

Your Union Membership allows you to Save on the following Group Benefits



Dental

- Dental Plans as low as \$8 bi-weekly
- Low Co-pays. \$10 visits
- No Waiting Periods! (Ortho Exception)
- No charge for oral exams, bitewing x-rays, or preventative cleanings (DHMO - 2 per year)
- Multiple plan options (Plans vary by region)



Vision

With plans starting as low as \$5 bi-weekly, you have access to one of the largest vision networks in the United States, with more than 35,000 participating optometrists, ophthalmologists, and national retail locations with the same benefits at all participating providers, regardless of location.



Hospital Indemnity

Pre-existing conditions are covered. Pays for Hospital Confinement (\$150 per day, up to 31 days*), Admission (\$1,000), Intensive Care (\$150 per day, up to 10 days*). Intermediate Intensive Care Step-Down Unit (\$75 per day, up to 10 days*). Newborn coverage for 60 days from birth.
**per covered sickness/accident*



Accident

Accident Insurance helps with what your health insurance plan might not cover. Helps pay for out of pocket costs that arise from covered accidents such as fractures, dislocations and lacerations. Coverage is 24/7, on or off the job, and is available for the member, spouse and dependents.



Disability

Provides a tax-free monthly benefit of up to 60% of monthly income, up to \$6,000, due to any covered illness or off the job accident for both expected and unexpected losses of income. (Expected loss of income such as maternity, or the unexpected such as a car accident or serious illness.)



Critical Illness Insurance

Coverage pays a lump sum of \$5,000 to \$30,000 upon diagnosis of a covered critical illness such as Invasive Cancer, Heart Attack, Stroke, Major Organ Transplant, Kidney Failure, Bone Marrow Transplant, Sudden Cardiac Arrest, Coma, Severe Burn, Illnesses Paralysis, Loss of Sight/Speech/Hearing, and others...



Union Member Life Insurance vs. FEGLI

Did you know that changing your FEGLI could save you a full year's salary? Can you afford a FEGLI cost increase of more than 280% from age 65 to 80 after you retire? We have a better option! Family coverage is also available with higher coverage amounts for family members. Guaranteed Issue options available.

✓ PERMANENT COVERAGE

When properly funded, your death benefit will stay level until age 100. Unlike the Government's Term plan, your Union Member Life policy is designed for you to keep forever!

✓ CASH ACCUMULATION

Your policy builds a tax-deferred cash value. Your cash value earns interest and can be used to supplement your retirement, educational funding, or any other purpose you choose. You can take loans from your policy if you need the cash in the event of an emergency, make withdrawals from your policy, or even use your cash value to pay your premiums if you choose to do so. The Government's FEGLI plan has no cash value at all!

✓ AFFORDABLE PREMIUMS

The premiums are designed to stay level—the price will not increase as you age! With FEGLI, once you turn 35, the cost increases every five years!

✓ WHAT HAPPENS IF YOU CHANGE JOBS?

The policy can be taken with you as long as you continue to pay the premiums. With FEGLI, if you ever leave Federal service, you lose all of your life insurance coverage. Since there is no cash value in FEGLI like there is in the Union Member Life plan, you cannot get back any of the money you have already spent on FEGLI!

SCAN THIS QR CODE TO REQUEST MORE INFORMATION:

Local Representative: Jeff & Risa Roberts

Cell: (870) 261-3625 or (573) 286-1125

Email: JRoberts@benefitarchitects.com or RRoberts@benefitarchitects.com





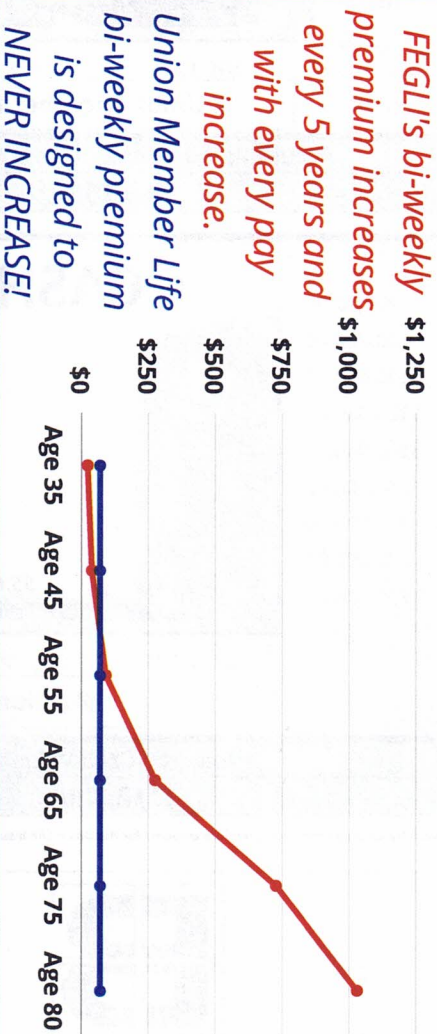
BENEFITS
ARCHITECTS

UNION MEMBER LIFE VS. FEGLI

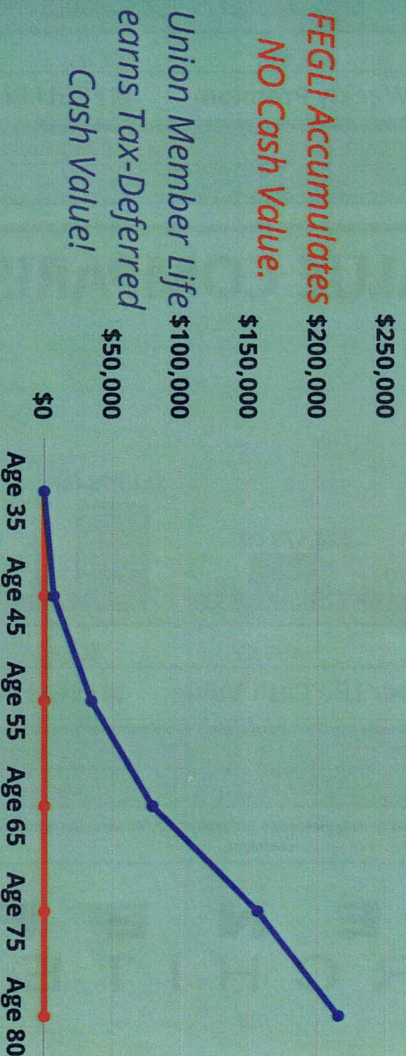
Avoid the many pitfalls of the Federal Employee Group Life Insurance. Enroll in the Union Member Life Insurance today!



