

**IMPORTANT: This is a fixed indemnity policy,  
NOT health insurance**

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

**Looking for comprehensive health insurance?**

- Visit **HealthCare.gov** or call **1-800-318-2596** (TTY:1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

**Questions about this policy?**

- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website (naic.org) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.

# Voluntary benefit costs.

Prepared for the employees of Opensity Solutions, LLC

**Instructions:** The below table(s) contain cost information for your available product options. To find your cost, view the box where your age and selected coverage amount cross.

## Accident Insurance

Accident insurance pays you directly if you or someone in your family is injured in an accident. You decide how to use the money and there's no need to answer health questions or pass a medical exam to qualify for coverage.

Refer to your policy documents for details on covered injury benefits.

Coverage Type	Standard
Employee	\$3.66
Employee + Spouse	\$5.92
Employee + Child(ren)	\$7.02
Employee + Family	\$9.28

Accident Insurance is a limited benefit policy and pays benefits for accidents only. This product is not health care insurance and does not satisfy the requirement for minimum essential coverage under the Affordable Care Act.

## Critical Illness

Critical Illness insurance provides a lump sum benefit to provide financial help during challenging health times, such as a heart attack, stroke or cancer diagnosis. You have control over how to use the money. Critical Illness coverage amounts are always available without having to answer any medical questions.

Your critical illness insurance plan provides lump sum benefits with a choice of \$10,000, \$20,000 or \$30,000 for you. For your spouse, lump sum benefits with a choice of \$5,000, \$10,000 or \$15,000.

## Employee Coverage Amounts

Coverage amounts	Semi-monthly costs per elected amount includes child(ren) cost													
	Employee age													
	0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80+
\$10,000	\$2.05	\$2.05	\$2.20	\$2.15	\$2.45	\$3.65	\$5.30	\$7.50	\$11.20	\$16.60	\$23.85	\$35.25	\$35.25	\$35.25
\$20,000	\$4.10	\$4.10	\$4.40	\$4.30	\$4.90	\$7.30	\$10.60	\$15.00	\$22.40	\$33.20	\$47.70	\$70.50	\$70.50	\$70.50
\$30,000	\$6.15	\$6.15	\$6.60	\$6.45	\$7.35	\$10.95	\$15.90	\$22.50	\$33.60	\$49.80	\$71.55	\$105.75	\$105.75	\$105.75



GROUP BENEFIT  
SOLUTIONS

## Spouse Coverage Amounts

Coverage amounts	Semi-monthly costs per elected amount*													
	0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80+
\$5,000	\$0.90	\$0.90	\$0.93	\$0.98	\$1.20	\$1.75	\$2.48	\$3.53	\$5.70	\$8.48	\$11.83	\$15.88	\$15.88	\$15.88
\$10,000	\$1.80	\$1.80	\$1.85	\$1.95	\$2.40	\$3.50	\$4.95	\$7.05	\$11.40	\$16.95	\$23.65	\$31.75	\$31.75	\$31.75
\$15,000	\$2.70	\$2.70	\$2.78	\$2.93	\$3.60	\$5.25	\$7.43	\$10.58	\$17.10	\$25.43	\$35.48	\$47.63	\$47.63	\$47.63

\*Spouse costs are based on spouse age.

## Hospital Indemnity Insurance

Hospital indemnity insurance will pay you a benefit for being admitted to the hospital plus an additional set amount for each day you're there. You can decide how to use your payments and there is no need to answer complex health questions or pass a medical exam to qualify for coverage.

Refer to your policy documents for details on covered benefit payment amounts.

Coverage Type	Standard
Employee	\$8.20
Employee + Spouse	\$17.29
Employee + Child(ren)	\$12.98
Employee + Family	\$22.06

Hospital indemnity insurance is a limited benefit policy. This product is not health care insurance and does not satisfy the requirement for minimum essential coverage under the Affordable Care Act.

## Voluntary term life and accidental death & dismemberment (AD&D) insurance

### Employee Coverage Amounts

Term life can help protect your loved ones' financial health if you are no longer there to support them. Accidental death & dismemberment (AD&D) insurance pays benefits if you die or are seriously injured as a result of a covered accident.

During this year's open enrollment, all eligible Employees may elect voluntary life insurance coverage, up to a guaranteed issue amount of \$250,000 without having to answer any medical questions\*.

