



Underwritten by
United of Omaha Life Insurance Company
A Mutual of Omaha Company

Group Insurance Proposal

Presented To:

Platte County R-III School District

Presented By:

Alliant Insurance Services Inc

Includes:

**Voluntary Term Life and AD&D, Voluntary Vision, Voluntary
Critical Illness, Voluntary Hospital Indemnity, Voluntary
Accident**

March 19, 2025



Mutual of Omaha

VOLUNTARY TERM LIFE AND AD&D INSURANCE

Proposal for: Platte County R-III School District

Alternate: 1.00

The following Voluntary Term Life and AD&D plan is being proposed on a fully-insured basis effective 07/01/25. This proposal assumes this coverage is underwritten by United of Omaha Life Insurance Company. For additional information about Mutual of Omaha's products and services, visit mutualofomaha.com.

ELIGIBILITY

CLASS DEFINITION(S)	Class 1: All Eligible Employees
ELIGIBILITY REQUIREMENT	This proposal provides coverage for all actively at work employees on the policy effective date working the minimum number of hours shown below in the United States, unless otherwise approved by Mutual of Omaha. Certain requirements apply.
MINIMUM WORK HOURS	Class 1: 30 or more hours each week

BENEFIT SUMMARY

EMPLOYEE BENEFIT AMOUNTS	Minimum Benefit	Maximum Benefit	Increments	Guarantee Issue Amount*
	\$10,000	5X Annual Salary, up to \$500,000	\$10,000	5X Annual Salary, up to \$200,000

*Guarantee Issue Amounts assume a participation rate of at least 25% of eligible employees.

BENEFIT REDUCTION SCHEDULE**	At Age:	Benefits Reduce to:
	75+	60%

** All benefit reductions are a percentage of the original benefit amount. Coverage terminates at retirement.

DEPENDENT SPOUSE BENEFIT AMOUNTS***	Minimum Benefit	Maximum Benefit	Increments	Guarantee Issue Amount
	\$10,000	100% of Employee's Benefit, up to \$500,000	\$10,000	100% of Employee's Benefit, up to \$50,000

*** Dependent Spouse coverage is only available if the Employee has coverage under this plan. Spouse coverage terminates at age 75.

DEPENDENT CHILD BENEFIT AMOUNTS ****	Minimum Benefit	Maximum Benefit	Increments	Guarantee Issue Amount
	\$10,000	\$10,000	\$10,000	\$10,000

Dependent child coverage from birth to six months is as follows:

Birth to 14 days	14 days to 6 mos.
\$1,000	\$1,000

****Dependent Child coverage is only available if the Employee has coverage under this plan.

AD&D BENEFIT AMOUNTS The AD&D Principal Sum amounts for employees and dependents are selected by the employee at enrollment, subject to specific underwriting guidelines.

PARTICIPATION AND COST SUMMARY

PARTICIPATION ASSUMPTIONS	Minimum Participation	Number of Eligible Employees	Contribution Structure
	Greater of 5 lives or 60%	750	100% employee paid

PARTICIPATION AND COST SUMMARY (CONT'D)

COST SUMMARY*

Voluntary Term Life

Age Band	Employee & Spouse Rate per \$1,000	All Children Rate per \$1,000
<25	\$0.030	\$0.060
25 - 29	\$0.038	
30 - 34	\$0.040	
35 - 39	\$0.058	
40 - 44	\$0.080	
45 - 49	\$0.120	
50 - 54	\$0.190	
55 - 59	\$0.310	
60 - 64	\$0.410	
65 - 69	\$0.700	
70 - 74	\$1.250	
75 - 79	\$2.092	
80 - 84	\$3.972	
85 - 89	\$3.972	
90 - 100	\$3.972	

* This plan is rated using the same rates for the employee and spouse. Employee and spouse rates are calculated based on the employee's current age as of the effective date of the plan. Employee and spouse rates are adjusted once each year on the plan anniversary date for employees advancing to the next age band. Spouse coverage terminates when the employee attains age 75 (regardless of the spouse's actual age).

Voluntary AD&D

Employee Rate per \$1,000	Spouse Rate per \$1,000	All Children Rate per \$1,000
\$0.014	\$0.014	\$0.040

RATE GUARANTEE 2 Years

RATE GUARANTEE DATE 07/01/2027

ADDITIONAL BENEFITS

OPEN ENROLLMENT A one-time open enrollment is available for a period of up to 90 days prior to the effective date of the policy, subject to the enrollment strategy requirements. During this time, the employee/member may elect insurance for the first time or request increased insurance up to the Guarantee Issue amount for the employee/member and any dependents (if applicable) without providing health information.

WAIVER OF PREMIUM - DISABILITY

- **Definition of Disability** - Any Occupation
- **Elimination Period** - 9 months
- **Termination** - Age 65

ANNUAL INCREASE OPTION Once annually, the employee/member may increase their insurance amount by up to \$10,000, up to the GI, without providing health information.

LIVING CARE BENEFIT 80% to \$250,000

PORTABILITY Included

LAYOFF/LEAVE

- **Temporary Layoff** - 12 weeks
- **Personal Leave** - 12 weeks
- **Furlough** - 12 weeks

**CONTINUATION FOR
FEDERAL AND STATE
LAWS**

Included – The federal Family and Medical Leave Act (FMLA) and Uniformed Services Employment and Reemployment Rights Act (USERRA) and any amendments thereto, as well as other applicable federal or state laws, may allow continuation of insurance in certain instances for leaves of absence, layoff or termination. Insurance may be continued for the time period allowed by the applicable law, for the employee/member and any dependent(s). This provision applies to employer and union groups only, subject to certain conditions.

AD&D

24 hour coverage for employees and eligible dependents

AD&D BENEFITS

- Seat Belt
- Paralysis
- Common Carrier
- Child Education
- Airbag

CONVERSION

Included



VOLUNTARY CRITICAL ILLNESS INSURANCE

Proposal for: Platte County R-III School District
Alternate: 7.00

The following Voluntary Critical Illness plan is being proposed on a fully-insured basis effective **07/01/25**. This proposal assumes this coverage is underwritten by United of Omaha Life Insurance Company. For additional information about Mutual of Omaha's products and services, visit mutualofomaha.com.

ELIGIBILITY

CLASS DESCRIPTION(S)	Class 1: All Eligible Employees
ELIGIBILITY REQUIREMENT(S)	An employee/member must be actively working the minimum number of hours shown below on the policy effective date to be eligible for insurance, unless otherwise approved by Mutual of Omaha. Certain requirements apply. Provided an employee/member is eligible and insured, the spouse and dependent child(ren) of the employee/member are eligible for insurance. Certain requirements apply.
MINIMUM WORK HOURS	Class 1: 30 or more hours each week
CHILD ELIGIBILITY AGES	Child coverage begins at birth and terminates at age 26 unless the child is incapacitated. Please review each plan design for dependent child coverage.
PRE-EXISTING CONDITION LIMITATION	Class 1: None.

AMOUNT(S) OF INSURANCE

CRITICAL ILLNESS The Critical Illness insurance amount for the employee/member and any dependent(s) is selected at time of enrollment within the following parameters. Child insurance is automatic (a separate election is not required).

	Minimum Amount	Maximum Amount	Increments	Guarantee Issue Amount*
Employee/Member	\$10,000	\$50,000	\$10,000	\$50,000
Spouse	\$10,000	Up to 100% of employee/member benefit amount, up to \$50,000**	\$10,000	\$50,000
All Children†	Up to 50% of employee/member benefit, up to \$25,000**			All child amounts are guaranteed

*Guarantee Issue is only available if the minimum participation requirement is met. If participation does not reach the required level, the Guarantee Issue Amount(s) may be reduced or rescinded.

**The amount of insurance for any dependent will be rounded to the next higher multiple of \$1,000, if not already an even multiple of \$1,000.

†Child coverage begins at birth and terminates at age 26 unless the child is incapacitated.

BENEFITS

BENEFITS - CLASS 1 A lump-sum benefit is payable for an insured person diagnosed with any of the following Critical Illnesses while insurance is in effect for the insured person, after any applicable waiting period and subject to any pre-existing condition limitation.

The Critical Illness insurance amount is referred to as the Critical Illness Principal Sum in the table below. For some Critical Illnesses, 100% of the Critical Illness Principal Sum is payable, and for others, a partial benefit (a lesser percentage of the Critical Illness Principal Sum) is payable. Benefit payment is subject to any policy benefit maximum.

Critical Illness Benefits

Initial Benefit

Reoccurrence Benefit

Autoimmune Disorder		
Inflammatory Bowel Disease	25% of the Principal Sum	None
Cancers & Benign Tumor Diagnoses		
Benign Brain Tumor or Benign Spinal Cord (Intradural) Tumor	100% of the Principal Sum	100% of the Initial Benefit amount
Bone Marrow/Stem Cell Recipient	100% of the Principal Sum	100% of the Initial Benefit amount
Cancer (Invasive)	100% of the Principal Sum	100% of the Initial Benefit amount
Carcinoma in Situ (Non-Invasive Cancer)	25% of the Principal Sum	100% of the Initial Benefit amount
Skin Cancer	\$500	\$500, limited to 1 recurrence per Calendar Year and limited to a total of 5 recurrences while insured under the Policy
Childhood Conditions (These benefits are only available for children.)		
Autism Spectrum Disorder		
Level I	50% of the Principal Sum	None
Level II	75% of the Principal Sum	None
Level III	100% of the Principal Sum	None
Cerebral Palsy (CP)	100% of the Principal Sum	None
Congenital Heart Diseases or Defects	100% of the Principal Sum	100% of the Initial Benefit amount
Congenital Metabolic Disorders	100% of the Principal Sum	100% of the Initial Benefit amount
Genetic Disorders	100% of the Principal Sum	100% of the Initial Benefit amount
Human Growth Hormone Deficiency	100% of the Principal Sum	None
Neonatal Intensive Care or Pediatric Intensive Care	100% of the Principal Sum	100% of the Initial Benefit amount
Reye's Johnson Syndrome	100% of the Principal Sum	None
Sickle Cell Disease	100% of the Principal Sum	None
Structural Congenital Defects	100% of the Principal Sum	100% of the Initial Benefit amount
Vascular & Pulmonary Conditions		
Acute Respiratory Distress Syndrome (ARDS)	25% of the Principal Sum	100% of the Initial Benefit amount
Coronary Artery Disease (Major)	50% of the Principal Sum	100% of the Initial Benefit amount
Coronary Artery Disease (Minor)	25% of the Principal Sum	100% of the Initial Benefit amount
Heart Attack (Myocardial Infarction)	100% of the Principal Sum	100% of the Initial Benefit amount
Sudden Cardiac Arrest	100% of the Principal Sum	None
Neurological Movement Disorders		
Alzheimer's Disease	100% of the Principal Sum	None
Amyotrophic Lateral Sclerosis (ALS)	100% of the Principal Sum	None
Dementia	100% of the Principal Sum	None
Multiple Sclerosis (MS)	100% of the Principal Sum	None
Parkinson's Disease	100% of the Principal Sum	None
Neurological Brain & Skull Conditions		
Bone Flap/Skull Defect	100% of the Principal Sum	100% of the Initial Benefit amount
Stroke	100% of the Principal Sum	100% of the Initial Benefit amount
Transient Ischemic Attack (TIA) or Reversible Ischemic Neurologic Deficit (RIND)	10% of the Principal Sum	100% of the Initial Benefit amount
Organ Conditions		
Major Organ Failure	100% of the Principal Sum	100% of the Initial Benefit amount
End Stage Renal Failure	100% of the Principal Sum	None
Additional Benefits		Benefit Amount
Health Screening Benefit (1 time per insured per calendar year; up to 6 per family per calendar year)		\$50

SUBSEQUENT BENEFIT SEPARATION PERIOD 30 days – Once an Initial Benefit has been paid for a Critical Illness for an Insured Person, a benefit for the diagnosis of a different Critical Illness is payable if the dates of diagnosis are separated by 30 days or more.

REOCCURRENCE BENEFIT SEPARATION PERIOD	90 days – Once an Initial Benefit has been paid for a Critical Illness for an Insured Person, a benefit for a reoccurrence of the same diagnosis is payable if the dates of diagnosis are separated by 90 days or more.
POLICY BENEFIT MAXIMUM	1000% – The total amount of benefits payable for each insured person is subject to a benefit maximum of 1000% of the Critical Illness Principal Sum in effect for the insured person. If the benefits paid for an insured person reach the benefit maximum, insurance for the insured person will terminate. Insurance for any other insured persons will remain in effect, subject to this maximum. If insurance terminates for the employee/member, any dependent(s) may remain insured provided the employee/member continues to satisfy the eligibility requirements.
BENEFIT WAITING PERIOD	None
CANCER LIMITATION	None

FEATURES

ANNUAL OPEN ENROLLMENT	An open enrollment is available for a period of up to 90 days each policy year. The first annual enrollment period will occur after the effective date of the policy. During this time, the employee/member may elect insurance for the first time or request increased insurance up to the Guarantee Issue amount for the employee/member and any dependents without providing health information.
PORTABILITY	Included – Portability allows an employee/member and their eligible dependents to apply for Mutual of Omaha’s group Critical Illness portability policy when insurance ends under the policyholder’s group policy. An employee/member electing to port coverage becomes responsible for premium payments. The employee/member and their eligible dependents must be under age 70 to be eligible to continue insurance through portability (unless otherwise stated in the policy). The portability policy will not terminate when the policyholder’s master policy terminates.
CONTINUATION FOR TEMPORARY LAYOFF	12 weeks – An employee/member may be able to continue insurance if the employee/member ceases to be actively working in the event of a temporary involuntary layoff. Insurance may be continued for up to 12 weeks for the employee/member and any dependent(s). This provision applies to employer and union groups only, subject to certain conditions.
CONTINUATION FOR LEAVE OF ABSENCE	12 weeks – An employee/member may be able to continue insurance if the employee/member ceases to be actively working in the event of a personal leave of absence approved by the policyholder. Insurance may be continued for up to 12 weeks for the employee/member and any dependent(s). This provision applies to employer and union groups only, subject to certain conditions.
CONTINUATION FOR TEMPORARY FURLOUGH	12 weeks – An employee/member may be able to continue insurance if the employee/member ceases to be actively working in the event of a temporary furlough. Insurance may be continued for up to 12 weeks for the employee/member and any dependent(s). This provision applies to employer and union groups only, subject to certain conditions.
CONTINUATION FOR FEDERAL AND STATE LAWS	Included – The federal Family and Medical Leave Act (FMLA) and Uniformed Services Employment and Reemployment Rights Act (USERRA) and any amendments thereto, as well as other applicable federal or state laws, may allow continuation of insurance in certain instances for leaves of absence, layoff or termination. Insurance may be continued for the time period allowed by the applicable law, for the employee/member and any dependent(s). This provision applies to employer and union groups only, subject to certain conditions.