UNION MEMBER LIFE VS. FEGLI: BI-WEEKLY PREMIUM



UNION MEMBER LIFE VS. FEGLI: CASH VALUE GROWTH



UNION MEMBER LIFE VS. FEGLI: LIVING BENEFITS

CRITICAL ILLNESS

✓ **UNION MEMBER LIFE**
Gives you access to the Death Benefit while alive in the case of Cancer, heart attack, stroke etc...

CHRONIC ILLNESS

✓ **UNION MEMBER LIFE**
Gives you access to the Death Benefit while alive for Long-Term care needs

FEGLI

✗ Does NOT include any Living Benefits for Critical Illness.

FEGLI

✗ Does NOT include any Living Benefits for Chronic Illness.

The FEGLI calculations are based on an employee earning \$70,000 annually with FEGLI Basic, Option A, B (x5), and C (x5). The Union calculations are based on a 35-year old female with a \$400,000 Partnership policy, and the cash value projections are based on the current non-guaranteed assumption of 7.54%.

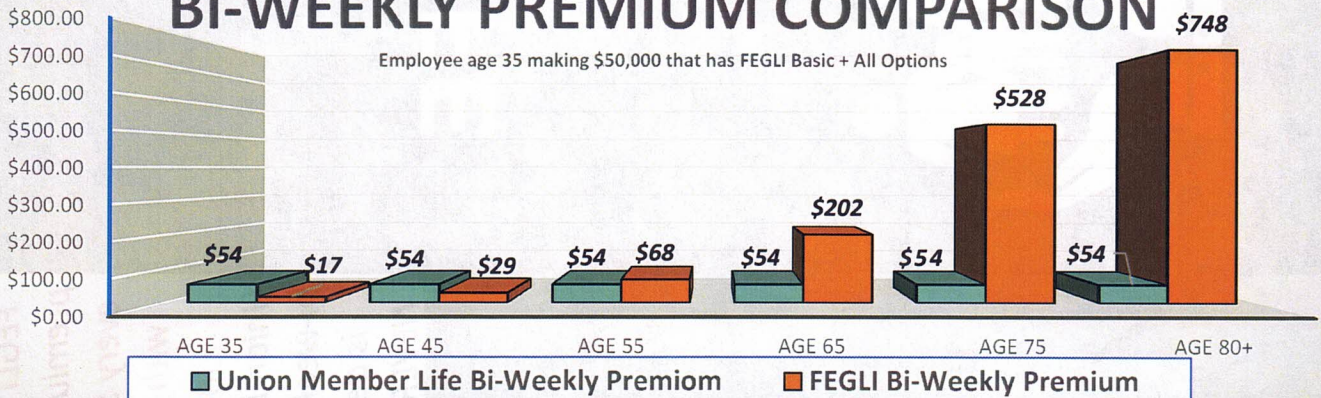
UNION MEMBER LIFE INSURANCE vs. FEGLI

- **FEGLI** automatically increases in cost every 5 years and with every pay raise.
- **FEGLI** earns NO Cash Value.
- **FEGLI** does NOT include Living Benefits for Critical or Chronic Illness.

- **UNION MEMBER LIFE** is designed to NEVER INCREASE IN COST.
- **UNION MEMBER LIFE** is FULLY PORTABLE.
- **UNION MEMBER LIFE** earns TAX-DEFERRED CASH VALUE.
- **UNION MEMBER LIFE** INCLUDES Living Benefits for CRITICAL & CHRONIC Illness.

BI-WEEKLY PREMIUM COMPARISON

Employee age 35 making \$50,000 that has FEGLI Basic + All Options



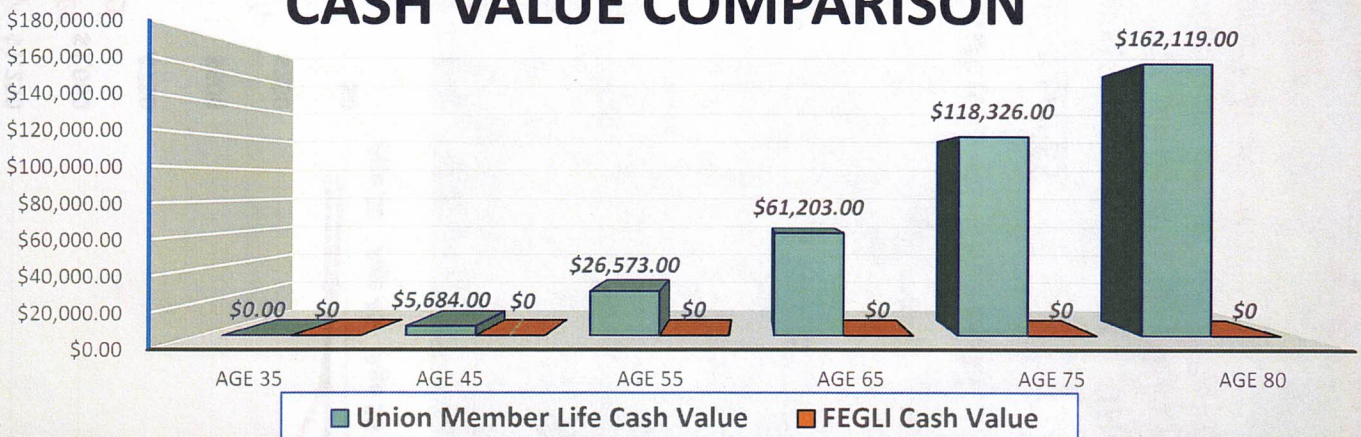
UNION Accumulated premium from age 35 to age 75

