

## Benefits Overview 2024-2025



TO: New Employee

FROM: J. Brad Hoard

Congratulations on your new position!

As a valued employee, you are entitled to various group insurance benefits. Please review the enclosed information regarding your group benefits available through Dixie County, both the employer paid and the voluntary benefits.

The effective date of your benefits is the first day of the month following 30 days from your approved hire date.

All employees receive, life insurance, medical insurance and dental insurance. If you want to decline the medical coverage you will receive a board contribution to a Flexible Spending Account.

Voluntary insurance including life insurance, vision insurance, accident, critical illness, hospital indemnity and short-term-disability as well as adding dependents to medical and dental is available.

Your new employee benefits must be completed prior to your effective date.

If you have any questions or should need any assistance, please contact Brad Hoard at 1-850-906-9099

I look forward to working with you in the future.

Best Regard,

J. Brad Hoard

# DCBOCC BENEFIT RATES AT A GLANCE

## 2023/2024

### HEALTH INSURANCE – FLORIDA BLUE

PLANS & TIERS	24 Pay
<b>BCBS HMO 126/127</b>	
Employee Only	\$0.00
Employee + Spouse	\$564.79
Employee + Child(ren)	\$441.13
Employee + Family	\$970.74
<b>BCBS PPO 5180/5181</b>	
Employee Only	\$39.68
Employee + Spouse	\$655.26
Employee + Child(ren)	\$520.60
Employee + Family	\$1097.71
<b>Dental</b>	
Employee Only	\$0.00
Employee + Spouse	\$14.29
Employee + Child(ren)	\$14.57
Employee + Family	\$26.11
<b>Vision Balanced</b>	
Employee Only	\$3.18
Employee + Spouse	\$6.84
Employee + Child(ren)	\$5.52
Employee + Family	\$9.18

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Vision VSP	
Employee Only	\$3.82
Employee + Spouse	\$8.28
Employee + Child(ren)	\$6.46
Employee + Family	\$10.88

## BASIC AD&D AND LIFE

GROUP LIFE INSURANCE		\$0.00 to Employee
\$20,000 coverage		100% Employer Paid

For the below please see outline of coverage and the benefit administration system

VOLUNTARY LIFE INSURANCE

SHORT TERM DISABILITY

GROUP ACCIDENT INSURANCE

GROUP CRITICAL INSURANCE

GROUP Hospital Indemnity



# Group Basic Life and Accidental Death and Dismemberment Insurance

Group Basic Life insurance from Standard Insurance Company helps provide financial protection by promising to pay a benefit in the event of an eligible member's covered death. Basic Accidental Death and Dismemberment (AD&D) insurance may provide an additional amount in the event of a covered death or dismemberment as a result of an accident.

The cost of this insurance is paid by Dixie County Board of County Commissioners.

## Eligibility

<b>Definition of a Member</b>	You are a member if you are an active employee of Dixie County Board of County Commissioners and regularly working at least 30 hours each week. You are not a member if you are a temporary or seasonal employee, a full-time member of the armed forces, a leased employee or an independent contractor.
<b>Class Definition</b>	Class 1 - Active Members
<b>Eligibility Waiting Period</b>	You are eligible on the first of the month that follows or coincides with 30 consecutive days as a member.

## Benefits

<b>Basic Life Coverage Amount</b>	Your Basic Life coverage amount is \$20,000.
<b>Basic AD&amp;D Coverage Amount</b>	For a covered accidental loss of life, your Basic AD&D coverage amount is equal to your Basic Life coverage amount. For other covered losses, a percentage of this benefit will be payable.
<b>Life Age Reductions</b>	Basic Life and AD&D insurance coverage amount reduces to 50 percent at age 70.

## Other Basic Life Features and Services

- Accelerated Benefit
- Life Services Toolkit
- Portability of Insurance
- Repatriation Benefit
- Right to Convert Provision
- Standard Secure Access account payment option
- Travel Assistance
- Waiver of Premium

## Other Basic AD&D Features

- Family Benefits Package
- Line of Duty Benefit (Public Safety Employees only)
- Seat Belt and Air Bag Benefits

This information is only a brief description of the group Basic Life/AD&D insurance policy sponsored by Dixie County Board of County Commissioners. The controlling provisions will be in the group policy issued by The Standard. The group policy contains a detailed description of the limitations, reductions in benefits, exclusions and when The Standard and Dixie County Board of County Commissioners may increase the cost of coverage, amend or cancel the policy. A group certificate of insurance that describes the terms and conditions of the group policy is available for those who become insured according to its terms. For more complete details of coverage, contact your human resources representative.

Standard Insurance Company  
1100 SW Sixth Avenue  
Portland OR 97204

[www.standard.com](http://www.standard.com)

SI 13279-D-FL-150917-C1 (8/22)  
7138041-889090

# Benefits and Rates Summary

## BlueDental Plan: Single Plan Options

## BlueDental Choice Plus True Group

### Dental Plan Benefits

#### Deductible

No Deductible for Preventive Services

Per Person Per Plan Year

Per Family Per Plan Year

#### In-Network/Out-of-Network

\$75 / \$75

No Limit / No Limit

#### Benefits

#### Coinsurance

#### Preventive Services

100% \* / 100%

#### Basic Services

60% \* / 60%

#### Major Services

50% \* / 50%

Periodic Oral Evaluation (0120)

Preventive

Comprehensive Oral Evaluation (0150)

Preventive

Bitewing X-rays, two films (0272)

Preventive

Cleanings - Adult/Child (1110, 1120)

Preventive

Fluoride Treatment - Child (1203)

Preventive

Office Visits (9430)

Preventive

X-rays - Intraoral/Complete Series (0210)

Basic

Sealant – per tooth (1351)

Preventive

Amalgam Restorations (Silver Fillings) (2140)

Basic

Resin-Based Restorations - Anterior (2330)

Basic

Extractions - Routine and Surgical (7140)

Basic

Root Canal Molar (3330)

Major

Periodontal Scaling & Root Planing-per quad (4341)

Major

Crowns - Porcelain fused to noble metal (2752)

Major

Complete Dentures (5110, 5120)

Major

Pontic - Porcelain fused to noble metal (6242)

Major

Partial Dentures (5213, 5214)

Major

Surgical placement of implant body: endosteal  
implant (6010)

Major

Implant supported porcelain fused to metal crown  
(titanium, high noble metal) (6066)

Major

#### Orthodontia Services

None

BlueDental Coverage

N/A<sup>#</sup>

#### Waiting Periods

Major Service Benefits

None

Orthodontia Benefits

N/A

#### Maximum Benefits

Plan Year (per person)

\$1,000

Lifetime Orthodontia (per person)

N/A

#### Dental Rollover

Opt In

#### OON Reimbursement

90th U&C

#### Procedures Performed by Specialist

Covered / Covered

#### Dental Rates

Employee Census

Employee Only

Employee + Spouse

Employee + Children

Family

\* Of allowable expenses established by contract for the participating dentists.

# DIXIE COUNTY BOARD OF COUNTY COMMISSIONERS



## Group Vision Insurance

Help protect your eye health with coverage for exams, glasses and contacts.

This summary of benefits and coverage shows how you and The Standard would share the cost for covered vision care services. NOTE: This is only a summary; for detailed information on coverage, please consult your certificate of coverage.

### Plan 1: Balanced Care Vision III Plan Summary

Effective Date: 10/1/2022

Deductibles	
	\$20 Calendar Year Exam, Eye Glass Lenses or Frames*
Maximum	
per benefit period	None
Annual Eye Exam	Up to \$50
Lenses (per pair)	
Single Vision	Up to \$40
Bifocal	Up to \$60
Trifocal	Up to \$75
Lenticular	Up to \$80
Progressive	Up to \$80
Contacts	
Elective/Medically Necessary	Up to \$120
Frame Allowance	\$80
Frequencies (months)	
Exam/Lens/Frame	12/12/24
	Based on date of service***

\*Deductible applies to the first service received

\*\*\*Please submit claims within 90 days of the date of service so that the plan can consider benefits (subject to State requirements).

### Section 125

This plan is provided as part of the Policyholder's Section 125 Plan. Each employee has the option under the Section 125 Plan of participating or not participating in this plan. If an employee does not elect to participate when initially eligible, he/she may elect to participate at the Policyholder's next Annual Election Period.

### Vision Plan Participant Service

With Balanced Care Vision III plans, there is no network, so participants can select the eye doctor of their choice, pay the doctor for the services provided and submit their claims to The Standard for reimbursement.

