

# Employee paid supplemental insurance

AD & D and life

Accident

Critical illness

Hospital care

Life insurance

Short term disability

Legal services



Oregon Metro

# Term Life and Accidental Death & Dismemberment (AD&D) Insurance



## How does it work?

You choose the amount of coverage that's right for you, and you keep coverage for a set period of time, or "term." If you die during that term, the money can help your family pay for basic living expenses, final arrangements, tuition and more. AD&D Insurance is also available, which pays a benefit if you survive an accident but have certain serious injuries. It pays an additional amount if you die from a covered accident.

## Oregon Metro provides the following Term Life and AD&D coverage for you:

<b>You:</b>	Your employer is paying for base Life and AD&D coverage of 1.5 times your annual earnings to a maximum of \$50,000.
<b>Your spouse:</b>	Get \$1,000 of coverage for your Spouse
<b>Your children:</b>	The maximum benefit for children from live birth to 26 years of age is \$1,000

## Additional coverage available to purchase:

If you are actively at work at least 20 hours per week, you may apply for additional coverage for:

<b>You:</b>	Choose from \$10,000 to \$500,000 in \$10,000 increments. You can purchase coverage up to \$180,000 with no medical underwriting
<b>Your spouse:</b>	You can purchase additional Life and AD&D coverage for your spouse from \$5,000 to \$500,000 in increments of \$5,000. You must purchase coverage for yourself in order to purchase coverage for your spouse. Spouse coverage must not exceed 100% of the coverage amount you purchase for yourself. Your spouse can get up to \$25,000 with no medical underwriting, if eligible (see delayed effective date).
<b>Your children:</b>	Get up to \$10,000 of coverage in \$2,000 increments if eligible (see delayed effective date). One policy covers all of your children until their 26th birthday. The maximum benefit for children live birth to 6 months is \$2,000.

No medical underwriting is required for AD&D coverage.

## Employee paid | AD & D and Life insurance continued

### How much coverage can I get?

#### Calculate your costs

1. Enter the coverage amount you want.
2. Divide by the amount shown.
3. Multiply by the rate.  
Use the rate table (at right) to find the rate based on age.  
(Choose the age you will be when your coverage becomes effective. To determine your spouse rate, choose the age the spouse will be when coverage becomes effective. See your plan administrator for your plan effective date.)
4. Enter your cost.

	1	2	3	4
Employee	\$____,000	÷ \$10,000 = \$____	X \$____	= \$____
Spouse	\$____,000	÷ \$5,000 = \$____	X \$____	= \$____
Child	\$____,000	÷ \$2,000 = \$____	X \$____	= \$____
Total cost				

Employee monthly rate		Spouse monthly rate	Child monthly rate
Age	Per \$10,000 of coverage Cost	Per \$5,000 of coverage Cost	\$0.300 per \$2,000 of coverage
15-24	\$0.700	\$0.350	
25-29	\$0.700	\$0.350	
30-34	\$1.040	\$0.520	
35-39	\$1.220	\$0.610	
40-44	\$1.700	\$0.850	
45-49	\$2.640	\$1.320	
50-54	\$4.610	\$2.305	
55-59	\$7.820	\$3.910	
60-64	\$9.510	\$4.755	
65-69	\$14.700	\$7.350	
70-74	\$22.600	\$11.300	
75+	\$34.900	\$17.450	

1. Enter the AD&D coverage amount you want.
2. Divide by the amount shown.
3. Multiply by the rate.  
Use the AD&D rate table (at right) to find the rate.
4. Enter your cost.

AD&D				
	1	2	3	4
Employee	\$____,000	÷ \$10,000 = \$____	X \$0.280	= \$____
Spouse	\$____,000	÷ \$5,000 = \$____	X \$0.140	= \$____
Child	\$____,000	÷ \$2,000 = \$____	X \$0.056	= \$____
Total cost				

AD&D monthly rates		
	Coverage amount	Rate
Employee	per \$10,000 of coverage	\$0.280
Spouse	per \$5,000 of coverage	\$0.140
Child	per \$2,000 of coverage	\$0.056

Billed amount may vary slightly.  
If you apply for coverage above the guaranteed issue amount, you may be subject to medical underwriting which may affect your ability to get the larger coverage amount. In order to purchase coverage for your dependents, you must buy coverage for yourself. Coverage amounts cannot exceed 100% of your coverage amounts.

## Employee paid | AD & D and Life insurance continued

**A 'Living' Benefit** — If you are diagnosed with a terminal illness with less than 12 months to live, you can request 100% of your life insurance benefit (up to \$250,000) while you are still living. This amount will be taken out of the death benefit, and may be taxable. **These benefit payments may adversely affect the recipient's eligibility for Medicaid or other government benefits or entitlements, and may be taxable.** Recipients should consult their tax attorney or advisor before utilizing living benefit payments.

**Waiver of premium** — Your cost may be waived if you are totally disabled for a period of time.

**Portability** — You may be able to keep coverage if you leave the company, retire or change the number of hours you work.

Employees or dependents who have a sickness or injury having a material effect on life expectancy at the time their group coverage ends are not eligible for portability.

### Exclusions and limitations

#### Actively at work

Eligible employees must be actively at work to apply for coverage. Being actively at work means on the day the employee applies for coverage, the individual must be working at one of his/her company's business locations; or the individual must be working at a location where he/she is required to represent the company. If applying for coverage on a day that is not a scheduled workday, the employee will be considered actively at work as of his/her last scheduled workday. Employees are not considered actively at work if they are on a leave of absence or lay off.

An unmarried handicapped dependent child who becomes handicapped prior to the child's attainment age of 26 may be eligible for benefits. Please see your plan administrator for details on eligibility. Employees must be U.S. citizens or legally authorized to work in the U.S. to receive coverage. Employees must be actively employed in the United States with the Employer to receive coverage. Employees must be insured under the plan for spouses and dependents to be eligible for coverage.

#### Exclusions and limitations

Life insurance benefits will not be paid for deaths caused by suicide occurring within 24 months after the effective date of coverage. The same applies for increased or additional benefits.

#### AD&D specific exclusions and limitations:

Accidental death and dismemberment benefits will not be paid for losses caused by, contributed to by, or resulting from:

- Disease of the body; diagnostic, medical or surgical treatment or mental disorder as set forth in the latest edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM)
- Suicide, self-destruction while sane, intentionally self-inflicted injury while sane or self-inflicted injury while insane
- War, declared or undeclared, or any act of war
- Active participation in a riot
- The voluntary use of any prescription or non-prescription drug, poison, fume or other chemical substance unless used according to the prescription or direction of your or your dependent's doctor. This exclusion does not apply to you or your dependent if the chemical substance is ethanol.
- Intoxication — "Being intoxicated" means your or your dependent's blood alcohol level equals or exceeds the legal limit for operating a motor vehicle in the state or jurisdiction where the accident occurred.

#### Delayed effective date of coverage

Insurance coverage will be delayed if you are not an active employee because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective. Delayed Effective Date: if your spouse or child has a serious injury, sickness, or disorder, or is confined, their coverage may not take effect. Payment of premium does not guarantee coverage. Please refer to your policy contract or see your plan administrator for an explanation of the delayed effective date provision that applies to your plan.

#### Base Coverage Age Reduction

Coverage amounts for base Life and AD&D Insurance for you will reduce to:

- 65% of the original amount when you reach age 70
- 50% of the original amount when you reach age 75
- 35% of the original amount when you reach age 80

Coverage may not be increased after a reduction.

#### Additional Coverage Age Reduction

Coverage amounts for additional Life and AD&D Insurance for you will reduce to:

- 65% of the original amount when you reach age 70
- 50% of the original amount when you reach age 75
- 35% of the original amount when you reach age 80

Coverage may not be increased after a reduction.

#### Termination of coverage

Your coverage and your dependents' coverage under the policy ends on the earliest of:

- The date the policy or plan is cancelled
- The date you no longer are in an eligible group
- The date your eligible group is no longer covered
- The last day of the period for which you made any required contributions
- The last day you are actively employed (unless coverage is continued due to a covered layoff, leave of absence, injury or sickness), as described in the certificate of coverage

In addition, coverage for any one dependent will end on the earliest of:

- The date your coverage under a plan ends
- The date your dependent ceases to be an eligible dependent
- For a spouse, the date of a divorce or annulment
- For dependents, the date of your death

Unum will provide coverage for a payable claim that occurs while you and your dependents are covered under the policy or plan.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form C.FP-1 et al or contact your Unum representative.