PARTICIPATION AND PREMIUM STRUCTURE

PARTICIPATION ASSUMPTIONS

Minimum Participation Requirement*	Number of Eligible Employees/Members	Contribution Structure
17%	750	100% Employee/Member Paid

*Guarantee Issue is only available if the minimum participation requirement is met. If participation does not reach the required level, the Guarantee Issue Amount(s) may be reduced or rescinded.

PREMIUM CONTRIBUTIONS - CLASS 1

The employee/member contributes 100% of the premium for the employee/member and any dependent insurance (if elected). Child insurance is automatic. A separate premium is not required.

CRITICAL ILLNESS PREMIUM RATES

Age Band	Employee/Member* Monthly Rates per \$1,000
<25	\$0.290
25 - 29	\$0.340
30 - 34	\$0.450
35 - 39	\$0.600
40 - 44	\$0.840
45 - 49	\$1.100
50 - 54	\$1.600
55 - 59	\$2.270
60 - 64	\$3.290
65 - 69	\$4.450
70 - 74	\$6.190
75 - 79	\$6.190
80 - 99	\$6.190

*Employee/member and spouse premiums are calculated with the employee/member's age as of the effective date of the plan. Rates are adjusted once each year on the plan anniversary date that coincides with or follows the day an employee/member reaches the starting age of the next age band.

†Child insurance is automatic. A separate premium is not required.

RATE GUARANTEE PERIOD

2 Years

RATE GUARANTEE DATE

07/01/2027

CRITICAL ILLNESS UNDERWRITING GUIDELINES

BENEFIT AMOUNT GRANDFATHERING

Not Included – Any amount of insurance in excess of any flat benefit amount or maximum benefit amount (as applicable) stated in this proposal for each Class is not available, regardless of the amount of insurance any employee/member or dependent was insured for under a prior plan.

GUARANTEE ISSUE

This proposal includes a Guarantee Issue offer for Critical Illness insurance, contingent on attainment of the minimum participation requirement. The Guarantee Issue offer is available during any initial enrollment period, and thereafter for any new hires or as allowed by the policy.

If the minimum participation requirement is not attained, the Guarantee Issue offer may be reduced or rescinded, and Simplified Issue applications may be required from each employee/member requesting insurance.

GUARANTEE ISSUE AMOUNT GRANDFATHERING

Not Included – Any amount of insurance in excess of any Guarantee Issue Amount stated in this proposal for each Class requires evidence of insurability, regardless of the amount of insurance any employee/member or dependent was insured for under a prior plan.

SIMPLIFIED ISSUE

A Simplified Issue application, consisting of several “Yes/No” health questions, will be used to underwrite Critical Illness insurance for late entrants and requests for insurance in excess of any Guarantee Issue Amount.

If an employee/member responds “Yes” to any question on the Simplified Issue application for the employee/member or any dependent, the requested amount of insurance may be reduced to the Guarantee Issue Amount, if available (knock-back). If Guarantee Issue is not available for the employee/member or any dependent, a “Yes” response to any question may result in a decline of coverage (knock-out). Based on the amount of Critical Illness insurance requested, Mutual of Omaha may further underwrite an application with a pharmacy scan and/or medical exam.

If Guarantee Issue is available, the Simplified Issue application questions can optionally be included with the enrollment form, to simplify the enrollment process and avoid the need to provide or obtain a separate application later in the implementation process. *If meeting the minimum participation requirement is a concern, this approach is strongly recommended.* The responses to the questions would be utilized to underwrite the enrollment up to the previous Guarantee Issue Amount(s) only if participation is not met. Any request for insurance in excess of any Guarantee Issue Amount would still be underwritten.



VOLUNTARY HOSPITAL INDEMNITY INSURANCE

Proposal for: Platte County R-III School District
Alternate: 12.00

The following Voluntary Hospital Indemnity plan is being proposed on a fully-insured basis effective **07/01/2025**. This proposal assumes this coverage is underwritten by United of Omaha Life Insurance Company. For additional information about Mutual of Omaha's products and services, visit mutualofomaha.com.

ELIGIBILITY

CLASS DESCRIPTION(S)	Class 1: All Eligible Employees
ELIGIBILITY REQUIREMENT(S)	An employee/member must be actively working the minimum number of hours shown below on the policy effective date to be eligible for insurance, unless otherwise approved by Mutual of Omaha. Certain requirements apply. Provided an employee/member is eligible and insured, the spouse and dependent child(ren) of the employee/member are eligible for insurance. Certain requirements apply.
MINIMUM WORK HOURS	Class 1: 30 or more hours each week
INSURANCE TERMINATION DUE TO AGE	Class 1: Insurance for the employee/member and any dependents terminates when the employee/member reaches age 80.
CHILD ELIGIBILITY AGES	Child coverage begins at birth and terminates at age 26 unless the child is incapacitated. Please review each plan design for dependent child coverage.

BENEFITS

Benefits described in this proposal will only be payable if treatment for injury or sickness occurs on or after the insured person's coverage effective date and while the policy is in-force. The benefit amounts payable are based on the type and amount of insurance in effect on the date treatment of injury or sickness occurs, subject to the definitions, limitations, exclusions, and other provisions of the certificate. This is 24-hour coverage (on and off-job). Maternity is included.

Hospital Admission & Confinement	Amount
Hospital Admission —limited to a combined total of 1 admission per policy year. Hospital Admission & Hospital ICU Admission benefits are not payable on the same day.	Class 1
Hospital Admission	\$1,000 per admission
ICU Admission	\$1,000 per admission
Hospital Confinement —limited to a combined total of 60 days per policy year. Hospital/ICU confinement benefits are not payable on the same day as Hospital/ICU admission benefits.	Class 1
Daily Hospital Confinement	\$100 per day
Daily ICU Confinement	\$200 per day
Daily Newborn Nursery Care Confinement	\$75 per day, up to 2 days per policy year
Additional Benefits	Amount
	Class 1
Health Screening Benefit	\$50; 1 time per insured person per calendar year; up to 6 per family per calendar year
Express Benefit (equal to one daily hospital confinement benefit)	\$100 per hospital admission

The IRS limits the types of supplemental insurance that an individual who participates in a Health Savings Account (HSA) may have, while still maintaining the tax-exempt status of HSA contributions. The IRS allows additional insurance that provides benefits for "a fixed amount per day (or other period) of hospitalization." Anyone who has or plans to open an HSA, should consult tax and legal advisors to determine which supplemental benefits may be purchased by employees with an HSA.

FEATURES

OPEN ENROLLMENT	A one-time open enrollment is available for a period of up to 90 days prior to the effective date of the policy, subject to the enrollment strategy requirements. During this time, the employee/member may elect insurance for the first time or request increased insurance up to the Guarantee Issue amount for the employee/member and any dependents (if applicable) without providing health insurance.
ANNUAL OPEN ENROLLMENT	An open enrollment is available for a period of up to 90 days each policy year. The first annual enrollment period will occur after the effective date of the policy. During this time, the employee/member may elect insurance for the first time or request increased insurance up to the Guarantee Issue amount for the employee/member and any dependents without providing health information.
PORTABILITY	Included – Portability allows an employee/member and their eligible dependents to apply for Mutual of Omaha’s group hospital indemnity portability policy when insurance ends under the policyholder’s group policy. An employee/member electing to port coverage becomes responsible for premium payments. The employee/member and their eligible dependents must be insured under the policyholder’s group policy for at least 6 months and be under the age of 70 to be eligible to apply for portability (unless otherwise stated in the policy). The portability policy will not terminate when the policyholder’s master policy terminates.
CONTINUATION FOR TEMPORARY LAYOFF	12 Weeks – An employee/member may be able to continue insurance if the employee/member ceases to be actively working in the event of a temporary involuntary layoff. Insurance may be continued for up to 12 weeks for the employee/member and any dependent(s). This provision applies to employer and union groups only, subject to certain conditions.
CONTINUATION FOR TEMPORARY FURLOUGH	12 Weeks – An employee/member may be able to continue insurance if the employee/member ceases to be actively working in the event of a temporary furlough. Insurance may be continued for up to 12 weeks for the employee/member and any dependent(s). This provision applies to employer and union groups only, subject to certain conditions.
CONTINUATION FOR LEAVE OF ABSENCE	12 Weeks – An employee/member may be able to continue insurance if the employee/member ceases to be actively working in the event of a personal leave of absence approved by the policyholder. Insurance may be continued for up to 12 weeks for the employee/member and any dependent(s). This provision applies to employer and union groups only, subject to certain conditions.
CONTINUATION FOR FEDERAL AND STATE LAWS	Included – The federal Family and Medical Leave Act (FMLA) and Uniformed Services Employment and Reemployment Rights Act (USERRA) and any amendments thereto, as well as other applicable federal or state laws, may allow continuation of insurance in certain instances for leaves of absence, layoff, or termination. Insurance may be continued for the time period allowed by the applicable law, for the employee/member. This provision applies to employer and union groups only, subject to certain conditions.

PARTICIPATION AND PREMIUM

PARTICIPATION ASSUMPTIONS	Minimum Participation Requirement	Number of Eligible Employees/Members	Contribution Structure
	10%	750	100% Employee/Member Paid

HOSPITAL INDEMNITY MONTHLY PREMIUM RATES	Employee/Member	Employee/Member + Spouse	Employee/Member + Child(ren)	Employee/Member + Family
	Class 1	\$13.67	\$26.87	\$23.78

RATE GUARANTEE PERIOD 2 years

RATE GUARANTEE DATE 07/01/2027



Mutual of Omaha

VOLUNTARY ACCIDENT INSURANCE

Proposal for: Platte County R-III School District
Alternate: 8.00

The following Voluntary Accident plan is being proposed on a fully-insured basis effective **07/01/25**. This proposal assumes this coverage is underwritten by United of Omaha Life Insurance Company. For additional information about Mutual of Omaha's products and services, visit mutualofomaha.com.

ELIGIBILITY

CLASS DEFINITION(S)	Class 1: All Eligible Employees Enrolled in the Low Plan Class 2: All Eligible Employees Enrolled in the High Plan
ELIGIBILITY REQUIREMENT(S)	An employee/member must be actively working the minimum number of hours shown below on the policy effective date to be eligible for insurance, unless otherwise approved by Mutual of Omaha. Certain requirements apply. Provided an employee/member is eligible and insured, the spouse and dependent child(ren) of the employee/member are eligible for insurance. Certain requirements apply.
MINIMUM WORK HOURS	Class 1, 2: 30 or more hours each week
INSURANCE TERMINATION DUE TO AGE	Class 1, 2: Insurance for the employee/member terminates at age 80. If insurance for the employee/member terminates due to age, insurance for any dependents also terminates.
CHILD ELIGIBILITY AGES	Child coverage begins at birth and terminates at age 26 unless the child is incapacitated.

ACCIDENT INSURANCE

EMPLOYEE CHOICE	Employees/members who are eligible for insurance in Class 1 or Class 2 have their choice of plan designs.
COVERAGE TIER	Class 1, 2: The employee/member may elect one of the following coverage options: <ul style="list-style-type: none"> ▪ Employee/member only ▪ Employee/member and spouse ▪ Employee/member and dependent children ▪ Employee/member, spouse and dependent children
COVERAGE TYPE	Class 1, 2: 24-hour coverage (On and off-job)
EXPRESS BENEFIT	Class 1: \$175 Class 2: \$250 If an insured person is injured as a result of an accident, an express benefit will be paid upon notification of the accident. The benefit is payable once per accident for each insured person.

ACCIDENT BENEFITS

INITIAL CARE & EMERGENCY BENEFITS Most Initial Care/Emergency benefits require treatment or service within 72 hours of an accident and are payable once per accident per insured person.

Benefit	Amount	
	Class 1	Class 2
Initial Care		
Emergency Room	\$400	\$500
Urgent Care Center	\$325	\$425
Initial Physician Office Visit	\$175	\$250

Emergency Transportation	Class 1	Class 2
Ground Ambulance	\$400	\$500
Air Ambulance	\$2,000	\$2,000

SPECIFIED INJURY BENEFITS

Fractures and dislocations require treatment within 90 days of an accident. Burns and lacerations require treatment within 72 hours of an accident. Dental care requires treatment within 30 days of an accident.

If an insured person sustains both a fracture and dislocation as the result of the same accident, the maximum amount payable is up to 200% of the amount payable for the injury with the highest applicable benefit amount.

Additional limitations apply as described in the policy.

