



# 2024

## BENEFITS ENROLLMENT GUIDE



## ENROLLMENT OPTIONS



**Questions? Call us!**  
866-951-8419  
M-F 8am To 7pm EST  
¡Hablamos Español!



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the Campus Inn

# LET'S GET STARTED

1

## Become an NAWP Member!

As a member of **The National Association of Workplace Programs (NAWP)** your \$10.00 membership benefits and discounts are designed to give you confidence as you plan for the future.

- ▶ CDL Health Scanner
- ▶ Fit to Pass® coaching program for CDL Drivers
- ▶ ESPYR TalkNow® Counseling
- ▶ \$10,000 Term Life Coverage
- ▶ Sleep Apnea Testing
- ▶ 24-Hour Nurse Line & more!
- ▶ Exclusive 401K(i) Retirement Plan
- ▶ Identity Theft Protection
- ▶ Discounts on Diabetic Supplies, Prescriptions & CDL Meals®



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## Medical Benefits

### Medical Options

SelectMed Plans Provide 3 Levels of Medical Coverage to NAWP Members.

- ✓ Guaranteed Acceptance
- ✓ ACA Compliant
- ✓ Nationwide Network

Add Hospital Indemnity to SelectMed Pro and Max for protection against unforeseen hospital expenses.

**SelectMed.....Pg 3**

**Hospital Indemnity.....Pg 5**

### Individual Major Medical

Available and pricing is based on your zip code, age and income. Call for a customized quote.

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## Coverages Available

### Additional Health Options

Choose additional coverage that compliments your medical coverage.

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**Accident.....Pg 8**

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### Life Insurance Options

Choose from Life Insurance Plans and 401k(i) to assist with financial planning.

**Term Life.....Pg 10**

**Universal Life.....Pg 11**



# SELECTMED PLAN OPTIONS

Medical Plan Options	SelectMed Pro	SelectMed Max	SelectMed Bronze
Evidence of insurability	Guaranteed Acceptance		
PPO Network	First Health®		MultiPlan®: PHCS; Practitioner & Ancillary
Deductible	In-Network Provider (No Out of Network Coverage)		
Individual/ Family	\$0	\$2,000/\$4,000	\$0
Out-of-Pocket Max	In-Network Provider (No Out of Network Coverage)		
Individual/ Family	\$8,150/\$16,300	\$8,150/\$16,300	\$9,450/\$18,900
Medical Services	In-Network Provider (No Out of Network Coverage)		
Preventive & Wellness Services (Non-Hospital Based)	\$0 Copay (Plan pays 100% of covered preventive and wellness services)		
Primary Care Office Visit (Non-Hospital Based)	\$25 Copay (Max 5 Visits/Cal Yr¹)	\$25 Copay/visit	\$25 Copay (Max 8 visits/cal yr)
Specialist Office Visit (Non-Hospital Based)	\$25 Copay (Max 5 Visits/Cal Yr¹)	\$50 Copay/visit	\$50 Copay (Max 8 visits/cal yr)
Urgent Care	\$25 Copay (Max 5 Visits/Cal Yr¹)	\$50 Copay/visit	\$50 Copay (Max 2 visits/cal yr)
Telemedicine Services	MedCall Now - Included (No Copay)		Not Covered
Personal Assistance Counseling⁶	Confidential counseling assistance to help balance the demands of work, family, and daily life. \$0 up to 6 visits per unique issue per year via telephone, video, or chat		
Hospitalization and Emergency Services			
Inpatient Hospitalization	Not Covered		\$350 Copay per admission² (Max 5 days/cal yr)⁴
Inpatient Surgery			Included in Inpatient Hospitalization Copay² (Second surgical opinion may be required; Max 2 surgeries/cal yr)⁴
Outpatient Hospital or Free Standing Facility Services and Surgery			\$350 Copay² (Max 1 visit/cal yr)⁴
Emergency Room Services			\$350 Copay² (Max 1 visit/cal yr)
Outpatient Diagnostic Services (Non-Hospital Based for Pro, Max and Bronze Plans)			
Laboratory Services (Non-Hospital Based)	\$25 Copay (Combined limit of 5 visits /cal yr with Radiology)	\$50 Copay (Unlimited)	\$50 Copay (Combined limit of 3 visits /cal yr with Radiology)
Radiology (Non-Hospital Based)	\$25 Copay Outpatient Basic X-Ray. (Combined limit of 5 visits /cal yr with Laboratory Services)	\$50 Copay Outpatient Basic X-Ray (Unlimited)	\$50 Copay (Combined limit of 3 visits /cal yr with Laboratory Services)
CT/MRI/PET Scan (Non-Hospital Based)	Not Covered	50% Coinsurance per test; After Deductible.⁴	\$350 Copay (Max of 1/cal yr)⁴
Other Services			
Pregnancy Benefits: Childbirth/Delivery (Considered Inpatient Hospital Stay)	Not Covered		
Allergy Services³	Not Covered		\$25 Copay
Home Health Care			\$25 Copay (Max 10 visits/cal yr)
Chiropractic Services			\$50 copay (Max 10 visits/plan yr)
Emergency Medical Transportation			\$250 Copay² (By land only; Max 1 transport/cal yr)
Treatment for Chemical Abuse & Dependency	Not Covered	Out-Patient Only: \$50 Copay/visit (Partial Hospitalization is not covered. Considered a Specialist Visit)	In-Patient: \$250 Copay per day² (Max 5 days/cal yr)⁴ Out-Patient: \$25 Copay per day (Max 5 days/cal yr)⁴
Rehabilitation/Habilitation Services (Physical, Speech, and Occupational)		\$50 copay/visit: (Physical, Speech, and Occupational; Max 20 visits/plan yr. Pre-certification is required after 6 visits)	Not Covered - 100% paid by Member
PHARMACY BENEFITS - Included in SelectMed			
Preventive Prescriptions	No Copay for ACA Compliant covered prescription drugs		
Non-Preventive Prescriptions	20% Coinsurance - Generic Only; 12 Prescriptions Max; 30 day supply Max	\$20 Copay - Generic only 30 day supply Maximum	Not Covered
PHARMACY BENEFITS - Provided by DataRX®			
Prescription Benefit	Not Covered	Copay: \$10 Formulary Generic; \$50 Formulary Brand Mail Copay: \$30 Formulary Generic; \$150 Formulary Brand Annual Max: \$750 Per Person; \$1500 Per Family	
Monthly Rates	SelectMed Pro	SelectMed Max	SelectMed Bronze
Individual	\$157.74	\$238.08	\$525.05
Individual + Spouse	\$233.97	\$398.97	\$943.24
Individual + Child	\$225.11	\$409.19	\$972.56
Family	\$300.57	\$599.27	\$1,458.75

