinement (pays daily)		\$200	\$300
Intensive Care (pays daily)		\$400	\$600
RIDER BENEFITS		PLAN 1	PLAN 2
Accident Treatment & Urgent Care Rider			
Ambulance	Ground	\$200	\$300
	Air	\$600	\$900
Accident Physician's Treatment		\$100	\$150
X-ray		\$200	\$300
Urgent Care		\$100	\$150
Dislocation or Fracture Rider ¹		\$4,000	\$6,000
Emergency Room Services Rider		\$200	\$300
Outpatient Physician's Benefit Rider (OPT) (pays daily)		\$50	\$50
Accidental Death, Dismemberment ¹ and Functional Loss ¹ Rider			
Common Carrier (fare-paying passenger)		\$40,000	\$60,000
		\$100,000	\$150,000
BENEFIT ENHANCEMENT RIDER		PLAN 1	PLAN 2
Accident Follow-Up Treatment (pays daily)		\$100	\$150
Lacerations		\$100	\$150
Burns	< 15% body	\$200	\$300
	15% or more	\$1,000	\$1,500
Skin Graft (% of Burns Benefit)		50%	50%
Brain Injury Diagnosis		\$600	\$900
Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI) (pays once/year)		\$100	\$150
Paralysis (pays once)	Paraplegia	\$15,000	\$22,500
	Quadriplegia	\$30,000	\$45,000
Coma with Respiratory Assistance		\$20,000	\$30,000
Open Abdominal or Thoracic Surgery		\$2,000	\$3,000
Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery	Surgery	\$1,000	\$1,500
	Exploratory	\$300	\$450
Ruptured Spinal Disc Surgery		\$1,000	\$1,500
Eye Surgery		\$200	\$300
General Anesthesia		\$200	\$300
Blood and Plasma		\$600	\$900
Appliance		\$250	\$375
Medical Supplies		\$10.00	\$15.00
Medicine		\$10.00	\$15.00
Prosthesis	1 device	\$1,000	\$1,500
	2 or more devices	\$2,000	\$3,000
Physical, Occupational or Speech Therapy (pays daily)		\$60	\$90
Rehabilitation Unit (pays daily)		\$200	\$300
Non-Local Transportation		\$500	\$750
Family Member Lodging (pays daily)		\$200	\$300
Post-Accident Transportation (pays once/year)		\$400	\$600
Broken Tooth		\$200	\$300
Residence/Vehicle Modification		\$1,000	\$1,500
Pain Management (Epidural Injection)		\$100	\$150
Miscellaneous Outpatient Surgery		\$200	\$300

¹Up to amount shown; see Injury Benefit Schedule on reverse.

Multiple losses from same injury pay only up to amount shown above.

Offered to the employees of:
Gulf Coast State College

PLAN 1 PREMIUMS

MODE	EE	EE + SP	EE + CH	F
Weekly	\$3.47	\$6.00	\$7.37	\$9.67
Bi-Weekly	\$6.94	\$12.00	\$14.74	\$19.34
Semi-Monthly	\$7.52	\$12.99	\$15.96	\$20.95
Monthly	\$15.03	\$25.98	\$31.91	\$41.90

PLAN 2 PREMIUMS

MODE	EE	EE + SP	EE + CH	F
Weekly	\$4.86	\$8.39	\$10.37	\$13.46
Bi-Weekly	\$9.72	\$16.78	\$20.74	\$26.92
Semi-Monthly	\$10.52	\$18.18	\$22.47	\$29.16
Monthly	\$21.03	\$36.36	\$44.94	\$58.31

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.