\$56,160

FEGLI Accumulated premium from age 35 to age 75

\$109,520

CASH VALUE COMPARISON



UNION Projected Cash Value at age 75

\$118,326

FEGLI Projected Cash Value at age 75

\$0.00

*Cash Value projections and premium amounts for the Union Life Insurance are based on male preferred non nicotine \$250,000 under the current non-guaranteed assumption of 7.54% interest rate on Pathsetter as of 4/12/21.



B E N E F I T
A R C H I T E C T S

SICKNESS (INCLUDING COVID)

Even before COVID, 90% of all disabilities are caused by illness.

SURGERY

1 in 3 working Americans will become disabled for 90 days or more before age 65.



Protect Your Paycheck

UNION SHORT-TERM DISABILITY INSURANCE.

- Pays benefits for sickness (including COVID), surgery, off-job accident, and maternity.
- Tax-Free Benefit amounts up to 60% of gross monthly income (max of \$6,000 per month).
- Guaranteed Issue; you do not need to qualify medically to get the coverage.
- Pays in addition to any leave, or can be used independent of any leave you use.
- Select benefit periods of either 6, 12, or 24 months.



OFF-JOB ACCIDENTS

Most injuries are NOT work related, and therefore NOT covered by Workers Comp.



MATERNITY

Pays Maternity Benefits in addition to the Federal Parental Leave.

Protect your paycheck with Union Member Disability Insurance!

SAMPLE PLANS & MONTHLY BENEFITS (PAGE 2 of 2)

You are eligible for up to 60% of your gross salary (50% at guaranteed issue)
 Choose from a Monthly Benefit from \$400-\$5,000 (in \$100/month increments)

Monthly Benefit & Biweekly Premiums (Age at Issue):

<p style="text-align: center;">OPTION 4:</p> <p>0-day Off-Job Accident,</p> <p>30-Day Sickness/Illness Waiting Period &</p> <p>12-month Benefit Period</p>	Monthly Benefit	(Issue Ages 18-49)	(Issue Ages 50-69)
	\$1,000	\$16/pp	\$21/pp
	\$1,500	\$23/pp	\$30/pp
	\$2,000	\$30/pp	\$40/pp
	\$2,500	\$37/pp	\$49/pp
	\$3,000	\$44/pp	\$57/pp
	\$3,500	\$51/pp	\$68/pp
<p style="text-align: center;">OPTION 5:</p> <p>0-day Off-Job Accident,</p> <p>14-Day Sickness/Illness Waiting Period &</p> <p>24-month Benefit Period</p>	Monthly Benefit	(Issue Ages 18-49)	(Issue Ages 50-69)
	\$1,000	\$16/pp	\$47/pp
	\$1,500	\$24/pp	\$69/pp
	\$2,000	\$32/pp	\$92/pp
	\$2,500	\$40/pp	\$114/pp
	\$3,000	\$48/pp	\$137/pp
	\$3,500	\$56/pp	\$160/pp
<p style="text-align: center;">OPTION 6:</p> <p>0-day Off-Job Accident,</p> <p>30-Day Sickness/Illness Waiting Period &</p> <p>24-month Benefit Period</p>	Monthly Benefit	(Issue Ages 18-49)	(Issue Ages 50-69)
	\$1,000	\$21/pp	\$31/pp
	\$1,500	\$31/pp	\$46/pp
	\$2,000	\$40/pp	\$60/pp
	\$2,500	\$50/pp	\$75/pp
	\$3,000	\$60/pp	\$90/pp
	\$3,500	\$70/pp	\$105/pp
\$4,000	\$79/pp	\$119/pp	
\$4,500	\$89/pp	\$134/pp	
\$5,000	\$99/pp	\$149/pp	

Open Season ends on the 12th of the month

Contact Local Benefits Specialist,

PHONE

EMAIL

to take advantage of this benefit!

Protect your paycheck with Union Member Disability Insurance!

SAMPLE PLANS & MONTHLY BENEFITS (PAGE 1 of 2)

You are eligible for up to 60% of your gross salary (50% at guaranteed issue)
 Choose from a Monthly Benefit from \$400-\$5,000 (in \$100/month increments)

Monthly Benefit & Biweekly Premiums (Age at Issue):

	Monthly Benefit	(Issue Ages 18-49)	(Issue Ages 50-69)
OPTION 1: 0-day Off-Job Accident, 7-Day Sickness/Illness Waiting Period & 6-month Benefit Period	\$1,000	\$22/pp	\$29/pp
	\$1,500	\$33/pp	\$42/pp
	\$2,000	\$43/pp	\$56/pp
	\$2,500	\$54/pp	\$69/pp
	\$3,000	\$64/pp	\$83/pp
	\$3,500	\$75/pp	\$96/pp
	\$4,000	\$85/pp	\$110/pp
OPTION 2: 0-day Off-Job Accident, 14-Day Sickness/Illness Waiting Period & 6-month Benefit Period	\$1,000	\$17/pp	\$22/pp
	\$1,500	\$25/pp	\$32/pp
	\$2,000	\$33/pp	\$42/pp
	\$2,500	\$41/pp	\$53/pp
	\$3,000	\$49/pp	\$64/pp
	\$3,500	\$57/pp	\$74/pp
	\$4,000	\$65/pp	\$84/pp
OPTION 3: 0-day Off-Job Accident, 14-Day Sickness/Illness Waiting Period & 12-month Benefit Period	\$1,000	\$21/pp	\$27/pp
	\$1,500	\$31/pp	\$40/pp
	\$2,000	\$40/pp	\$53/pp
	\$2,500	\$50/pp	\$66/pp
	\$3,000	\$60/pp	\$79/pp
	\$3,500	\$70/pp	\$92/pp
	\$4,000	\$79/pp	\$105/pp
\$4,500	\$89/pp	\$118/pp	
\$5,000	\$99/pp	\$131/pp	

Open Season ends on the 12th of the month

Contact Local Benefits Specialist,

PHONE

EMAIL

to take advantage of this benefit!