Not available in Alaska, Hawaii, Massachusetts, and New Hampshire.

1. Combined 5 visits per year includes Primary Care Visit to Treat Injury or Illness, Specialist Visit and Urgent Care Visit.

2. Subject to Reference Based Pricing

3. Included in Primary Care Office Visit or Specialist Office Visit limits. The copay applies to the administration of the allergy service and is separate from the copay for the office visit

4. Pre-authorization required.

5. Prescription Benefit is offered through AC&A Limited Partnership by DataRx and is not integrated with the health plan design. The prescription provided by DataRx is not available in NY, SD, and WA. For the SelectMed Max plan only: In the states noted, \$20 co-pay generic only, 30 day supply max.

6. This benefit is offered through AC&A Limited Partnership by ESPYR® and is not integrated with the health plan design.

First Health is a brand name of First Health Group Corp., an indirect, wholly-owned subsidiary of Aetna Inc. Provider look-up: <http://www.myfirsthealth.com>

Bronze plan only: To find a provider through the PHCS Practitioner and Ancillary: <https://www.multiplan.com/webcenter/portal/ProviderSearch>

For additional information reference the Summary Plan Document for a list of services offered In-Network. Refer to the schedule of benefits for a more in-depth list of Benefits Coverage, Limitations and Exclusions. If this document differs from the Schedule of Benefits, the Schedule of Benefits will govern.

This coverage is available when you join the Limited Partnership. Partners must be active to maintain eligibility.

# SELECTMED PLAN OPTIONS

## **Preventive Health Services: Limitations, Intervals, and Requirements<sup>1</sup>**

The following table represents the preventive services currently covered under the SelectMed Pro, Max, Essential, Bronze Plans as well as the permitted interval and any requirements of such preventive services.

Benefits are automatically subject to 29 CFR § 2590.715 -2713(a). Amendments to this section through legislative act or regulation are automatically incorporated into this document by reference. Preventive Services covered in this section are explained in more detail through the following official resources:

- Medical services with a rating of "A" or "B" from the current recommendations of the United States Preventive Services Task Force. See <https://www.uspreventiveservicestaskforce.org>
- Preventive care and screenings for infants, children, and adolescents provided for in the comprehensive guidelines supported by the Health Resources and Services Administration. Guidelines can be found in <https://www.hrsa.gov>
- Immunizations recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention for certain individuals only. See <https://www.cdc.gov/vaccines/acip>