COMPLETE DISLOCATION	PLAN 1	PLAN 2
Hip joint	\$4,000	\$6,000
Knee or ankle joint ^A , bone or bones of the foot ^A	\$1,600	\$2,400
Wrist joint	\$1,400	\$2,100
Elbow joint	\$1,200	\$1,800
Shoulder joint	\$800	\$1,200
Bone or bones of the hand ^A , collarbone	\$600	\$900
Two or more fingers or toes	\$280	\$420
One finger or toe	\$120	\$180
COMPLETE, SIMPLE OR CLOSED FRACTURE	PLAN 1	PLAN 2
Hip, thigh (femur), pelvis ^{**}	\$4,000	\$6,000
Skull ^{**}	\$3,800	\$5,700
Arm, between shoulder and elbow (shaft), shoulder blade (scapula), leg (tibia or fibula)	\$2,200	\$3,300
Ankle, knee cap (patella), forearm (radius or ulna), collarbone (clavicle)	\$1,600	\$2,400
Foot ^{**} , hand or wrist ^{**}	\$1,400	\$2,100
Lower jaw ^{**}	\$800	\$1,200
Two or more ribs, fingers or toes, bones of face or nose	\$600	\$900
One rib, finger or toe, coccyx	\$280	\$420
LOSS	PLAN 1	PLAN 2
Life, hearing, speech, or both eyes, hands, arms, feet, or legs, or one hand or arm and one foot or leg	\$40,000	\$60,000
One eye, hand, arm, foot, or leg	\$20,000	\$30,000
One or more entire toes or fingers	\$4,000	\$6,000

^AKnee 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).

CERTIFICATE SPECIFICATIONS

Conditions and Limits

When an injury results in a covered loss within 180 days, unless otherwise stated, 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 coverage ends upon valid decree of divorce or your death. Domestic partner coverage ends upon termination of the domestic partnership or your death.

When Coverage Ends

Coverage under the policy and riders 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 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 discovery of fraud or material misrepresentation when filing a claim.

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

Exclusions and Limitations for Policy and the following riders: Accident Treatment and Urgent Care Rider; Dislocation/Fracture Rider; Emergency Room Services Rider; Accidental Death, Dismemberment and Functional Loss Rider; and Benefit Enhancement Rider

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; intentionally self-inflicted injury or action; 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; engaging in an illegal occupation or 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; injury while under the influence of alcohol or any drug, unless taken as prescribed by a physician; serving as an active member of the Military, Naval, or Air Forces of any country or combination of countries.

Exclusions and Limitations for Outpatient Physician's Benefit Rider

Benefits are not paid for: loss incurred before the effective date; act of war or participation in a riot, insurrection or rebellion; suicide or attempt at suicide; intentionally self-inflicted injury or action; participation in aeronautics unless a fare-paying passenger on a licensed common-carrier aircraft; engaging in an illegal occupation or committing or attempting an assault or felony; driving in any race or speed test or testing an automobile or any vehicle on any racetrack or speedway; any loss while under the influence of alcohol or any drug, unless taken as prescribed by a physician; serving as an active member of the Military, Naval, or Air Forces of any country or combination of countries.

This brochure is for use in enrollments situated in FL, and is incomplete without the accompanying rate insert. This advertisement is a solicitation of insurance; contact may be made by an Allstate Benefits Agent, Agency, or Representative. This material is valid as long as information remains current, but in no event later than September 8, 2025.

Group Accident benefits are provided under policy form GVAP6, or state variations thereof. Accident Rider benefits are provided under the following rider forms, or state variations thereof: Accident Treatment and Urgent Care Rider GP6AUC; Dislocation/Fracture Rider GP6DF; Emergency Room Services Rider GP6ERS; Outpatient Physician's Benefit Rider GP6OPT; Accidental Death, Dismemberment and Functional Loss Rider GP6ADD; and Benefit Enhancement Rider GP6BE.

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.

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.



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GULF COAST STATE COLLEGE FUNDRAISER

You Can Help.

Over the years, AAA has supported various charities and organizations. Today, AAA's Join2Give program provides a new way for individuals like you to provide support to groups that provide so much for others.

Join AAA as a new Primary member using Your Organization's unique code during the campaign period, and AAA will send a one-time \$20 payment to further its mission.

Your Organization will get needed support for their programs and you'll enjoy a year of AAA Roadside Assistance, member discounts, travel savings and more.

**JOIN AND GIVE TODAY
CONTACT KIMBERLY MILLER
850-629-3503**



Offers, terms, conditions and policies are subject to change without notice. Membership benefits vary with membership levels and are subject to change without notice. Convenience billing enrollment required. Convenience billing is an easy way to renew your AAA Membership. When you enroll, you supply credit card information that we use to charge your membership dues each year. You will receive a statement confirming your renewal prior to the expiration of your current membership. This notice will state the term of your next membership period and the total dues to be charged to your card. You can change this payment arrangement at any time by calling the number on the back of your membership card. See complete details at AAA.com/AutoRenew. Upon activation and with proper identification, AAA will provide regular AAA services and full privileges for the new member. Roadside benefits begin three days after payment of dues. Available in The Auto Club Group territory only. Some restrictions apply. 19-MS-0437



AAA Group Membership Program

AAA – The Auto Club Group Fundraising program is designed to assist community and educational organizations with their fundraising goals. The program reflects AAA's commitment to helping our community.