Life Planning Financial & Legal Resources services, provided by HealthAdvocate, are available with select Unum insurance offerings. Terms and availability of service are subject to change. Service provider does not provide legal advice; please consult your attorney for guidance. Services are not valid after coverage terminates. Please contact your Unum representative for details.

Unum complies with state civil union and domestic partner laws when applicable.

Underwritten by:

Unum Life Insurance Company of America, Portland, Maine

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## Rates | Employee paid | AD & D and Life insurance

AD&D monthly rates		
	Coverage amount	Rate
Employee	per \$10,000 of coverage	\$0.280
Spouse	per \$5,000 of coverage	\$0.140
Child	per \$2,000 of coverage	\$0.056

Employee monthly rate		Spouse monthly rate	Child monthly rate
Age	Per \$10,000 of coverage	Per \$5,000 of coverage	\$0.300 per \$2,000 of coverage
	Cost	Cost	
15-24	\$0.700	\$0.350	
25-29	\$0.700	\$0.350	
30-34	\$1.040	\$0.520	
35-39	\$1.220	\$0.610	
40-44	\$1.700	\$0.850	
45-49	\$2.640	\$1.320	
50-54	\$4.610	\$2.305	
55-59	\$7.820	\$3.910	
60-64	\$9.510	\$4.755	
65-69	\$14.700	\$7.350	
70-74	\$22.600	\$11.300	
75+	\$34.900	\$17.450	



Oregon Metro

Group Accident Insurance



How does it work?

Accident Insurance provides a set benefit amount based on the type of injury you have and the type of treatment you need. It covers accidents that occur off the job. And it includes a range of incidents, from common injuries to more serious events.

Why is this coverage so valuable?

It can help you with out-of-pocket costs that your medical plan doesn't cover, like co-pays and deductibles. You'll have base coverage without medical underwriting. The cost is conveniently deducted from your paycheck. You can keep your coverage if you change jobs or retire. You'll be billed directly.

Who can get coverage?

You	If you're actively at work*
Your spouse	Can get coverage as long as you have purchased coverage for yourself.
Your children	Dependent children from birth until their 26th birthday, regardless of marital or student status.

\*Employees must be legally authorized to work in the United States and actively working at a U.S. location to receive coverage. See Schedule of benefits for a complete listing of what is covered.

What's included?

Be Well Benefit

Every year, each family member who has Accident coverage can also receive \$50 for getting a covered Be Well screening test, such as:

- Annual exams by a physician include sports physicals, well-child visits, dental and vision exams
- Screenings for cancer, including pap smear, colonoscopy
- Cardiovascular function screenings
- Screenings for cholesterol and diabetes
- Imaging studies, including chest X-ray, mammography
- Immunizations including HPV, MMR, tetanus, influenza

Organized Sports Benefit

Each family member that has Accident coverage is eligible for a 10% increase in payable benefits within the Injury and Treatment schedule of benefit categories. See disclosures and schedule of benefits for more information.

How much does it cost?

Your monthly premium	Option 1	Option 2
You	\$7.21	\$10.34
You and your spouse	\$13.03	\$18.73
You and your children	\$11.70	\$19.31
Family	\$17.52	\$27.70

**UNUM INSURANCE COMPANY**

**ACCIDENT ONLY COVERAGE**

**THE CERTIFICATE PROVIDES LIMITED BENEFITS**

**BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO  
COVER ALL MEDICAL EXPENSES**

**OUTLINE OF COVERAGE**

Read the Policy and your Certificate Carefully. This outline of coverage provides a very brief description of the important features of coverage. This is not the insurance contract and only the actual Policy and Certificate provisions will control. The Policy itself sets forth in detail the rights and obligations of both us and the Policyholder. It is, therefore, important that you **READ THE POLICY AND YOUR CERTIFICATE CAREFULLY!**

**Accident Only Coverage.** This coverage is designed to provide, to persons insured, coverage for certain losses resulting from a covered accident ONLY, subject to any limitations contained in the policy. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

**Schedule of Benefits**

The following Schedules of Benefits are available to you. You will have the opportunity to apply for coverage for you, and your Spouse, and Children.

Please refer to your confirmation of coverage for the coverage for which you, and your Spouse, and Children are insured.

The benefits an Insured may receive for a Payable Claim are listed in the Schedule of Benefits, subject to all other terms and provisions of this certificate. Amounts are the same for all Insureds, unless noted otherwise. Multiple benefits may be payable for a single Covered Accident.

## Employee paid | Accident Insurance continued

### SCHEDULE OF BENEFITS

	Option 1	Option 2		Option 1	Option 2		Option 1	Option 2
<b>Accidental Death and Dismemberment</b>			<b>Injury</b>			<b>Injury</b>		
AD&D			2nd Degree Burns - At least 5%, but less than 20% of skin surface	\$375	\$500	Bones of the Face or Nose (other than Lower Jaw, Mandible or Upper Jaw, Maxilla)	\$525	\$675
Employee	\$50,000	\$50,000	2nd Degree Burns - 20% or greater of skin surface	\$750	\$1,000	Upper Arm between Elbow and Shoulder (humerus)	\$525	\$675
Spouse	\$25,000	\$25,000	3rd Degree Burns - Less than 5% of skin surface	\$1,500	\$2,000	Upper Jaw, Maxilla (other than alveolar process)	\$525	\$675
Children	\$12,500	\$12,500	3rd Degree Burns - At least 5%, but less than 20% of skin surface	\$3,750	\$5,000	Ankle (lower tibia or fibula)	\$400	\$450
Common Carrier Benefit can pay if the insured individual is injured as a fare-paying passenger on a common carrier (examples include mass transit trains, buses and planes)			3rd Degree Burns - 20% or greater of skin surface	\$7,500	\$10,000	Collarbone (clavicle, sternum) or Shoulder Blade (scapula)	\$400	\$450
Employee	\$50,000	\$50,000	Concussion			Foot or Heel (other than Toes)	\$350	\$450
Spouse	\$25,000	\$25,000	Concussion	\$100	\$200	Forearm (olecranon, radius, or ulna), Hand, or Wrist (other than Fingers)	\$400	\$450
Children	\$12,500	\$12,500	Connective Tissue Damage			Kneecap (patella)	\$350	\$450
Dismemberment			One Connective Tissue (tendon, ligament, rotator cuff, muscle)	\$90	\$90	Lower Jaw, Mandible (other than alveolar process)	\$350	\$450
Both Feet	\$50,000	\$50,000	Two or more Connective Tissues (tendon, ligament, rotator cuff, muscle)	\$150	\$150	Vertebral Processes	\$350	\$450
Both Hands	\$50,000	\$50,000	Dislocations			Rib	\$350	\$450
One Foot	\$25,000	\$25,000	Knee joint (other than patella)	\$1,300	\$1,650	Tailbone (coccyx), Sacrum	\$350	\$450
One Hand	\$25,000	\$25,000	Ankle bone or bones of the foot (other than toes)	\$500	\$1,650	Finger or Toe (Digit)	\$175	\$225
Thumb and Index Finger of the same Hand	\$12,500	\$12,500	Hip joint	\$2,625	\$3,375	Chip Fracture - Payable as a % of the applicable Fractures benefit	25%	25%
Coma			Collarbone (sternoclavicular)	\$650	\$825	Same bone maximum incurred per accident	1 Fracture	1 Fracture
Coma	\$10,000	\$10,000	Elbow joint	\$400	\$500	Maximum payable multiplier for multiple bones	2 Times	2 Times
Home & Vehicle Modifications			Hand (other than Fingers)	\$400	\$500	Internal Injuries		
Home & Vehicle Modifications	\$1,500	\$1,500	Lower Jaw	\$400	\$500	Internal Injuries	\$200	\$200
Loss of Use			Shoulder	\$200	\$500	Lacerations		
Hearing (one ear)	\$12,500	\$12,500	Wrist joint	\$200	\$500	No Repair	\$35	\$50
Hearing	\$25,000	\$25,000	Collarbone (acromioclavicular and separation)	\$250	\$325	Repair Less than 2 inches	\$100	\$150
Sight of one Eye	\$25,000	\$25,000	Finger or Toe (Digit)	\$125	\$150	Repair At least 2 inches but less than 6 inches	\$200	\$300
Sight of both Eyes	\$50,000	\$50,000	Kneecap (patella)	\$400	\$500	Repair 6 inches or greater	\$400	\$600
Speech	\$25,000	\$25,000	Incomplete Dislocation - Payable as a % of the applicable Dislocations benefit	25%	25%	Loss of a Digit		
Paralysis			Eye Injury			One Digit (other than a Thumb or Big Toe)	\$500	\$750
Uniplegia	\$12,500	\$12,500	Eye Injury	\$200	\$200	One Digit (a Thumb or Big Toe)	\$750	\$1,125
Hemi/Paraplegia	\$25,000	\$25,000	Fractures			Two or more Digits	\$1,000	\$1,500
Triplegia	\$37,500	\$37,500	Skull (except bones of Face or Nose), Depressed	\$3,500	\$4,500	Knee Cartilage		
Quadriplegia	\$50,000	\$50,000	Hip or Thigh (femur)	\$2,625	\$3,375	Knee Cartilage (Meniscus) Injury	\$100	\$150
<b>Hospitalization</b>			Skull (except bones of Face or Nose), Non-depressed	\$1,750	\$2,250	Ruptured or Herniated Disc		
Admission	\$500	\$1,000	Vertebrae, body of (other than Vertebral Processes)	\$1,050	\$1,350	One Disc	\$120	\$150
Admission - Hospital ICU (added to Admission)	\$500	\$1,000	Leg (mid to upper tibia or fibula)	\$600	\$1,350	Two or more Discs	\$200	\$250
Daily Stay (365 days)	\$100	\$200	Pelvis	\$1,050	\$1,350	<b>Recovery</b>		
Daily Stay - Hospital ICU (added to Daily Stay)	\$100	\$200				At-Home Care	\$75	\$100
Short Stay	\$200	\$200				Physician Follow-Up Visits	\$50	\$75
<b>Injury</b>								
Injury due to felony & sexual assault	\$100	\$150						
Organized Sports	10%	10%						
Burns								