Aflac Group Disability Insurance

Aflac's Group Short-Term Disability insurance can help protect your members' income by offering disability benefits to help them make ends meet when they are out of work.

Benefits Include:

- **Guaranteed-Issue:** During this enrollment, AFGE members can get coverage up to the guaranteed-issued amount without having to answer any health questions.
- **Maternity Benefit:** Plan pays 6 weeks for non-cesarean delivery and 8 weeks for cesarean.
- AFGE members are eligible for up to 60 percent of income replacement.
- **Flexible Benefits** from \$300 to \$6000 per month.
- **Waiver of Premium:** payments are waived after 90 days of total disability.
- **Partial Disability Benefit.**
- This plan pays in addition to sick and annual leave.
- Premiums paid through convenient payroll deduction.
- **Multiple plan options:** Never a waiting period for off-the-job accidents.
- Members choose 7-30 day waiting periods for illness or surgery and 6-24 month benefit periods.

Without disability insurance, 50% of Americans said they would use their savings to help them meet their expenses if they were unable to work due to illness or injury.¹

According to the Social Security Administration, 1 in 4 of today's 20 year olds will become disabled at some point in their career.²

¹The New American Milestones (2020); Life Happens. (May 7, 2020.) Retrieved from <https://www.flmra.com/en/newsroom/industry-trends/2020/disability-insurance-awareness-month-an-opportunity-to-learn-about-important-insurance-coverage/>

²Disability Awareness Month: An Opportunity to Learn About Important Insurance Coverage. (May 7, 2020.) Retrieved from <https://www.flmra.com/en/newsroom/industry-trends/2020/disability-insurance-awareness-month-an-opportunity-to-learn-about-important-insurance-coverage/>

Aflac Group Critical Illness Insurance

Aflac's Group Critical Illness Insurance helps pay the expected and unexpected expenses that arise from diagnosis of a covered critical illness.

Guaranteed Issue:

- **Member:** \$30,000
- **Spouse:** \$15,000

Benefits Include:

- Lump-sum benefits for 7 health events: Cancer, Heart Attack, Stroke, Major Organ Transplant, Kidney Failure, Bone Marrow Transplant, Sudden Cardiac Arrest, Coma, Severe Burn, Paralysis, Loss of Sight/Speech/Hearing
- Non-invasive Cancer (pays at 25%)
- Coronary Artery Bypass Surgery (pays at 25%)
- Skin Cancer Benefit
- Health Screening Benefit \$50 per covered test once per calendar year (payable for insured member and spouse; not payable for dependent children)
- Additional Diagnosis and Re-occurrence Diagnosis
- Waiver of Premium Benefit
- Heart Event Rider
- Specified Diseases Rider: Addison's Disease / Cerebrospinal Meningitis / Diphtheria Huntington's Chorea / Legionnaire's Disease / Malaria / Muscular Dystrophy / Myasthenia Gravis / Necrotizing Fasciitis / Osteomyelitis / Poliomyelitis (Polio) / Rabies / Sickle Cell Anemia / Systemic Lupus / Systemic Sclerosis (Scleroderma) / Tetanus /Tuberculosis
- Childhood Conditions Rider: Cystic Fibrosis / Cerebral Palsy / Cleft Lip or Cleft Palate Down Syndrome / Phenylalanine Hydroxylase Deficiency Disease (PKU) / Spina Bifida / Type 1 Diabetes / Autism Spectrum Disorder (ASD)

Aflac Group Accident Insurance

Aflac's Group Accident Insurance helps pay for out of pocket costs that arise from covered accidents such as fractures, dislocations and lacerations.

Flexible Plan Choices:

- 24-hour coverage
- Member, spouse, and dependent children coverage options

Guaranteed-issue:

Coverage is guaranteed-issue, which means you may qualify for coverage without answering health questions.

More Than 50 Benefits Including:

- Hospital Admission / \$1000
- Hospital Confinement / \$200 per day up to 365 days
- Ambulance \$200 / Air Ambulance \$1,000
- Emergency Room Treatment / \$200
- Hospital Intensive Care / \$400 per day for up to 30 days

\$50 Wellness Benefit (per 12-month period)

After 12 months of paid premium and while coverage is in force, we will pay this benefit for preventive testing once each 12-month period. Benefits include and are payable (for each covered person) for annual physical exams, mammograms, Pap smears, eye examinations, immunizations, flexible sigmoidoscopies, PSA tests, ultrasounds, and blood screenings.