#### Customer Service

Customer service is available to plan participants through our well-trained and helpful service representatives. Call or go online to view plan benefit information and more.

#### Call Center: 800.547.9515

- Service representative hours are 5 a.m. to 10 p.m. Pacific Monday through Thursday; 5 a.m. to 4:30 p.m. Pacific Friday
- Interactive Voice Response available 24/7

#### View plan benefit information at:

[www.standard.com/services](http://www.standard.com/services).



# DIXIE COUNTY BOARD OF COUNTY COMMISSIONERS



## About The Standard

For more than 100 years, we have been dedicated to our core purpose: to help people achieve financial well-being and peace of mind. Headquartered in Portland, Oregon, The Standard is a nationally recognized provider of group employee benefits. To learn more about products from The Standard, visit us at **[www.standard.com](http://www.standard.com)**.

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon, in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.

**This form is a benefit highlight, not a certificate of insurance. This policy has exclusions, limitations, reductions of benefits, and terms under which the policy may be continued in force or terminated. Please contact The Standard or your employer for additional information, including costs and complete details of coverage.**

# DIXIE COUNTY BOARD OF COUNTY COMMISSIONERS



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### Plan 2: Balanced Care Vision I Plan Summary

Effective Date: 10/1/2022

	VSP Choice Network + Affiliates	Out of Network
Deductibles		
	\$20 Exam	\$20 Exam
	\$20 Eye Glass Lenses or Frames*	\$20 Eye Glass Lenses or Frames
Annual Eye Exam	Covered in full	Up to \$46
Lenses (per pair)		
Single Vision	Covered in full	Up to \$47
Bifocal	Covered in full	Up to \$66
Trifocal	Covered in full	Up to \$85
Lenticular	Covered in full	Up to \$125
Progressive	See lens options	NA
Contacts		
Fit & Follow Up Exams	Participant cost up to \$60	Not covered
Elective	Up to \$120	Up to \$120
Medically Necessary	Covered in full	Up to \$210
Frame Allowance	\$120**	Up to \$47
Frequencies (months)		
Exam/Lens/Frame	12/12/24	12/12/24
	Based on date of service	Based on date of service

\*Deductible applies to a complete pair of glasses or to frames, whichever is selected.

\*\*The Costco and Walmart allowance will be the wholesale equivalent.

### Lens Options (participant cost)\*

	VSP Choice Network + Affiliates	Out of Network
	(Other than Costco)	
Progressive Lenses	Up to provider's contracted fee for Lined Bifocal Lenses. The patient is responsible for the difference between the base lens and the Progressive Lens charge.	Up to Lined Bifocal allowance.
Std. Polycarbonate	Covered in full for dependent children \$33 adults	Not covered
Solid Plastic Dye	\$15 (except Pink I & II)	Not covered
Plastic Gradient Dye	\$17	Not covered
Photochromatic Lenses (Glass & Plastic)	\$31-\$82	Not covered
Scratch Resistant Coating	\$17-\$33	Not covered
Anti-Reflective Coating	\$43-\$85	Not covered
Ultraviolet Coating	\$16	Not covered

\*Lens Option participant costs vary by prescription, option chosen and retail locations.

# DIXIE COUNTY BOARD OF COUNTY COMMISSIONERS



Additional Balanced Care Vision I Choice Network Features	
Contact Lenses Elective	Allowance can be applied to disposables, but the dollar amount must be used all at once (provider will order 3 or 6 month supply). Applies when contacts are chosen in lieu of glasses. For plans without a separate contact fitting & evaluation (which includes follow up contact lens exams), the cost of the fitting and evaluation is deducted from the allowance.
Additional Glasses	20% off additional complete pairs of prescription glasses and/or prescription sunglasses.*
Frame Discount	VSP offers 20% off any amount above the retail allowance.*
Laser VisionCare	VSP offers an average discount of 15% off or 5% off a promotional offer for LASIK Custom LASIK and PRK. The maximum out-of-pocket per eye for participants is \$1,800 for LASIK and \$2,300 for custom LASIK using Wavefront technology, and \$1,500 for PRK. In order to receive the benefit, a VSP provider must coordinate the procedure.
Low Vision	With prior authorization, 75% of approved amount (up to \$1,000 is covered every two years).

*Based on applicable laws, reduced costs may vary by doctor location.*

## Retail Chain Affiliate Providers Available With Balanced Care Vision I Plans

Retail chain affiliate providers, which include Costco® Optical and Visionworks, give participants added convenience and additional retail choices. Costco Optical has 400 locations across the country, while Visionworks manages nearly 400 optical stores in 37 states and DC, including well-known stores such as EyeMasters, Visionworks, Dr. Bizer's VisionWorld, Eye DRx, and Hour Eyes, to name a few. Participants enjoy a covered-in-full benefit experience with equivalent frame benefit at any of these retail chain locations.

## Section 125

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## Vision Plan Participant Service

Balanced Care Vision I from The Standard features the money-saving eye care network of VSP. Customer service is available to plan participants through VSP's well-trained and helpful service representatives. Call or go online to locate the nearest VSP network provider, view plan benefit information and more.

### VSP Call Center: 800.877.7195

- Service representative hours: 5 a.m. to 7 p.m. Pacific Monday through Friday, 6 a.m. to 2:30 p.m. Pacific Saturday
- Interactive Voice Response available 24/7

### Locate a VSP provider at:

[www.standard.com/services](http://www.standard.com/services)

# DIXIE COUNTY BOARD OF COUNTY COMMISSIONERS



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# Group Accident Insurance

Keep your finances on track when an accident happens.

## Here's How Accident Insurance Works

### 1 You have an accident.

Your health insurance covers some costs, after you meet your deductible. But you still may have copays and a lot of out-of-pocket expenses.

### 2 We send you a check.

The Standard will send a check directly to you — not to your medical providers — upon approval of your claim. You decide how you spend the money.

### 3 You focus on getting better.

With The Standard helping you handle the unexpected expenses, you get to pay attention to what matters most — your health.

### Here's what it does:

- **Pays you directly**, so you can choose how to spend the money.
- **Pays you for what happens**, regardless of your other coverage.
- **Goes with you** if you leave your employer.
- **Provides coverage without answering any medical questions.**
- Gives you the option to **cover your spouse and children.**
- **Pays an additional 25 percent benefit** if your child, 18 or under, is injured playing organized sports.
- **You pay the same premium** for as long as you have your coverage.
- Provides the convenience of having your **premium payments deducted directly from your paycheck.**

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**This coverage from Standard Insurance Company (The Standard) can help you stress less about unexpected medical bills.**

## Here's an example of benefits paid for a covered accident:

You're injured during your city league soccer game. An ER visit and scans reveal a concussion, broken leg, torn ACL and meniscus - requiring a 2 day hospital stay and surgery.

### Here's what your plan would cover for this example:

Benefits Paid to You	Benefit Amounts
Emergency Room Visit	\$600
X-ray	\$400
Concussion	\$600
Leg Fracture (Surgical)	\$3,400
Knee Cartilage Repair	\$1,000
Hospital Admission	\$2,500
2 Days Hospital Confinement	\$1,400
Medical Appliance	\$600
Physician Follow-Up Appointment	\$450
2 Physical Therapy Appointments	\$900
<b>TOTAL</b>	<b>\$11,850</b>

## Here's what it would cost you:

Coverage for...	Semimonthly Premium
<b>You</b>	<b>\$8.84</b>
<b>You and your spouse</b>	<b>\$14.34</b>
<b>You and your children</b>	<b>\$16.35</b>
<b>You, your spouse and your children</b>	<b>\$25.79</b>

# Accident Insurance Includes 70+ Benefits for Covered Injuries and Treatment

This is only a partial listing of benefits offered. The specific benefit amounts you'd receive vary. Please consult with your human resources representative or plan administrator for more details.