Fractures	Open Reduction	Closed Reduction	Open Reduction	Closed Reduction
Bone/Bone Group	Class 1		Class 2	
Skull, depressed (Cranial bones)	\$9,000	\$4,500	\$15,000	\$7,500
Skull, non-depressed (Cranial bones)	\$4,500	\$2,250	\$7,500	\$3,750
Bones of face (Except nose and lower jaw)	\$1,800	\$900	\$3,000	\$1,500
Nose (Nasal bones)	\$1,350	\$675	\$2,700	\$1,350
Lower jaw (Mandible)	\$1,800	\$900	\$3,000	\$1,500
Shoulder blade (Scapula)	\$1,800	\$900	\$3,000	\$1,500
Collarbone (Clavicle)	\$1,350	\$675	\$2,700	\$1,350
Breastbone (Sternum)	\$1,800	\$900	\$3,000	\$1,500
Rib	\$1,350	\$675	\$2,700	\$1,350
Upper arm (Humerus)	\$1,800	\$900	\$3,000	\$1,500
Forearm (Radius and/or ulna)	\$1,800	\$900	\$3,000	\$1,500
Wrist (Carpals)	\$1,800	\$900	\$3,000	\$1,500
Hand (Metacarpals, except fingers)	\$1,800	\$900	\$3,000	\$1,500
Fingers (Phalanges)	\$400	\$200	\$800	\$400
Vertebral body (Except vertebral processes)	\$4,500	\$2,250	\$7,500	\$3,750
Vertebral process	\$1,800	\$900	\$3,000	\$1,500
Tail bone (Coccyx)	\$1,350	\$675	\$2,700	\$1,350
Pelvis (Except tail bone and hip bones)	\$4,500	\$2,250	\$7,500	\$3,750
Hip bones (Ilium, ischium and/or pubis)	\$8,000	\$4,000	\$12,000	\$6,000
Thigh (Femur)	\$4,500	\$2,250	\$7,500	\$3,750
Knee cap (Patella)	\$1,800	\$900	\$3,000	\$1,500
Lower leg (Tibia and/or fibia)	\$4,500	\$2,250	\$7,500	\$3,750
Ankle (Talus)	\$1,800	\$900	\$3,000	\$1,500
Foot (Metatarsals and calcaneus, except toes)	\$1,800	\$900	\$3,000	\$1,500
Toes (Phalanges)	\$400	\$200	\$800	\$400
Chip Fracture	25% of the closed reduction amount for the bone/bone group		25% of the closed reduction amount for the bone/bone group	
Dislocations	Open Reduction	Closed Reduction	Open Reduction	Closed Reduction
Joint/Joint Group	Class 1		Class 2	
Lower jaw (Temporomandibular)	\$2,100	\$1,050	\$5,500	\$2,750
Shoulder (Glenohumeral)	\$2,100	\$1,050	\$5,500	\$2,750
Collarbone and breastbone (Sternoclavicular)	\$2,100	\$1,050	\$5,500	\$2,750
Elbow	\$2,100	\$1,050	\$5,500	\$2,750
Wrist (Radiocarpal and/or intercarpal)	\$2,100	\$1,050	\$5,500	\$2,750
Hand (Carpometacarpal and/or intrametacarpal)	\$2,100	\$1,050	\$5,500	\$2,750
Fingers (Interphalangeal and/or metacarpophalangeal)	\$500	\$250	\$900	\$450
Hip	\$10,000	\$5,000	\$16,000	\$8,000
Kneecap (Patella)	\$5,500	\$2,750	\$10,000	\$5,000
Ankle (Talocalcaneal and/or talocalcaneonavicular)	\$3,600	\$1,800	\$9,000	\$4,500
Foot (Tarsometatarsal and/or intermetatarsal)	\$3,600	\$1,800	\$9,000	\$4,500

Toes (Interphalangeal and/or metatarsalphalangeal)	\$500	\$250	\$900	\$450
Partial Dislocation	25% of the closed reduction amount for the joint/joint group		25% of the closed reduction amount for the joint/joint group	
Other Injuries	Amount		Amount	
Lacerations	Class 1		Class 2	
Less than 2 inches	\$250		\$500	
2 inches to 6 inches	\$550		\$1,000	
Greater than 6 inches	\$900		\$2,500	
No repair required	\$125		\$250	
Burns	Class 1		Class 2	
2nd degree <= 9% TBSA	\$300		\$500	
2nd degree 10 - 36% TBSA	\$350		\$500	
2nd degree > 36% TBSA	\$2,000		\$3,000	
3rd degree < 18% TBSA	\$3,500		\$10,000	
3rd degree 18 - 36% TBSA	\$10,000		\$20,000	
3rd degree > 36% TBSA	\$20,000		\$30,000	
Skin Graft (% of burn benefit)	50%		50%	
<i>Note: "TBSA" is an acronym for "total body surface area."</i>				
Dental Care	Class 1		Class 2	
Crown or Filling Repair	\$300		\$500	
Extraction	\$125		\$200	

HOSPITAL, SURGICAL & DIAGNOSTIC BENEFITS

Initial hospital admission and confinement must begin within 90 days of an accident. ICU confinement must begin within 30 days of an accident. Surgical treatment timeframes vary by the type of surgery. Diagnostic services, except for X-Ray, must be received within 30 days of an accident. X-Ray services must be received within 90 days. Except for confinement benefits, most benefits are payable once per accident per insured person.

If any surgery listed below occurs concurrently with an Open Reduction for a Fracture or Dislocation of the same bone/bone group or joint/joint group as a result of the same Accident, only the highest applicable benefit is payable. Additional limitations apply as described in the Certificate.

Benefit	Amount	Amount
Hospital	Class 1	Class 2
Admission	\$1,500	\$2,000
Daily Confinement (Up to 365 days per accident)	\$300 per day	\$400 per day
ICU Confinement (Up to 15 days per accident)	\$600 per day	\$800 per day
Rehab. Facility Confinement (Up to 30 days per accident)	\$200 per day	\$300 per day
Surgical	Class 1	Class 2
Exploratory/Arthroscopic (365 days)	\$600	\$800
Abdominal/Cranial/Thoracic (365 days)	\$3,500	\$5,000
Herniated Disc (365 days)	\$1,800	\$2,700
Torn Knee Cartilage (365 days)	\$1,000	\$2,000
Ligament/Rotator Cuff/Tendon (365 days)	\$1,000	\$2,000
Eye Procedure (90 days)	\$400	\$600
Blood Products (90 days)	\$450	\$650
Pain Management (90 days)	\$350	\$450
Diagnostic	Class 1	Class 2
X-Ray	\$75	\$100
Diagnostic Exam	\$300	\$400
Brain Injury Diagnosis (including concussion)	\$300	\$400

FOLLOW-UP CARE BENEFITS

Follow-Up Care benefits require treatment or service within 365 days of an accident. The number of benefits varies by the type of follow-up care. The medical device benefit is payable once per accident per insured person.

Benefit	Amount	Amount
----------------	---------------	---------------

	Class 1	Class 2
Physician Follow-Up Office Visit (Up to 6 per accident)	\$150	\$175
Therapy Services (Up to 6 per accident)	\$75	\$100
Medical Device	\$300	\$400
Prosthetic Device(s) (Up to 2 per accident)	\$1,250	\$1,750

ADDITIONAL BENEFITS Additional benefits are payable within 365 days of an accident. The number of benefits varies by type of additional benefit.

Benefit	Amount	
	Class 1	Class 2
Transportation (Up to 3 trips per accident)	\$400 per trip	\$400 per trip
Lodging (Up to 30 nights per accident)	\$200 per night	\$200 per night
Childcare (Up to 30 days per accident)	\$30 per day	\$30 per day
Health Screening	\$50	\$50

CATASTROPHIC BENEFITS

PRINCIPAL SUM AMOUNT The amount of catastrophic insurance is referred to as the principal sum.

Class 1, 2: The principal sum for the employee/member and spouse reduces by 50% when the employee/member reaches the age of 70.

The benefit amounts shown below are a percentage of the principal sum for an insured person, unless otherwise stated. Catastrophic benefits are payable within 365 days of an accident and are payable once per accident per insured person. Additional limitations apply as described in the policy.

Benefit	Amount	
	Class 1	Class 2
Accidental Death		
Principal Sum		
▪ Employee	\$50,000	\$110,000
▪ Spouse	\$25,000	\$55,000
▪ Child(ren)	\$10,000	\$20,000
Basic Accidental Death	100%	100%
Common Carrier Accidental Death	300%	300%
Transportation of Remains	Up to \$5,000	Up to \$5,000
Dismemberment & Paralysis	Class 1	Class 2
Loss of Both Hands, Loss of Both Feet, Loss of Entire Sight of Both Eyes or any combination of two or more of these losses	100%	100%
Loss of Speech and Loss of Hearing (Both ears)	100%	100%
Loss of One Hand, Loss of One Foot, Loss of Entire Sight of One Eye or Loss of Hearing (Both ears)	50%	50%
Loss of Thumb and Index Finger of the Same Hand	25%	25%
Loss of Multiple Fingers or Loss of Multiple Toes	10%	10%
Quadriplegia (Paralysis of both upper and both lower limbs)	100%	100%
Triplegia (Paralysis of three limbs)	75%	75%
Hemiplegia (Paralysis of an upper and a lower limb)	50%	50%
Paraplegia (Paralysis of both lower limbs)	50%	50%
Uniplegia (Paralysis of a limb)	25%	25%
Other Benefits	Class 1	Class 2
Reasonable Modifications	Up to 10%	Up to 10%
Coma	50%	25%

ADDITIONAL BENEFITS AND FEATURES

OPEN ENROLLMENT

A one-time open enrollment is available for a period of up to 90 days prior to the effective date of the policy, subject to the enrollment strategy requirements. During this time, the employee/member may elect insurance for the first time or request increased insurance up to the

ANNUAL OPEN ENROLLMENT Guarantee Issue amount for the employee/member and any dependents (if applicable) without providing health insurance. An open enrollment is available for a period of up to 90 days each Policy Year. The first annual enrollment period will occur after the effective date of the policy. During this time, the employee/member may elect insurance for the first time or request increased insurance up to the Guarantee Issue amount for the employee/member and any dependents without providing health information.

PORTABILITY **Included** – An employee/member or spouse has the right to continue insurance (including insurance for any dependent child(ren)) when insurance ends with the policyholder by paying premium directly to Mutual of Omaha. The employee/member or spouse must be under age 70 to be eligible to continue insurance through portability (unless otherwise stated in the Policy). Continued insurance is issued under Mutual of Omaha’s group accident portability policy.

CONTINUATION FOR TEMPORARY LAYOFF - CLASS 1, 2 **12 Weeks** – An employee/member may be able to continue insurance if the employee/member ceases to be actively working in the event of a temporary involuntary layoff. Insurance may be continued for up to 12 weeks for the employee/member and any dependent(s). This provision applies to employer and union groups only, subject to certain conditions.

CONTINUATION FOR LEAVE OF ABSENCE - CLASS 1, 2 **12 Weeks** – An employee/member may be able to continue insurance if the employee/member ceases to be actively working in the event of a personal leave of absence approved by the policyholder. Insurance may be continued for up to 12 weeks for the employee/member and any dependent(s). This provision applies to employer and union groups only, subject to certain conditions.

CONTINUATION FOR FEDERAL AND STATE LAWS **Included** – The federal Family and Medical Leave Act (FMLA) and Uniformed Services Employment and Reemployment Rights Act (USERRA) and any amendments thereto, as well as other applicable federal or state laws, may allow continuation of insurance in certain instances for leaves of absence, layoff or termination. Insurance may be continued for the time period allowed by the applicable law, for the employee/member and any dependent(s). This provision applies to employer and union groups only, subject to certain conditions.

PARTICIPATION AND PREMIUM STRUCTURE

PARTICIPATION ASSUMPTIONS	Minimum Participation Requirement	Number of Eligible Employees/Members	Contribution Structure
Class 1	26%	512	100% Employee/Member Paid

PARTICIPATION ASSUMPTIONS	Minimum Participation Requirement	Number of Eligible Employees/Members	Contribution Structure
Class 2	26%	238	100% Employee/Member Paid

ACCIDENT MONTHLY PREMIUM RATES	Employee/Member	Employee/Member + Spouse	Employee/Member + Child(ren)	Employee/Member + Family
Class 1	\$6.23	\$12.96	\$13.45	\$19.03

ACCIDENT MONTHLY PREMIUM RATES	Employee/Member	Employee/Member + Spouse	Employee/Member + Child(ren)	Employee/Member + Family
Class 2	\$9.56	\$16.88	\$20.34	\$26.41

RATE GUARANTEE PERIOD 2 Years

RATE GUARANTEE DATE 07/01/2027



Mutual of Omaha

REQUIREMENTS AND ASSUMPTIONS

SIC CODE	8211
SITUS STATE	MO
ACCEPTANCE	This proposal is contingent upon Mutual of Omaha Home Office review and acceptance of the completed application for coverage. It is recommended that current coverage is not cancelled or dropped until notification of acceptance from Mutual of Omaha is received.
LIMITATIONS & STANDARD CONTRACT NOTICE	<p>This proposal is subject to Mutual of Omaha's standard product terms, limitations, and exclusions. Additionally, this proposal requires use of standard system-compatible benefits and contract provisions. Applicable federal and state mandates are added at issuance.</p> <p>This proposal also assumes that all employees/members reside in the situs state of the group. If any employees/members reside outside of the situs state of the group, we must be notified of the number of employees/members by state during the implementation process so that all applicable state mandates can be accommodated.</p> <p>Please refer to a sample standard contract, certificate booklet and/or subscription agreement documents for additional information and detail, available upon request.</p>
ERISA	Each plan presented in this proposal is considered to be an employer-sponsored ERISA benefit plan. If it is determined that any plan presented in this proposal is not an ERISA benefit plan, Mutual of Omaha reserves the right to re-rate or otherwise adjust the proposed plan(s).
PROPOSAL CONDITIONS	<p>Mutual of Omaha reserves the right to re-rate or withdraw this proposal <i>prior</i> to the effective date if any of the following changes:</p> <ul style="list-style-type: none">▪ SIC code▪ Employer contributions▪ Information regarding disabled or COBRA participants▪ For groups that are experience rated - risk increases based on review of the current carrier's claims experience, including open or pended claims▪ Demographics (age, gender, occupation, earnings, location and size)▪ Plan participation - increase or decrease of 10% or more lives▪ Laws, regulations, judicial and/or administrative orders and decisions affecting benefits, cost of administration, or cost of health care services▪ If employees are residing in extraterritorial jurisdictions that were not otherwise disclosed▪ Proposed effective date▪ Benefits or eligibility▪ Premium tax <p>On or after the effective date, Mutual of Omaha reserves the right to change rates or fees if there is a change in any factor listed above. In addition, Mutual of Omaha may change rates or fees any time after the most recent Rate Guarantee Date, provided at least 30 days advance notice of the rate or fee increase has been given to the group.</p>
DEPENDENT NON-CONFINEMENT REQUIREMENT	Coverage for dependents is subject to our non-confinement requirement and their ability to perform all the usual duties of a person who is of the same age and gender who is in good health.
PROPOSAL EXPIRATION	This proposal is good for 90 days after 03/19/2025, or the assumed effective date of the plan, whichever comes first.