Accidental Death Benefit

Member: \$50,000

Spouse: \$25,000

Children: \$5,000

Fractures

Hip/Thigh \$4,000
Vertebrae (except processes) \$3,600
Pelvis \$3,200
Skull (depressed) \$3,000
Skull (simple) \$1,400
Leg \$2,400
Forearm/Hand/Wrist \$2,000
Shoulder Blade/Collar Bone \$1,600
Lower Jaw (mandible) \$1,600
Upper Arm/Upper Jaw \$1,400
Facial Bones (except teeth) \$1,200
Vertebral Processes \$800
Coccyx/Rib/Finger/Toe \$320

Dislocations

Hip \$3,000
Knee (not kneecap) \$1,950
Shoulder \$1,500
Foot/Ankle \$1,200
Hand \$1,050
Lower Jaw \$900
Wrist \$750
Elbow \$600
Finger/Toe \$240

Also: Benefits for Burns and Lacerations

Aflac Group Hospital Indemnity Insurance

Aflac's Group Hospital Indemnity Insurance plans are designed to provide an insured with cash benefits to help with the following:

- Hospital Confinement Benefit (\$150 per day, up to 31 days per covered sickness/accident)
- Hospital Admission Benefit (\$1,000 per covered sickness/accident per calendar year)
- Hospital Intensive Care Benefit (\$150 per day, up to 10 days per covered sickness/accident)
- Intermediate Intensive Care Step-Down Unit (\$75 per day, up to 10 days per covered sickness/accident)
- Everyday living expenses, like your rent or mortgage, utility bills, groceries, and more
- It even provides coverage for newborn children for 60 days from the date of birth

For details and instructions on how to enroll in Group Disability, Critical Illness, Accident or Hospital Indemnity plans, go to www.afgeaflac.com.

Representative: Risa & Jeff Roberts	Cell:
	Email:

Note: Rates & Statements are for 2019 Enrollment Only. Rates Subject to Change Prior to Enrollment

Accident - 24-Hr On & Off-the-Job Coverage	Individual Member	Member & Spouse	Member and Kids	Family
	9.43 Bi-Weekly	14.13 Bi-Weekly	16.37 Bi-Weekly	21.07 Bi-Weekly

Plan includes \$50 Annual Wellness after 12-Months Active, per Covered Person • Pays a Max \$125 for initial X-Ray or Doctor Services for accidents, if treated within 72-Hours. Pays \$1,000 for 1st-24 Hour Day in Hospital, then \$200 a day, up to 365 days (\$400 per day, Intensive Care for up to 30-Days) • Major Fracture Injuries (Chip Fractures pays 25%): Hip/Thigh \$4,000, Vertebrae (except Processes) \$3,600, Leg \$2,400, Forearm/Hand/Wrist \$2,000, Foot/Ankle/Kneecap \$2,000, Shoulder Blade/Collar Bone \$1,600, Lower Jaw (mandible) \$1,600, Skull (simple) \$1,400, Upper Arm/Upper Jaw \$1,400, Facial Bones (except teeth) \$1,200, Vertebral Processes \$800, Coccyx/Rib/Finger/Toe \$320. Must provide proof of Treatment/ Services, a Doctor/Hospital Bill/Receipt. • Pays Accidental Death for Employee \$50,000, Spouse \$25,000, Dependents at \$5,000

Hospital Indemnity	Individual Member	Member & Spouse	Member and Kids	Family
	15.24 Bi-Weekly	29.94 Bi-Weekly	25.24 Bi-Weekly	39.95 Bi-Weekly

When due to a covered accidental injury or sickness: Plan includes Hospital Admission Benefit of \$1,000 per confinement, once per covered sickness or accident per calendar year. Excludes ER. See plan for details. • Outpatient Doctor's Office Visit – max of 6 visits per calendar year - \$25 each visit. Chiropractor Visit – max of 4 visits per calendar year - \$20 each visit. Major Diagnostic Exam – CT/CAT scan, MRI, EEG - \$150 payment. Hospital ER Visit – max of 5 visits per calendar year - \$100 per day. Inpatient Surgery and Anesthesia - \$500. Outpatient Surgery and Anesthesia - \$250.