## Employee paid | Accident Insurance continued

### SCHEDULE OF BENEFITS

	Option 1	Option 2		Option 1	Option 2		Option 1	Option 2
<b>Recovery</b>			<b>Surgery</b>			<b>Treatment</b>		
Physician Follow-Up Maximum Visits	2 Visits	2	Outpatient Surgical Facility	\$200	\$300	Transfusions	\$400	\$500
Prescription Drug	\$25	\$25	Ruptured or Herniated Disc Surgery			Transportation (per trip)	\$100	\$150
Prescription Benefit Incidence per covered accident	1 Per Insured	1 Per Insured	Exploratory without Repair	\$100	\$125	Family Care	\$50	\$50
Rehabilitation or Subacute Rehabilitation Unit	\$50	\$100	One Disc	\$525	\$675	Pet Boarding (per day)	\$30	\$30
Behavior Health Therapy	\$25	\$50	Two or more Discs	\$800	\$1,000	Treatment in a Physician's Office or Urgent Care Facility (initial)	\$50	\$100
Behavior Health Therapy visits	15 Days	15	<b>Treatment</b>					
Therapy Services (chiro, speech, PT, occ, acupuncture/alternative)	\$25	\$50	Organized Sports	10%	10%			
Therapy Services Maximum Days	15 Days	15	Ambulance					
<b>Surgery</b>			Air	\$1,200	\$1,600			
Dislocations			Ground	\$300	\$400			
Dislocation, Surgical Repair - Payable as a % of the applicable Injury benefit	100%	100%	Durable Medical Equipment					
Anesthesia			Tier 1 (arm sling, cane, medical ring cushion)	\$50	\$65			
Epidural or Regional Anesthesia	\$60	\$100	Tier 2 (bedside commode, cold therapy system, crutches)	\$100	\$125			
General Anesthesia	\$150	\$250	Tier 3 (back brace, body jacket, continuous passive movement, electric scooter)	\$200	\$250			
Connective Tissue			Emergency Dental Repair					
Exploratory without Repair	\$75	\$100	Dental Crown	\$350	\$450			
Repair for One Connective Tissue	\$600	\$800	Dental Extraction	\$115	\$150			
Repair for Two or more Connective Tissues	\$900	\$1,200	Filling or Chip Repair	\$90	\$115			
Eye Surgery			Imaging					
Eye Surgery, Requiring Anesthesia	\$200	\$300	Tier 1: X-rays or Ultrasound	\$25	\$50			
Fractures			Tier 2: Bone Scan, CAT, CT, EEG, MR, MRA, or MRI	\$200	\$300			
Fractures, Surgical Repair - Payable as a % of the applicable Injury benefit	100%	100%	Medical Imaging Incidence allowance covered accident per Tier	1 Per Insured Per Tier	1 Per Insured Per Tier			
Surgical Repair same bone maximum incurred per accident	1 Fracture	1 Fracture	Lodging					
Surgical Repair same bone maximum payable multiplier for multiple bones	2 Times	2 Times	Lodging (per night)	\$150	\$200			
General Surgery			Prosthetic Device					
Abdominal, Thoracic, or Cranial	\$1,000	\$1,500	One Device or Limb	\$750	\$1,000			
Exploratory	\$100	\$150	Two or more Devices or Limbs	\$1,500	\$2,000			
Incidence per covered accident	1 Per Insured	1 Per Insured	Skin Grafts					
Hernia Surgery			For Burns - Payable as a % of the applicable Burn benefit	50%	50%			
Hernia Surgery	\$100	\$150	Not Burns - Less than 20% of skin surface	\$250	\$375			
Knee Cartilage			Not Burns - 20% or greater of skin surface	\$500	\$750			
Knee Cartilage (Meniscus) Exploratory without Repair	\$100	\$150	Treatment					
Knee Cartilage (Meniscus) with Repair	\$500	\$750	Emergency Room Treatment	\$100	\$200			
Outpatient Surgical Facility			Injections to Prevent or Limit Infection (tetanus, rabies, antivenom, immune globulin)	\$50	\$50			
			Pain Management Injections (epidural, cortisone, steroid)	\$100	\$150			

## Employee paid | Accident Insurance continued

### Organized Sports Benefit

This increased benefit payment will be applied if the covered Accident occurs while playing an organized sport that required formal registration to participate and is officiated by someone certified to act in that capacity.

Underwritten by: Unum Insurance Company, Portland, Maine

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### Active employment

You are considered in active employment if, on the day you apply for coverage, you are being paid regularly for the required minimum 20 hours each week and you are performing the material and substantial duties of your regular occupation. Insurance coverage will be delayed if you are not in active employment because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective. New employees have a 30 day waiting period to be eligible for coverage. Please contact your plan administrator to confirm your eligibility date.

If enrolling, and eligible for Medicare (age 65+; or disabled) the Guide to Health Insurance for People with Medicare is available at <https://www.medicare.gov/publications/02110-medigap-guide-health-insurance.pdf>

### Effective date of coverage

Coverage becomes effective on the first day of the month in which payroll deductions begin.

### Exclusions and limitations

We will not pay benefits for a claim that is caused by, contributed to by, or occurs as the result any of the following:

- committing or attempting to commit a felony;
  - being engaged in an illegal occupation or activity;
  - injuring oneself intentionally or attempting or committing suicide, whether sane or not;
  - active participation in a riot, insurrection, or terrorist activity. This does not include civil commotion or disorder, Injury as an innocent bystander, or Injury for self-defense;
  - participating in war or any act of war, whether declared or undeclared;
  - combat or training for combat while serving in the armed forces of any nation or authority, including the National Guard, or similar government organizations;
  - a Covered Loss that occurs while an Insured is legally incarcerated in a penal or correctional institution;
  - elective procedures, cosmetic surgery, or reconstructive surgery unless it is a result of trauma, infection, or other diseases;
  - an occupational injury;
  - any Sickness, bodily infirmity, or other abnormal physical condition or Mental or Nervous Disorders, including diagnosis, treatment, or surgery for it;
  - Infection. This exclusion does not apply when the infection is due directly to a cut or wound sustained in a Covered Accident;
  - experimental or investigational procedures;
  - operating any motorized vehicle while intoxicated;
  - operating, learning to operate, serving as a crew member of any aircraft or hot air balloon, including those which are not motor-driven, unless flying as a fare paying passenger;
  - jumping, parachuting, or falling from any aircraft or hot air balloon, including those which are not motor-driven;
  - travel or flight in any aircraft or hot air balloon, including those which are not motor-driven, if it is being used for testing or experimental purposes, used by or for any military authority, or used for travel beyond the earth's atmosphere;#practicing for or participating in any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received;
  - riding or driving an air, land or water vehicle in a race, speed or endurance contest; and
  - engaging in hang-gliding, bungee jumping, sail gliding, parasailing, parakiting, or BASE jumping.
- The Accidental Death and Dismemberment Benefits are also subject to the following Exclusions. We will not pay benefits for a claim that is caused by, contributed to by, or resulting from any of the following:
- being intoxicated; and
  - voluntary use of or treatment for voluntary use of any prescription or non-prescription drug, intoxicant, poison, fume, or other chemical substance unless taken as prescribed or directed by the Insured's Physician
- Additionally, no benefits will be paid for a Covered Loss that occurs prior to the Coverage Effective Date.