Dental Summary

Proposed Effective Date: 7/1/2025

		Plan 1	
Plan Benefit		In Network	Out of Network
	Type 1	100%	100%
	Type 2	90%	80%
	Type 3	50%	50%
Deductible		\$50 Lifetime Type 2,3 Waived Type 1	\$50 Lifetime Type 2,3 Waived Type 1
Maximum (per person)		No Family Maximum \$2,250/Calendar Year	No Family Maximum \$2,250/Calendar Year
PPO			Freedom of Choice®
Allowance	Type 1	Discounted Fee	90th U&C
	Type 2	Discounted Fee	90th U&C
	Type 3	Discounted Fee	90th U&C
Dental Rewards®		Included	Included
Waiting Period		None	None
Annual Open Enrollment		Included	Included

Orthodontia Summary

Allowance All Plan Designs: In Network, discounted fee. Out of Network, U&C.	
Plan Benefit	50%
Coverage for Adults	No
Lifetime Maximum (per person)	\$1,000
Waiting Period	None
Takeover Benefit	Initial Insureds Only

Monthly Rates

Employee (EE)	\$37.96
EE + Spouse	\$76.16
EE + Children	\$97.40
EE + Spouse & Children	\$141.12

Rates are guaranteed for **24 months** following the effective date listed above and include Orthodontia if part of plan design.
Rates include: home address mailing.

PLEASE NOTE: Rates assume enrollment in our electronic certificate (eCert) program. If you choose to receive paper certificates, monthly rates will increase.

Employee Participation Requirements

Eligible Employees: 553

	The greater of 60% or 3 lives
--	-------------------------------

Plan Design Summary	Plan 1	
	In Network 100/90/50 \$50 Lifetime Type 2,3 Waived Type 1 No Family Maximum \$2,250	Out of Network 100/80/50 \$50 Lifetime Type 2,3 Waived Type 1 No Family Maximum \$2,250
Type 1 Procedure (Frequency)	<ul style="list-style-type: none"> • Routine Exam (2 per benefit period) • Bitewing X-rays (1 per benefit period) • Full Mouth/Panoramic X-rays (1 in 3 years) • Periapical X-rays • Cleaning (2 per benefit period) • Fluoride for Children 15 and under (1 per benefit period) • Sealants (age 15 and under) • Space Maintainers 	<ul style="list-style-type: none"> • Routine Exam (2 per benefit period) • Bitewing X-rays (1 per benefit period) • Full Mouth/Panoramic X-rays (1 in 3 years) • Periapical X-rays • Cleaning (2 per benefit period) • Fluoride for Children 15 and under (1 per benefit period) • Sealants (age 15 and under) • Space Maintainers
Type 2 Procedure (Frequency)	<ul style="list-style-type: none"> • Fillings for Cavities • Restorative Composites (anterior and posterior teeth) • Endodontics (nonsurgical) • Periodontics (nonsurgical) • Simple Extractions • Complex Extractions • Anesthesia 	<ul style="list-style-type: none"> • Fillings for Cavities • Restorative Composites (anterior and posterior teeth) • Endodontics (nonsurgical) • Periodontics (nonsurgical) • Simple Extractions • Complex Extractions • Anesthesia
Type 3 Procedure (Frequency)	<ul style="list-style-type: none"> • Onlays • Crowns (1 in 8 years per tooth) • Crown Repair • Endodontics (surgical) • Periodontics (surgical) • Denture Repair • Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 8 years) 	<ul style="list-style-type: none"> • Onlays • Crowns (1 in 8 years per tooth) • Crown Repair • Endodontics (surgical) • Periodontics (surgical) • Denture Repair • Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 8 years)

Current Dental Terminology © American Dental Association.

Dental Rewards®

This dental plan includes a valuable feature that allows qualifying plan members to carryover part of their unused annual maximum. A member earns dental rewards by submitting at least one claim for dental expenses incurred during the benefit year, while staying at or under the threshold amount for benefits received for that year. Employees and their covered dependents may accumulate rewards up to the stated maximum carryover amount, and then use those rewards for any covered dental procedures subject to applicable coinsurance and plan provisions. If a plan member doesn't submit a dental claim during a benefit year, all accumulated rewards are lost. But he or she can begin earning rewards again the very next year.

Benefit Threshold	\$750	Dental benefits received for the year cannot exceed this amount
Annual Carryover Amount	\$400	Dental Rewards amount is added to the following year's maximum
Maximum Carryover	\$1,200	Maximum possible accumulation for Dental Rewards

Groups with a program similar to Dental Rewards on their previous plan are eligible for Dental Rewards Credits. To qualify for Dental Rewards Credits, the employer must request a list of carryover amounts from the previous carrier, to be sent to Ameritas.

Ameritas will credit each account based on amounts identified by the previous carrier. The credit is available only to initial insureds. The credit, and any amounts earned under our plan, will not exceed the maximum carryover proposed for the plan selected.

Enrollment data must include information for all dependents enrolling in the plan.

Ameritas Dental Network

- The Ameritas Dental Network is one of the nation's largest. Network providers have agreed to charge 25-50% less than their regular rates which helps benefit dollars go further.
- Members can visit any dentist, in- or out-of-network. And family members do not need to visit the same provider. Members can even visit dental providers in Mexico and still receive coverage.

Freedom of Choice®

- The two-tier approach gives plan members the freedom to select any dentist.
- Members receive richer benefits and the money-saving advantages of network discounted fees if they seek care from network providers.

Orthodontia – Initial Insureds Only

Ameritas will provide coverage on current orthodontic treatment programs and pay up to Ameritas' orthodontic maximum minus any benefits the member has received from the prior carrier. These takeover benefits only apply to initial employees and their dependents on the plan's effective date and are not available to new enrollees who enroll after case implementation.

Rx Savings - Extra value for Ameritas plan members

- It's no secret that prescription medications can be one of the biggest - and most important - health care expenditures a person, family or organization faces. Not to mention, when a person requires long-term maintenance medications, it can become a serious budgeting issue.
- Our valued plan members and their covered dependents can save on prescription medications at over 60,000 pharmacies across the nation including CVS, Walgreens, Rite Aid and Walmart. This Rx discount is offered at no additional cost, and it is not insurance.
- If your organization offers its associates health care pharmacy benefits, this no-cost Rx discount could save significant dollars. Participating pharmacies will give Ameritas plan members their normal health care pharmacy benefit, or the Rx discount, whichever saves more.
- Members can receive up to 65% savings on generic prescriptions, and overall average savings of 40% across brand name and generic prescription combined.
- To receive the Rx discount, Ameritas plan members just need to visit us at ameritas.com and sign into (or create) a secure member account. That's where they can access and print an online-only Rx discount savings ID card.
- Also, when choosing eServices, your benefits administrator will have access to the online-only Rx discount savings ID card to assist members without Internet access.

Eyewear Savings at Walmart Vision Centers

- Ameritas plan members may receive up to 10% off eyewear frames and lenses purchased at any Walmart Vision Center nationwide. Members may also bring in their current vision prescription from any vision care provider and purchase eyewear at Walmart.
- This savings arrangement is not insurance: it is available to members at no additional cost to their plan premium.
- To receive the eyewear savings identification card, Ameritas plan members can visit ameritas.com and sign-in (or create) a secure member account. Members must present the Ameritas Eyewear Savings Card at time of purchase to receive the discount.
- Also, when choosing eServices, your benefits administrator will have access to the Ameritas Eyewear Savings Card to assist members without Internet access.

Dental Cost Estimator

Members can use our dental cost estimator at any time to find average procedure charges in their area. The estimates do not include network discounts or plan benefits. Find the dental cost estimator at ameritas.com/applications/group/estimator.

After coverage begins, members can view average in-network charges in their secure member account. Members also may ask their dentist's office to submit a pretreatment estimate so they can see exactly how a proposed service would be covered and avoid any surprises. The pretreatment estimate is based on their plan benefits.

Dental Health Scorecard

Available in 2016, your Ameritas dental plan members can receive a Dental Health Report Card through their secure member account online. They'll receive a score for their dental health based on claims and procedures they've submitted while covered under the plan. They'll also learn what they can do if they need to improve their dental health. Please encourage plan members to access the report card in their secure member account on ameritas.com.

If your group has over 300 enrolled members, you have the opportunity to receive a Dental Health Report Card that indicates how your plan members' dental health rates overall. You'll gain insights into why dental health should be a priority for you and your plan members, and learn where to find more information that can help you communicate the importance of dental wellbeing.

U&C

We determine the Usual and Customary (U&C) allowance listed on the plan summary page using information including data from a nationally recognized independent data source. Plan members are reimbursed based on the appropriate charges in the dentist's ZIP Code area. We review our U&C allowances annually.

- 90th U&C means 9 out of 10 dentists in a specific ZIP Code area charge at or below the plan allowance for a procedure.

Composites on Molars

This dental proposal includes a benefit for composite fillings on the molars located in the back of the mouth. This complements the composite filling benefit we already offer on bicuspids, which are the teeth next to the molars. Dental composites consist of a core plastic material, also known as resin, mixed with fillers to achieve various levels of strength, wear resistance and color. The result is a more natural-looking, tooth-color filling.

For more than a century, amalgams (silver-color fillings) have been the first choice for fillings in molars, because of their superior strength and cost effectiveness. Molars are key to comfortably and thoroughly chewing food, and if a person suffers from bruxism (tooth grinding) the molars are always getting a workout, so molar strength is an important consideration.

However, advances in composite dental fillings have made them strong enough for back teeth. So with this strength, along with their natural look, composites have become a popular alternative. Ultimately, the choice of dental filling material should be decided between the patient and his/her dental professional. By selecting this enhanced benefit, employers would be giving their employees the freedom to choose either amalgam or composite fillings with fewer financial concerns.

Worldwide Support

If a member has a dental emergency outside the U.S., AXA Assistance can help. AXA provides credible provider referrals and can even help with making the appointment. Providers referred by AXA are not members of the Ameritas network. AXA contact information is available in the secure member account.

Individual Dental and Vision Benefits

Without contributing any of the member's monthly premium, you can offer Ameritas individual dental and vision insurance plans to retiring employees and those not eligible for group benefits. Ask your broker or Ameritas sales representative for more details.

Lifetime Deductible

A deductible is the amount you pay for a service before benefits are applied. With a lifetime deductible, you pay the deductible amount only one time for as long as you are covered by the plan, instead of each year or each visit. It is a per-person deductible with no family maximum.

Eye Exam, Lenses, Frames, Frequencies

Proposed Effective Date: 7/1/2025

	Plan 1: Focus®		Plan 2: ViewPointe®	
	VSP Choice Network + Affiliates	Out of Network	EyeMed Insight Network	Out of Network
Annual Eye Exam	Covered in full	Up to \$45	Covered in full	Up to \$35
Lenses (per pair)				
Single Vision	Covered in full	Up to \$30	Covered in full	Up to \$25
Bifocal	Covered in full	Up to \$50	Covered in full	Up to \$40
Trifocal	Covered in full	Up to \$65	Covered in full	Up to \$55
Lenticular	Covered in full	Up to \$100	20% discount	No benefit
Progressive	See lens options	NA	See lens options	NA
Frame Allowance	\$150**	Up to \$70	\$150	Up to \$75
Frequencies				
Exam/Lens/Frames	12/12/12	12/12/12	12/12/12	12/12/12
	Based on date of service	Based on date of service	Based on date of service	Based on date of service

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

Deductible, Maximum

	Plan 1: Focus®	Plan 2: ViewPointe®	Plan 2: ViewPointe®	Plan 2: ViewPointe®
Deductibles	\$10 Exam \$25 Eye Glass Lenses or Frames*	\$10 Exam \$25 Eye Glass Lenses or Frames	\$10 Exam \$25 Eye Glass Lenses	No deductible
Maximum per benefit period	None	None	None	None

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

Contact Lenses

	Plan 1: Focus®	Plan 2: ViewPointe®	Plan 2: ViewPointe®	Plan 2: ViewPointe®
Fit & Follow Up Exams	Member cost up to \$60	No benefit	Standard: Member cost up to \$40 Premium: 10% off of retail	No benefit
Contacts				
Elective	Up to \$150	Up to \$105	Up to \$150	Up to \$120
Medically Necessary	Covered in full	Up to \$210	Covered in full	Up to \$200

Monthly Rates

	Plan 1: Focus®	Plan 2: ViewPointe®
Employee (EE)	\$6.28	\$6.28
EE + Spouse	\$11.96	\$11.96
EE + Children	\$12.60	\$12.60
EE + Spouse & Children	\$18.48	\$18.48

Rates are guaranteed for **24 months** following the effective date listed above.

Rates include: home address mailing.

PLEASE NOTE: Rates assume enrollment in our electronic certificate (eCert) program. If you choose to receive paper certificates, monthly rates will increase.

Employee Participation Requirements

Eligible Employees: 553

	Plan 1: Focus®	Plan 2: ViewPointe®
	The greater of 50% or 3 lives	The greater of 50% or 3 lives

Lens Options (member cost)*

	Plan 1: Focus®		Plan 2: ViewPointe®	
	VSP Choice Network + Affiliates (Other than Costco)	Out of Network	EyeMed Insight Network	Out of Network
Progressive Lenses	Up to provider's contracted fee for Lined Bifocal Lenses. The patient is responsible for the difference between the base lens and the Progressive Lens charge.	Up to Lined Bifocal allowance.	See Below	See Below
Standard Premium	NA	NA	\$65 + lens deductible	No benefit
Tier 1	NA	NA	\$85 + lens deductible	No benefit
Tier 2	NA	NA	\$95 + lens deductible	No benefit
Tier 3	NA	NA	\$110 + lens deductible	No benefit
Tier 4	NA	NA	\$65 plus 80% of charge less \$120 allowance	No benefit
Std. Polycarbonate	Covered in full for dependent children \$33 adults	No benefit	\$40	No benefit
Scratch Resistant Coating	\$17-\$33	No benefit	\$15	No benefit
Anti-Reflective Coating	\$43-\$85	No benefit		
Standard Premium	NA	NA	\$45	No benefit
Tier 1	NA	NA	\$57	No benefit
Tier 2	NA	NA	\$68	No benefit
Tier 3	NA	NA	80% of the charge	No benefit
Ultraviolet Coating	\$16	No benefit	\$15	No benefit
LASIK or PRK	NA	NA	Average discount of 15% off retail price or 5% off promotional price at US Laser Network participating providers.	No benefit

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

Additional Focus® Choice Network Features (In Network)

Contact Lenses Elective	Allowance can be applied to disposables, but the dollar amount must be used all at once (provider will order 3 or 6 month supply). Applies when contacts are chosen in lieu of glasses. For plans without a separate contact fitting & evaluation (which includes follow up contact lens exams), the cost of the fitting and evaluation is deducted from the allowance.
Lens Options (Member Cost)*	\$15 - Solid Plastic Dye (Except Pink I & II) \$17 - Plastic Gradient Dye \$31-\$82 - Photochromatic Lenses (Glass & Plastic) Lens Option member cost vary by prescription and option chosen.
Additional Glasses	20% off additional complete pairs of prescription glasses and/or prescription sunglasses.*
Frame Discount	VSP offers 20% off any amount above the retail allowance.*
Laser VisionCareSM	VSP offers an average discount of 15% off or 5% off a promotional offer for LASIK Custom LASIK and PRK. The maximum out-of-pocket per eye for members is \$1,800 for LASIK and \$2,300 for custom LASIK using Wavefront technology, and \$1,500 for PRK. In order to receive the benefit, a VSP provider must coordinate the procedure.
Low Vision	With prior authorization, 75% of approved amount (up to \$1,000 is covered every two years).