Group Critical Illness	NON-SMOKER RATES				SMOKER RATES				
	Age Band	Member Benefit	Member Premium	Max Spouse Benefit	Spouse Premium	Member Benefit	Member Premium	Max Spouse Benefit	Spouse Premium
Guaranteed Issue: Heart • Stroke • Cancer \$50 Wellness Annually per Adult Pays 100% of Benefit for Diagnosis of: • Heart Attack • Stroke • Cancer Internal or Invasive • Major Organ Transplant • Kidney Failure • Bone Marrow Transplant • Sudden Cardiac Arrest • Severe Burns • Paralysis • Coma • Loss of Speech • Sight • Hearing	(18-29)	\$5,000	\$2.00	\$5,000	\$1.87	\$5,000	\$2.56	\$5,000	\$2.43
		\$10,000	\$3.30	\$5,000	\$1.87	\$10,000	\$4.42	\$5,000	\$2.43
		\$15,000	\$4.60	\$7,500	\$2.45	\$15,000	\$6.29	\$7,500	\$3.29
		\$20,000	\$5.90	\$10,000	\$3.04	\$20,000	\$8.15	\$10,000	\$4.16
		\$25,000	\$7.20	\$12,500	\$3.62	\$25,000	\$10.01	\$12,500	\$5.02
		\$30,000	\$8.50	\$15,000	\$4.20	\$30,000	\$11.87	\$15,000	\$5.89
	(30-39)	\$5,000	\$2.66	\$5,000	\$2.53	\$5,000	\$3.94	\$5,000	\$3.80
		\$10,000	\$4.62	\$5,000	\$2.53	\$10,000	\$7.17	\$5,000	\$3.80
		\$15,000	\$6.57	\$7,500	\$3.44	\$15,000	\$10.41	\$7,500	\$5.36
		\$20,000	\$8.53	\$10,000	\$4.35	\$20,000	\$13.65	\$10,000	\$6.91
		\$25,000	\$10.49	\$12,500	\$5.26	\$25,000	\$16.89	\$12,500	\$8.46
		\$30,000	\$12.45	\$15,000	\$6.18	\$30,000	\$20.12	\$15,000	\$10.01
	(40-49)	\$5,000	\$4.71	\$5,000	\$4.58	\$5,000	\$7.47	\$5,000	\$7.33
		\$10,000	\$8.72	\$5,000	\$4.58	\$10,000	\$14.23	\$5,000	\$7.33
		\$15,000	\$12.74	\$7,500	\$6.52	\$15,000	\$21.00	\$7,500	\$10.65
		\$20,000	\$16.75	\$10,000	\$8.46	\$20,000	\$27.76	\$10,000	\$13.97
		\$25,000	\$20.76	\$12,500	\$10.40	\$25,000	\$34.53	\$12,500	\$17.28
		\$30,000	\$24.77	\$15,000	\$12.34	\$30,000	\$41.29	\$15,000	\$20.60
(50-59)	\$5,000	\$7.96	\$5,000	\$7.82	\$5,000	\$13.18	\$5,000	\$13.05	
	\$10,000	\$15.21	\$5,000	\$7.82	\$10,000	\$25.67	\$5,000	\$13.05	
	\$15,000	\$22.47	\$7,500	\$11.39	\$15,000	\$38.15	\$7,500	\$19.23	
	\$20,000	\$29.73	\$10,000	\$14.95	\$20,000	\$50.64	\$10,000	\$25.40	
	\$25,000	\$36.98	\$12,500	\$18.51	\$25,000	\$63.12	\$12,500	\$31.58	
	\$30,000	\$44.24	\$15,000	\$22.07	\$30,000	\$75.61	\$15,000	\$37.75	
(60+)	\$5,000	\$14.00	\$5,000	\$13.87	\$5,000	\$23.49	\$5,000	\$23.36	
	\$10,000	\$27.37	\$5,000	\$13.87	\$10,000	\$46.28	\$5,000	\$23.36	
	\$15,000	\$40.61	\$7,500	\$20.46	\$15,000	\$69.07	\$7,500	\$34.69	
	\$20,000	\$53.91	\$10,000	\$27.04	\$20,000	\$91.86	\$10,000	\$46.02	
	\$25,000	\$67.22	\$12,500	\$33.63	\$25,000	\$114.65	\$12,500	\$57.35	
	\$30,000	\$80.52	\$15,000	\$40.21	\$30,000	\$137.45	\$15,000	\$68.67	

Pays 25% of Benefit Amount for:
 • Non-Invasive Cancer
 • Coronary Artery Bi-Pass Surgery
 • Pays \$250 for Skin Cancer (1X per year)

CIGNA DENTAL for Union Members

DHMO Plan Options



CIGNA DENTAL CARE (DHMO) PLAN HIGH OPTION

Service	Your Cost
Office Visit Copay	\$0
X-rays Intra-oral	\$0
Oral Cancer Screenings	\$50
Amalgam/Resin Based Fillings	\$0
Composite (tooth colored) Fillings	\$0 (front teeth) / \$40 back teeth
Standard Resin Based Crowns	\$50
Standard Root Canal	Starting at \$75
Implant Coverage	Starting at \$925
Full Dentures - Upper and Lower	\$200 complete set
Orthodontic up to age 19	Total 24-Month Treatment \$1,900
Orthodontic - Adults	Total 24-Month Treatment \$2,400

For a full Schedule of Benefits scan or click QR code or visit www.benefitarchitects.com/brochures

BI-WEEKLY PREMIUMS

Employee	\$18.00
Employee + 1	\$31.00
Family	\$49.00

Scan (or click)
for HIGH OPTION
Schedule of Benefits



CIGNA DENTAL CARE (DHMO) PLAN STANDARD OPTION

Service	Your Cost
Office Visit Copay	\$5
Orthodontics for all ages	\$3,127 up to age 19 / \$3,498 for age 19 +
Amalgam (silver) Fillings	\$0 (Any tooth)
Composite (tooth colored) Fillings	\$0 (Front teeth) / \$47-115 (Back teeth)
Root Canals	Starting at \$210
Crowns	Starting at \$400
Full Denture - Upper or Lower	\$625 each
Teeth Whitening	\$165 per arch
Custom Athletic Mouth Guards	\$110

For a full Schedule of Benefits scan or click QR code or visit www.benefitarchitects.com/brochures

BI-WEEKLY PREMIUMS

Employee	\$8.00
Employee + 1	\$13.00
Family	\$18.00

Scan (or click) for
STANDARD OPTION
Schedule of Benefits



Once you are enrolled and your plan is activated, you can register your account online at MyCigna.com.

CIGNA DENTAL for Union Members

DHMO Plan Options



Union members have a great new dental plan that may help you save money on your dental and orthodontia costs. Members can enroll at any time, as we have continuous Open Season.



✓ AFFORDABLE BI-WEEKLY PREMIUMS

No waiting periods

✓ NO DEDUCTIBLE

You don't have to reach an out-of-pocket amount before your benefits start

✓ NO ANNUAL DOLLAR MAXIMUMS

There is no annual dollar limit on covered services

✓ CONVENIENCE

Your primary dentist performs most services and helps coordinate care

✓ LARGEST NETWORK OF ITS KIND IN THE US

Choose from over 30,000 highly rated dentists

✓ SAVINGS, CONVENIENCE AND COVERAGE FOR SERVICES NOT INCLUDED ON OTHER PLAN OPTIONS

You may be surprised by what the Cigna Dental Care DHMO has to offer, including coverage for orthodontia for all ages, TMJ-related care, athletic mouth guards, teeth whitening and more!

✓ OFFERS TWO DHMO PLAN OPTIONS TO FIT YOUR NEEDS AND BUDGET

See reverse for a summary of services, costs and premiums for each plan to decide which is the best fit.