OTHER BENEFITS

HOLIDAYS

The following dates will be observed as GCSC holidays in 2024-2025:

- Monday, January 1, 2024 - New Year's Day
- Monday, January 15, 2024 - Martin Luther King Day
- Monday, March 18, 2024 through Friday, March 22, 2024 – Spring Break
- Monday, May 27, 2024 - Memorial Day
- Thursday, July 4, 2024 - Independence Day
- Monday, September 2, 2024 - Labor Day
- Monday, November 11, 2024 - Veterans' Day
- Thursday, November 28, 2024, and Friday, November 29, 2024 - Thanksgiving Holiday
- Monday, December 23, 2024 through Wednesday, January 1, 2025 Winter Break

**When a recognized Holiday falls on Saturday, the Friday before the holiday shall be substituted.*

Tuition Reimbursement

Full-time employees may be reimbursed for educational expenses (tuition and textbooks) related to enrollment in credit courses after 12 continuous months of employment from their current employment start date subject to available funding. Employees are limited to a maximum of six credit hours per semester, a maximum of 18 credit hours per year, which includes the summer terms treated as one semester. Courses may be taken from a regionally accredited institution, but tuition will be reimbursed up to the in-state amount required for a similar course at Gulf Coast State College or Florida State University in Panama City. The college will also reimburse up to 50 percent of the cost of required textbooks. Requests are to be made by completing a *Staff and Program Development Tuition Expense Application* (located on GCSCnet). Paid receipts and proof of successful completion of course work (a grade of "C" or better) must be submitted to the Business Office. A specific list of the requirements and limitations may be found in Manual of Policy 6.072.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

GCSC participates in the Florida State University Employee Assistance Program (EAP), which provides counseling services for employees and eligible dependents who may be experiencing personal or workplace problems.

All services are strictly confidential and can be accessed by calling 1.877.246.4679, seven days a week, 24 hours a day. www.EAP.fsu.edu

Below are just a few of the many issues EAP can help with:

- Stress
- Depression and anxiety
- Family or parenting issues
- Alcohol or drug dependencies
- Marital or relationship issues
- Financial issues
- Adjusting to change
- Child and elder care
- Workplace concerns
- Grief and loss
- Work/life balance
- Legal Consultation

SICK LEAVE POOL

SICK LEAVE POOL OPEN ENROLLMENT

GCSC employees wishing to join the Sick Leave Pool may sign-up during the annual enrollment period of October 1 – October 31. Contact HR for a Sick Leave Pool Application.

To be eligible you must meet the following criteria:

- have completed 1 year of full-time service with the college
- You are eligible on your 1st anniversary or during the enrollment period each October provided you meet eligibility requirements
- You must have 6 sick days available (from which we will pull 2 days)
- Please review the attached for additional criteria and information

If you meet all of the qualifications and you are interested in joining, fill out the Open enrollment election form and return it to HR via email as an attachment or via campus mail. If you join, the deduction of 2 days will occur in the first payroll in November.

NOTE: If you are already a member of the Sick Leave Pool, you do not need to fill out a new form.

RETIREMENT PROGRAM OPPORTUNITIES

VOLUNTARY DEFERRED COMPENSATION

In addition to the mandatory retirement program with Florida Retirement System (FRS), GCSC offers several deferred compensation plans to allow employees to save for retirement on a tax-deferred basis. Contributions to these plans are made through regular payroll deductions. Salary set aside through these plans cannot be withdrawn before separation from service except under a few limited circumstances. Participants in these plans are permitted to direct their contributions among a variety of investment options.

There are two optional retirement savings plans offered by GCSC:

- 457
- 403(b)

Eligible retirement plan vendors are:

- AXA
- TIAA
- Valic
- Fidelity
- Voya
- Security Benefit

Benefits are an important part of your total compensation. Be sure to take time to review your choices and select the best benefits for you and your family.

This guide contains a summary of benefit features. It does not describe all benefits and benefit limitations under the plans. For a complete description of benefits, you must refer to the plan documents.