## **Preventative and Wellness Services - Covered Benefits**

<b>Adults</b> <ul style="list-style-type: none"> <li>• Adult Annual Standard Physical</li> <li>• Alcohol Misuse: Unhealthy Alcohol Use Screening and Counseling</li> <li>• Aspirin: Preventive Medication</li> <li>• Blood pressure screening</li> <li>• Breastfeeding interventions</li> <li>• Chlamydia screening</li> <li>• Colorectal Cancer Screening</li> <li>• Dental cavities prevention: infants and children up to age 5 years</li> <li>• Depression Screening</li> <li>• Diabetes Screening</li> <li>• Fall Prevention: Older Adults</li> <li>• Healthy Diet and Physical Activity Counseling to Prevent Cardiovascular Disease</li> <li>• Hemoglobinopathies screening</li> <li>• Hepatitis B screening</li> <li>• Hepatitis C virus (HCV) infection screening: born between 1945 and 1965.</li> <li>• High Blood Pressure Screening</li> <li>• HIV Preeposure Prophylaxis for the Prevention of HIV Infection</li> <li>• HIV Screening</li> <li>• Hypothyroidism screening</li> <li>• Lung Cancer Screening</li> <li>• Obesity screening and Counseling</li> <li>• Sexually Transmitted Infections Counseling</li> <li>• Skin Cancer Behavioral Counseling</li> <li>• Statin Preventive Medication</li> <li>• Tobacco Use Counseling and Interventions</li> <li>• Syphilis Screening</li> </ul>	<b>Men</b> <ul style="list-style-type: none"> <li>• Abdominal aortic aneurysm screening</li> </ul> <b>Women</b> <ul style="list-style-type: none"> <li>• Aspirin: Preventive Medication</li> <li>• BRCA risk assessment and genetic counseling/testing</li> <li>• Breast Cancer Preventive Medications</li> <li>• Breast Cancer Screening</li> <li>• Cervical Cancer Screening: with Cytology (Pap Smear) Lung cancer screening</li> <li>• Chlamydia Screening</li> <li>• Contraceptive Methods and Counseling</li> <li>• Folic Acid Supplementation</li> <li>• Gonorrhea Screening</li> <li>• Intimate Partner Violence Screening</li> <li>• Osteoporosis Screening</li> <li>• Well-Woman Visits</li> </ul> <b>Pregnant Women</b> <ul style="list-style-type: none"> <li>• Bacteriuria Screening</li> <li>• Breastfeeding Support, Supplies and Counseling</li> <li>• Depression Screening</li> <li>• Gestational Diabetes Mellitus Screening</li> <li>• Hepatitis B Screening</li> <li>• HIV Screening</li> <li>• Preeclampsia Screening</li> <li>• Rh Incompatibility Screening: First Pregnancy Visit</li> <li>• RH Incompatibility Screening: 24–28 Weeks' Gestation</li> <li>• Syphilis Screening</li> <li>• Tobacco Use Counseling and Interventions</li> </ul>	<b>Newborns</b> <ul style="list-style-type: none"> <li>• Gonorrhea Prophylactic Medication</li> <li>• Hemoglobinopathies Screening</li> <li>• Hypothyroidism Screening</li> <li>• Phenylketonuria Screening</li> </ul> <b>Infants</b> <ul style="list-style-type: none"> <li>• Dental Caries Prevention: Infants and Children Up to Age 5</li> </ul> <b>Children</b> <ul style="list-style-type: none"> <li>• Dental Caries Prevention: Infants and Children Up to Age 5</li> <li>• Obesity screening and Counseling</li> <li>• Skin Cancer Behavioral Counseling</li> <li>• Tobacco Use Counseling and Interventions</li> <li>• Vision Screening: Age 3 to 5</li> <li>• Well-Child Visits</li> </ul> <b>Adolescents</b> <ul style="list-style-type: none"> <li>• Depression Screening</li> <li>• Hepatitis B Screening</li> <li>• HIV Screening</li> <li>• Obesity screening and Counseling</li> <li>• Sexually Transmitted Infections Counseling</li> <li>• Skin Cancer Behavioral Counseling</li> <li>• Tobacco Use Counseling and Interventions</li> </ul> <b>Multiple Populations</b> <ul style="list-style-type: none"> <li>• Tuberculosis Screening: all populations at risk</li> <li>• Skin Cancer Behavioral Counseling: young adults, adolescents, children, and parents of young children</li> </ul>
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**\*See Schedule of Benefits for Limitations, Intervals and Requirements.**

## **Vaccines**

**IMMUNIZATIONS - recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention for routine use in children, adolescents, or adults\***

Adults 19 Years or Older	Children From 7 Through 18 Years Old	Birth Through 6 Years Old
<ul style="list-style-type: none"> <li>• IIV</li> <li>• RIV</li> <li>• LAIV</li> <li>• Tdap</li> <li>• MMR</li> <li>• VAR</li> <li>• RZV</li> <li>• ZVL</li> <li>• HPV - Female</li> <li>• HPV- Male</li> <li>• PCV13</li> <li>• PPSV23</li> </ul>	<ul style="list-style-type: none"> <li>• Flu</li> <li>• Tdap</li> <li>• HPV</li> <li>• MenACWY</li> <li>• MenACWY</li> </ul>	<ul style="list-style-type: none"> <li>• HepB</li> <li>• DTaP</li> <li>• Hib</li> <li>• PCV13</li> <li>• IPV</li> <li>• Flu</li> <li>• MMR</li> <li>• VAR</li> <li>• HepA</li> <li>• RV</li> </ul>

1. None of the Preventive Health Services are covered if they are provided at a hospital.

\* Immunization illustrations listed herein are based upon CDC recommendations contained in the following schedules: (i) Recommended Child and Adolescent Immunization Schedule (available at: <https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html>), and (ii) Recommended Adult Immunization Schedule (available at: <https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html>). Additional immunization scenarios not included in the aforementioned illustrations (such as catch-up immunization recommendations, immunization recommendations for certain high-risk groups, and immunization recommendations subject to individual clinical decision-making) may also be covered under this Plan pursuant to CDC recommendation. Information concerning these additional covered immunization scenarios (including vaccine type, age requirements, and frequency) is available online under the CDC schedule links listed above. Paper copies of these CDC schedules can also be obtained free of charge by written request to the Plan Administrator.