Injury	Emergency	Surgery
<ul style="list-style-type: none"><li>• Burns</li><li>• Dislocations</li><li>• Eye Injuries</li><li>• Concussion</li><li>• Loss of Hearing</li><li>• Lacerations</li><li>• Fractures</li><li>• Coma</li><li>• Paralysis</li></ul>	<ul style="list-style-type: none"><li>• Emergency Dental</li><li>• Urgent Care</li><li>• Ambulance</li><li>• Emergency Room</li><li>• X-ray</li><li>• Major Diagnostic Exam</li></ul>	<ul style="list-style-type: none"><li>• Abdominal/Thoracic Surgery</li><li>• Outpatient Surgical Facility</li><li>• Skin Grafts</li><li>• Knee Cartilage/ Ligament/ Tendon Repair</li><li>• Ruptured Disk</li><li>• Rotator Cuff</li></ul>
Hospitalization	Follow-Up Care	Value Added Benefits
<ul style="list-style-type: none"><li>• Hospital Admission</li><li>• Hospital Confinement</li><li>• CCU Confinement</li><li>• CCU Admission</li></ul>	<ul style="list-style-type: none"><li>• Chiropractor</li><li>• Medical Appliance</li><li>• Hearing Device</li><li>• Physical Therapy</li><li>• Physician Care</li><li>• Prosthesis</li><li>• Rehab Facility</li></ul>	<ul style="list-style-type: none"><li>• Transportation</li><li>• Lodging</li><li>• Youth Organized Sports Benefit</li></ul>

## Additional Benefits

**24-hour coverage** – Includes coverage for accidents that occur on and off the job.

**Accidental Death & Dismemberment** — Includes a benefit for an accidental death or covered dismemberment for you or your dependents.

**Line of Duty Benefit** — Provides an additional benefit for public safety officers who suffer an accidental death or covered dismemberment or impairment while on the job.

**Health Maintenance Screening Benefit** — Pays a \$200 benefit once per calendar year when you or your dependents go to the doctor for a covered wellness screening, which may include a novel infectious disease test (including COVID-19) or a mammogram.

**Automobile Accident Benefit** — Provides an additional \$500 benefit for injuries you or your dependents sustain while traveling in an automobile involved in a covered accident.

## Important Details

Here's where you'll find the nitty-gritty details about Accident insurance.

### Portability

This coverage is portable. That means that you may be able to continue your coverage through direct bill if your employment ends or your insurance ends because you no longer meet the eligibility requirements.

### Eligibility Requirements

To be eligible for this coverage, you must be 18 years old or older, a regular employee of Dixie County Board of County Commissioners, actively working in the United States at least 20 hours per week and a citizen or resident of the United States. Temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors are not eligible.

You can choose to cover your spouse, 18 years old or older, a person to whom you are legally married. You can also cover your children from birth through age 25. Your children cannot be insured by more than one employee. Your spouse or children must not be full-time member(s) of the armed forces. You cannot be insured as both an individual and a dependent.

A minimum number of eligible employees must apply and qualify for the proposed plan before Accident insurance coverage can become effective.

### Your Effective Date

You must satisfy the eligibility requirements listed above, serve an eligibility waiting period, agree to pay premium, and be actively at work (able to perform all normal duties of your job) on the day before the scheduled effective date of insurance.

If you are not actively at work on the day before the scheduled effective date of insurance, your insurance will not become effective until the day after you complete one full day of active work as an eligible employee.

Please contact your human resources representative or plan administrator for more information regarding the requirements that must be satisfied for your insurance to become effective.

### Exclusions

Benefits are not payable if an accident is caused by or contributed to any of the following:

- War or any act of war
- Suicide or other intentionally self-inflicted injury, while sane or insane
- Committing or attempting to commit an assault, felony

or act of terrorism

- Active participation in a violent disorder or riot
- The voluntary use or consumption of any poison, chemical compound, drug or alcohol in excess of the legal limit in the state your accident occurred
- Sickness existing at the time of the accident, including any medical or surgical treatment or diagnostic procedure for a sickness
- Travel or flight in or on any aircraft, except as a fare-paying passenger on a commercial aircraft
- Engaging in mountain climbing, caving, heli-skiing, boxing, full contact martial arts, bungee jumping, parachuting, base jumping, skydiving, hang gliding, sail gliding, parasailing, kitesurfing, kiteboarding or scuba diving
- Practicing for, or participating in, any semiprofessional or professional competitive athletic contests for which any type of compensation or remuneration is received
- Routine eye exams and dental procedures other than a crown or extraction for a tooth or teeth as a result of a covered accident
- Riding in or driving any automobile in a race, stunt show or speed test
- Cosmetic surgery or other procedure to improve appearance, unless it is necessary to correct a deformity or restore bodily function after a covered accident
- An accident that occurs while you or your dependent is incarcerated in a jail or penal or correctional institution

### When Your Insurance Ends

Your insurance ends if you notify your employer or policyholder to terminate your coverage, you stop making premium payments, your employment terminates, you cease meeting the member definition or the group policy terminates.

Child and spouse insurance ends when your insurance ends, they cease to meet the definition of child or spouse, you stop making premium payments for child or spouse insurance, spouse or child insurance is no longer offered under the group policy or the group policy terminates.

### Group Insurance Certificate

If coverage becomes effective and you become insured, you may receive a group insurance certificate containing a detailed description of the insurance coverage, including the definitions, exclusions, limitations, reductions and



terminating events. The controlling provisions will be in the group policy. The information present in this summary does not modify the group policy, certificate or the insurance coverage in any way.

**IMPORTANT NOTICE TO PERSONS ON MEDICARE:  
THIS IS NOT MEDICARE SUPPLEMENT INSURANCE**

**Some healthcare services paid for by Medicare may also trigger the payment of benefits from this policy.**

This insurance pays a fixed dollar amount, regardless of your expenses, for each day you meet the policy conditions. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

**Medicare generally pays for most or all of these expenses.**

**Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:**

- Hospitalization
- Physician services
- Hospice
- Outpatient prescription drugs if you are enrolled in Medicare Part D
- Other approved items and services

**This policy must pay benefits without regard to other health benefit coverage to which you may be entitled under Medicare or other insurance.**

**Before you buy this insurance:**

- Check the coverage in all health insurance policies you already have.
- For more information about Medicare and Medicare Supplement insurance, review the Guide to Health Insurance for People with Medicare, available from Standard Insurance Company.
- For help in understanding your health insurance, contact your state insurance department or state health insurance assistance program (SHIP).

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This is a limited benefit policy.

GP0614-ACC

Standard Insurance Company  
1100 SW Sixth Avenue  
Portland OR 97204

[www.standard.com](http://www.standard.com)

SI 17615-D-FL-150917-24PP (8/22)  
7138041-889126



# Group Critical Illness Insurance

Plan for the Costs of a Serious Illness So You Can Focus on Getting Well.

## 1 You get a critical illness diagnosis

Your health insurance covers many of your treatment costs, but you still have a lot of expenses that your finances aren't ready for.

## 2 The Standard is there for you

The Standard helps shield your finances by paying benefits directly to you. And you get to decide how you spend that money.

## 3 Focus on getting better

With The Standard helping cover your out-of-pocket or everyday expenses, you get to concentrate on what's most important to you, getting better.

### Here's what it does:

- **Pays you directly**, so you can choose how to spend the money
- **Goes with you** if you leave your employer
- **Provides coverage** without answering any medical questions
- **Covers children** at a 50% of your benefit amount at no additional cost
- Gives you the option to **cover your spouse**

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This coverage from Standard Insurance Company (The Standard) helps fill the gap caused by out-of-pocket costs, creating a financial safety net for you and your family.

## Here's how it works:

**Cancer:** Shayna beat cancer, but faced many costs she didn't expect. There were her medical plan's copays for doctor visits and what she owed for chemotherapy after meeting her deductible. She also bought hair prosthetics, paid for travel to specialists, and had alternative treatments. The benefits from Shayna's Critical Illness insurance helped cover the expenses. And, her plan also gave her access to Health Advocate™. Through this service, Shayna received the support of a personal guide who helped her make sense of her diagnosis and treatment options.

**You choose your coverage amount. Here's an example of what each benefit could cover:**

### Example Of Out-Of-Pocket Expenses

Medical plan	\$1,400
Lost wages	\$5,000
Alternate treatments and diets not covered by medical plan	\$4,500
<b>Total Out-Of-Pocket Expenses</b>	<b>\$10,900</b>

### Example Of Benefits

Critical Illness Benefit Option	\$5,000	\$20,000
<b>Total Out-Of-Pocket Expenses</b>	<b>\$10,900</b>	<b>\$10,900</b>
Remaining Out-Of-Pocket Expenses	\$5,900	\$0
<b>Remaining Benefit For Other Expenses</b>	<b>\$0</b>	<b>\$9,100</b>

## These are the benefit options you may elect:

Coverage for...	Coverage Amount...
You	\$5,000-\$20,000 in increments of \$5,000
Your spouse	\$5,000-\$20,000 in increments of \$5,000, as long as it's not more than your coverage amount
Your children	Automatically covered at 50% of your coverage amount

See the Important Details section for more information, including requirements, exclusions and definitions.