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

Additional ViewPointe® Features (In Network)

Discounts	15% discount on the remaining balance in excess of the conventional contact lens allowance. 20% discount on the remaining balance in excess of the frame allowance. 20% discount on items not covered by the plan at network providers, which may not be combined with any other discounts or promotional offers. This discount does not apply to EyeMed Provider's professional services, or contact lenses.
Lens Options (Member Cost)	\$15 - Tint (Solid & Gradient).
Secondary Purchase Plan	Members receive a 40% discount on a complete pair of glasses once the funded benefit has been exhausted. Members receive a 15% discount off the retail price on conventional contact lenses once the funded benefit has been exhausted. Discount applies to materials only.
Contact Lens Replacement by Mail Program	After exhausting the contact lens benefit, replacement lenses may be obtained at significant discounts online. Visit EyeMedvisioncare.com for details.

Ameritas Focus® Eye Care

VSP Network

VSP has the largest network of independent doctors nationwide. Retailers include Costco Optical, Sam's Club, Visionworks and Walmart. See the network providers in your area at vsp.com.

Online In-Network Options

Eyeconic.com is VSP's in-network online eyewear store. Vision benefits are applied directly to the online order.

VSP Benefits are Easy to Use

- Members create an account at vsp.com to review their vision benefits.
- At their appointment, members tell the office they have VSP coverage. No ID card is needed. For reference, an ID card can be printed from their member account.
- There are no claim forms to complete when seeing a VSP network provider.

VSP savings

VSP provider discounts include 20% off the remaining frame balance, additional prescription glasses, and non-covered lens options.

Discounts also are available on LASIK or PRK laser vision correction procedures.

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

Ameritas ViewPointe® Eye Care

EyeMed Network

Five of the top six national retail chains accept EyeMed, including LensCrafters, Pearle Vision and Target Optical. See network providers in your area at eyemed.com.

Online In-Network Options

Glasses.com and Contacts Direct are in the EyeMed network, and your vision benefits are applied directly to your online order.

EyeMed Benefits are Easy to Use

- Members create an account at eyemed.com to review their vision benefits.
- At their appointment, members tell the office they have EyeMed coverage. No ID card is needed. For reference, an ID card can be printed from their member account.
- There are no claim forms to complete when seeing an EyeMed network provider.

EyeMed savings

EyeMed provider discounts include 20% off the remaining frame balance, materials not covered by the plan, and non-prescription sunglasses.

Discounts also are available on LASIK or PRK laser vision correction procedures.

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

Rx Savings - Extra value for Ameritas plan members

- It's no secret that prescription medications can be one of the biggest - and most important - health care expenditures a person, family or organization faces. Not to mention, when a person requires long-term maintenance medications, it can become a serious budgeting issue.
- Our valued plan members and their covered dependents can save on prescription medications at over 60,000 pharmacies across the nation including CVS, Walgreens, Rite Aid and Walmart. This Rx discount is offered at no additional cost, and it is not insurance.
- If your organization offers its associates health care pharmacy benefits, this no-cost Rx discount could save significant dollars. Participating pharmacies will give Ameritas plan members their normal health care pharmacy benefit, or the Rx discount, whichever saves more.
- Members can receive up to 65% savings on generic prescriptions, and overall average savings of 40% across brand name and generic prescription combined.
- To receive the Rx discount, Ameritas plan members just need to visit us at ameritas.com and sign into (or create) a secure member account. That's where they can access and print an online-only Rx discount savings ID card.
- Also, when choosing eServices, your benefits administrator will have access to the online-only Rx discount savings ID card to assist members without Internet access.

Dental

- If a member does not elect to participate when initially eligible, the member may elect to participate at the policyholder's next enrollment period. This enrollment period will be held each year and those who elect to participate in this policy at that time will have their insurance become effective on July 1. If you do not enroll during your company's open enrollment period, then you will be subject to the Late Entrant Provision.
- This plan is provided as part of the Policyholder's Section 125 Plan. Each employee has the option under the Section 125 Plan of participating or not participating in this plan. If an employee does not elect to participate when initially eligible, he/she may elect to participate at the Policyholder's next Annual Election Period. An employee who elects to participate at an election period other than the initial election period or annual open enrollment period will be a Late Entrant and subject to the Late Entrant provision.
- This proposal assumes a Section 125 plan year of July 1, 2025 to July 1, 2026.
- If the Company's policy includes a lifetime deductible, expenses that satisfied all or a part of the dental deductible under the current policy will not apply toward satisfaction of the Company's deductible.
- Our proposal assumes that the Ameritas Life Insurance Corp. dental plan is the only plan offered for acceptance or consideration. If any other dental coverage is involved, such as a self-insured, DHMO or Prepaid plan, we would gladly provide another quote, as this one is no longer valid.
- This proposal assumes 0% of the benefit eligible employees are retirees. If this percentage changes, Ameritas Life Insurance Corp. reserves the right to revise the rates retroactive to the effective date of the dental benefits to accommodate this change.

Eye Care

- This proposal assumes 0% of the benefit eligible employees are retirees. If this percentage changes, Ameritas Life Insurance Corp. reserves the right to revise the rates retroactive to the effective date of the vision benefits to accommodate this change. (Plan(s): 1, 2)
- No benefits are payable for a service which is not listed under the list of eye care services.
- This plan is provided as part of the Policyholder's Section 125 Plan. Each employee has the option under the Section 125 Plan of participating or not participating in this plan. If an employee does not elect to participate when initially eligible, he/she may elect to participate at the Policyholder's next Annual Election Period.
- Employees electing coverage on the July 1, 2025, effective date must remain in the plan for the first 24 months. Employees will be allowed an election period on July 1, 2025. (Plan(s): 1)
- This proposal assumes a Section 125 plan year of July 1 to July 1. The first plan year will run July 1, 2025 through July 1, 2027. Subsequent plan years will be on a July 1 to July 1 basis to coincide with the Section 125 plan year. Please check with your tax advisor regarding the long plan year. (Plan(s): 1)
- Employees electing coverage on the July 1, 2025, effective date must remain in the plan for the first 24 months. Employees will be allowed an election period on July 1, 2025. (Plan(s): 2)
- This proposal assumes a Section 125 plan year of July 1 to July 1. The first plan year will run July 1, 2025 through July 1, 2027. Subsequent plan years will be on a July 1 to July 1 basis to coincide with the Section 125 plan year. Please check with your tax advisor regarding the long plan year. (Plan(s): 2)

Covered Expenses will not include and no benefits will be payable for expenses incurred:

- for any procedure except exams, cleaning and fluoride applications for the first 12 months when an employee or dependent becomes classified as a late entrant. An employee or dependent who does not enroll within 31 days from the date the person qualifies for the insurance, or who elects to become covered again after canceling a premium contribution agreement, will be classified as a late entrant.
- for any treatment which is for cosmetic purposes, except as specifically listed in the Table of Dental Procedures.
- to replace any prosthetic appliance, crown, inlay or onlay restoration, or fixed partial denture within eight years of the date of the last placement of these items. However, if a replacement is required because of an accidental bodily injury sustained while the plan member is covered under the dental expense benefit, it will be a Covered Expense.
- for initial placement of any dental prosthesis or prosthetic crown unless such placement is needed because of the extraction of one or more teeth while the plan member is covered under the dental expense benefit. The extraction of a third molar (wisdom tooth) will not qualify under the above. Any such dental prosthesis or prosthetic crown must include the replacement of the extracted tooth or teeth.
- for any procedure begun before the plan member was covered under the dental expense benefit.
- for any procedure begun after the member's insurance under the dental expense benefit terminates; or for any prosthetic dental appliances installed or delivered more than 90 days after the member's insurance under the dental expense benefit terminates.
- to replace lost or stolen appliances.
- for appliances, restorations, or procedures to:
 - alter vertical dimension;
 - restore or maintain occlusion;
 - splint or replace tooth structure lost because of abrasion or attrition
- for any procedure which is not shown on the Table of Dental Procedures.
- for orthodontic treatment (unless otherwise specified in this contract.)
- for which the plan member is entitled to benefits under any workmen's compensation or similar law, or charges for services or supplies received as a result of any dental condition caused or contributed to by an injury or sickness arising out of or in the course of any employment for wage or profit.
- for charges for which the plan member is not liable or which would not have been made had no insurance been in force.
- for services which are not required for necessary care and treatment or are not within the generally accepted parameters of care.
- because of war or any act of war, declared or not.
- for a Program which was begun on or after the member's 19th birthday.
- in any quarter of a Program if the member was not covered under the orthodontic expense benefits for the entire quarter.
- after the member's insurance under the orthodontic expense benefits terminates.

This plan has the following limitation: (Plan 1)

Some brands of spectacle frames may be unavailable at all locations for purchase as Covered Expenses, or may be subject to additional out-of-pocket expenses. Members may obtain details regarding frame brand availability from their treating provider or by calling VSP's Customer Care Division at (800) 877-7195.

This plan does not cover: (Plan 1)

- More than one eye exam in the frequency as indicated on the plan summary page.
- More than one pair of lenses in the frequency as indicated on the plan summary page.
- More than one set of frames in the frequency as indicated on the plan summary page.
- Services and/or materials not specifically included in the Schedule as covered Plan Benefits.
- Plano lenses (lenses with refractive correction of less than plus or minus .50 diopter) except as specifically allowed in the frames benefit section of the Plan Benefits.
- Services or materials that are cosmetic, including Plano contact lenses to change eye color and artistically painted Contact Lenses.
- Two pairs of glasses in lieu of Bifocals.
- Replacement of Spectacle Lenses, Frames, and/or contact lenses furnished under this plan that are lost or damaged, except at the normal intervals when services are otherwise available.
- Orthoptics or vision training and any associated supplemental testing.
- Medical or surgical treatment of the eyes.
- Contact lens modification, polishing or cleaning.
- The refitting of Contact Lenses after the initial 90-day filing period.
- Contact Lens insurance policies or service contracts.
- Additional office visits associated with contact lens pathology.
- Local, state and/or federal taxes, except where law requires us to pay.

Covered Expenses will not include and no benefits will be payable for expenses incurred for:

Limitations for Plan(s) 2

- vision examinations more than the frequency as indicated on the plan summary page.
- lenses more than the frequency as indicated on the plan summary page.
- frames more than the frequency as indicated on the plan summary page.
- contact lenses more than once in any twelve month period. When chosen, contact lenses shall be in lieu of any other lens benefit during the twelve month period. When eyeglass lenses are chosen, expenses for contact lenses are not Covered Expenses during the twelve month period.
- contacts limited to the amount shown on the plan summary page unless they are medically necessary. Contact lenses are defined as medically necessary if the individual is diagnosed with one of the following conditions:
 - keratoconus where the patient is not correctable to 20/30 in either or both eyes using standard spectacle lenses.
 - High Ametropia exceeding -10D or +10D in meridian powers.
 - anisometropia of 3 D or more.
 - patients whose vision can be corrected two (2) lines of improvement on the visual acuity chart when compared to best corrected standard spectacle lenses.If the member is diagnosed with a medically necessary condition, the Provider will submit a request for pre-authorization to EyeMed. The Medical Director reviews all requests for medically necessary contact lenses. If approved, the member will be covered for medically necessary contact lenses up to the plan allowance.
Such payment is limited to once in any twelve month period and is in lieu of lens benefits under this proposal.
- orthoptics or eye care training and any associated testing.
- plano non-prescription lenses and non-prescription sunglasses (except for 20% discount).
- two pairs of glasses in lieu of bifocals. (Does not apply to Secondary Discounts).
- lenses and frames which are lost or broken, except at the normal intervals when services are otherwise available.
- medical and/or surgical treatment of the eye, eyes, or supporting structures.
- services for which a claim is filed more than 1 year after completion of the service.
- for any procedure not listed on the Schedule of Eye Care Services.

- If you purchase group insurance through Ameritas, your producer will receive compensation from Ameritas Group. This compensation may include one or more of the following:
 - Commission or override commission based on customary or negotiated scales.
 - Additional compensation based on factors such as the volume of premium, cases or lives placed by your producer with Ameritas, or persistency.
 - Fees for administrative or consulting services.

If you have any questions about the amount or type of compensation, please contact your producer.

- Some states require that producers be appointed with Ameritas Life Insurance Corp. before any presentation or solicitation of this plan design.
- This proposal is not a contract or a certificate of insurance. It contains proposed rates and benefits that are based on preliminary enrollment data. Such rates and benefits are subject to adjustment if final enrollment varies from the preliminary data.
- The rates are based on Standard Industry Code 821113.
- This proposal is based on the assumption it will be sold in conjunction with a bona fide cafeteria plan regulated by Section 125 of the Internal Revenue code, and it must meet all of the Section 125 requirements. Ameritas Life Insurance Corp. reserves the right to request a copy of the employer's Section 125 cafeteria plan. If you select Ameritas Life Insurance Corp.'s plan and implement it through a cafeteria approach regulated by Section 125, we will require that all eligible employees and dependents requesting benefits: (a) make annual selections, and (b) remain in the plan for a minimum of one year. Changes in these selections will not be allowed except for certain "life event" or family status changes such as marriage, birth, death or termination of employment.
- This proposal assumes a Section 125 plan year of July 1, 2025 to July 1, 2026.
- Benefits could be available for all full-time, active employees working at least 30 hours per week and dependents who have completed the designated waiting period.
- This proposal is being made as a result of information provided in the request for a proposal. It is intended for informational purposes and is not an offer to contract. If Platte County R-III School District wishes to apply for group insurance based upon this proposal, Platte County R-III School District may complete a Preliminary Application for Group Insurance. The Application will be subject to review and approval by the Home Office of the Company. If the Application is accepted, the final rates and benefits will be based on verification of this information and final enrollment.
- Ameritas does not issue coverage to individuals residing in Europe.
- Dependent children are covered up to age 26 regardless of student status in the situs State of Missouri.
- For residents of New Mexico, coverage will be administered in accordance with the minimum benefit standards required by New Mexico law. Please consult your sales representative with questions regarding these requirements.