This plan is ACA Compliant. For additional information, visit: <https://www.healthcare.gov/coverage/preventive-care-benefits/> as benefits are subject to change. Or reference the Summary Plan Document for a list of Wellness & Preventative services offered In-Network.



The America's Consumer's and Affiliates Limited Partnership provides partners access to voluntary benefits in exchange for sharing browsing history anonymously and earn secondary income. Download the Legend Browser extension or app: <https://www.legendplatform.net/>

LP SelectMed Pro, Max, & Bronze: 1-1-24 09



# BUY-UP HOSPITAL INDEMNITY

## FOR SELECTMED PRO AND MAX

POLICY BENEFITS		OPTION 1	OPTION 2
Daily In-Hospital Indemnity Benefit	Pays each day an insured person is confined to a hospital (but not an emergency room, outpatient stay or stay in an observation unit) as the result of a covered accident or sickness.	<b>\$500</b> 31 days	<b>\$600</b> 31 days
Out-Patient Physicians Office Visit	Pays each day an insured person receives outpatient treatment in a physician's office or at an urgent care facility as the result of a covered accident or sickness, up to the annual maximum days listed.	<b>\$60</b> 6 days	<b>\$70</b> 6 days
Diagnostic Lab Benefit	Pays each day an insured person undergoes an outpatient lab test performed for the purpose of diagnosis for a covered accident or sickness, up to the annual maximum days listed. Does not include tests covered under any other rider.	\$40 per day 2 day max	\$40 per day 2 day max
Diagnostic Select Benefit	Pays each day an insured person undergoes an outpatient X-ray, ultrasound, EEG or sleep study performed for the purpose of diagnosis for a covered accident or sickness, up to the annual maximum days listed.	\$200 per day 2 day max	\$200 per day 2 day max
Diagnostic Advanced Benefit	Pays each day an insured person undergoes an outpatient CT Scan, MRI, myelogram, PET, angiogram, arteriogram or thallium stress test performed for the purpose of diagnosis for a covered accident or sickness, up to the annual maximum days listed.	\$800 per day 1 day max	\$800 per day 1 day max
In-Patient Hospital Admission Benefit	In the event we pay a hospital admission benefit and the insured is later admitted to the ICU for the same or related condition within 30 days, we will pay the difference between what was paid for the hospital admission and the higher ICU admission benefit.	\$500 per day 1 per year	\$1,000 per day 1 per year
Surgical and Anesthesia Indemnity Benefit Rider	Pays each day an insured person undergoes surgery, as follows: <div> <div>Inpatient surgery</div> <div>Anesthesia percentage</div> </div>	\$1,000/1 day  20%	\$1,500/1 day  20%
Off-the-Job Accidental Injury Indemnity Benefit Rider	Pays each day an insured person receives treatment for a covered accident. Treatment must be provided by a physician within 96 hours of the accident.	\$400 5 days	\$500 5 days
Critical Illness Indemnity Benefit Rider	Pays once when the insured is diagnosed with a critical illness (invasive cancer, heart attack, stroke, end stage renal failure, or major organ failure). A subsequent benefit is payable when the insured is diagnosed with a different critical illness 60 or more days after the first diagnosis.	\$5,000 25% Dependent	\$5,000 25% Dependent
Group Term Life with Accidental Death and Dismemberment	Member - \$10,000; Spouse - \$5,000; Children - \$2,500 / child	Included	Included
NON-INSURANCE DISCOUNT PROGRAMS			
PPO Network offered by Multiplan		Included	Included
Discount Card offered by ProCare		Included	Included

HOSPITAL INDEMNITY INSURANCE MONTHLY PREMIUMS				
	MEMBER	MEMBER + SPOUSE	MEMBER + CHILD	FAMILY
OPTION 1	\$121.75	\$242.45	\$179.85	\$279.41
OPTION 2	\$146.68	\$298.26	\$221.71	\$346.21

**THIS IS NOT MAJOR MEDICAL INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL INSURANCE. IT DOES NOT QUALIFY AS MINIMUM ESSENTIAL COVERAGE (MEC) AS DEFINED BY THE FEDERAL AFFORDABLE CARE ACT (ACA).**

This is a brief summary of Hospital Indemnity Insurance. Insurance may not be available in all jurisdictions. Limitations and exclusions apply. Refer to the policy, certificate and riders for complete details. Issue Age 18 to 65 (Eligible Children under the age of 26).



# SHORT-TERM DISABILITY

**CONDITIONAL GUARANTEED ISSUE UP TO \$2,500! SIMPLIFIED ISSUE \$5,000!**



## The More You Know

How would you and your family make it with no paycheck? Short-term disability income insurance helps protect your income if you ever get sick or hurt and can't work, so you can focus on getting better.