### End of Coverage

If you choose to cancel your coverage your coverage ends on the first of the month following the date you provide notification to your employer. Otherwise, your coverage ends on the earliest of the:

- the date the Policy is cancelled by us or your Employer;
- the date you are no longer in an Eligible Group;
- the date your Eligible Group is no longer covered;
- the date of your death;
- the last day of the period any required premium contributions are made; or
- the last day you are in Active Employment.

However, as long as premium is paid as required, coverage will continue:

- in accordance with the Continuation of your Coverage During Absences provision; or
- if you elect to continue coverage for you under Portability of Accident Insurance.

We will provide coverage for a Payable Claim that occurs while you are covered under this certificate

### THIS IS A LIMITED BENEFITS POLICY

This coverage is a supplement to health insurance. It is not a substitute for essential health benefits or minimum essential coverage as defined in federal law. Insureds in some states must be covered by comprehensive health insurance before applying for this coverage.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to certificate form GAC16-1 et al. and GAC16-2 and Policy Form GAP16-1 et al. in all states or contact your Unum representative.

Unum complies with state civil union and domestic partner laws when applicable.

## Rates | Employee paid | Accident Insurance

Your monthly premium	Option 1	Option 2
You	\$7.21	\$10.34
You and your spouse	\$13.03	\$18.73
You and your children	\$11.70	\$19.31
Family	\$17.52	\$27.70



Oregon Metro

## Group Critical Illness Insurance



### How does it work?

If you're diagnosed with an illness that is covered by this insurance, you can receive a lump sum benefit payment. You can use the money however you want.

### Why should I buy coverage now?

- It's more accessible when you buy it through your employer and the premiums are conveniently deducted from your paycheck.
- Coverage is portable. You may take the coverage with you if you leave the company or retire. You'll be billed at home.

#### Be Well Benefit

Every year, each family member who has Critical Illness coverage can also receive \$50 for getting a covered Be Well Benefit screening test, such as:

- Annual exams by a physician include sports physicals, well-child visits, dental and vision exams
- Screenings for cancer, including pap smear, colonoscopy
- Cardiovascular function screenings
- Screenings for cholesterol and diabetes
- Imaging studies, including chest X-ray, mammography
- Immunizations including HPV, MMR, tetanus, influenza

### Who can get coverage?

You:	Choose \$5,000, \$10,000 or \$20,000 of coverage with no medical underwriting to qualify if you apply during this enrollment.
Your spouse:	Spouses can only get 50% of the employee coverage amount as long as you have purchased coverage for yourself.
Your children:	Children from live birth to age 26 are automatically covered at no extra cost. Their coverage amount is 50% of yours. They are covered for all the same illnesses plus these specific childhood conditions: cerebral palsy, cleft lip or palate, cystic fibrosis, Down syndrome, spina bifida, type 1 diabetes, sickle cell anemia and congenital heart disease. The diagnosis must occur after the child's coverage effective date.

Benefits may be subject to a pre-existing condition provision

### Why is this coverage so valuable?

- The money can help you pay out-of-pocket medical expenses, like deductibles.
- You can use this coverage more than once. Even after you receive a payout for one illness, you're still covered for the remaining conditions and for the reoccurrence of any critical illness with the exception of skin cancer. The reoccurrence benefit can pay 100% of your coverage amount. Diagnoses must be at least 180 days apart or the conditions can't be related to each other.

### What's covered?

#### Critical Illnesses

- Heart attack
- Stroke
- Major organ failure
- End-stage kidney failure
- Sudden cardiac arrest
- Coronary artery disease  
Major (50%):  
Coronary artery bypass graft or valve replacement  
Minor (10%):  
Balloon angioplasty or stent placement

#### Cancer conditions

- Invasive cancer — all breast cancer is considered invasive
- Non-invasive cancer (25%)
- Skin cancer — \$500

#### Progressive diseases

- Amyotrophic Lateral Sclerosis (ALS)
- Dementia, including Alzheimer's disease
- Multiple Sclerosis (MS)
- Parkinson's disease
- Functional loss
- Huntington's Disease
- Lupus
- Muscular Dystrophy
- Myasthenia Gravis
- Systemic Sclerosis (Scleroderma)
- Addison's Disease

#### Supplemental conditions

- Loss of sight, hearing or speech
- Benign brain tumor
- Coma
- Permanent Paralysis
- Occupational HIV, Hepatitis B, C or D
- Occupational PTSD
- **Paid at 25%**
- Infectious Diseases
- Pulmonary Embolism
- Transient Ischemic Attack (TIA)
- Bone Marrow/Stem Cell

Please refer to the certificate for complete definitions of these covered conditions. Coverage may vary by state. See exclusions and limitations.

CRITICAL ILLNESS COVERAGE  
OREGON

Unum Insurance Company  
OUTLINE OF COVERAGE

Benefits provided are supplemental and are not intended  
to cover all medical expenses

NOTICE: This coverage is designed only as a supplement to a comprehensive health insurance policy and should not be purchased unless you have this underlying coverage. Persons covered under Medicaid should not purchase it. Read the Buyer's Guide to Critical Illness Insurance to review the possible limits on benefits in this type of coverage.

Read the Policy and your Certificate Carefully. This outline of coverage provides a very brief description of the important features of coverage. This is not the insurance contract and only the actual Policy and Certificate provisions will control. The Policy itself sets forth in detail the rights and obligations of us and the Policyholder. It is, therefore, important that you READ THE POLICY AND YOUR CERTIFICATE CAREFULLY!

Critical Illness coverage is designed to provide, to persons insured, restricted coverage paying benefits ONLY when certain losses occur as a result of specified diseases. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

Critical Illness Coverage Amounts

For You	For Your Spouse	For Your Children
\$5,000, \$10,000 or \$20,000	50% of your Coverage Amount	50% of your Coverage Amount

Covered Conditions

Critical Illnesses	Percentage of Coverage Amount	Cancer	Percentage of Coverage Amount
Coronary Artery Disease (Major)	50%	Invasive Cancer (including all Breast Cancer)	100%
Coronary Artery Disease (Minor)	10%	Non-Invasive Cancer	25%
End Stage Renal (Kidney) Failure	100%	Skin Cancer	\$500
Heart Attack (Myocardial Infarction)	100%		
Major Organ Failure Requiring Transplant	100%		
Stroke	100%		

CRITICAL ILLNESS COVERAGE — OREGON

Supplemental Critical Illness	Percentage of Coverage Amount
Benign Brain Tumor	100%
Coma	100%
Loss of Hearing	100%
Loss of Sight	100%
Loss of Speech	100%
Infectious Disease	25%
Occupational Human Immunodeficiency Virus (HIV) or Hepatitis	100%
Permanent Paralysis	100%

Progressive Diseases	Percentage of Coverage Amount
Amyotrophic Lateral Sclerosis (ALS)	100%
Dementia (including Alzheimer’s Disease)	100%
Functional Loss	100%
Multiple Sclerosis (MS)	100%
Parkinson’s Disease	100%

Additional Critical Illnesses for Your Children	Percentage of Coverage Amount
Cerebral Palsy	100%
Cleft Lip or Palate	100%
Cystic Fibrosis	100%
Down Syndrome	100%
Spina Bifida	100%

## Employee paid | Critical illness insurance continued

Your paycheck deduction will include the cost of coverage and the Be Well Benefit. Actual billed amounts may vary.

### Exclusions and limitations

We will not pay benefits for a claim that is caused by, contributed to by, or occurs as a result of any of the following:

- committing or attempting to commit a felony; being engaged in an illegal occupation or activity; injuring oneself intentionally or attempting or committing suicide, whether sane or not; active participation in a riot, insurrection, or terrorist activity. This does not include civil commotion or disorder, injury as an innocent bystander, or injury for self-defense; participating in war or any act of war, whether declared or undeclared; combat or training for combat while serving in the armed forces of any nation or authority, including the National Guard, or similar government organizations; voluntary use of or treatment for voluntary use of any prescription or non-prescription drug, alcohol, poison, fume, or other chemical substance unless taken as prescribed or directed by the Insured's Physician; being intoxicated; and a Date of Diagnosis that occurs while an Insured is legally incarcerated in a penal or correctional institution.