Identity Theft Protection



SIPGKC

Alliant Insurance Services



Table of Contents

- [Executive Summary](#)
- [TransUnion. Our Brand](#)
- [TransUnion Global Presence](#)
- [IdentityForce Difference](#)
- [Solutions](#)
- [Solution Support](#)
- [Features Summary & Pricing](#)
- [Appendix](#)



Identity theft is top of mind for employees and the businesses they work for.

Employees are concerned about their identity exposure. You can be a catalyst for your clients by enabling products that solve issues and relieve stress. IdentityForce has a 40-year tradition of providing award-winning identity protection solutions and exceptional restoration success. IdentityForce has been named an Identity Protection Leader by Javelin, earned multiple Gold Stevie Awards for having the best product in the industry and we're the #1 Identity Protection Service as featured on U.S. News and World Report, CNBC and Tom's Guide.

Our solutions have an outstanding track record for delivering high-touch support and fraud remediation services, demonstrated through its customer satisfaction ratings and reviews. With 24/7 customer service agents speaking multiple languages, we continue to go above and beyond for our members.

TransUnion^{tu} Our Brand

TransUnion is a global information and insights company with over 12,000 associates operating in more than 30 countries. We make trust possible by ensuring each person is reliably represented in the marketplace. We do this with a Tru™ picture of each person: an actionable view of consumers, stewarded with care.

Through our acquisitions and technology investments we have developed innovative solutions that extend beyond our strong foundation in core credit into areas such as marketing, fraud, risk and advanced analytics. As a result, consumers and businesses can transact with confidence and achieve great things.

We call this **Information for Good**® – and it leads to economic opportunity, great experiences and personal empowerment for millions of people around the world.

Employees who say that money worries have a severe/major negative impact on their mental health are...

6x

More likely to say this has impacted their productivity at work and

2x

As likely to be looking for a new job

Whether you are a domestic company expanding overseas, or an international company in need of a proven partner, TransUnion is uniquely situated to bring you robust data and analytic services. We combine experience, local relationships and regional insight to help organizations and government agencies build strong, stable economies across the globe.

We provide
**International
 Employee Benefit
 Solutions**

with no United States Social Security Number required!

TransUnion Global Presence

TransUnion headquarters and the location of our company's state-of-the-art data center are located at 555 West Adams Street, Chicago, Illinois. TransUnion has also been operating internationally for more than 30 years and has strong global brand recognition. We have a diversified global presence in over 30 countries and a leading presence in several attractive international markets across North America, Africa, Latin America, and Asia. TransUnion has senior management in many of these geographical areas which provides us with deeper insights into these markets and stronger relationships with our customers.



A High-Value Employee Benefit

83% of employers that offered access to an identity compromise solution agreed that it provided a value to their staff

91% would encourage their colleagues to take advantage of employee protection

SOURCE | Identity Theft Resource Center (ITRC), The Impacts of Identity Theft on Employees and Their Workplace, 2019

TRUSTED GOVERNMENT VENDOR
IdentityForce has held a U.S. General Services Administration (GSA) contract since 1995 and was originally awarded a Blanket Purchase Agreement (BPA) for credit monitoring services in 2006. The BPA was renewed in 2015, when the GSA also awarded IdentityForce Tier One status.

The IdentityForce® Difference

Protecting What Matters Most: Identity Protection and Financial Wellness for the Whole Family

IdentityForce, a TransUnion brand, has been helping people protect their identity and credit for more than 40 years. Our credit health capabilities empower employees to confidently manage their financial well-being with practical credit education and interactive credit and identity tools.

Our award-winning identity theft protection features such as BreachIQ™ enable employees to guard themselves against fraud and scams, helping to make your employees' data - and your business - safer. Our enriched family identity restoration and child identity monitoring features are tailored to protect employees and their families.

The Toll of Identity Theft



1 in 4
Americans experience
identity theft

AiteNovarica, U.S. Identity Theft: Adapting and Evolving, 2022



\$650
the average amount
of loss from
fraud or theft

Federal Trade Commission, Consumer Sentinel Network Data Book, 2022



55%
of identity theft victims
experienced greater
anxiety

Identity Theft Resource Center, Consumer Aftermath Report, 2022

Two product tiers cover different needs and budgets. The **UltraSecure ID Plan** features comprehensive identity monitoring and management, while the **UltraSecure Premium Plan** adds enhanced features to further protect your employees complete digital identity.

IdentityForce **Employer Paid Programs** provide these additional benefits:

- Programs available at substantially lower costs
- Provides immediate access to our Resolution Team in the event of a fraud incident (internal or external)
- Our expertise becomes an extension of an employer's HR department
- Includes Business Protection for an added level of security for the employer
- Simple administration
- A dedicated Solution Engineer provides a smooth onboarding

Features Summary

Pricing

A proposal is valid for 90 days, and all pricing comes with a 3-year guarantee. A minimum of 10 employees is required for enrollment.

Effective Date: **TBD** Number of Employees **6,000 +**

EMPLOYEE-PAID PRICING

Employers provide access to valuable protection programs for employees and their families.

UltraSecure ID	UltraSecure Premium
\$4.98 individual plan monthly	\$7.98 individual plan monthly
\$8.98 family plan monthly	\$13.98 family plan monthly

EMPLOYER-PAID PRICING

A value-added benefit the company provides to protect their employees and their families. This includes an Employer-Paid Incentive: company data breach consulting and services for no additional charge.

UltraSecure ID	UltraSecure Premium
\$1.50 individual plan monthly	\$2.25 individual plan monthly
\$3.50 family plan monthly	\$4.25 family plan monthly

UltraSecure ID UltraSecure Premium

IDENTITY PROTECTION

	UltraSecure ID	UltraSecure Premium
Dark Web Monitoring	●	●
Compromised Phishing and Botnet Monitoring	●	●
Change of Address Monitoring (USPS)	●	●
Court Records Monitoring	●	●
Sex Offender Registry Notification	●	●
Smart SSN Tracker	●	●
Short Term Loan Monitoring	●	●
Social Media Identity Monitoring	●	●
Medical ID Fraud Protection	●	●
Identity Vault and Secure Storage	●	●
Breach IQ™ Breach Search, Score, Risks		●
Breach IQ™ Personalized ID Safety Score and Action Plan		●
Financial Account Takeover Monitoring		●

MOBILE DEVICE AND PC PROTECTION

	UltraSecure ID	UltraSecure Premium
Mobile App (iOS and Android)	●	●
Password Manager	●	●
Mobile Attack Control	●	●
Spyware, Unsecured Wi-Fi and Spoofed Networks	●	●
Secure My Network (VPN)	●	●
Online PC Protection Tools		●
Phishing Protection and Website Blocker		●
Spyware and Screen Capture Protection		●
Ransomware Protection		●

CHILD MONITORING – COMPLIMENTARY!



	UltraSecure ID	UltraSecure Premium
Child Identity Monitoring	●	●
Child Social Media Identity Monitoring	●	●
Child Credit Freeze and Lock Assistance	●	●
Child Credit Activity Monitoring	●	●

FAMILY PLAN FEATURES

For maximum protection of you and your family, enroll in the Premium plan and extend it to include all of your premium plan features for up to 10 additional adult family members in your household plus Senior Fraud.

UltraSecure ID UltraSecure Premium

RESTORATION SERVICES

	UltraSecure ID	UltraSecure Premium
24/7 Customer Support	●	●
Fully Managed Family Restoration	●	●
Restoration for Pre-Existing Identity Theft	●	●
Deceased Family Member Fraud Remediation***	●	●
Stolen Funds Replacement	●	●
Lost Wallet Assistance	●	●
\$1M Household Expense Reimbursement Insurance	●	
\$2M Household Expense Reimbursement Insurance		●
\$25K Ransomware Expense Reimbursement		●
\$25K Social Engineering Expense Reimbursement		●
\$25K Cyberbullying Expense Reimbursement		●
Senior Fraud Resolution (on Family Plans)		●

CREDIT HEALTH AND FINANCIAL ACCOUNT PROTECTION

	UltraSecure ID	UltraSecure Premium
Bank and Credit Card Alerts	●	●
401(k), HSA and Investment Account Activity Alerts	●	●
Financial Calculators	●	●
Education Resource Center	●	●
Credit Score Simulator	●	●
Credit Score Tracker (monthly)	●	●
Credit Freeze and Lock Assistance	●	●
TransUnion Credit Lock and Alerts	●	●
Credit Monitoring TransUnion (daily)	●	●
Credit Report and Score TransUnion (daily)	●	●
Score Change Alerts (+/- 10 points)	●	●
Credit Monitoring – 3 credit bureaus (daily)		●
Credit Report and Score – 3 credit bureaus (monthly)		●
Financial Wellness Coaching		●

ChildWatch

Like adults, children are also susceptible to identity theft. It could be years before a child applies for credit in their own name, which makes it easy for identity theft to go undetected. This can have serious consequences and can negatively impact a child's future credit opportunities, employment history or result in a false criminal record.

ChildWatch Features

- Child Identity Monitoring – Thorough and ongoing identity monitoring provides early detection of dark web activity or attempted credit file access to help families take action to address identity theft and fraud for their children.
- Child Social Media Monitoring – Helps protect children on their social media channels from imposters, scams and more.
- Family Member Restoration Services
- Child Credit Freeze/Lock Assistance
- Child Credit Activity Monitoring

Child Credit Activity Monitoring

ChildWatch Credit Activity Monitoring empowers employees to monitor the credit activity and identities of children and dependents. This helps bring your employees' children into the credit economy safely and securely, protecting children's credit, addressing risks early and providing peace of mind for families that their child's information is protected.

Child credit activity monitoring allows parents to enroll their children in credit activity monitoring.



Early detection helps families take action to address identity theft and fraud for their children.



With every UltraSecure plan, employees receive unlimited ChildWatch, IdentityForce's exclusive program to protect dependents up to the age of 26.



ChildWatch
complimentary
on all plans!

Identity Restoration Services

The historic number of data breaches and the identity crimes that follow means we all face a 1 in 4 chance of experiencing identity theft¹. With our personalized, fully managed restoration service, IdentityForce offers peace of mind by delivering proven, effective recovery into all of our identity theft protection products and services.

When identity theft happens to you, your employees or your customers, the damage can be serious. Even with the best safeguards in place, no one can completely protect against having their identity compromised. Identity theft can be a disturbing, frustrating and vulnerable experience – unless there is an identity protection plan in place. That's where our top-rated identity restoration service comes in. Our comprehensive approach covers three phases of identity restoration: Discovery, Mitigation/Resolution and Protection.

These are the steps that occur once a representative gathers the necessary case information.



¹ Aite Novarica, U.S. Identity Theft: Adapting and Evolving, 2022

93%
customer satisfaction rating for our proven, personalized restoration service



Based on customer satisfaction survey conducted with IdentityForce members after handling their security incidents.

CONSEQUENCES OF IDENTITY CRIMES



SOURCE | Identity Theft Resource Center, Consumer Aftermath Report, 2022

Appendix

Financial wellness and credit health

Enhanced credit alerts provide more insights into the important actions you can take toward greater financial wellness. Score change alerts help you stay on top of your credit activity that may impact your credit standing. Daily credit reports, along with our credit simulator and score tracker, provide more detailed tracking of your progress. Our Education Resource Center includes resources for safeguarding your financial health and identity safety with timely tips, videos and live webinars. With Credit Lock, you can lock and unlock your TransUnion credit report with the touch of a button, helping prevent criminals from opening or extending credit in your name.

Resolution and reimbursements tailored to your employees

There's nothing more important than protecting what matters most, including everything you and your family have worked so hard to build. Families are a growing target for cybercrime and whether through cyberbullying, social engineering threats or ransomware attacks, we're all at risk. In an industry-first effort to better safeguard families, our identity theft protection plans include a trifecta of Digital Safety and Security features to help resolve the harms that these threats can present.

Incident Response

With TransUnion Incident Response you get the expertise and service you need to respond quickly and effectively to a data breach or fraud event. We can have a fully operational program up and running within 48 hours to manage the important components that keep your employees safe such as notification letters, call center response, identity restoration and credit and identity monitoring.

Companies that fail to respond to a data breach lose more customers. However, when companies execute a well-conceived response plan, the average cost of a data breach is reduced by as much as \$17 per record breached; customer relationships are also saved.

International plans

IdentityForce is a part of TransUnion's global brand family with services that extend internationally to ensure employees outside of the US have the protection they need.

International plans are designed to work seamlessly between countries while considering regional differences for easy implementation across the enterprise.

76% of stressed employees say financial worries have had a negative impact on their productivity

55% of stressed employees who are distracted by their finances at work spend 3 more hours each week dealing with their finances.

SOURCE | 2022 PWC Employee Financial Wellness Survey

Solutions

IdentityForce® Dashboard

The IdentityForce dashboard can harness the power of consumer credit education, credit health and identity protection with an easy to implement, integrated solution that provides a 360° credit and identity view. Your employees can enjoy 24x7x365 access to a personal credit and identity center – no assembly required – and will have critical information to navigate their credit and identity landscape. The IdentityForce Dashboard includes:

- **Dashboard summary** of important identity, credit, financial and social media alerts
- **Online Identity Vault™** encrypted storage for important personally identifiable information (PII), documents and images
- **Password Manager** for secure password storage for online accounts – plus a password generator tool is included
- **Credit score** and credit score tracker
- **Credit Lock widget** to lock or unlock your TransUnion credit report
- **24/7 Live Support** contact tool where one click gives you access to online or live telephone support available any time you or a family member is concerned about your identity
- **Educational content** and resources around credit and identity protection
- **Financial coaching link** from the resources tab to connect you to personal financial coaches to help you reach your goals and protect your financial future.