## Affordable Group Rates

Because you'll be buying this insurance through Dixie County Board of County Commissioners, you'll have access to affordable group rates. You'll also have the convenience of having your premium deducted directly from your paycheck.

The semimonthly premiums you would pay for Critical Illness insurance benefits are below.

Employee Non-Tobacco Semimonthly Attained Age Premiums						
Coverage Amount	Employee Age					
	18-29	30-39	40-49	50-59	60-69	70+
\$5,000	\$0.73	\$1.13	\$2.30	\$4.53	\$8.13	\$14.28
\$10,000	\$1.45	\$2.25	\$4.60	\$9.05	\$16.25	\$28.55
\$15,000	\$2.18	\$3.38	\$6.90	\$13.58	\$24.38	\$42.83
\$20,000	\$2.90	\$4.50	\$9.20	\$18.10	\$32.50	\$57.10

Employee Tobacco Semimonthly Attained Age Premiums						
Coverage Amount	Employee Age					
	18-29	30-39	40-49	50-59	60-69	70+
\$5,000	\$0.83	\$1.43	\$3.53	\$8.60	\$17.70	\$31.28
\$10,000	\$1.65	\$2.85	\$7.05	\$17.20	\$35.40	\$62.55
\$15,000	\$2.48	\$4.28	\$10.58	\$25.80	\$53.10	\$93.83
\$20,000	\$3.30	\$5.70	\$14.10	\$34.40	\$70.80	\$125.10

Spouse Semimonthly Attained Age Premiums - Based on Employee's Age and Non-Tobacco status						
Coverage Amount	Employee Age					
	18-29	30-39	40-49	50-59	60-69	70+
\$5,000	\$0.73	\$1.13	\$2.30	\$4.53	\$8.13	\$14.28
\$10,000	\$1.45	\$2.25	\$4.60	\$9.05	\$16.25	\$28.55
\$15,000	\$2.18	\$3.38	\$6.90	\$13.58	\$24.38	\$42.83
\$20,000	\$2.90	\$4.50	\$9.20	\$18.10	\$32.50	\$57.10

Spouse Semimonthly Attained Age Premiums - Based on Employee's Age and Tobacco status						
Coverage Amount	Employee Age					
	18-29	30-39	40-49	50-59	60-69	70+
\$5,000	\$0.83	\$1.43	\$3.53	\$8.60	\$17.70	\$31.28
\$10,000	\$1.65	\$2.85	\$7.05	\$17.20	\$35.40	\$62.55
\$15,000	\$2.48	\$4.28	\$10.58	\$25.80	\$53.10	\$93.83
\$20,000	\$3.30	\$5.70	\$14.10	\$34.40	\$70.80	\$125.10

## With Critical Illness insurance, you can:

- **Protect your loved ones.** Cover your spouse up to \$20,000, as long as it's not more than your benefit amount. Your kids are automatically covered at 50 percent of the amount elected for yourself for the same critical illnesses that you are. Kids are also covered for 21 additional childhood diseases, including cystic fibrosis, Down syndrome, muscular dystrophy, spina bifida and cerebral palsy.
- **Receive a benefit for taking care of your health.** You and your covered loved ones receive a Health Maintenance Screening benefit of \$50 once per calendar year when visiting the doctor for a covered wellness screening, which may include a novel infectious disease test (including COVID-19) or a mammogram — that typically cost you nothing under your medical insurance.
- **Receive additional benefits.** If you are diagnosed with a covered illness again after a treatment-free period of 6 months, you will receive 100 percent of the original benefit amount. If you are diagnosed with a different and subsequent covered illness after the diagnosis of the first critical illness, you will receive an additional Critical Illness insurance benefit.
- **Access a Health Advocate\*.** Additional services available through Health Advocate, include access to specialists for a second opinion upon approval of a covered claim.
- **Update your coverage as needed.** As your life circumstances change, increase or decrease your coverage, in accordance with your employer's plan.

### Covered Conditions

#### Receive 100 percent of your coverage amount for:

- Heart attack
- Stroke
- Cancer (cancer that has spread beyond initial tissue)
- End stage renal (kidney) failure
- Major organ failure
- Coma
- Paralysis of two or more limbs
- Loss of sight
- Occupational HIV
- Occupational Hepatitis

#### Receive 25 percent of your coverage amount for:

- Severe coronary artery disease with recommendation for bypass
- Cancer that has not spread beyond initial tissue, also known as Carcinoma in situ

Payment of benefit is subject to the terms and conditions of the policy.  
Diagnosis and recommendation must occur after your coverage becomes effective.

\* Health Advocacy services are provided through an arrangement with Health Advocate, a leading health advocacy and assistance company. Health Advocate is not affiliated with The Standard or any insurance or third-party provider, and does not replace health insurance coverage, provide medical care or recommend treatment.

## Important Details

Here's where you'll find the nitty-gritty details about Critical Illness Insurance.

### Portability

This coverage is portable. That means that you may be able to continue your coverage through direct bill if your employment ends or your insurance ends because you no longer meet the eligibility requirements.

### Eligibility Requirements

To be eligible for this coverage, you must be 18 years old or older, a regular employee of Dixie County Board of County Commissioners, actively working in the United States at least 20 hours per week and a citizen or resident of the United States. Temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors are not eligible.

You can choose to cover your spouse, 18 years old or older, a person to whom you are legally married. You can also cover your child(ren) from birth through age 25. Your child(ren) cannot be insured by more than one employee. Your spouse or child(ren) must not be full-time member(s) of the armed forces. You cannot be insured as both an individual and a dependent.

A minimum number of eligible employees must apply and qualify for the proposed plan before Critical Illness insurance coverage can become effective.

### Your Effective Date

You must satisfy the eligibility requirements listed above, serve an eligibility waiting period, agree to pay premium and be actively at work (able to perform all normal duties of your job) on the day before the scheduled effective date of insurance.

If you are not actively at work on the day before the scheduled effective date of insurance, your insurance will not become effective until the day after you complete one full day of active work as an eligible employee.

Please contact your human resources representative or plan administrator for more information regarding the requirements that must be satisfied for your insurance to become effective.

### Annual Open Enrollment

You may enroll for coverage for you and your spouse up to the maximum amount if you enroll within 31 days after becoming eligible. However, if you do not enroll during this period or want to increase your coverage up to the maximum amount, you may do so during your employer's annual open enrollment period.

### Reoccurrence Benefit

If you or your dependents receive a benefit for a covered critical illness and are later diagnosed with the same critical illness, a one-time reoccurrence benefit will be paid if you or your dependents have:

- Been continuously insured under the group policy between the initial and subsequent diagnosis or recommendation
- Served a 6-month treatment-free period in connection with the critical illness during which you or your dependents did not:
  - Consult a physician or other licensed medical professional
  - Receive medical treatment, services or advice
  - Undergo diagnostic procedures, including self-administered procedures
  - Take prescribed drugs or medications

### Exclusions

Benefits are not payable if a critical illness is caused or contributed to by any of the following:

- War or any act of war
- Attempted suicide or other intentionally self-inflicted injury, while sane or insane
- Committing or attempting to commit an assault, felony or act of terrorism
- Active participation in a violent disorder or riot
- The voluntary use or consumption of any poison, chemical compound, drug or alcohol in excess of the legal limit in the state the critical illness occurred, unless used or consumed according to the directions of a physician
- Elective surgery or other procedure which:
  - Does not promote the proper function of your or your dependent's body or prevent or treat sickness or injury
  - Is directed at improving your or your dependent's appearance, unless such surgery or procedure is necessary to correct a deformity resulting from a congenital abnormality or disfigurement

Note: This exclusion will not apply to a critical illness caused or contributed to by your or your dependent's donation of an organ or tissue.

### When Your Insurance Ends

Your insurance ends if you notify your employer or

policyholder to terminate your coverage, you stop making premium payments, your employment terminates, you cease meeting the member definition or the group policy terminates.

Child and spouse insurance ends when your insurance ends, they cease to meet the definition of child or spouse, you stop making premium payments for spouse insurance, spouse or child insurance is no longer offered under the group policy or the group policy terminates.

### **Group Insurance Certificate**

If coverage becomes effective and you become insured, you may receive a group insurance certificate containing a detailed description of the insurance coverage, including the definitions, exclusions, limitations, reductions and terminating events. The controlling provisions will be in the group policy. The information present in this summary does not modify the group policy, certificate or the insurance coverage in any way.