Policy Highlights	Benefits
Evidence of Insurability	Conditional Guaranteed Issue up to \$2,500 per month
Insurance For	Members Only
Benefit Levels	Up to \$5,000 per month (Simplified Issue). Not to exceed 60% of annual earnings.
Benefit Period	6 Months
Waiting Period	14 days accident/14 days sickness
Tax-Free Benefit	No taxes due on cash benefits



Short-Term Disability Income Insurance	
Benefit	Ages 18-69
\$500 Monthly Benefit	\$32.00
\$1,000 Monthly Benefit	\$59.00
\$1,500 Monthly Benefit	\$86.00
\$2,000 Monthly Benefit	\$113.00
\$2,500+ Monthly Benefit	Call for Pricing
MONTHLY	

This is a brief summary of short-term disability income insurance. Insurance may not be available in all jurisdictions. Limitations and exclusions apply. Refer to the policy, certificate and riders for complete details.

# DENTAL AND VISION

## Dental Coverage

Plan Details		Basic	Preferred
Annual Maximum		\$500/yr	\$1,000/yr
Deductible		\$50 Annual	\$50 Annual
Deductible Limit		Max 3 per family	Max 3 per family
Services*		Basic	Preferred
Diagnostic & Preventative	Cleanings, Exams, Oral Cancer Screening (age 40+), Radiographs - Bitewings, Radiographs - FMX, Fluoride (under age 16), Sealants (under age 16), Space Maintainers (under age 16)	Plan Pays 100% Deductible Waived	Plan Pays 100% Deductible Waived
Basic	Emergency Pain, Restorations (Amalgams & Anterior Resin), Restorations (Posterior Resin), Crown Repairs, Bridge Repairs, Denture Repairs	Plan Pays 80%	Plan Pays 80%
Major <sup>1</sup>	Simple Extractions, Surgical Extractions, Oral Surgery, Endodontics, Periodontal Maintenance, Non-Surgical Periodontics, Surgical Periodontics, Inlays, Onlays, Crowns, Bridges, Dentures, Implants, Anesthesia	Plan Pays 0%	Plan Pays 50%



Plan Tier	Member	Member + Spouse	Member + Child(ren)	Family
Basic	\$19.67/mo	\$35.34/mo	\$43.31/mo	\$63.33/mo
Preferred	\$27.98/mo	\$51.94/mo	\$54.52/mo	\$83.40/mo

1. 12 month waiting period on Major services

Underwritten by National Guardian Life Insurance Company. National Guardian Life Insurance Company is not affiliated with the Guardian Life Insurance Company of America, a/k/a The Guardian or Guardian Life. | DENTPROP20

The information on this sheet is a brief summary of your dental plan and the services it covers. There are some limitations on the expenses for which your dental plan pays. If you have specific questions regarding benefit coverage, limitations, exclusions, or non-covered services, please refer to your certificate of coverage/dental benefit booklet or contact BrightBenefits.

## Vision Coverage

Benefit	Description	Copay	Frequency
Eye Exam	Focuses on your eyes, vision and wellness	\$10	Every 12 months
Frame	Pay no more than \$25 for Exclusive Collection frames at participating locations or \$130 frame allowance at network locations or \$180 frame allowance at Visionworks <sup>1</sup> Plus 20% off any amount over your allowance <sup>2</sup>	Included	Every 24 months
Lenses and enhancements <sup>3</sup>	Clear plastic single -vision, bifocal, trifocal or lenticular lenses I Polycarbonate Lenses for dependent children I Tinting of Plastic Lenses I Scratch-Resistant Coating	\$25	Every 12 months
Lens upgrades <sup>3</sup>	Polycarbonate lenses for adults High-Index Lenses 1.67 High-Index Lenses 1.74 Polarized Lenses Progressive Lenses (Standard / Premium / Ultra / Ultimate) Anti-Reflective (AR) Coating (Standard / Premium / Ultra / Ultimate) Ultraviolet Coating Plastic Photochromic Lenses (Transitions® Signature™) Premium Scratch -Resistant Coating Scratch-Protection Plan (Single -Vision / Multifocal) Digital Single Vision Lenses Trivex Lenses Blue Light Filtering	\$30 \$55 \$120 \$75 \$50 / \$90 / \$140 / \$175 \$35 / \$48 / \$60 / \$85 \$12 \$65 \$30 \$20 / \$40 \$30 \$50 \$15	Every 12 months
Prescription contacts <sup>4</sup> (instead of glasses)	15% off fitting, evaluation and follow-up I \$130 allowance for contacts I Plus 15% off any amount over your allowance <sup>2</sup>		Every 12 months

### Extra member savings (not insured benefits)

- 15% off standard laser vision correction or 5% off promotional prices at LasikPlus® locations nationwide.
- No more than \$39 on routine retinal imaging as an enhancement to an eye exam
- 30% off additional pairs of eye glasses.<sup>2</sup>
- Free 1-yr. breakage warranty on your glasses - limitations apply.