Additionally, no benefits will be paid for a Date of Diagnosis that occurs prior to the Coverage Effective Date.

### Pre-existing conditions

We will not pay benefits for a claim when the Covered Loss occurs in the first 12 months following an Insured's Coverage Effective Date and the Covered Loss is caused by, contributed to by or occurs as the result of any of the following:

- a Pre-existing Condition; or
- complications arising from treatment or surgery for, or medications taken for, a Pre-existing Condition.

An Insured has a Pre-existing Condition if, within the 12 months just prior to their Coverage Effective Date, they have an injury or sickness, whether diagnosed or not, for which:

- medical treatment, consultation, care or services, or diagnostic measures were received or recommended to be received during that period;
- drugs or medications were taken, or prescribed to be taken during that period; or
- symptoms existed.

The Pre-existing Condition provision applies to any Insured's initial coverage and any increases in coverage. Coverage Effective Date refers to the date any initial coverage or increases in coverage become effective.

Pre-existing Condition requirements are not applicable to:

- Children who are newly acquired after your Coverage Effective Date; and
- any coverage applied for when an Insured is first eligible to enroll for coverage.

Date of diagnosis must be after the coverage effective date.

### End of employee coverage

If you choose to cancel your coverage your coverage ends on the first of the month following the date you provide notification to your employer. Otherwise, your coverage ends on the earliest of the: date this policy is canceled by Unum or your employer; date you are no longer in an eligible group; date your eligible group is no longer covered; date of your death; last day of the period any required premium contributions are made; or last day you are in active employment.

However, as long as premium is paid as required, coverage will continue in accordance with the Continuation of your Coverage during Absences provision or if you elect to continue coverage for you, your Spouse, and Children under Portability of Critical Illness Insurance.

Unum will provide coverage for a payable claim that occurs while you are covered under this certificate.

Unum complies with applicable civil union and domestic partner laws.

#### THIS INSURANCE PROVIDES LIMITED BENEFITS

This coverage is a supplement to health insurance. It is not a substitute for essential health benefits or minimum essential coverage as defined in federal law. Insureds in some states must be covered by comprehensive health insurance before applying for this coverage.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Certificate Form GCIC16-1 and Policy Form GCIP16-1 or contact your Unum representative.

Underwritten by: Unum Insurance Company, Portland, Maine

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## Employee paid | Critical illness insurance Rates

Monthly costs		
Age	Employee coverage: \$5,000 Spouse coverage: \$2,500 Be Well benefit: \$50	
	Employee	Spouse
under 25	\$2.34	\$2.09
25 - 29	\$2.59	\$2.22
30 - 34	\$2.94	\$2.39
35 - 39	\$3.39	\$2.62
40 - 44	\$4.04	\$2.94
45 - 49	\$4.94	\$3.39
50 - 54	\$6.34	\$4.09
55 - 59	\$8.29	\$5.07
60 - 64	\$11.19	\$6.52
65 - 69	\$15.79	\$8.82
70 - 74	\$23.29	\$12.57
75 - 79	\$32.64	\$17.24
80 - 84	\$45.49	\$23.67
85+	\$71.39	\$36.62

Monthly costs		
Age	Employee coverage: \$20,000 Spouse coverage: \$10,000 Be Well benefit: \$50	
	Employee	Spouse
under 25	\$3.84	\$2.84
25 - 29	\$4.84	\$3.34
30 - 34	\$6.24	\$4.04
35 - 39	\$8.04	\$4.94
40 - 44	\$10.64	\$6.24
45 - 49	\$14.24	\$8.04
50 - 54	\$19.84	\$10.84
55 - 59	\$27.64	\$14.74
60 - 64	\$39.24	\$20.54
65 - 69	\$57.64	\$29.74
70 - 74	\$87.64	\$44.74
75 - 79	\$125.04	\$63.44
80 - 84	\$176.44	\$89.14
85+	\$280.04	\$140.94

Monthly costs		
Age	Employee coverage: \$10,000 Spouse coverage: \$5,000 Be Well benefit: \$50	
	Employee	Spouse
under 25	\$2.84	\$2.34
25 - 29	\$3.34	\$2.59
30 - 34	\$4.04	\$2.94
35 - 39	\$4.94	\$3.39
40 - 44	\$6.24	\$4.04
45 - 49	\$8.04	\$4.94
50 - 54	\$10.84	\$6.34
55 - 59	\$14.74	\$8.29
60 - 64	\$20.54	\$11.19
65 - 69	\$29.74	\$15.79
70 - 74	\$44.74	\$23.29
75 - 79	\$63.44	\$32.64
80 - 84	\$89.14	\$45.49
85+	\$140.94	\$71.39





Oregon Metro

## Group Hospital Insurance



### How does it work?

Group Hospital Insurance helps covered employees and their families cope with the financial impacts of a hospitalization. You can receive benefits when you're admitted to the hospital for a covered accident, illness or childbirth.

### Why is this coverage so valuable?

- The money is payable directly to you — not to a hospital or care provider. The money can also help you pay the out-of-pocket expenses your medical plan may not cover, such as co-insurance, co-pays and deductibles.
- You get accessible rates when you buy this coverage at work.
- The cost is conveniently deducted from your paycheck.
- The benefits in this plan are compatible with a Health Savings Account (HSA).
- You may take the coverage with you if you leave the company or retire. You'll be billed directly.

### Be Well Benefit

Every year, each family member who has Hospital coverage can also receive \$50 for getting a covered Be Well screening test, such as:

- Annual exams by a physician include sports physicals, wellchild visits, dental and vision exams
- Screenings for cancer, including pap smear, colonoscopy
- Cardiovascular function screenings
- Screenings for cholesterol and diabetes
- Imaging studies, including chest X-ray, mammography
- Immunizations including HPV, MMR, tetanus, influenza

Group Hospital Insurance can pay benefits that help you with the costs of a covered hospital visit.

### Who can get coverage?

You:	If you're actively at work.
Your spouse:	Can get coverage as long as you have purchased coverage for yourself.
Your children:	Dependent children newborn until their 26th birthday, regardless of marital or student status

Employee must purchase coverage for themselves in order to purchase spouse or child coverage. Employees must be legally authorized to work in the United States and actively working at a U.S. location to receive coverage.

### How much does it cost?

Your monthly premium	Option 1	Option 2
You	\$8.39	\$13.27
You and your spouse	\$16.54	\$29.57
You and your children	\$13.56	\$23.59
Family	\$21.71	\$39.89

Coverage may vary by state. See exclusions and limitations.

If enrolling, and eligible for Medicare (age 65+; or disabled) the Guide to Health Insurance for People with Medicare is available at <https://www.medicare.gov/publications/02110-medigap-guide-health-insurance.pdf>

# Employee paid | Hospital care coverage, continued

Hospital				
	Option 1 benefits		Option 2 benefits	
Hospital Admission	Payable for a maximum of 1 day per year	\$500	Payable for a maximum of 1 day per year	\$1,000
Hospital Daily Stay	Payable per day up to 365 days	\$100	Payable per day up to 365 days	\$200
ICU Daily Stay	Payable per day up to 31 days	\$100	Payable per day up to 31 days	\$200
Short Stay	Payable for a maximum of 1 day per year	\$200	Payable for a maximum of 1 day per year	\$200

## Exclusions and Limitations

Hospital insurance filed policy name is Group Hospital Indemnity Insurance Policy. The definition of hospital does not include certain facilities. See your contract for details.

### Active employment

You are considered in active employment if, on the day you apply for coverage, you are being paid regularly for the required minimum 20 hours per week and you are performing the material and substantial duties of your regular occupation. Insurance coverage will be delayed if you are not in active employment because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective. New employees have a 30 day waiting period to be eligible for coverage. Please contact your plan administrator to confirm your eligibility date.