### **IMPORTANT NOTICE TO PERSONS ON MEDICARE: THIS IS NOT MEDICARE SUPPLEMENT INSURANCE**

**Some healthcare services paid for by Medicare may also trigger the payment of benefits from this policy.**

This insurance pays a fixed dollar amount, regardless of your expenses, if you meet the policy conditions, for one of the specific diseases or health conditions named in the policy. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

**Medicare generally pays for most or all of these expenses.**

**Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:**

- Hospitalization
- Physician services
- Hospice
- Outpatient prescription drugs if you are enrolled in Medicare Part D
- Other approved items and services

**This policy must pay benefits without regard to other health benefit coverage to which you may be entitled under Medicare or other insurance.**

**Before you buy this insurance:**

- Check the coverage in all health insurance policies you already have.

- For more information about Medicare and Medicare Supplement insurance, review the Guide to Health Insurance for People with Medicare, available from Standard Insurance Company.
- For help in understanding your health insurance, contact your state insurance department or state health insurance assistance program (SHIP).

### **About Standard Insurance Company**

For more than 100 years, we have been dedicated to our core purpose: to help people achieve financial well-being and peace of mind. Headquartered in Portland, Oregon, The Standard is a nationally recognized provider of group employee benefits. To learn more about products from The Standard, visit us at [www.standard.com](http://www.standard.com).

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon, in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.

This is a limited benefit policy.

GP0614-CI FLORIDA

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[www.standard.com](http://www.standard.com)

SI 17616-D-FL-150917-24PP (8/22)

7138041-889128





# Group Short Term Disability Insurance

Protect your income and those who depend on it.

This coverage replaces a portion of your income when you can't work because of a qualifying disability. Even if you're healthy now, it's important to protect yourself and the people who count on your income. This insurance can help you pay the bills when you're unable to work.



## This plan offers:

- Competitive group rates
- The convenience of payroll deduction
- Benefits for a qualifying disability that is not work-related

## 🔍 About This Coverage

See the Important Details section for more information, including requirements, exclusions and definitions.

### What Your Benefit Provides

This is the benefit you'd receive if you were to suffer a qualifying disability. Eligible earnings are your weekly insured predisability earnings, as defined by the group policy. Your benefit amount will be reduced by deductible income; see the Important Details section for a list of deductible income sources.

**60%** of your eligible earnings, up to a maximum benefit of **\$1,000** per week. Plan minimum **\$15** per week.

### Benefit Waiting Period

If you suffer a qualifying disability, your benefit waiting period is the length of time you must be continuously disabled before you can begin receiving your weekly benefit.

**Option 1** - 0 days for accidental injury and 7 days for physical disease, pregnancy or mental disorder

**Option 2** - 14 days for accidental injury and 14 days for physical disease, pregnancy or mental disorder

### How Long Your Benefits Last

This is the maximum length of time you could be eligible to receive a weekly disability benefit.

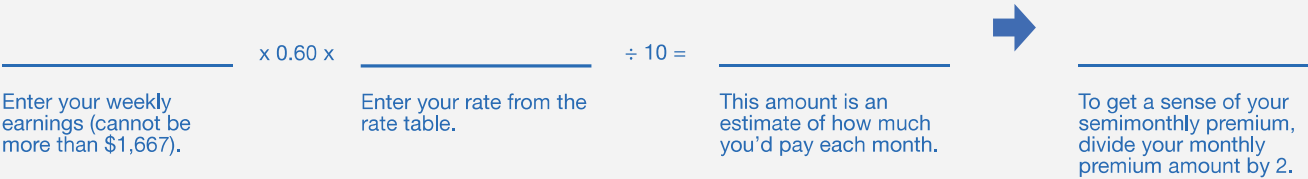
180 days



# \$How Much Your Coverage Costs

Because this insurance is offered through Dixie County Board of County Commissioners, you'll have access to competitive group rates that may be more affordable than those available through individual insurance. You'll also have the convenience of having your premium deducted directly from your paycheck. How much your premium costs depends on a number of factors, such as your age and benefit amount.

Use this formula to calculate your premium payment:



Your Age (as of January 1)	Rate per \$10 of benefit Option 1 / Option 2
<35	\$0.85 / \$0.75
35–49	\$0.79 / \$0.64
50–59	\$1.09 / \$0.79
60+	\$1.39 / \$1.09

**Not being able to work also means not being able to earn a paycheck.**

As you consider Short Term Disability insurance, think about the expenses you would need to cover if you were to become disabled:

- Mortgage or rent
- Utilities
- Groceries
- Medical bills
- Car insurance
- Childcare costs

To estimate your insurance needs, you'll need to consider your unique circumstances.

Use our online calculator at [www.standard.com/disability/needs](http://www.standard.com/disability/needs).

# Important Details

Here's where you'll find the nitty-gritty details about the plan.

## Eligibility Requirements

A minimum number of eligible employees must apply and qualify for the proposed plan before the coverage can become effective. If this requirement is not met, this plan will not become effective. To be eligible for coverage, you must be:

- An active employee of Dixie County Board of County Commissioners
- Regularly working at least 30 hours per week
- A citizen or resident of the United States or Canada

Temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors are not eligible.

## Employee Coverage Effective Date

To become insured, you must:

- Meet the eligibility requirements listed above
- Serve an eligibility waiting period\*
- Apply for coverage and agree to pay premiums
- Receive medical underwriting approval (if applicable)
- Be actively at work (able to perform all normal duties of your job) on the day before the scheduled effective date of insurance

If you are not actively at work on the day before the scheduled effective date of insurance, your insurance will not become effective until the day after you complete one full day of active work as an eligible employee.

All late applications (applying 31 days after becoming eligible), requests for coverage increases and reinstatements are subject to medical underwriting approval. Employees eligible but not insured under the prior short term disability insurance plan are also subject to medical underwriting approval. Please contact your human resources representative or plan administrator for more information regarding the requirements that must be satisfied for your insurance to become effective.

\*Defined as first of the month that follows or coincides with 30 consecutive days as a member

## Definition of Disability

You will be considered disabled if, as a result of physical disease, injury, pregnancy or mental disorder:

- You are unable to perform with reasonable continuity the material duties of your own occupation, or
- You are unable to earn more than percent of your predisability earnings when you work for your employer.

## Exclusions

Subject to state variations, you are not covered for a disability caused or contributed to by any of the following:

- An intentionally self-inflicted injury, while sane or insane
- War or any act of war (declared or undeclared, and any substantial armed conflict between organized forces of a military nature)
- An activity arising out of or in the course of any employment for wage or profit

## Limitations

Short Term Disability benefits are not payable for any period when you are:

- Not under the ongoing care of a physician in the appropriate specialty, as determined by The Standard
- Eligible to receive benefits for your disability under a workers' compensation law or similar law
- Working for wage or profit for any employer other than the employer offering your Short Term Disability coverage, including self-employment

## When Your Benefits End

Your Short Term Disability benefits end automatically on the date any of the following occur:

- You are no longer disabled
- Your maximum benefit period ends
- Long term disability benefits become payable to you under a Long Term Disability plan issued by The Standard
- You pass away
- The date you begin working for an employer other than your employer, or become self-employed

## Deductible Income

Your benefits will be reduced if you have deductible income, which is income you receive or are eligible to receive while receiving Short Term Disability benefits. Deductible income includes:

- Sick pay or other forms of salary continuation paid to you by your employer
- Amounts under unemployment compensation law
- Amounts under any state disability income benefit law or similar law
- Earnings from work activity while you are disabled

- Earnings or compensation included in your predisability earnings which you receive or are eligible to receive while Short Term Disability benefits are payable
- Any amount you receive by compromise, settlement or other method as a result of a claim for any of the above

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7138041-889131

### When Your Insurance Ends

Your insurance ends automatically when any of the following occur:

- The date the last period ends for which a premium was paid
- The date your employment terminates
- The date the group policy (or your employer's coverage under the group policy) terminates
- The date you cease to meet the eligibility requirements (insurance may continue for limited periods under certain circumstances)
- The date Dixie County Board of County Commissioners ends participation in the group policy

### Group Insurance Certificate

If coverage becomes effective and you become insured, you may receive a group insurance certificate containing a detailed description of the insurance coverage, including the definitions, exclusions, limitations, reductions and terminating events. The controlling provisions will be in the group policy. The information present in this summary does not modify the group policy, certificate or the insurance coverage in any way.