The IdentityForce Dashboard is also mobile-optimized for a great user experience on smartphones or tablets.

The screenshot displays the IdentityForce dashboard for user Ian Dawson. The interface is organized into several sections:

- Alerts:** A list of alerts including "Your passport number was found on the Dark Web" (01/14/2023), "Three Bureau Credit Report Monitoring Alert" (01/08/2023), "Jessica Dawson: Social Media Monitoring Alert" (12/25/2022), and "Sex Offender Alert" (11/12/2022).
- Services:** A section with icons for Identity (Last Scan: 02/28/23, 2 Alerts), Credit (Last Scan: 02/28/23, 1 Alert), Financial (Last Updated: 02/28/23), and Social (Last Scan: 02/28/23, 1 Alert).
- Credit Score:** Displays scores from TransUnion (773, Good), Equifax (781, Good), and Experian (788, Good), all updated on 02/15/2023.
- Credit Score Tracker:** A line graph showing the TransUnion score of 773 over time, with a note of "+8 points in 1M".
- Right Sidebar:** Includes a "Dedicated Resolution Specialist" section, "Lost Wallet Assistance", "Credit Lock" (TransUnion, Locked), and a "We'd love to hear your feedback" section.
- Education:** A section with articles such as "Fake Charging Stations Can Hack Your Smartphone", "Card Shimming Targets 'Chip' Payment Cards", and "Securing Your IoT Devices Against Cybercrime and Oversharing".

Financial Wellness Coaching

With TrustPlus, you can get unlimited free access to financial coaches who can help you reach your goals and protect your financial future. Create a TrustPlus account to access one-on-one coaching on topics such as reducing debt, budgeting and building savings.

Resources

- Dashboard
- Identity Vault
- Alerts
- Credit
- BreachIQ
- Transactions
- Resources
- Support

- Education
- Breaches & Scams
- Financial Coaching
- Calculators
- Forms
- Downloads
- Junk Mail & Calls

You're already protecting your identity— now protect your financial wellness

With TrustPlus, you can get free access to financial coaches who can help you reach your goals and protect your financial future. Create a TrustPlus account to access one-on-one coaching on topics such as:

- Reducing debt
- Budgeting
- Building savings

[Go to TrustPlus Now](#)



Credit Report Monitoring

IdentityForce Credit Report Monitoring watches credit reports and alerts consumers whenever there are changes to any of their accounts, such as new accounts being opened in their name, a credit card balance increase or negative information such as a late payment reported by a creditor.

On average, 60-65% of consumers enrolled in a TransUnion solution will get a credit alert at least once per month. Of those who receive an alert, up to 40% will log into their tools to get the details regarding the alert. This drives consumers back to your tool to not only get critical credit information, but also continue to check their score and utilize other features of your tool.

The Credit Monitoring Alerts service automatically scans a consumer's credit data daily and sends them email notifications in the event of key changes. Email notifications are sent within 24 hours of critical changes.

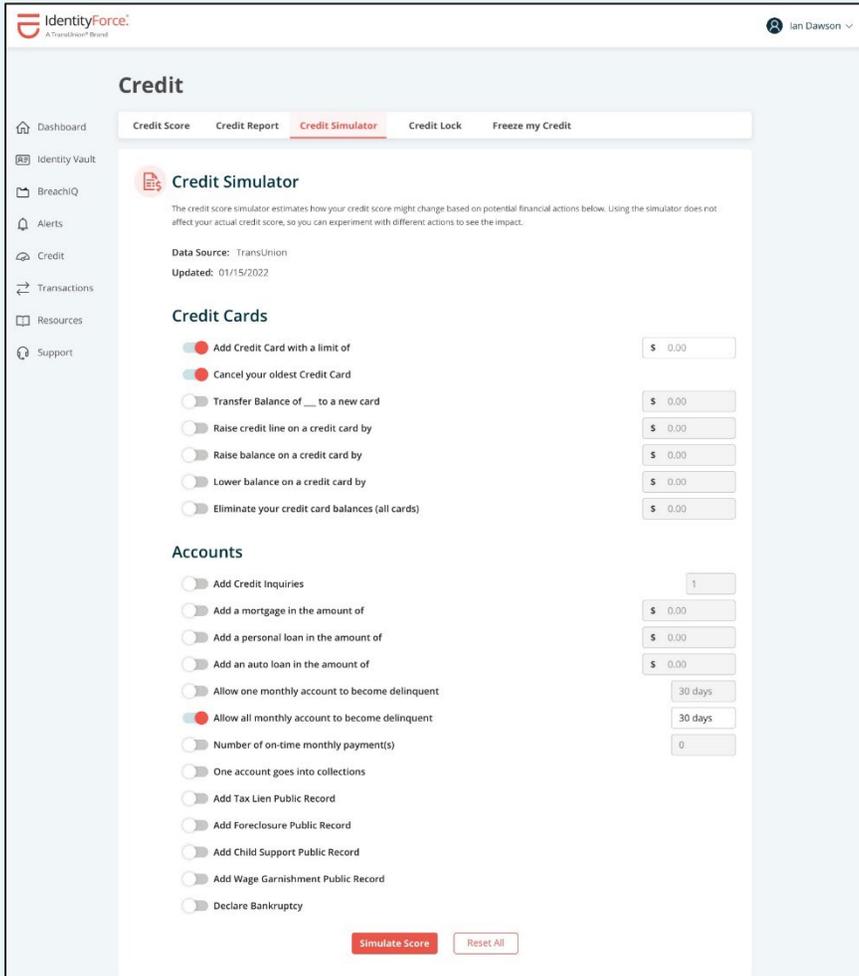
Customers receiving credit alerts that monitor all three credit reporting agencies may notice that alerts are not always sent from all agencies concurrently. Each credit bureau maintains your records independently and may not make the same updates at the same time. Additionally, some records (such as inquiries) may be posted on only one of your credit reports.



Enhanced Alerts

Enhanced Alerts provides your employees with 12 new alert categories resulting in a robust, empowering supplement to existing credit monitoring alerts. These enhanced credit monitoring alerts give a greater level of detail and context

- Score Change by 10+ pts Alert
- Auto Lease Alert
- Addition of Authorized User Credit Card Alert
- Fully Paid Off Account Alert
- Closed Account Alert
- Bank/Retail Card Exceeds Credit Limit Alert
- Account Delinquent Status/Sent to Collection Agency Alert
- Bank/Retail Card Reported Lost or Stolen Alert
- New, Non-Medical Collection Alert
- Increase or Decrease in Balance of Collections, including Medical, Alert
- Collection Paid in Full Alert
- Foreclosure Alert



Score Simulator

This product provides scenario analysis based on different credit decisions/actions and the resulting impact to the customer's credit score.

Some of the "What If?" variables available to customers:

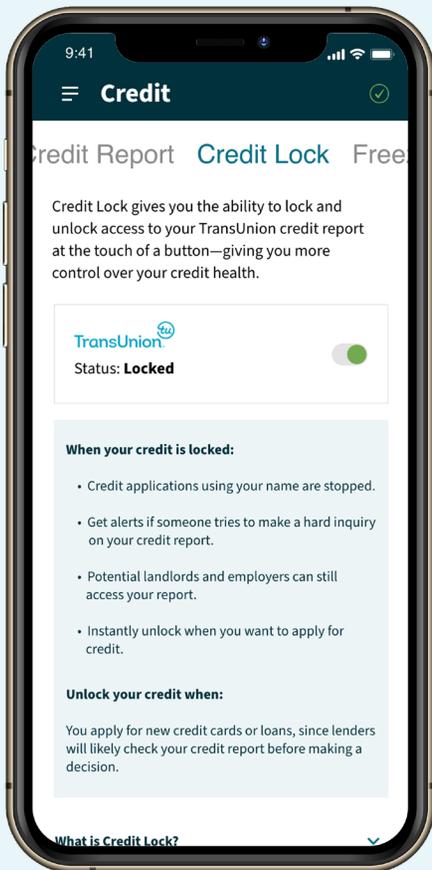
- Adding a new credit card
- Raising the credit line on a credit card
- The impact of a delinquent account
- The impact of a collection
- A combination of actions



TransUnion Credit Lock and Alert

Provide consumers with the ability to lock, or unlock, their TransUnion credit report with just a click, helping to stop anyone from opening or extending credit in their name. Once locked, access to their TransUnion credit report is denied and any attempts (hard inquiries) to access the consumers' report will send them a notification. If they wish to unlock their credit at that time, they can. Or, if this is potential fraudulent activity, they can call our restoration specialists for

assistance and remediation. Credit Lock provides direct, convenient control over employee's credit health from their computer or mobile device.



Identity Protection Monitoring

ID Protection Monitoring provides your employees with a robust, comprehensive personal identity monitoring solution to address different fraud types. Areas of monitoring include:

- **Internet Monitoring:** alerts consumers in the event of personal information exposed on places like the surface, deep and dark web, underground forums and file sharing sources.
- **Phishing and Botnet Monitoring (NEW!):** identifies compromised credentials or personal data when they are harvested by active botnet or phishing campaigns. Gives visibility into when consumers have been a victim of an attack to take proactive measures to thwart a breach or abuse of the stolen information - minimizing the potential for financial loss.
- **SSN Monitoring:** alerts consumers in the event of changes in the consumer's name and/or aliases on the credit file associated with the SSN
- **Criminal Monitoring:** arrest & incarceration alerts: alerts consumers in the event that monitored state or local arrest or incarceration records match consumer's information
- **Address Change Monitoring:** alerts consumers in the event of any type of change in address noted on their credit file

BreachIQ™

IdentityForce's BreachIQ™ is a unique, proprietary method for considering the identity risks consumers face following breaches and other data exposures – and delivering curated action plans based on the individual's specific risk profile. Unlike traditional monitoring and breach alert programs, BreachIQ provides a personalized approach to consumer data breach response since every individual has their own unique pattern of risk. BreachIQ™ includes four powerful features that bring together the full picture of identity compromise for employees, including:

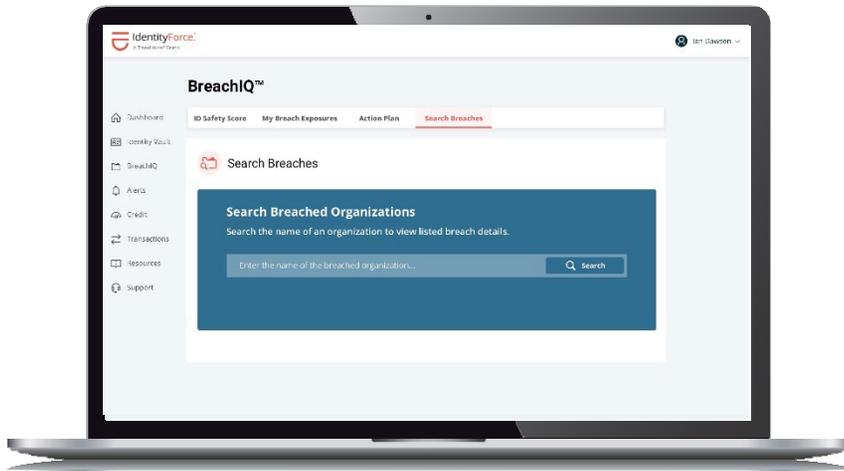
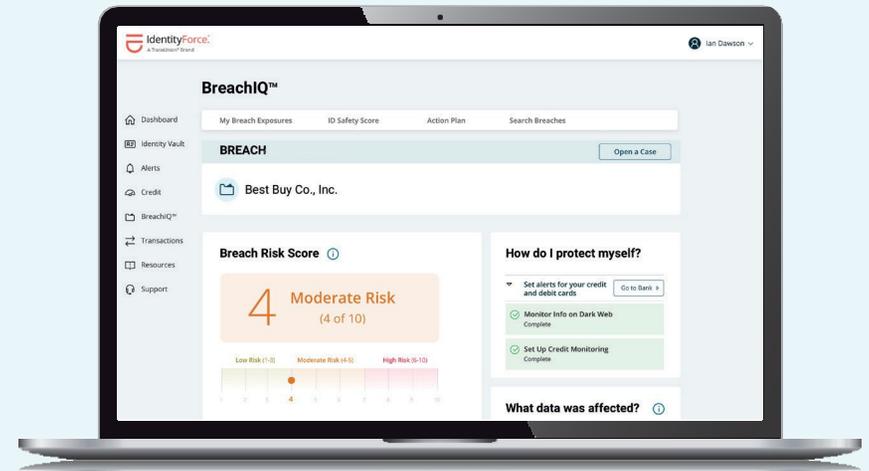
1. Breach Search Tool
2. Breach Risk Score
3. Personalized ID Safety Score
4. Personalized Action Plan

Breach Search Tool

When consumers receive a notification letter or hear about a breach in the news, the Breach Search tool lets them quickly search by the name of an organization to learn about a breach and determine what action should be taken.

Breach Risk Score

Each data breach is assigned a risk score, driven by an AI algorithm analyzing more than 1300 breach elements and their risks, to deliver a risk profile and prioritized actions for any employee who may have been involved in the breach.



Personalized ID Safety Score

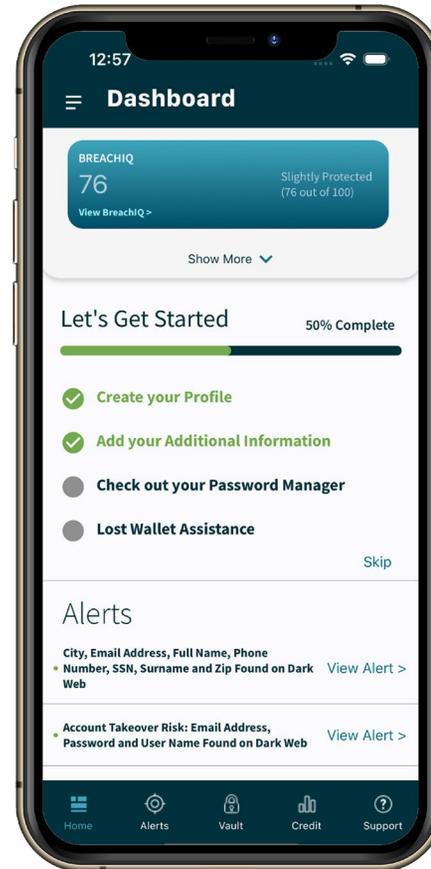
Many employees have multiple breaches ranging from low to high severity and understanding and prioritizing the risks and actions to be taken can be daunting. BreachIQ's personalized ID Safety Score makes this easy by delivering one score that considers the combined universe of data breaches. It is dynamically based on both the breaches experienced as well as the actions the employee may have already taken to protect themselves. The dynamic nature of this drives consumers to greater completion of action



steps, helping to guard against further damage. The in-depth approach takes into consideration all the various types of identity theft that could result from stolen personally identifiable information. This may include medical fraud, synthetic identity fraud, credit card fraud, advance fee schemes, account takeover fraud and Social Security number fraud.