### Exclusions and limitations

We will not pay benefits for a claim that is caused by, contributed to by, or resulting from any of the following:

- participation in a felony;
- being engaged in an illegal occupation;
- Injuring oneself intentionally or attempting or committing suicide, whether sane or not;
- participation in a riot, or insurrection. This does not include civil commotion or disorder, Injury as an innocent bystander, or Injury for self-defense;
- participating in war or any act of war, whether declared or undeclared;
- combat while serving in the armed forces of any nation or authority, including the National Guard, or similar government organizations while coverage is suspended and no premiums are collected;
- being legally intoxicated;
- a Covered Loss that occurs while an Insured is legally incarcerated in a penal or correctional institution;
- elective procedures, cosmetic surgery, or reconstructive surgery unless it is a result of organ donation, trauma, infection, gender identity disorders, or other diseases;
- treatment for dental care or dental procedures, unless treatment is the result of a Covered Accident;
- any Admission of a newborn Child immediately following Childbirth unless the newborn is Injured or Sick;
- voluntary use of illegal drugs; and
- Mental or Nervous Disorders. This exclusion does not include dementia if it is a result of:
  - stroke, Alzheimer's disease, trauma, viral infection; or
  - other conditions which are not usually treated by a mental health provider or other qualified provider using psychotherapy, psychotropic drugs, or other similar methods of treatment.

Additionally, no benefits will be paid for a Covered Loss that occurs prior to the Coverage Effective Date.

### End of employee coverage

If you choose to cancel your coverage under this certificate, your coverage will end on the first of the month following the date you provide notification to your Employer.

Otherwise, your coverage under this certificate ends on the earliest of:

- the date the Policy is cancelled by us or your Employer;
- the date you are no longer in an Eligible Group;
- the date your Eligible Group is no longer covered;
- the date of your death;
- the last day of the period any required premium contributions are made; or
- the last day you are in Active Employment.

However, as long as premium is paid as required, coverage will continue in accordance with the Continuation of your Coverage During Absences provision or if you elect to continue coverage for you under Portability of Hospital Indemnity Insurance.

We will provide coverage for a Payable Claim that occurs while you are covered under this certificate.

### THIS INSURANCE PROVIDES LIMITED BENEFITS

This coverage is a supplement to health insurance. It is not a substitute for essential health benefits or minimum essential coverage as defined in federal law. Insureds in some states must be covered by comprehensive health insurance before applying for hospital insurance.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form GHIP16-1 and Certificate Form GHIC16-1 or contact your Unum representative.

Unum complies with applicable civil union and domestic partner laws.

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## Employee paid | Hospital care coverage, continued

Hospital				
	Option 1 benefits		Option 2 benefits	
Hospital Admission	Payable for a maximum of 1 day per year	\$500	Payable for a maximum of 1 day per year	\$1,000
Hospital Daily Stay	Payable per day up to 365 days	\$100	Payable per day up to 365 days	\$200
ICU Daily Stay	Payable per day up to 31 days	\$100	Payable per day up to 31 days	\$200
Short Stay	Payable for a maximum of 1 day per year	\$200	Payable for a maximum of 1 day per year	\$200

### Exclusions and Limitations

Hospital insurance filed policy name is Group Hospital Indemnity Insurance Policy. The definition of hospital does not include certain facilities. See your contract for details.

#### Active employment

You are considered in active employment if, on the day you apply for coverage, you are being paid regularly for the required minimum 20 hours per week and you are performing the material and substantial duties of your regular occupation. Insurance coverage will be delayed if you are not in active employment because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective. New employees have a 30 day waiting period to be eligible for coverage. Please contact your plan administrator to confirm your eligibility date.

#### Exclusions and limitations

We will not pay benefits for a claim that is caused by, contributed to by, or resulting from any of the following:

- participation in a felony;
- being engaged in an illegal occupation;
- Injuring oneself intentionally or attempting or committing suicide, whether sane or not;
- participation in a riot, or insurrection. This does not include civil commotion or disorder, Injury as an innocent bystander, or Injury for self-defense;
- participating in war or any act of war, whether declared or undeclared;
- combat while serving in the armed forces of any nation or authority, including the National Guard, or similar government organizations while coverage is suspended and no premiums are collected;
- being legally intoxicated;
- a Covered Loss that occurs while an Insured is legally incarcerated in a penal or correctional institution;
- elective procedures, cosmetic surgery, or reconstructive surgery unless it is a result of organ donation, trauma, infection, gender identity disorders, or other diseases;
- treatment for dental care or dental procedures, unless treatment is the result of a Covered Accident;
- any Admission of a newborn Child immediately following Childbirth unless the newborn is Injured or Sick;
- voluntary use of illegal drugs; and
- Mental or Nervous Disorders. This exclusion does not include dementia if it is a result of:
  - stroke, Alzheimer's disease, trauma, viral infection; or
  - other conditions which are not usually treated by a mental health provider or other qualified provider using psychotherapy, psychotropic drugs, or other similar methods of treatment.

Additionally, no benefits will be paid for a Covered Loss that occurs prior to the Coverage Effective Date.

#### End of employee coverage

If you choose to cancel your coverage under this certificate, your coverage will end on the first of the month following the date you provide notification to your Employer.

Otherwise, your coverage under this certificate ends on the earliest of:

- the date the Policy is cancelled by us or your Employer;
- the date you are no longer in an Eligible Group;
- the date your Eligible Group is no longer covered;
- the date of your death;
- the last day of the period any required premium contributions are made; or
- the last day you are in Active Employment.

However, as long as premium is paid as required, coverage will continue in accordance with the Continuation of your Coverage During Absences provision or if you elect to continue coverage for you under Portability of Hospital Indemnity Insurance.

We will provide coverage for a Payable Claim that occurs while you are covered under this certificate.

#### THIS INSURANCE PROVIDES LIMITED BENEFITS

This coverage is a supplement to health insurance. It is not a substitute for essential health benefits or minimum essential coverage as defined in federal law. Insureds in some states must be covered by comprehensive health insurance before applying for hospital insurance.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form GHIP16-1 and Certificate Form GHIC16-1 or contact your Unum representative.

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Rates | Employee paid | Hospital care coverage

Your monthly premium	Option 1	Option 2
You	\$8.39	\$13.27
You and your spouse	\$16.54	\$29.57
You and your children	\$13.56	\$23.59
Family	\$21.71	\$39.89



## Need life insurance? Now is the time to get coverage

Term Life Insurance allows you to purchase a level of coverage without having to answer health-related questions.

As life changes, your financial obligations to provide for your family increase. Adding life insurance coverage can help offset unexpected costs and provide the safety net your loved one's need to take care of your end-of-life expenses.

Your Term Life Insurance plan allows you to purchase up to a specified amount of coverage without answering health-related questions. This amount is called the non-medical maximum.

Enrolling during your initial enrollment allows you to apply for coverage up to \$180,000, the non-medical maximum, without the need to answer health exams or medical questions.

### Here's how Joyce manages her life insurance coverage

During benefits enrollment, Joyce was offered a plan with a non-medical maximum of \$180,000

- She enrolled for the minimum amount of coverage of \$10,000 the first year.
- Two years later, after having twins and purchasing a new home, she decided to increase her coverage.
- Without medical questions or health exams, she was able to increase her coverage during annual enrollment to the non-medical maximum of \$180,000.

For illustrative purposes only.  
Non-medical maximum amounts vary based on case-specific offering.

### How it works

#### If you enroll now

You can select a coverage amount up to a maximum of \$500,000 in increments of \$10,000. Get up to the non-medical maximum of \$180,000, with no medical questions or health exams.

#### Can I increase my coverage at a future enrollment?

If you elected at least the minimum benefit amount of \$10,000 at your initial enrollment, you can increase your coverage up to \$180,000, the non-medical maximum amount, at future enrollments with no health-related questions. Health-related questions are required for coverage beyond that amount.

#### If you declined coverage when initially eligible

If you declined coverage during your initial eligibility window, you can apply for Term Life Insurance during future annual enrollments, however, you will have to answer health-related questions for any amount to determine eligibility.

### Dependents

#### Spouse coverage

You can enroll your spouse in life insurance coverage in increments of \$5,000, with no medical questions or health exams, up to the non-medical maximum of \$25,000.

#### Coverage for children

You can purchase coverage for your children in increments of \$2,000, with no medical questions or health exams, up to the non-medical maximum of \$10,000. One policy covers all your children.

You must purchase coverage for yourself to purchase coverage for your dependents. The coverage amount you choose for your spouse or child cannot exceed 100% of the coverage you purchase for yourself.

**Better benefits  
at work.™**

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Must be actively at work during the annual enrollment to apply for or increase coverage. Some restrictions may apply. Please refer to your policy contract or see your plan administrator for an explanation of the delayed effective date provision that applies to your plan. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. See the actual policy or your Unum representative for specific provisions and details of availability. Applicable to policy form C.F.P.-1 et. al. Underwritten by Unum Life Insurance Company of America, Portland, Maine. In New York, underwritten by First Unum Life Insurance Company, Garden City, New York. © 2023 Unum Group. All rights reserved. Unum is a registered trademark and marketing brand of Unum Group and its insuring subsidiaries. EN-1970 FOR EMPLOYEES (3-23)

Rates | Employee paid | Life insurance

Premium rates per paycheck | Effective January 1, 2024

Calculating term life insurance deductions

Using the chart to the right, follow the steps below to calculate your per paycheck premium deduction for voluntary term life insurance.