### About Standard Insurance Company

For more than 100 years, we have been dedicated to our core purpose: to help people achieve financial well-being and peace of mind. Headquartered in Portland, Oregon, The Standard is a nationally recognized provider of group employee benefits. To learn more about products from The Standard, visit us at [www.standard.com](http://www.standard.com).

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon, in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.

GP399-STD/TRUST, Series 90 (FL/MD/VT)



# Group Hospital Indemnity Insurance

Keep your finances on track when you're in the hospital.

## 1 You're admitted to the hospital.

Your health insurance covers many costs of your stay and treatment. But you still have a lot of expenses, including deductibles, copays, and other costs you couldn't predict.

## 2 We send you a check.

The Standard will send a check directly to you - not to your medical providers - upon approval of your claim. You decide how you spend the money.

## 3 You focus on recovering.

With The Standard helping you handle the costs of your hospital stay, you get to concentrate on what matters most - your health.

### Here's what it does:

- **Pays you directly**, so you can choose how to spend the money
- **Goes with you** if you leave your employer
- **Provides coverage** without answering any medical questions
- Gives you the option to **cover your spouse and children**
- **Protects your HSA Account**
- Provides the convenience of having your **premium payments deducted directly from your paycheck**

This coverage from Standard Insurance Company (The Standard) can help protect your finances and provides you peace of mind.

## Here's how it works:

**Ruptured Ulcer:** Kim is out of town on a business trip when she experiences abdominal pain and a racing heartbeat. Diagnosis: ruptured gastric ulcer. She is rushed to the hospital, admitted and taken into surgery. She ends up being hospitalized for 10 days, three of which are in a critical care unit. Kim's spouse leaves their two kids with their daycare provider and flies to be at her side. The family now faces additional costs for medical bills, travel, and childcare amounting to \$3,850.

### Here's what your plan would cover for this example:

Benefits Paid to You	Benefit Amount
Hospital admission	\$1,500
Hospital confinement (10 days)	\$3,500
Critical care unit admission	\$500
Critical care unit confinement (3 days)	\$1,050
<b>Total paid to you</b>	<b>\$6,550</b>

### Here's what it would cost you:

Coverage for...	Semimonthly Premium
<b>You</b>	\$9.84
<b>You and your spouse</b>	\$16.77
<b>You and your children</b>	\$14.21
<b>You, your spouse and your children</b>	\$25.10

## Here's what it covers:

Benefits Paid to You	Benefit Amount
Hospital Admission <sup>1</sup>	\$1,500 Maximum 1 per calendar year
Daily Hospital Confinement <sup>1</sup>	\$350 per day Maximum 31 days per stay
Critical Care Unit Admission <sup>1,2</sup>	\$500 Maximum 1 per calendar year
Daily Critical Care Unit Confinement <sup>1,2</sup>	\$350 per day Maximum 15 days per stay

1 Defined as a stay for at least 20 consecutive hours in a hospital setting.

2 Payable in addition to the Hospital Admission and Daily Hospital Confinement benefit you may be eligible to receive.

## Additional Benefits

**Waiver of Premium** – Premium waived if you are confined to a hospital for more than 30 days.

**Health Maintenance Screening Benefit** — Pays a \$50 benefit once per calendar year when you or your dependents go to the doctor for a covered wellness screening, which may include a novel infectious disease test (including COVID-19) or a mammogram.

**Protect your HSA Account** — Hospital Indemnity insurance provides financial protection while you are building your HSA assets. Contact your employer to determine if this Hospital Indemnity plan impacts the taxability of your contributions to an HSA. It's protection that's also convenient: Your premium payments can be deducted directly from your paycheck.

## Important Details

Here's where you'll find the nitty-gritty details about Hospital Indemnity insurance.

### Portability

This coverage is portable. That means that you may be able to continue your coverage through direct bill if your employment ends or your insurance ends because you no longer meet the eligibility requirements.

### Eligibility Requirements

To be eligible for this coverage, you must be 18 years old or older, a regular employee of Dixie County Board of County Commissioners, actively working in the United States at least 20 hours per week and a citizen or resident of the United States. Temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors are not eligible.

You can choose to cover your spouse, 18 years old or older, a person to whom you are legally married. You can also cover your children from birth through age 25. Your child cannot be insured by more than one employee. Your spouse or children must not be full-time member(s) of the armed forces. You cannot be insured as both an individual and a dependent.

A minimum number of eligible employees must apply and qualify for the proposed plan before Hospital Indemnity insurance coverage can become effective.

### Your Effective Date

You must satisfy the eligibility requirements listed above, serve an eligibility waiting period, agree to pay premium, and be actively at work (able to perform all normal duties of your job) on the day before the scheduled effective date of insurance.

If you are not actively at work on the day before the scheduled effective date of insurance, your insurance will not become effective until the day after you complete one full day of active work as an eligible employee.

Please contact your human resources representative or plan administrator for more information regarding the requirements that must be satisfied for your insurance to become effective.

### Annual Open Enrollment

You may enroll for coverage for you and your dependents if you enroll within 31 days after becoming eligible. However, if you do not enroll during this period, you may do so during your employer's annual open enrollment period.

### Waiver of Premium

Your insurance will continue without payment of premiums if you are confined in a hospital for more than 30 days in a row. We will waive payment of premium for your insurance from the 31st day of your confinement until the last day of the month you are in the hospital.

### Exclusions

Benefits are not payable if an injury or sickness is caused or contributed to by any of the following:

- War or any act of war
- Attempted suicide or other intentionally self-inflicted injury, while sane or insane
- Committing or attempting to commit a felony or act of terrorism
- Active participation in a violent disorder or riot
- Alcoholism, drug abuse, misuse of alcohol or any other substance, the voluntary use or consumption of any drug or alcohol in excess of the legal limit in the state in which an injury occurred, or taking of drugs unless used or consumed according to the directions of a health care provider.
- Travel or flight in or on any aircraft, except as a fare-paying passenger on a commercial aircraft
- Cosmetic surgery or other procedure to improve appearance, unless it is necessary to correct a deformity or restore bodily function resulting from an injury or sickness
- Any injury or sickness which arises out of or in the course of you or your dependent being incarcerated in a jail, penal or correctional institution
- Dental care or dental procedures, unless treatment is the result of an injury
- Routine newborn nursing or well-baby care
- Hospital confinement of a newborn child following the child's birth unless the confinement is as a result of an injury or sickness
- Riding in or driving any automobile in a race, stunt show or speed test

### When Insurance Ends

Your insurance ends if you notify your employer or policyholder to terminate your coverage, you stop making premium payments, your employment terminates, you cease meeting the member definition or the group policy



terminates.

Child and spouse insurance ends when your insurance ends, they cease to meet the definition of child or spouse, you stop making premium payments for child or spouse insurance, spouse or child insurance is no longer offered under the group policy or the group policy terminates.

### **Group Insurance Certificate**

If coverage becomes effective and you become insured, you may receive a group insurance certificate containing a detailed description of the insurance coverage, including the definitions, exclusions, limitations, reductions and terminating events. The controlling provisions will be in the group policy. The information present in this summary does not modify the group policy, certificate or the insurance coverage in any way.

### **IMPORTANT NOTICE TO PERSONS ON MEDICARE: THIS IS NOT MEDICARE SUPPLEMENT INSURANCE**

**Some healthcare services paid for by Medicare may also trigger the payment of benefits from this policy.**

This insurance pays a fixed dollar amount, regardless of your expenses, for each day you meet the policy conditions. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

**Medicare generally pays for most or all of these expenses.**

**Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:**

- Hospitalization
- Physician services
- Hospice
- Outpatient prescription drugs if you are enrolled in Medicare Part D
- Other approved items and services

**This policy must pay benefits without regard to other health benefit coverage to which you may be entitled under Medicare or other insurance.**

### **Before you buy this insurance:**

- Check the coverage in all health insurance policies you already have.
- For more information about Medicare and Medicare Supplement insurance, review the Guide to Health Insurance for People with Medicare, available from

Standard Insurance Company.

- For help in understanding your health insurance, contact your state insurance department or state health insurance assistance program (SHIP).

### **About Standard Insurance Company**

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This is a limited benefit policy.

GP0614-HI

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7138041-889127





# Group Additional Life Insurance

Help protect your loved ones from financial hardship.

This coverage is designed to help provide financial support and stability to your family should you pass away. You can also cover your eligible spouse and child(ren). Life insurance is an easy, responsible way to help protect your family from financial hardship during a difficult time — and into the future.