### Out-of-network coverage

Exam.....	\$40	Trifocal lenses.....	\$80
Frame.....	\$50	Lenticular lenses.....	\$100
Single vision lenses.....	\$40	Elective contacts.....	\$105
Bifocal/Progressive lenses.....	\$60	Visually required contacts.....	\$225



Vision Rates				
Member	Member + Spouse	Member + Child(ren)	Family	
\$10.22/mo	\$16.76/mo	\$18.42/mo	\$25.22/mo	

1. Excludes Maui Jim® eyewear.

2. Some limitations apply to additional discounts; discounts not applicable at all in-network providers.

3. Spectacle lens options may not be available at all locations.

4. Contact lens coverage varies by product selection. Visually Required contacts are covered in full with prior approval. Davis Vision has done its best to accurately reflect plan coverage herein. If differences exist between this document and the plan contract, the contract will prevail. Products may vary by state.

Underwritten by National Guardian Life Insurance Company. National Guardian Life Insurance is not affiliated with the Guardian Life Insurance Company of America, a/k/a The Guardian or Guardian Life. NVIGRP-DV 2019| BVPROP20

# ACCIDENT INSURANCE



## **Protection Against "What If..."**

Accidents are a part of everyday life, but are you prepared for the added financial burden? If you have a serious accident, you'll want extra cash to help cover your increased expenses. This is an accident insurance policy that pays in addition to any other insurance. No medical questions are asked, this means you cannot be denied due to past medical history.

Policy Highlights	Benefits
Accident Insurance	Accident insurance is a way to help stay ahead of the medical and out-of-pocket expenses that add up so quickly after an accidental injury - emergency treatment, hospital stays, medical exams, and other expenses you may face, such as transportation and lodging needs.
Understanding Accident Advance	This is a group voluntary off-the-job accident only insurance policy.
Evidence of Insurability Insurance	Guarantee Issue
Pays Cash Benefits	Individual and family insurance available <ul style="list-style-type: none"> <li>• When you have a covered accident, we'll send cash benefits directly to you (unless you tell us otherwise) and you decide the best way to spend them.</li> <li>• Pays in addition to any other insurance.</li> </ul>
Promotes Healthy Behavior	<ul style="list-style-type: none"> <li>• The Accidental Death and Dismemberment Rider's Automobile Accidental Death provision pays more if the insured was wearing a seat belt and has air bags in the car.</li> <li>• The wellness benefit pays for an annual health screening test such as mammography, colonoscopy and chest x-rays.</li> </ul>
Base Benefits For	<ul style="list-style-type: none"> <li>• Accident Emergency Treatment</li> <li>• Follow-Up Visit and Physical Therapy</li> <li>• Initial Accident Hospitalization</li> </ul>
Riders Included	<ul style="list-style-type: none"> <li>• Accidental Death and Dismemberment Rider</li> <li>• Accident Hospital and ICU Income Rider</li> <li>• Expanded Benefits Rider</li> <li>• Wellness Benefit Rider</li> </ul>



Rates for Accident			
Member	Member + Spouse	Member + Child(ren)	Family
\$21.32	\$31.48	\$27.56	\$38.56
MONTHLY			

This is a brief summary of Accident Insurance. Insurance may not be available in all jurisdictions. Limitations and Exclusions apply. Refer to the policy, certificate and riders for complete details.



# **CRITICAL ILLNESS INSURANCE**

**GUARANTEED ISSUE UP TO \$15,000!  
\$50,000 MAX!**



## What Is It?

Concentrate on your recovery, not your finances. Critical illness insurance provides a single cash benefit paid directly to you if you're diagnosed or treated for a covered critical illness – giving you the flexibility to help pay bills related to treatment or to help with everyday living expenses, such as car payments, the mortgage, groceries, or utility bills. Consider how you would manage if you were unable to work due to an illness.

### Critical Illness

<b>Critical Illness Benefit</b>	Critical illness insurance provides a lump-sum cash benefit which the member can use however they wish. After the critical illness diagnosis, the insured person will receive a lump-sum percentage of the elected benefit amount. The diagnosis must be made after the effective date of the certificate.
<b>Recurrent Critical Illness Benefit</b>	This benefit provides each insured person with an opportunity to receive an additional payment for the same critical illness. The Recurrence Benefit is a percentage of the Critical Illness Benefit amount and the percentage is selected by the association. A recurrence of the same critical illness must be separated by a 12 month waiting period. Only one Recurrence Benefit will be paid for each critical illness.
<b>Wellness Indemnity Benefit</b>	This benefit can help pay the costs for a screening test for early disease signs and lead to earlier intervention, better outcomes and healthier members. The benefit is payable once per calendar year per insured person.
<b>First Occurrence</b>	First occurrence after effective date
<b>Rate Structure</b>	Voluntary - Issue Age

### Covered Critical Illnesses

Illness covered under policy	Percentage of Benefit Amount
Heart Attack	100%
Stroke	100%
Major Organ Failure	100%
End Stage Renal Failure	100%
Other Specified Organ Failure (Loss of sight, speech, or hearing)	100%
Miscellaneous Diseases - Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease), Encephalitis/meningitis, Rocky Mountain Spotted Fever, Typhoid Fever, Anthrax, Cholera, Primary Sclerosing Cholangitis (Walter Payton's Disease) and Tuberculosis	100%
Alzheimer's Disease	30%
Coronary Artery Disease Requiring Bypass Grafts	25%
Coronary Artery Disease Requiring Angioplasty/Stent	5%