- 1. Select your age as of Jan. 1, 2024
- 2. Multiple the rate by desired coverage amount per 10,000 units (Employee), or 5,000 (Spouse).

**Example**  
A 45-year old employee wants \$100,000 in life insurance coverage.

\$100,000 = 10 units of \$10,000  
45-year old cost: 1.32

**1.32 x 10 = \$13.20 per paycheck deduction**

Age	Employee cost \$10,000 unit	Spouse cost \$5,000 unit
0-19	0.350	0.175
20-24	0.350	0.175
25-29	0.350	0.175
30-34	0.520	0.260
35-39	0.610	0.305
40-44	0.850	0.425
45-49	1.320	0.660
50-54	2.305	1.153
55-59	3.910	1.955
60-64	4.755	2.378
65-69	7.350	3.675
70-74	11.300	5.650
75-79	17.450	8.725

*Paycheck deductions for insurance premiums are pre-paid the month prior to coverage. Deductions for January 2024 will be deducted beginning the Dec. 1, 2023 paycheck.*



Oregon Metro

## Short Term Disability Insurance



### How does it work?

If a covered illness or injury keeps you from working, Short Term Disability Insurance replaces part of your income while you recover. As long as you remain disabled, you can receive payments for up to 11 weeks.

You're generally considered disabled if you're unable to do important parts of your job — and your income suffers as a result.

### Why is this coverage so valuable?

You can use the money however you choose. It can help you pay for your rent or mortgage, groceries, out-of-pocket medical expenses and more.

Short Term Disability Insurance pays you a weekly benefit if you have a covered disability that keeps you from working.

**Since our founding in 1848, Unum has been a leader in the employee benefits business.**

Innovation, integrity and an unwavering commitment to our customers has helped us become a global leader in financial protection benefits.



### Consider your expenses

Utilities	\$
Housing	\$
Groceries	\$
Transportation	\$
Child care/Elder care	\$
Medical/Personal care	\$
Education	\$
Insurance	\$

Employee paid | Short term disability continued

How much coverage can I get?

You*	You are eligible for coverage if you are an active employee in the United States working a minimum of 20 hours per week.
	Cover 60% of your weekly income, up to a maximum benefit of \$2,500 per week. The weekly benefit may be reduced or offset by other sources of income.
	*See the Legal Disclosures for more information.

If you didn't get coverage when you were first eligible, you'll have to answer health questions now. If you're newly eligible, you may not have to answer health questions. If you already have coverage, you can increase it up to the maximum available. You may have to answer health questions. New coverage may be subject to pre-existing condition limitations.

This plan does not cover pre-existing conditions. See the disclosure section to learn more.

Elimination period (EP)

This is the number of days that must pass between your first day of a covered disability and the day you can begin to receive your disability benefits.

Your benefits would begin after you become disabled for 14 days.

Benefit duration (BD)

The maximum number of weeks you can receive benefits while you're disabled. You have a 11 week benefit duration.

Calculate your cost

Disability worksheet						
1 Calculate your weekly disability benefit.						
\$ _____ ÷ 52 = \$ _____	x	60% =	\$ _____			
Your annual earnings	Your weekly earnings	(Max % of income covered)	Max weekly benefit available (if the amount exceeds the plan max of \$2,500, enter \$2,500.			
2 Calculate your cost per paycheck.						
\$ _____ ÷ 10 = \$ _____	x	\$0.055 =	\$ _____ x	12 = \$ _____ ÷	12 =	\$ _____
Your weekly benefit amount		Your rate	Your monthly cost	Your annual cost	Number of paychecks per year	Your cost per paycheck

Billed amount may vary slightly. \* The maximum covered annual income is \$216,666.



## Employee paid | Short term disability continued

### Exclusions and Limitations

#### Active employee

You are considered in active employment, if on the day you apply for coverage, you are being paid regularly by your employer for the required minimum hours each week and you are performing the material and substantial duties of your regular occupation.

#### Delayed effective date of coverage

Insurance coverage will be delayed if you are not an active employee because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

#### Definition of disability

You are considered disabled when Unum determines that, due to sickness or injury:

- You are limited from performing the material and substantial duties of your regular occupation; and
- You have a 20% or more loss in weekly earnings

You must be under the regular care of a physician in order to be considered disabled.

The loss of a professional or occupational license or certification does not, in itself, constitute disability.

‘Substantial and material acts’ means the important tasks, functions and operations generally required by employers from those engaged in your usual occupation that cannot be reasonably omitted or modified.

Unless the policy specifies otherwise, as part of the disability claims evaluation process, Unum will evaluate your occupation based on how it is normally performed in the national economy, not how work is performed for a specific employer, at a specific location or in a specific region.

#### Pre-existing conditions

You have a pre-existing condition if:

- You received medical treatment, consultation, care or services including diagnostic measures for the condition, or took prescribed drugs or medicines for it in the 3 months just prior to your effective date of coverage; and
- The disability begins in the first 12 months after your effective date of coverage.

#### Deductible sources of income

Your disability benefit may be reduced by deductible sources of income and any earnings you have while you are disabled, including such items as group disability benefits or other amounts you receive or are entitled to receive:

- Workers’ compensation or similar occupational benefit laws
- State compulsory benefit laws
- Automobile liability insurance policy
- Motor vehicle insurance policy or plan
- No fault motor vehicle plan
- Legal judgments and settlements
- Salary continuation or sick leave plans, if applicable
- Other group or association disability programs or insurance
- Social Security or similar governmental programs

#### Continuity of Coverage

If the employee was not insured under the plan continuity of coverage will not apply. If the employee was insured under the prior plan but is not in active employment on the Unum plan effective date (due to illness or injury), the person will be covered under the Unum plan, but payment will be limited to what would have been paid under the prior plan. Unum will reduce the payment by the prior carrier’s liability. If the employee was insured under the prior plan and is in active employment on the Unum plan effective date, the person must satisfy the pre-ex provision under the Unum plan or the prior carrier’s plan. If satisfied under the Unum plan, payment will be made according to the Unum plan. If satisfied under the prior plan (but not the Unum plan), payment will be administered under the Unum plan, but the payment will be the lesser of the Unum weekly benefit or the prior plan’s weekly benefit.

#### Exclusions and limitations

Benefits will not be paid for disabilities caused by, contributed to by, or resulting from:

- War, declared or undeclared or any act of war
- Active participation in a riot
- Intentionally self-inflicted injuries;
- Loss of professional license, occupational license or certification;
- Commission of a crime for which you have been convicted;
- Any period of disability during which you are incarcerated;
- Excluded pre-existing conditions (see definition).

The loss of a professional or occupational license does not, in itself, constitute disability.

#### Termination of coverage

Your coverage under the policy ends on the earliest of the following:

- The date the policy or plan is cancelled

- The date you no longer are in an eligible group
- The date your eligible group is no longer covered
- The last day of the period for which you made any required contributions
- The last day you are in active employment except as provided under the covered layoff or leave of absence provision.

Unum will provide coverage for a payable claim that occurs while you are covered under the policy or plan.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form C.FP-1 et al., or contact your Unum representative.

Underwritten by: Unum Life Insurance Company of America, Portland, Maine

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## Calculating cost and benefit for Short-term disability insurance

Disability worksheet						
1 Calculate your weekly disability benefit.						
\$_____ ÷ 52 = \$_____	x	60% =	\$_____			
Your annual earnings	Your weekly earnings	(Max % of income covered)	Max weekly benefit available (if the amount exceeds the plan max of \$2,500, enter \$2,500).			
2 Calculate your cost per paycheck.						
\$_____ ÷ 10 = \$_____	x	\$0.055 =	\$_____ x 12 = \$_____	÷ 12 =	\$_____	
Your weekly benefit amount		Your rate	Your monthly cost	Your annual cost	Number of paychecks per year	Your cost per paycheck

# Empowering employees through easy access to legal help

Legal issues occur throughout life, when employees are getting married, buying a home, becoming a caregiver or handling financial matters like debt or tax audits. Dealing with these matters can be costly and time consuming, taking employees away from work and impacting their overall well-being.

We provide your employees with the cost-effective, multi-channel access to legal help they need to easily handle costly legal matters in their life—helping them to feel more financially and emotionally secure.