## This plan offers:

- Competitive group rates
- The convenience of payroll deduction
- Benefits if you become terminally ill or die

## ? About This Coverage

If you take no action you'll be covered under Basic Life insurance provided you meet the eligibility requirements. Consider whether that would be enough to help your family meet daily expenses, maintain their standard of living, pay off debt and fund your children's education. If not, you may want to apply for additional coverage now.

<b>How Much Can I Apply For?</b>  The coverage amount for your spouse cannot exceed 100 percent of your Additional Life coverage. The coverage amount for your child(ren) cannot exceed 100 percent of your Additional Life coverage.  <b>NOTE: You are only required to be insured under Basic Life in order to elect coverage for your eligible child(ren). However, you must elect Additional Life for yourself in order to elect coverage for your spouse.</b>	For You:	<b>\$10,000 – \$350,000</b> in increments of <b>\$10,000</b>
	For Your Spouse:	<b>\$10,000 – \$350,000</b> in increments of <b>\$10,000</b>
	For Your Child(ren):	<b>\$5,000</b> or <b>\$10,000</b>
<b>What is the Guarantee Issue Maximum?</b>  Depending on your eligibility, this is the maximum amount of coverage you may apply for during initial enrollment without answering health questions.	For You:	Up to <b>\$100,000</b>
	For Your Spouse:	Up to <b>\$30,000</b>

See the Important Details section for more information, including requirements, exclusions, age reductions and definitions.

## ☰ Additional Feature

### Accelerated Benefit

If you become terminally ill, you may be eligible to receive up to 75 percent of your combined Basic and Additional Life benefit to a maximum of \$500,000.

## How Much Life Insurance Do You Need?

After a death in the family, there are many unexpected expenses. Your benefits could help your family pay for:

- Outstanding debt
- Burial expenses
- Medical bills
- Your children's education
- Daily expenses

To estimate your insurance needs, you'll need to consider your unique circumstances. Use our online calculator at **[www.standard.com/life/needs](http://www.standard.com/life/needs)**.

## 💰How Much Your Coverage Costs

Your Basic Life insurance is paid for by Dixie County Board of County Commissioners. If you choose to purchase Additional Life coverage, you'll have access to competitive group rates, which may be more affordable than those available through individual insurance. You'll also have the convenience of having your premium deducted directly from your paycheck. How much your premium costs depends on a number of factors, such as your age and the benefit amount.

**NOTE: You are only required to be insured under Basic Life in order to elect coverage for your eligible child(ren). However, you must elect Additional Life for yourself in order to elect coverage for your spouse.**

Use this formula to calculate your premium payment:

$$\underline{\hspace{2cm}} \div 1000 = \underline{\hspace{2cm}} \times \underline{\hspace{2cm}} = \underline{\hspace{2cm}} \rightarrow \underline{\hspace{2cm}}$$

Enter the amount of coverage you are requesting (see benefit amounts in the About This Coverage section).

Enter your rate from the rate table.

This amount is an estimate of how much you would pay each month.

To get a sense of your semimonthly premium, divide your monthly premium amount by 2.

If you buy coverage for your spouse, your monthly rate is shown in the table below. Use the same formula to calculate the premium that you used for yourself, but use your spouse's age and your spouse's rate.

If you buy Dependents Life coverage for your child(ren), your monthly rate is \$0.30 per \$1,000, no matter how many children you're covering.

Your Age (as of January 1)	Your Rate (Per \$1,000 of Total Coverage)
<30	\$0.08
30–34	\$0.12
35–39	\$0.15
40–44	\$0.25
45–49	\$0.41
50–54	\$0.66
55–59	\$1.12
60–64	\$1.61
65–69	\$1.75
70–74	\$2.64
75+	\$5.28

Spouse's Age (as of January 1)	Spouse's Rate (Per \$1,000 of Total Coverage)
<30	\$0.08
30–34	\$0.12
35–39	\$0.15
40–44	\$0.25
45–49	\$0.41
50–54	\$0.66
55–59	\$1.12
60–64	\$1.61
65–69	\$1.75
70–74	\$2.64
75+	\$5.28

## Employee Life Semi-Monthly Premiums

Coverage Amount	Employee's Age as of January 1										
	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74*	75+*
\$10,000	0.40	0.60	0.75	1.25	2.05	3.30	5.60	8.05	8.75	6.60	13.20
\$20,000	0.80	1.20	1.50	2.50	4.10	6.60	11.20	16.10	17.50	13.20	26.40
\$30,000	1.20	1.80	2.25	3.75	6.15	9.90	16.80	24.15	26.25	19.80	39.60
\$40,000	1.60	2.40	3.00	5.00	8.20	13.20	22.40	32.20	35.00	26.40	52.80
\$50,000	2.00	3.00	3.75	6.25	10.25	16.50	28.00	40.25	43.75	33.00	66.00
\$60,000	2.40	3.60	4.50	7.50	12.30	19.80	33.60	48.30	52.50	39.60	79.20
\$70,000	2.80	4.20	5.25	8.75	14.35	23.10	39.20	56.35	61.25	46.20	92.40
\$80,000	3.20	4.80	6.00	10.00	16.40	26.40	44.80	64.40	70.00	52.80	105.60
\$90,000	3.60	5.40	6.75	11.25	18.45	29.70	50.40	72.45	78.75	59.40	118.80
\$100,000	4.00	6.00	7.50	12.50	20.50	33.00	56.00	80.50	87.50	66.00	132.00
\$110,000	4.40	6.60	8.25	13.75	22.55	36.30	61.60	88.55	96.25	72.60	145.20
\$120,000	4.80	7.20	9.00	15.00	24.60	39.60	67.20	96.60	105.00	79.20	158.40
\$130,000	5.20	7.80	9.75	16.25	26.65	42.90	72.80	104.65	113.75	85.80	171.60
\$140,000	5.60	8.40	10.50	17.50	28.70	46.20	78.40	112.70	122.50	92.40	184.80
\$150,000	6.00	9.00	11.25	18.75	30.75	49.50	84.00	120.75	131.25	99.00	198.00
\$160,000	6.40	9.60	12.00	20.00	32.80	52.80	89.60	128.80	140.00	105.60	211.20
\$170,000	6.80	10.20	12.75	21.25	34.85	56.10	95.20	136.85	148.75	112.20	224.40
\$180,000	7.20	10.80	13.50	22.50	36.90	59.40	100.80	144.90	157.50	118.80	237.60
\$190,000	7.60	11.40	14.25	23.75	38.95	62.70	106.40	152.95	166.25	125.40	250.80
\$200,000	8.00	12.00	15.00	25.00	41.00	66.00	112.00	161.00	175.00	132.00	264.00
\$210,000	8.40	12.60	15.75	26.25	43.05	69.30	117.60	169.05	183.75	138.60	277.20
\$220,000	8.80	13.20	16.50	27.50	45.10	72.60	123.20	177.10	192.50	145.20	290.40
\$230,000	9.20	13.80	17.25	28.75	47.15	75.90	128.80	185.15	201.25	151.80	303.60
\$240,000	9.60	14.40	18.00	30.00	49.20	79.20	134.40	193.20	210.00	158.40	316.80
\$250,000	10.00	15.00	18.75	31.25	51.25	82.50	140.00	201.25	218.75	165.00	330.00
\$260,000	10.40	15.60	19.50	32.50	53.30	85.80	145.60	209.30	227.50	171.60	343.20
\$270,000	10.80	16.20	20.25	33.75	55.35	89.10	151.20	217.35	236.25	178.20	356.40
\$280,000	11.20	16.80	21.00	35.00	57.40	92.40	156.80	225.40	245.00	184.80	369.60
\$290,000	11.60	17.40	21.75	36.25	59.45	95.70	162.40	233.45	253.75	191.40	382.80
\$300,000	12.00	18.00	22.50	37.50	61.50	99.00	168.00	241.50	262.50	198.00	396.00
\$310,000	12.40	18.60	23.25	38.75	63.55	102.30	173.60	249.55	271.25	204.60	409.20
\$320,000	12.80	19.20	24.00	40.00	65.60	105.60	179.20	257.60	280.00	211.20	422.40
\$330,000	13.20	19.80	24.75	41.25	67.65	108.90	184.80	265.65	288.75	217.80	435.60
\$340,000	13.60	20.40	25.50	42.50	69.70	112.20	190.40	273.70	297.50	224.40	448.80
\$350,000	14.00	21.00	26.25	43.75	71.75	115.50	196.00	281.75	306.25	231.00	462.00

\* Coverage amounts for ages 70 and over reduce due to age reduction (see Life Insurance Age Reductions section).