Personalized Action Plan

The highly personalized, AI-driven solution remembers the actions consumers have taken, so it only presents the consumer's next best action. As a result, BreachIQ simplifies the consumers' task of sorting through the extremely limited or overly complex advice they get elsewhere, all in a UI that focuses on the next best action. The moment an employee marks an action completed, they can see a change in their ID Safety score as it continues to improve. In a study of



IdentityForce BreachIQ enrollments, 66% of consumers saw their score improve from features available automatically through our plans (criminal marketplace scanning, credit monitoring), and half of those took additional protective actions on their own.

Financial Transaction Monitoring

Financial Transaction Monitoring provides employees with an early warning detection of possible fraud related to their accounts.

IdentityForce monitors employee bank and investment accounts for unusual activity. Employees receive alerts on deposits, withdrawals, duplicate transactions or balance transfers that may exceed a dollar amount determined by them. This assists in spotting potential financial account fraud all in one centralized place.

The screenshot displays the IdentityForce Transactions dashboard. At the top, it shows 'Scanned Transactions' as 2 and 'Accounts' as 4. Below this is a table of 'Recent Transactions' with columns for Date, Description, Account, Account #, Category, and Amount. The table lists various transactions from Dec '22 to May '23, including checks, credit card payments, mortgages, and transfers. A 'Dedicated Resolution Specialist' section is also visible, along with a bar chart showing activity levels from Dec '22 to May '23.

Date	Description	Account	Account #	Category	Amount
05/17/23	CHECK -6051	ABC Bank - Jane	****9800	Checks	-\$180.23
05/16/23	Bank of America	ABC Bank - Savings	****4567	Credit Card	-\$2,300.00
05/10/23	Wells Fargo	ABC Bank - John	****1234	Mortgages	-\$1,140.06
04/22/23	Apple	ABC Bank - Credit Card - Visa	****8882	Electronics	-\$5.29
04/22/23	Wells Fargo	ABC Bank - John	****1234	Mortgages	-\$1,140.06
04/19/23	Wells Fargo	ABC Bank - John	****1234	Mortgages	-\$1,140.06
04/19/23	TRANSFER TO -9800	ABC Bank - John	****9800	Transfers	-\$1,100.00
04/18/23	TRANSFER FROM -9800	ABC Bank - Savings	****4567	Credit Card	-\$356.00
04/17/23	Wells Fargo	ABC Bank - John	****1234	Mortgages	-\$1,140.06
04/17/23	Apple	ABC Bank - Credit Card - Visa	****8882	Electronics	-\$5.29
04/14/23	TRANSFER FROM -9800	ABC Bank - Savings	****4567	Credit Card	-\$39.21
04/12/23	Wells Fargo	ABC Bank - John	****1234	Mortgages	-\$1,140.06
04/09/23	TRANSFER TO -9800	ABC Bank - John	****9800	Transfers	-\$1,100.00
04/08/23	TRANSFER FROM -9800	ABC Bank - Savings	****4567	Credit Card	-\$356.00

The screenshot displays the IdentityForce Financial Accounts dashboard. It features a 'Financial Accounts' section with a list of accounts including Joseph CHECKING, Jane Savings, ABC Bank - Jane SAVINGS, and ABC Bank - John SAVINGS. A 'Dedicated Resolution Specialist' section is also present, along with a 'Set Alert Preferences' button and an 'Add Account' button. The dashboard includes a navigation menu on the left and a footer with social media links and contact information.

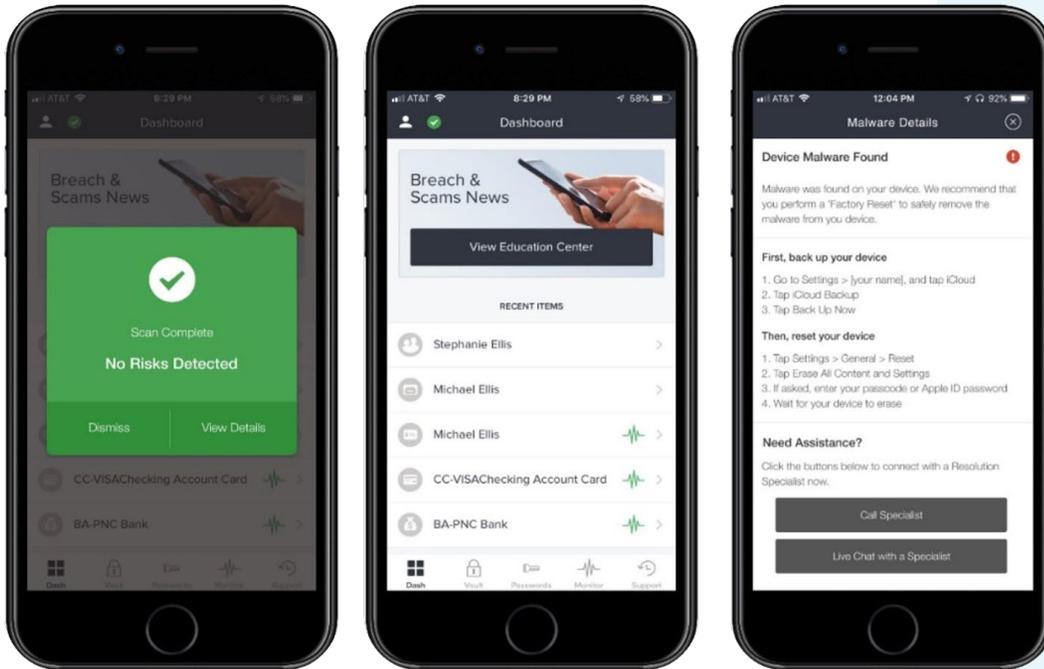
Account Name	Balance
Joseph CHECKING	\$128,140.06
Jane Savings	\$42,302.03
ABC Bank - Jane SAVINGS	\$6,142.21
ABC Bank - John SAVINGS	-\$1,231.34

Mobile Attack Control and VPN

Mobile Attack Control comprehensively scans an employee's mobile device for common threats including rogue apps, spyware, unsecured Wi-Fi connections and fake networks and alerts them if the device has been compromised. With VPN - Secure My Network, we also provide a secure network anywhere, encrypting the data being transmitted or received over a phone's Wi-Fi connection.

Online PC Protection Tools

Anti-phishing, anti-key logging and anti-ransomware software protect employees while shopping, banking and sharing online from their PC. Proactively prevents malware from stealing sensitive data such as usernames, passwords, credit card numbers, bank account details or other sensitive data that they type on their keyboard. Protects every keystroke as they enter it and detects dangerous fake sites to prevent phishing attacks.



Identity Theft Insurance

Resolving identity theft or fraud can be time-consuming and can sometimes involve expenses, including lawyer fees, loss of wages and more. We offer expense reimbursement insurance to pay covered costs associated with the resolution process.

Seniors Fraud Resolution & Reimbursement

Senior citizens are particularly susceptible to IRS impersonators, computer tech support fraud and identity theft. Since many people are caring for their senior family members, we are extending our resolution services beyond the standard household to include parents (in-law) and grandparents (in-law). From social engineering to ransomware to financial exploitation, our Resolution Specialists have their back.

Ransomware Resolution & Reimbursement

Logging into your computer to find it maliciously locked can be scary and frustrating. If systems are hijacked, we will assist with determining if ransomware should be paid or if there are alternative options, paying ransomware fee through a variety of crypto currencies when necessary. We offer a reimbursement for up to \$25,000.

Social Engineering Resolution & Reimbursement

Social engineering is the art of taking advantage of human behavior and emotions to trick an individual into giving up confidential information such as passwords and bank information, allowing thieves access to their accounts and transfer funds without permission. We will assist with placing additional security on accounts moving forward. Additionally, we offer a reimbursement for up to \$25,000.

Cyberbullying Resolution & Reimbursement

Cyberbullying occurs when one individual harasses, intimidates, or threatens another person via computer, telephone, or other portable device. Our team can help victims obtain the necessary professional and legal resources they need to combat cyberbullying and restore their digital reputation. Additionally, we offer a reimbursement for up to \$25,000.

Real Cyber Risks Facing Families

46%

of U.S. teens experienced cyberbullying¹

13%

increase in ransomware attacks in the past 5 years¹

75%

of security professionals think social engineering is the most dangerous threat²

30%

of identity theft victims experienced a loss of \$10,000 or more³



¹ Pew Research Center, [Teens and Cyberbullying](#), 2022

² Cyber Security Hub, [CS Hub Mid-year Market Report](#), 2022

³ ITRC, [Consumer Impact Report](#), 2022

Solution Support

Breach Readiness Benefits

When a company funds an employer-paid IdentityForce Identity Theft Protection benefit plan, they also receive employer breach services at no additional charge. This is subject to employer's acceptance of additional terms and conditions. Employer breach services cover breaches involving employee data. These services include:

CRISIS MANAGEMENT
Our experienced professionals provide time-saving guidance on breach handling and help with coordinated support to outline an action plan.
BREACH COUNSELING
We will help you determine whether a privacy breach occurred and assess the severity of the event. We will explain breach response requirements and best practices.
REMEDIATION PLANNING
We will make service recommendations on breach notification communication, call handling and monitoring for impacted individuals.
NOTIFICATION ASSISTANCE
We will assist with letter templates and document review to ensure timely event communication and regulatory compliance. This includes the printing and mailing of notifications to those impacted employees covered by the employer-paid monitoring bundle.
EVIDENTIARY SUPPORT
We will provide documentation of remediation steps taken to support claims and legal counsel post-breach.

Business Suite

When your organization provides employer-paid identity theft protection benefit, IdentityForce will also extend one license to our proprietary Business Suite. Your organization will benefit from:

- **Business Dark Web Monitoring**
Constant monitoring of the dark web for your business's information. For example, Employer Identification Number (EIN), domain, Creditsafe Safe Number, D-U-N-S Number and corporate credit card number are continuously monitored.
- **Business Credit Monitoring, Score & Report**
Business credit monitoring so you can confidently manage your credit.
- **Fully-Managed Business Restoration**
Exclusive service includes proactive capabilities and a fully managed response program, featuring access to dedicated Resolution Specialists, to keep your business identity safe.

360° Support for Your Employees

We understand that employee engagement is key to the successful adoption of any benefit. While benefits are highly valued by employees and are certainly top of mind for HR and competitive organizations, it's a tremendous challenge to get employees on board and educated about the benefits packages you are offering. In fact, a survey from the IFEBP shows that nearly 50% of plan participants do not understand benefits materials, and most do not even open or read the information. To make this even more complicated, employees want to be communicated to in a certain way, depending on whether they are early entrants, seasoned professionals or nearing retirement.

Our engagement team, led by our **Content Director**, ensures that your employee communication plan is not a one-size-fits-all approach. By providing clear, relevant and personalized materials through a variety of channels, we're here to partner with you to drive the success of your Identity Theft Protection program.

Provide Robust Identity Monitoring in a few Simple Steps.

Employee enrollment is fast and easy with our communication support plan

Step 1

Invite

Registration Email is sent on or shortly after the effective date of coverage and reminders are given after 30 days.

Step 2

Authenticate

During Registration, policy holders will walk through steps to authenticate their identity.

Step 3

Enroll

Policy holders will have the chance to enter demographic, dependent, financial and social account information for proactive monitoring.

Step 4

Engage

Monthly newsletters are sent thereafter, along with alerts as applicable.

Tailored program deliverables

Joint marketing plan with weekly or bi-weekly status update meetings that may include the following deliverables:

- Tailored live and on-demand webinars for employees
- Participation in major benefit fairs
- Email and newsletter content
- Additional ad hoc marketing materials as the need arises

Quarterly Business Review to stakeholders within your organization regarding the performance of the program.

Dedicated implementation resources

- We work with your HR/Technology team to make data transmission a seamless process
- Can integrate with existing enrollment platform
- Use SFTP file transfer for secure data exchange
- IdentityForce portal access is available

LEGAL STATEMENT

With notwithstanding anything to the contrary in any documents, terms, or requirements pursuant to which TransUnion has prepared and delivered to recipient;

- (A) This proposal and all contents therein are the exclusive property of TransUnion. Recipient's rights pertaining to the use of this document are governed by the non-disclosure or other confidentiality agreement in place between TransUnion and the recipient and if no such agreement exists, then recipient's acceptance of this document constitutes an agreement that recipient shall use this document solely for purposes of its own internal review; and
- (B) TransUnion's provision of products and/or services is contingent upon recipient and TransUnion entering into one or more applicable mutually acceptable agreements and where applicable, as determined by TransUnion, recipient's fulfillment of TransUnion's membership requirements.

This proposal is valid for a period of ninety (90) days from the date of this document; provided however, that the prices and availability of products and services are subject to applicable laws and regulations including the enactment, after the date of this proposal, of new laws that have an impact on the scope of services to be provided.

* Brand naming conventions may be subject to change



No part of this publication may be reproduced or distributed in any form or by any means, electronic or otherwise, now known or hereafter developed, including, but not limited to, the Internet, without the explicit prior written consent from TransUnion LLC.

Requests for permission to reproduce or distribute any part of, or all of, this publication should be mailed to:

Law Department
TransUnion
555 West Adams
Chicago, Illinois 60661

The logo, TransUnion, and other trademarks, service marks, and logos (the "Trademarks") used in this publication are registered or unregistered Trademarks of TransUnion LLC or their respective owners. Trademarks may not be used for any purpose whatsoever without the express written permission of the Trademark owner.