## Flexibility to handle matters how employees want

We want your employees to get the help they need how they want it. That's why we allow them to choose their attorney from our network, or outside of it, or use our digital tools to handle matters.<sup>1</sup> With a large network of attorneys and the ability to complete estate planning or download self-help documents on our website, employees have the flexibility to choose how they want to handle their legal matter.

## Wide range of coverage for a diverse workforce

<b>LGBTQ+</b>	<ul style="list-style-type: none"> <li>• Adoption</li> <li>• Creating estate planning documents to recognize same-sex partners</li> <li>• Name and gender marker change</li> </ul>
<b>Caregivers</b>	<ul style="list-style-type: none"> <li>• Nursing home agreements</li> <li>• Reviewing Medicare/Medicaid documents</li> <li>• Reviewing parents' estate planning documents</li> </ul>
<b>Veterans/ Military</b>	<ul style="list-style-type: none"> <li>• Assistance with real estate or rental issues</li> <li>• Guardianship</li> <li>• Updating or creating estate planning documents</li> </ul>
<b>International employees</b>	<ul style="list-style-type: none"> <li>• Access to attorneys out of the country<sup>2</sup></li> <li>• Assistance with immigration issues</li> <li>• Translation services for Call Center and Attorneys</li> </ul>
<b>Those just starting out</b>	<ul style="list-style-type: none"> <li>• Assistance with rental issues and landlords</li> <li>• Reviewing leases</li> <li>• Student loan debt assistance</li> </ul>

## The MetLife Legal Plans Difference



Telephone and office consultations, demand letters and document review on **unlimited number** of personal legal matters



**Over 18,000** attorneys in all 50 states and many U.S. territories who have an average of 25 years of experience and are subject to a comprehensive set of criteria



**Best-in-class** digital experience to find attorneys and complete estate planning



We're focused on providing **exceptional customer service** and are appropriately staffed for peak call volume

Navigating life together

## Employee paid | Legal services continued

Money Matters	<ul style="list-style-type: none"><li>• Debt Collection Defense</li><li>• Financial Wellness Programs<sup>3</sup></li><li>• Identity Restoration<sup>4</sup></li></ul>	<ul style="list-style-type: none"><li>• Identity Theft Defense</li><li>• Negotiations with Creditors</li><li>• Personal Bankruptcy</li></ul>	<ul style="list-style-type: none"><li>• Promissory Notes</li><li>• Tax Audit Representation</li><li>• Tax Collection Defense</li></ul>
Home & Real Estate	<ul style="list-style-type: none"><li>• Boundary &amp; Title Disputes</li><li>• Deeds</li><li>• Eviction Defense</li><li>• Foreclosure</li></ul>	<ul style="list-style-type: none"><li>• Mortgages</li><li>• Property Tax Assessments</li><li>• Refinancing &amp; Home Equity Loan</li><li>• Sale or Purchase of Home</li></ul>	<ul style="list-style-type: none"><li>• Security Deposit Assistance</li><li>• Tenant Negotiations</li><li>• Zoning Applications</li></ul>
Estate Planning	<ul style="list-style-type: none"><li>• Codicils</li><li>• Complex Wills</li><li>• Healthcare Proxies</li></ul>	<ul style="list-style-type: none"><li>• Living Wills</li><li>• Powers of Attorney (Healthcare, Financial, Childcare, Immigration)</li></ul>	<ul style="list-style-type: none"><li>• Revocable &amp; Irrevocable Trusts</li><li>• Simple Wills</li></ul>
Family & Personal	<ul style="list-style-type: none"><li>• Adoption</li><li>• Affidavits</li><li>• Conservatorship</li><li>• Demand Letters</li><li>• Garnishment Defense</li><li>• Guardianship</li></ul>	<ul style="list-style-type: none"><li>• Immigration Assistance</li><li>• Juvenile Court Defense, Including Criminal Matters</li><li>• Name Change</li><li>• Parental Responsibility Matters</li><li>• Personal Property Issues</li></ul>	<ul style="list-style-type: none"><li>• Prenuptial Agreement</li><li>• Protection from Domestic Violence</li><li>• Review of ANY Personal Legal Document</li><li>• School Hearings</li></ul>
Civil Lawsuits	<ul style="list-style-type: none"><li>• Administrative Hearings</li><li>• Civil Litigation Defense</li></ul>	<ul style="list-style-type: none"><li>• Disputes Over Consumer Goods &amp; Services</li><li>• Incompetency Defense</li></ul>	<ul style="list-style-type: none"><li>• Pet Liabilities</li><li>• Small Claims Assistance</li></ul>
Elder-Care Issues	Consultation & Document Review for Issues Related to Your Parents: <ul style="list-style-type: none"><li>• Deeds</li><li>• Leases</li></ul>	<ul style="list-style-type: none"><li>• Medicaid</li><li>• Medicare</li><li>• Notes</li><li>• Nursing Home Agreements</li></ul>	<ul style="list-style-type: none"><li>• Powers of Attorney</li><li>• Prescription Plans</li><li>• Wills</li></ul>
Traffic & Other Matters	<ul style="list-style-type: none"><li>• Defense of Traffic Tickets<sup>5</sup></li><li>• Driving Privileges Restoration</li></ul>	<ul style="list-style-type: none"><li>• Habeas Corpus</li><li>• License Suspension Due to DUI</li></ul>	<ul style="list-style-type: none"><li>• Repossession</li></ul>
Rate <sup>6</sup>	<b>Benefit-Eligible Employees: 100-999</b>	<b>Cost per employee per month (covers spouse and dependents): Employee Paid: \$18.00</b>	
Additional Features:	Telephone advice, office consultations, demand letters and document review on an unlimited number of personal legal matters.		
	For non-covered matters that are not otherwise excluded employees get <b>four additional hours</b> of network attorney time and services per plan year. <sup>7</sup>		
	Reduced fees for personal injury, probate and estate administration matters, provided by network attorneys.		
	Access to a <b>digital estate planning solution</b> for wills, living wills, power of attorney and living trusts.		
	<b>Over 1,700 self-help documents<sup>8</sup></b> are available to members and potential members on our website.		

- The Participant will be reimbursed according to the set fee schedule, the lesser of the maximum reimbursement amount or the attorney's actual charge. Your employees will be responsible to pay the difference, if any, between the plan's payment and the non-plan attorney's charge for services. MetLife Legal Plans is not responsible for legal work performed by out-of-network attorneys.
- Internationally, employees can see an attorney outside of our network and be reimbursed according to a set fee reimbursement schedule.
- MetLife administers the PlanSmart program and has arranged to have specially trained third party financial professionals offer financial education. The financial professionals providing financial education are not affiliated with MetLife but are providing the program under a service provider contract. Offered to groups with 500 or more employees. Upwise is available at no cost to all individuals and regardless of any MetLife relationship or product.
- Aura is a product of Aura Sub, LLC. Aura Sub, LLC is not affiliated with MetLife, and the services and benefits they provide are separate and apart from any MetLife product.
- Does not cover DUI.
- Rate is standard and subject to change. A minimum enrollment of two employees is required.
- No more than a combined maximum total of four hours of attorney time and service are provided for the member, spouse and qualified dependents, annually.
- The self-help library is offered by Standard Legal. Standard Legal is not a corporate affiliate of MetLife Legal Plans.

Group legal plans are administered by MetLife Legal Plans, Inc., Cleveland, Ohio. In California, this entity operates under the name MetLife Legal Insurance Services. In certain states, group legal plans are provided through insurance coverage underwritten by Metropolitan General Insurance Company, Warwick, RI. Some services not available in all states. No service, including consultations, will be provided for: 1) employment-related matters, including company or statutory benefits; 2) matters involving the employer, MetLife and affiliates and plan attorneys; 3) matters in which there is a conflict of interest between the employee and spouse or dependents in which case services are excluded for the spouse and dependents; 4) appeals and class actions; 5) farm and business matters, including rental issues when the participant is the landlord; 6) patent, trademark and copyright matters; 7) costs and fines; 8) frivolous or unethical matters; 9) matters for which an attorney client relationship exists prior to the participant becoming eligible for plan benefits. Coverage for defense of criminal matters is excluded from insurance coverage for individuals located in New York. For all other personal legal matters, an advice and consultation benefit is provided. Additional representation is also included for certain matters. Please see your plan description for details.



MetLife Legal Plans, Inc. | 1111 Superior Avenue, Suite 800 | Cleveland, OH 44114  
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