Coverage amounts	Semi-monthly costs per elected amount													
	Employee age													
	0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80+
\$10,000	\$0.48	\$0.48	\$0.49	\$0.54	\$0.83	\$1.17	\$2.04	\$3.30	\$4.81	\$6.26	\$12.23	\$12.23	\$12.23	\$12.23
\$20,000	\$0.95	\$0.95	\$0.98	\$1.07	\$1.65	\$2.33	\$4.08	\$6.60	\$9.61	\$12.52	\$24.45	\$24.45	\$24.45	\$24.45
\$30,000	\$1.43	\$1.43	\$1.47	\$1.61	\$2.48	\$3.50	\$6.12	\$9.90	\$14.42	\$18.78	\$36.68	\$36.68	\$36.68	\$36.68
\$40,000	\$1.90	\$1.90	\$1.96	\$2.14	\$3.30	\$4.66	\$8.16	\$13.20	\$19.22	\$25.04	\$48.90	\$48.90	\$48.90	\$48.90
\$50,000	\$2.38	\$2.38	\$2.45	\$2.68	\$4.13	\$5.83	\$10.20	\$16.50	\$24.03	\$31.30	\$61.13	\$61.13	\$61.13	\$61.13
\$60,000	\$2.85	\$2.85	\$2.94	\$3.21	\$4.95	\$6.99	\$12.24	\$19.80	\$28.83	\$37.56	\$73.35	\$73.35	\$73.35	\$73.35
\$70,000	\$3.33	\$3.33	\$3.43	\$3.75	\$5.78	\$8.16	\$14.28	\$23.10	\$33.64	\$43.82	\$85.58	\$85.58	\$85.58	\$85.58
\$80,000	\$3.80	\$3.80	\$3.92	\$4.28	\$6.60	\$9.32	\$16.32	\$26.40	\$38.44	\$50.08	\$97.80	\$97.80	\$97.80	\$97.80
\$90,000	\$4.28	\$4.28	\$4.41	\$4.82	\$7.43	\$10.49	\$18.36	\$29.70	\$43.25	\$56.34	\$110.03	\$110.03	\$110.03	\$110.03
\$100,000	\$4.75	\$4.75	\$4.90	\$5.35	\$8.25	\$11.65	\$20.40	\$33.00	\$48.05	\$62.60	\$122.25	\$122.25	\$122.25	\$122.25
\$110,000	\$5.23	\$5.23	\$5.39	\$5.89	\$9.08	\$12.82	\$22.44	\$36.30	\$52.86	\$68.86	\$134.48	\$134.48	\$134.48	\$134.48
\$120,000	\$5.70	\$5.70	\$5.88	\$6.42	\$9.90	\$13.98	\$24.48	\$39.60	\$57.66	\$75.12	\$146.70	\$146.70	\$146.70	\$146.70
\$130,000	\$6.18	\$6.18	\$6.37	\$6.96	\$10.73	\$15.15	\$26.52	\$42.90	\$62.47	\$81.38	\$158.93	\$158.93	\$158.93	\$158.93
\$140,000	\$6.65	\$6.65	\$6.86	\$7.49	\$11.55	\$16.31	\$28.56	\$46.20	\$67.27	\$87.64	\$171.15	\$171.15	\$171.15	\$171.15

Semi-monthly costs per elected amount														
Coverage amounts	Employee age													
	0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80+
\$150,000	\$7.13	\$7.13	\$7.35	\$8.03	\$12.38	\$17.48	\$30.60	\$49.50	\$72.08	\$93.90	\$183.38	\$183.38	\$183.38	\$183.38
\$160,000	\$7.60	\$7.60	\$7.84	\$8.56	\$13.20	\$18.64	\$32.64	\$52.80	\$76.88	\$100.16	\$195.60	\$195.60	\$195.60	\$195.60
\$170,000	\$8.08	\$8.08	\$8.33	\$9.10	\$14.03	\$19.81	\$34.68	\$56.10	\$81.69	\$106.42	\$207.83	\$207.83	\$207.83	\$207.83
\$210,000	\$9.98	\$9.98	\$10.29	\$11.24	\$17.33	\$24.47	\$42.84	\$69.30	\$100.91	\$131.46	\$256.73	\$256.73	\$256.73	\$256.73
\$250,000	\$11.88	\$11.88	\$12.25	\$13.38	\$20.63	\$29.13	\$51.00	\$82.50	\$120.13	\$156.50	\$305.63	\$305.63	\$305.63	\$305.63
\$290,000	\$13.78	\$13.78	\$14.21	\$15.52	\$23.93	\$33.79	\$59.16	\$95.70	\$139.35	\$181.54	\$354.53	\$354.53	\$354.53	\$354.53
\$330,000	\$15.68	\$15.68	\$16.17	\$17.66	\$27.23	\$38.45	\$67.32	\$108.90	\$158.57	\$206.58	\$403.43	\$403.43	\$403.43	\$403.43
\$370,000	\$17.58	\$17.58	\$18.13	\$19.80	\$30.53	\$43.11	\$75.48	\$122.10	\$177.79	\$231.62	\$452.33	\$452.33	\$452.33	\$452.33
\$410,000	\$19.48	\$19.48	\$20.09	\$21.94	\$33.83	\$47.77	\$83.64	\$135.30	\$197.01	\$256.66	\$501.23	\$501.23	\$501.23	\$501.23
\$450,000	\$21.38	\$21.38	\$22.05	\$24.08	\$37.13	\$52.43	\$91.80	\$148.50	\$216.23	\$281.70	\$550.13	\$550.13	\$550.13	\$550.13
\$500,000	\$23.75	\$23.75	\$24.50	\$26.75	\$41.25	\$58.25	\$102.00	\$165.00	\$240.25	\$313.00	\$611.25	\$611.25	\$611.25	\$611.25

The employee's voluntary term life insurance costs above include an equal amount of voluntary accident death & dismemberment (AD&D) insurance.