SEARCH FOR A Network Dentist

Visit www.hcpdirectory.cigna.com and click "Find a Doctor, Dentist or Facility":

1. When asked how you are covered, choose "Employer or School"
2. Enter the location that you'd like to search
3. You can search by type of dentist or name of dentist
4. When prompted to "Log-in/Register" "Continue as Guest"
5. When asked to choose a plan, select "Cigna Dental Care Access Plus"

Scan (or click)
to Search for
Network Dentists



QUESTIONS?

Contact your
Local Benefits
Representative



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**Cigna Vision serviced by EyeMed
AFGE
C1 - Standard PPO Comprehensive Plan**

Welcome to Cigna Vision Schedule of Vision Coverage			
Coverage	In-Network Benefit***	Out-of-Network Benefit	Frequency Period **
Exam Copay	\$10	N/A	12 months
Exam Allowance (once per frequency period)	Covered 100% after Copay	Up to \$45	12 months
Materials Copay	\$20	N/A	12 months
Eyeglass Lenses Allowances: (one pair per frequency period)			
Single Vision	Covered 100% after Copay	Up to \$40	12 months
Lined Bifocal	Covered 100% after Copay	Up to \$65	12 months
Lined Trifocal	Covered 100% after Copay	Up to \$75	12 months
Progressives	Covered 100% after Copay	Up to \$75	12 months
Lenticular	Covered 100% after Copay	Up to \$100	12 months
Contact Lenses Allowances: (one pair or single purchase per frequency period)			
Elective	\$130	Up to \$105	12 months
Therapeutic	Covered 100%	Up to \$210	12 months
Frame Retail Allowance (one per frequency period)	Up to \$130	Up to \$71	24 months
** Your Frequency Period begins on January 1 (Calendar year basis)			
Definitions:			
Copay: the amount you pay towards your exam and/or materials, lenses and/or frames. (Note: copays do not apply to contact lenses).			
Coinsurance: the percentage of charges Cigna will pay. Customer is financially responsible for the balance.			
Allowance: the maximum amount Cigna will pay. Customer is financially responsible for any amount over the allowance.			
Materials: eyeglass lenses, frames, and/or contact lenses.			
<ul style="list-style-type: none"> To receive in-network benefits, you cannot use this coverage with any other discounts, promotions, or prior orders. If you use other discounts and/or promotions instead of this vision coverage, or go to an out-of-network eye care professional, you may file an out-of-network claim to be reimbursed for allowable expenses. 			
In-Network Coverage Includes***:			
<ul style="list-style-type: none"> One vision and eye health evaluation including but not limited to eye health examination, dilation, refraction, and prescription for glasses; One pair of standard prescription plastic or glass lenses, all ranges of prescriptions (powers and prisms) <ul style="list-style-type: none"> Polycarbonate lenses for children under 19 years of age Oversize lenses Rose #1 and #2 solid tints Minimum 20% savings* on all additional lens enhancements you choose for your lenses, including but not limited to: scratch/ultraviolet/anti-reflective coatings; polycarbonate (adults); all tints/photochromic (glass or plastic); and lens styles. 			



- One frame for prescription lenses – frame of choice covered up to retail plan allowance, plus a 20% savings on amount that exceeds frame allowance;
- One pair of contact lenses or a single purchase of a supply of contact lenses – in lieu of lenses and frame benefit, (may not receive contact lenses and frames in same benefit year). Allowance applied towards cost of supplemental contact lens professional services (including the fitting and evaluation) and contact lens materials

* Provider participation is 100% voluntary; please check with your Eye Care Professional for any offered discounts.
*** Coverage may vary at participating discount retail and membership club optical locations, please contact Customer Service for specific coverage information.

Coverage for **Therapeutic** contact lenses will be provided when visual acuity cannot be corrected to 20/70 in the better eye with eyeglasses and the fitting of the contact lenses would obtain this level of visual acuity; and in certain cases of anisometropia, keratoconus, or aphakia; as determined and documented by your Vision eye care professional. Contact lenses fitted for other therapeutic purposes or the narrowing of visual fields due to high minus or plus correction will be covered in accordance with the Elective contact lens coverage shown on the Schedule of Benefits.

What's Not Covered:

- Orthoptic or vision training and any associated supplemental testing
- Medical or surgical treatment of the eyes
- Any eye examination, or any corrective eyewear, required by an employer as a condition of employment
- Any injury or illness when paid or payable by Workers' Compensation or similar law, or which is work-related
- Charges in excess of the usual and customary charge for the Service or Materials
- Charges incurred after the policy ends or the insured's coverage under the policy ends, except as stated in the policy
- Experimental or non-conventional treatment or device
- Magnification or low vision aids not shown as covered in the Schedule of Vision Coverage
- Any non-prescription (minimum Rx required) eyeglasses, includes frame, lenses, or contact lenses
- Spectacle lens treatments, "add-ons", or lens coatings not shown as covered in the Schedule of Vision Coverage
- Prescription sunglasses
- Two pair of glasses, in lieu of bifocals or trifocals
- Safety glasses or lenses required for employment not shown as covered in the Schedule of Vision Coverage
- VDT (video display terminal)/computer eyeglass benefit
- Claims submitted and received in excess of twelve (12) months from the original Date of Service

How to use your Cigna Vision Benefits

(Please be aware that the Cigna Vision network is different from the networks supporting our health/medical plans).

1. Finding a doctor

There are three ways to find a quality eye doctor in your area:

1. Log into myCigna.com, under "Coverage", select Vision page. Click on Visit Cigna Vision. Then select "Find a Cigna Vision Network Eye Care Professional" to search the Cigna Vision serviced by Eye Med Directory.
2. Don't have access to myCigna.com? Go to Cigna.com, top of the page select "Find A Doctor, Dentist or Facility", click on Cigna Vision serviced by EyeMed Directory, under Additional Resources.