Additional Benefit	Benefit Amount
Wellness Indemnity Benefit	\$100
Recurrent Critical Illness Benefit Rider	100%



## Sample Premiums for Member - Non-Tobacco Rates



Age	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	Age	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000
18-29	\$19.75	\$22.60	\$25.45	\$28.30	\$31.15	\$34.00	50-59	\$46.60	\$58.40	\$70.20	\$82.00	\$93.80	\$105.60
30-39	\$21.40	\$24.80	\$28.20	\$31.60	\$35.00	\$38.40	60-64	\$83.35	\$107.40	\$131.45	\$155.50	\$179.55	\$203.60
40-49	\$29.95	\$36.20	\$42.45	\$48.70	\$54.95	\$61.20	65+	\$104.95	\$136.20	\$167.45	\$198.70	\$229.95	\$261.20
MONTHLY							MONTHLY						

This is a brief summary of Critical Illness Insurance. Insurance may not be available in all jurisdictions. Limitations and exclusions apply. Refer to the policy, certificate and riders for complete details.

# 10 YEAR TERM LIFE INSURANCE

**GUARANTEED ISSUE UP TO \$50,000!  
\$500,000 MAX!**



## What Is It?

Life insurance helps provide immediate and future financial security for your family following your death. Term life insurance gives you coverage for a specified period of time, or "term" such as 10 years.

Policy Highlights	Benefits
Benefit Levels	<ul style="list-style-type: none"> <li>- Guaranteed issue up to \$50,000 not to exceed 5 times salary.</li> <li>- Spouse guaranteed issue up to \$15,000.</li> <li>- Eligible dependent children issue is up to \$10,000; minimum is \$5,000</li> </ul>
Evidence of Insurability	Guaranteed Issue
Portable	If an insured leaves the group for any reason, he or she may be able to continue this Voluntary Group Term Life Insurance coverage on a direct basis.
Convertible to Whole Life Policy	Opportunity to convert to permanent <sup>1</sup> life insurance upon termination of insurance.
Accelerated Death Benefit for Critical Care Condition Rider	Benefit amount is 25% of the life insurance death benefit. Allows the insured to receive an early payout of the life insurance death benefit in the event of these critical care conditions: cancer, heart attack, major organ transplant surgery, renal failure or stroke.
Accelerated Death Benefit for Living Benefit Rider	Accelerates 4% for monthly benefit or 20% of the death benefit amount as a one-time lump sum payment. Accelerates a portion of the life insurance death benefit if the insured person is diagnosed with a covered chronic illness and in the best medical judgment is unable to perform daily activities for a period of at least 90 days without human assistance; or has a severe cognitive impairment that is expected to be permanent or requires supervision to protect the insured's health or safety.
Extension of Benefits Rider	Accelerates 4% for monthly benefit or 5% of one-time lump sum payment/Paid-up benefit of 25% of face amount
Accelerated Death Benefit for Terminal Illness Rider	Accelerates up to the lesser of \$100,000 or 50%. Accelerates a portion of the death benefit amount if a covered person is first diagnosed with a terminal illness which, in the best medical judgment, will result in death within 12 months.
Waiver of Premium Due to Layoff or Strike Rider	Waives the premium for up to six months in the event of involuntary layoff or strike. Waiver is limited to three layoffs/strikes, not to exceed a total of six months, per 12-month period. This rider terminates when the owner reaches age 65. This rider is not available to self-employed individuals.

### Sample Premiums for \$50,000 in Coverage\* - Non-Tobacco

AGE	PREMIUM
Age 25	\$16.38
Age 30	\$18.46
Age 35	\$22.17
Age 40	\$29.29
Age 45	\$39.00
Age 50	\$50.71
MONTHLY	



*Issue ages are 16-75 for member and 16-65 for spouse. \*Rates are based upon age and tobacco usage. <sup>1</sup> Coverage could lapse prior to the maturity for non-payment of premiums. You must speak with a benefits counselor to receive your applicable rate.*

This is a brief summary of Group Term Life Insurance. Premiums are scheduled to remain level for five years and are guaranteed level for the first five years. **Premiums may actually increase annually starting in year 6.** Insurance may not be available in all jurisdictions. Limitations and exclusions apply. Refer to the policy, certificate and riders for complete details.

# UNIVERSAL LIFE INSURANCE

**GUARANTEED ISSUE UP TO \$50,000!  
\$500,000 MAX!**



## What Is It?

Universal Life Insurance is designed to last your lifetime. It combines life insurance protection with the ability to grow cash value over time. As long as your policy has earned sufficient cash value, you may borrow from it for any reason at a modest interest rate. You can use this loan for things such as paying college tuition, mortgage costs, or use it to pay for final expenses.