## Spouse Life Semi-Monthly Premiums

Coverage Amount	Spouse's Age as of January 1										
	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74*	75+*
\$10,000	0.40	0.60	0.75	1.25	2.05	3.30	5.60	8.05	8.75	6.60	13.20
\$20,000	0.80	1.20	1.50	2.50	4.10	6.60	11.20	16.10	17.50	13.20	26.40
\$30,000	1.20	1.80	2.25	3.75	6.15	9.90	16.80	24.15	26.25	19.80	39.60
\$40,000	1.60	2.40	3.00	5.00	8.20	13.20	22.40	32.20	35.00	26.40	52.80
\$50,000	2.00	3.00	3.75	6.25	10.25	16.50	28.00	40.25	43.75	33.00	66.00
\$60,000	2.40	3.60	4.50	7.50	12.30	19.80	33.60	48.30	52.50	39.60	79.20
\$70,000	2.80	4.20	5.25	8.75	14.35	23.10	39.20	56.35	61.25	46.20	92.40
\$80,000	3.20	4.80	6.00	10.00	16.40	26.40	44.80	64.40	70.00	52.80	105.60
\$90,000	3.60	5.40	6.75	11.25	18.45	29.70	50.40	72.45	78.75	59.40	118.80
\$100,000	4.00	6.00	7.50	12.50	20.50	33.00	56.00	80.50	87.50	66.00	132.00
\$110,000	4.40	6.60	8.25	13.75	22.55	36.30	61.60	88.55	96.25	72.60	145.20
\$120,000	4.80	7.20	9.00	15.00	24.60	39.60	67.20	96.60	105.00	79.20	158.40
\$130,000	5.20	7.80	9.75	16.25	26.65	42.90	72.80	104.65	113.75	85.80	171.60
\$140,000	5.60	8.40	10.50	17.50	28.70	46.20	78.40	112.70	122.50	92.40	184.80
\$150,000	6.00	9.00	11.25	18.75	30.75	49.50	84.00	120.75	131.25	99.00	198.00
\$160,000	6.40	9.60	12.00	20.00	32.80	52.80	89.60	128.80	140.00	105.60	211.20
\$170,000	6.80	10.20	12.75	21.25	34.85	56.10	95.20	136.85	148.75	112.20	224.40
\$180,000	7.20	10.80	13.50	22.50	36.90	59.40	100.80	144.90	157.50	118.80	237.60
\$190,000	7.60	11.40	14.25	23.75	38.95	62.70	106.40	152.95	166.25	125.40	250.80
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\$210,000	8.40	12.60	15.75	26.25	43.05	69.30	117.60	169.05	183.75	138.60	277.20
\$220,000	8.80	13.20	16.50	27.50	45.10	72.60	123.20	177.10	192.50	145.20	290.40
\$230,000	9.20	13.80	17.25	28.75	47.15	75.90	128.80	185.15	201.25	151.80	303.60
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\$270,000	10.80	16.20	20.25	33.75	55.35	89.10	151.20	217.35	236.25	178.20	356.40
\$280,000	11.20	16.80	21.00	35.00	57.40	92.40	156.80	225.40	245.00	184.80	369.60
\$290,000	11.60	17.40	21.75	36.25	59.45	95.70	162.40	233.45	253.75	191.40	382.80
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\$320,000	12.80	19.20	24.00	40.00	65.60	105.60	179.20	257.60	280.00	211.20	422.40
\$330,000	13.20	19.80	24.75	41.25	67.65	108.90	184.80	265.65	288.75	217.80	435.60
\$340,000	13.60	20.40	25.50	42.50	69.70	112.20	190.40	273.70	297.50	224.40	448.80
\$350,000	14.00	21.00	26.25	43.75	71.75	115.50	196.00	281.75	306.25	231.00	462.00

\* Coverage amounts for ages 70 and over reduce due to age reduction (see Life Insurance Age Reductions section).

## Child Life Semi-Monthly Premiums

Coverage Amount	Premium
\$5,000	0.75
\$10,000	1.50

# Important Details

Here's where you'll find the nitty-gritty details about the plan.

## Eligibility Requirements

To be eligible for coverage, you must be:

- Insured for Basic Life insurance through The Standard to qualify for Additional Life insurance
- An active employee of Dixie County Board of County Commissioners
- Regularly working at least 30 hours per week

Temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors are not eligible.

**NOTE: You are only required to be insured under Basic Life in order to elect coverage for your eligible child(ren). However, you must elect Additional Life for yourself in order to elect coverage for your spouse.**

You can choose to cover your spouse, meaning a person to whom you are legally married.

Child means your child from live birth through age 25.

- Your child cannot be insured by more than one employee.
- Your spouse and/or child(ren) must not be full-time member(s) of the armed forces.
- You cannot be insured as both an individual and a dependent.

## Medical Underwriting Approval

Required for:

- Coverage amounts higher than the guarantee issue maximum amount
- All late applications (applying 31 days after becoming eligible)
- Requests for coverage increases
- Reinstatements, if required
- Eligible but not insured under the prior life insurance plan

Visit [www.standard.com/mhs](http://www.standard.com/mhs) to submit a medical history statement online.

## Coverage Effective Date

To become insured, you must:

- Meet the eligibility requirements listed in the previous sections,
- Serve an eligibility waiting period\*,
- Receive medical underwriting approval (if applicable),

- Apply for coverage and agree to pay premium, and
- Be actively at work (able to perform all normal duties of your job) on the day before the insurance is scheduled to be effective.

If you are not actively at work on the day before the scheduled effective date of insurance, your insurance, including any Dependents Life insurance, will not become effective until the day after you complete one full day of active work as an eligible employee.

You may have a different effective date for Life coverage below and above the guarantee issue amount.

Contact your human resources representative or plan administrator for further information about the applicable coverage effective date for your insurance, including any Dependents Life insurance.

\*Defined as first of the month that follows or coincides with 30 consecutive days as a member

## Life Insurance Age Reductions

Under this plan, your coverage amount reduces to 50 percent at age 70. Your spouse's coverage amount reduces by your spouse's age as follows: to 50 percent at age 70. If you or your spouse are age 70 or over, ask your human resources representative or plan administrator for the amount of coverage available.

## Waiver of Premium

Your premiums may be waived if you:

- Become totally disabled while insured under this plan,
- Are under age 60, and
- Complete a waiting period of 180 days.

If these conditions are met, your Life insurance coverage may continue without cost until age 65, provided you give us satisfactory proof that you remain totally disabled.

## Portability

If your insurance ends because your employment terminates, you may be eligible to buy portable group insurance coverage from The Standard.

## Conversion

If your insurance reduces or ends, you may be eligible to convert your existing Life insurance to an individual life insurance policy without submitting proof of good health.

## Exclusions

Subject to state variations, you and your dependents are not covered for death resulting from suicide or other intentionally self-inflicted injury, while sane or insane. The amount payable will exclude amounts that have not been continuously in effect for at least two years on the date of death.

## When Your Insurance Ends

Your insurance ends automatically when any of the following occur:

- The date the last period ends for which a premium was paid
- The date your employment terminates
- The date you cease to meet the eligibility requirements (insurance may continue for limited periods under certain circumstances)
- The date the group policy, or your employer's coverage under the group policy, terminates
- For each elective insurance coverage, the date that coverage terminates under the group policy

In addition to the above requirements, your Dependents Life coverage ends automatically on the date your dependent ceases to meet the eligibility requirements for a dependent.

For more details on when your insurance ends, contact your human resources representative or plan administrator.

## Group Insurance Certificate

If coverage becomes effective and you become insured, you may receive a group insurance certificate containing a detailed description of the insurance coverage, including the definitions, exclusions, limitations, reductions and terminating events. The controlling provisions will be in the group policy. The information present in this summary does not modify the group policy, certificate or the insurance coverage in any way.

## About Standard Insurance Company

For more than 100 years, we have been dedicated to our core purpose: to help people achieve financial well-being and peace of mind. Headquartered in Portland, Oregon, The Standard is a nationally recognized provider of group employee benefits. To learn more about products from The Standard, visit us at [www.standard.com](http://www.standard.com).

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon, in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.

GP190-LIFE/S399, GP399-LIFE/TRUST, GP899-LIFE, GP190-LIFE/A997/S399, GP411-LIFE

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