Humana Dental Traditional Plus 14

AFGE

	If you use an IN-NETWORK dentist		If you use an OUT-OF-NETWORK dentist	
	Individual	Family	Individual	Family
Calendar-year deductible (excludes orthodontia services)	\$50	\$150	\$50	\$150
	Deductible applies to all services excluding preventive services.			
Calendar-year annual maximum (excludes orthodontia services)	\$5,000		After you reach the annual maximum amount, you will receive 30 percent coinsurance on preventive, basic, and major services for the rest of the year (excludes orthodontia.)	
Preventive services <ul style="list-style-type: none"> • Routine oral examinations (2 per year) • Bitewing x-rays (2 films under age 10, up to 4 films ages 10 and older) • Routine cleanings (2 per year) • Fluoride treatment (1 per year, through age 14) • Sealants (permanent molars, through age 14) • Space maintainers (primary teeth, through age 14) • Oral Cancer Screening (1 per year, ages 40 and older) 	100% no deductible		100% no deductible	
Basic services <ul style="list-style-type: none"> • Emergency care for pain relief • Amalgam fillings (1 per tooth every 2 years, composite for anterior/front teeth) • Oral surgery (tooth extractions including impacted teeth) • Stainless steel crowns • Harmful habit appliances for children (1 per lifetime, through age 14) • Periodontics (periodontal cleanings 4 per year, scaling/root planing and surgery 1 per quadrant every 3 years) • Endodontics (root canals 1 per tooth per lifetime and 1 re-treatment) 	50% after deductible		50% after deductible	
Major services <ul style="list-style-type: none"> • Crowns (1 per tooth every 5 years) • Inlays/onlays (1 per tooth every 5 years) • Bridges (1 per tooth every 5 years) • Dentures (1 per tooth every 5 years) • Denture relines/rebases (1 every 3 years, following 6 months of denture use) • Denture repair and adjustments (following 6 months of denture use) • Implants (1 every 5 years limited to crowns, bridges, and dentures. Coverage limited to equivalent cost of a non-implant service. Implant placement itself is not covered) 	50% after deductible		50% after deductible	

Humana Vision 130

Benefit Architects, Inc

Vision care services

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

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

Exam with dilation as necessary
• Retinal imaging¹

\$10
Up to \$39

Up to \$30
Not covered

Contact lens exam options²
• Standard contact lens fit and follow-up
• Premium contact lens fit and follow-up

Up to \$55
10% off retail

Not covered
Not covered

Frames³

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

\$65 allowance

Standard plastic lenses⁴

- Single vision
- Bifocal
- Trifocal
- Lenticular

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

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

Covered lens options⁴

- UV coating
- Tint (solid and gradient)
- Standard scratch-resistance
- Standard polycarbonate - adults
- Standard polycarbonate - children <19
- Standard anti-reflective coating
- Premium anti-reflective coating

\$15
\$15
\$15
\$40
\$40
\$45
Premium anti-reflective coatings as follows:

Not covered
Not covered
Not covered
Not covered
Not covered
Not covered
Premium anti-reflective coatings as follows:

- Tier 1
- Tier 2
- Tier 3
- Standard progressive (add-on to bifocal)
- Premium progressive
- Tier 1
- Tier 2
- Tier 3
- Tier 4
- Photochromatic / plastic transitions
- Polarized

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

Not covered
Not covered
Not covered
Up to \$40
Premium progressives as follows:
Not covered
Not covered
Not covered
Not covered
Not covered
Not covered

Contact lenses⁵ (applies to materials only)

- Conventional
- Disposable
- Medically necessary

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

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

Humana Vision 130

Vision care services

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

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

Frequency

- Examination
- Lenses or contact lenses
- Frame

Once every 12 months
Once every 12 months
Once every 24 months

Once every 12 months
Once every 12 months
Once every 24 months

Diabetic Eye Care: care and testing for diabetic members

- Examination
 - Up to (2) services per year
- Retinal Imaging
 - Up to (2) services per year
- Extended Ophthalmoscopy
 - Up to (2) services per year
- Gonioscopy
 - Up to (2) services per year
- Scanning Laser
 - Up to (2) services per year

\$0
\$0
\$0
\$0
\$0

Up to \$77
Up to \$50
Up to \$15
Up to \$15
Up to \$33

Optional benefits

- ¹ Member costs may exceed \$39 with certain providers. Members may contact their participating provider to determine what costs or discounts are available.
- ² Standard contact lens exam fit and follow up costs and premium contact lens exam discounts up to 10% may vary by participating provider. Members may contact their participating provider to determine what costs or discounts are available.
- ³ Discounts may be available on all frames except when prohibited by the manufacturer.
- ⁴ Lens option costs may vary by provider. Members may contact their participating provider to determine if listed costs are available.
- ⁵ Plan covers contact lenses or frames, but not both.

Additional plan discounts

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

3 MORE WAYS

MEMBERSHIP PAYS

Risa Roberts
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Can also call for appointment

SCHEDULE YOUR
REVIEW TODAY



401 (k) OPTIONS

WE CAN HELP YOU :

DISCOVER CHOICES
FOR YOUR PREVIOUS
RETIREMENT PLAN

AVOID FEES
& MARKET LOSS

AVOID A DEFAULT
401 (k) ELECTION

1

3

2

RETIREMENT OPTIONS

WE CAN HELP YOU:

COMPLETE RETIREMENT
DOCUMENTS

KNOW YOUR NUMBERS
BEFORE RETIRING

DISCUSS ELIGIBILITY &
SURVIVOR BENEFITS

TSP OPTIONS

PRIOR UNIFORM OR CIVILIAN SERVICE

TRADITIONAL IRA / ROTH IRA PLANS

AVOID SURPRISES AND MISTAKES