Policy Highlights	Benefits
Benefit Levels	Guaranteed issue up to \$50,000 for member and \$15,000 for spouse. Eligible dependent children is \$25,000 or \$10,000 for child term rider.
Evidence of Insurability	Guaranteed Issue
Cash Value Accumulation	The policy builds with a minimum guaranteed interest rate of 3%
Portable	Yes. If you retire or leave your group, you can take comfort in knowing that your premium won't change because you leave.
Accelerated Death Benefit for Terminal Condition Rider	Accelerates up to the lesser of \$100,000 or 75%. Accelerates a portion of the life insurance death benefit if the insured person is first diagnosed with a terminal condition which, in the best medical judgment, will result in death within 12 months. When exercised, an administrative fee of \$100 plus 12 months advanced interest will be deducted from the benefit payment. The death benefit and other contract values will be reduced accordingly and this rider will terminate.
Waiver of Monthly Deductions for Layoff or Strike Rider	Waives the monthly deductions for up to six months per year if the member is involuntarily laid off. Benefits are limited to three layoffs per year and are based on the member's layoff only. Layoff of an insured spouse or child does not qualify for this waiver. Premium payments must have begun prior to the insured member's layoff. Rider is available through age 55 and terminates on the member's 60th birthday or when the insurance is assigned to another party, whichever is earlier.
Accelerated Death Benefit for Critical Condition Rider	Accelerates up to the lesser of \$100,000 or 25%. Accelerates a portion of the life insurance death benefit if the insured person is first diagnosed with a covered critical care condition (cancer, heart attack, stroke, renal failure or major organ transplant surgery) after the 30-day waiting period. When exercised, an administrative fee of \$250 will be deducted from the benefit payment. The death benefit and other contract values will be reduced accordingly and this rider will terminate.
Accelerated Death Benefit for Living Benefit Rider	Accelerates 4% for monthly benefit or one-time lump sum payment of 20% of Face Amount. Accelerates a portion of the life insurance death benefit if the insured person is diagnosed with a covered chronic illness and in the best medical judgment is unable to perform daily activities for a period of at least 90 days without human assistance; or has a severe cognitive impairment that is expected to be permanent or requires supervision to protect the insured's health or safety.
Extension of Benefits Rider	Accelerates 4% for monthly benefit of 5% of one-time lump sum payment/Paid-up benefit of 25% of face amount
Automatic Face Amount Increase Rider	\$1 per week for 10 years. Spouse coverage is \$1 per week for 3 years. This rider automatically increases the face amount by increasing the planned premium annually. The face amount will increase by the amount that the planned premium increase will purchase at current age and rate class. This rider is only available to a member, age 16 through 60, during the initial enrollment and cannot be added later.
Child Term Insurance Rider	Benefit of \$10,000 or \$20,000 for each child. All children in the family will be insured for the same coverage amount. Allows an insured member or spouse (but not both) to insure all eligible children, age 15 days through age 25, for the selected amount of term insurance. Insurance on each child terminates on that child's 26th birthday or when the parent's insurance ends, whichever is earlier. Upon the termination the child has 31 days in which to convert to an individual contract for up to 5 times the amount of insurance under this rider or \$50,000. All children in the family will be insured for the same insurance amount.



### Sample Member Premiums\* - Non-Tobacco

Age	Amount You Will Pay	Amount Of Death Benefit
Age 25	\$27.85	\$50,000
Age 30	\$32.60	\$50,000
Age 35	\$39.08	\$50,000
Age 40	\$48.13	\$50,000
Age 45	\$60.19	\$50,000
Age 50	\$77.69	\$50,000

Issue ages are 16-80 for member and 16-65 for spouse. \*Rates are based upon age and tobacco usage. Coverage could lapse prior to the maturity for non-payment of premiums. You must speak with a benefits counselor to receive your applicable rate.

**MONTHLY**

This is a brief summary of Universal Life Insurance. Insurance may not be available in all jurisdictions. Limitations and exclusions apply. Refer to the policy, certificate and riders for complete details.

**Questions? Call 866-951-8419** | Monday - Friday, 8AM - 7PM EST

Customer Service Center  
P.O. Box 11528  
Knoxville, TN 37939

8-1-23

# ATTENTION



## EXCLUSIVE BENEFIT OPTIONS:

### Medical Plans

- ✓ 3 Levels of Coverage
- ✓ Preventative Care
- ✓ Hospitalization
- ✓ Prescription Benefits
- ✓ Includes Telemedicine
- ✓ Guaranteed Acceptance
- ✓ Nationwide Network
- ✓ ACA Compliant

### Plan Highlights

#### Critical Illness

- Up to \$50,000!
- No Health Questions up to \$15,000!

#### Group Term & Universal Life Insurance

- Up to \$500,000!
- No Health Questions up to \$50,000!!

### Additional Health Options

- Dental
- Vision
- Accident
- Disability
- Cancer
- 401k(i)

### NAWP Membership Highlights



**CDL Health Scanner helps you track your blood pressure, heart rate, respiratory rate, and more!**



**ESPYR's TalkNow® and Fit to Pass® provides CDL coaching and counseling for support on the road.**

## LEARN MORE ABOUT YOUR BENEFIT OPTIONS



### Questions? Call us!

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M-F 8am To 7pm EST  
¡Hablamos Español!



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