Shaded costs above indicate your benefits will reduce at age 70. See your benefit summary for details.

## Spouse Coverage Amounts

Spouse guarantee issue amount is \$50,000\*. During this year's open enrollment, your spouse is eligible for up to a guaranteed amount of \$50,000 without having to answer any medical questions.\*AD&D coverage amounts are always available without having to answer any medical questions.

Semi-monthly costs per elected amount														
Coverage amounts	Costs are calculated using the spouse age													
	0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80+
\$5,000	\$0.24	\$0.24	\$0.25	\$0.27	\$0.41	\$0.58	\$1.02	\$1.65	\$2.40	\$3.13	\$6.11	\$6.11	\$6.11	\$6.11
\$10,000	\$0.48	\$0.48	\$0.49	\$0.54	\$0.83	\$1.17	\$2.04	\$3.30	\$4.81	\$6.26	\$12.23	\$12.23	\$12.23	\$12.23
\$15,000	\$0.71	\$0.71	\$0.74	\$0.80	\$1.24	\$1.75	\$3.06	\$4.95	\$7.21	\$9.39	\$18.34	\$18.34	\$18.34	\$18.34
\$20,000	\$0.95	\$0.95	\$0.98	\$1.07	\$1.65	\$2.33	\$4.08	\$6.60	\$9.61	\$12.52	\$24.45	\$24.45	\$24.45	\$24.45
\$25,000	\$1.19	\$1.19	\$1.23	\$1.34	\$2.06	\$2.91	\$5.10	\$8.25	\$12.01	\$15.65	\$30.56	\$30.56	\$30.56	\$30.56
\$30,000	\$1.43	\$1.43	\$1.47	\$1.61	\$2.48	\$3.50	\$6.12	\$9.90	\$14.42	\$18.78	\$36.68	\$36.68	\$36.68	\$36.68
\$35,000	\$1.66	\$1.66	\$1.72	\$1.87	\$2.89	\$4.08	\$7.14	\$11.55	\$16.82	\$21.91	\$42.79	\$42.79	\$42.79	\$42.79
\$40,000	\$1.90	\$1.90	\$1.96	\$2.14	\$3.30	\$4.66	\$8.16	\$13.20	\$19.22	\$25.04	\$48.90	\$48.90	\$48.90	\$48.90
\$45,000	\$2.14	\$2.14	\$2.21	\$2.41	\$3.71	\$5.24	\$9.18	\$14.85	\$21.62	\$28.17	\$55.01	\$55.01	\$55.01	\$55.01
\$50,000	\$2.38	\$2.38	\$2.45	\$2.68	\$4.13	\$5.83	\$10.20	\$16.50	\$24.03	\$31.30	\$61.13	\$61.13	\$61.13	\$61.13
\$55,000	\$2.61	\$2.61	\$2.70	\$2.94	\$4.54	\$6.41	\$11.22	\$18.15	\$26.43	\$34.43	\$67.24	\$67.24	\$67.24	\$67.24
\$60,000	\$2.85	\$2.85	\$2.94	\$3.21	\$4.95	\$6.99	\$12.24	\$19.80	\$28.83	\$37.56	\$73.35	\$73.35	\$73.35	\$73.35
\$65,000	\$3.09	\$3.09	\$3.19	\$3.48	\$5.36	\$7.57	\$13.26	\$21.45	\$31.23	\$40.69	\$79.46	\$79.46	\$79.46	\$79.46
\$70,000	\$3.33	\$3.33	\$3.43	\$3.75	\$5.78	\$8.16	\$14.28	\$23.10	\$33.64	\$43.82	\$85.58	\$85.58	\$85.58	\$85.58
\$75,000	\$3.56	\$3.56	\$3.68	\$4.01	\$6.19	\$8.74	\$15.30	\$24.75	\$36.04	\$46.95	\$91.69	\$91.69	\$91.69	\$91.69
\$80,000	\$3.80	\$3.80	\$3.92	\$4.28	\$6.60	\$9.32	\$16.32	\$26.40	\$38.44	\$50.08	\$97.80	\$97.80	\$97.80	\$97.80
\$85,000	\$4.04	\$4.04	\$4.17	\$4.55	\$7.01	\$9.90	\$17.34	\$28.05	\$40.84	\$53.21	\$103.91	\$103.91	\$103.91	\$103.91
\$135,000	\$6.41	\$6.41	\$6.62	\$7.22	\$11.14	\$15.73	\$27.54	\$44.55	\$64.87	\$84.51	\$165.04	\$165.04	\$165.04	\$165.04
\$185,000	\$8.79	\$8.79	\$9.07	\$9.90	\$15.26	\$21.55	\$37.74	\$61.05	\$88.89	\$115.81	\$226.16	\$226.16	\$226.16	\$226.16
\$235,000	\$11.16	\$11.16	\$11.52	\$12.57	\$19.39	\$27.38	\$47.94	\$77.55	\$112.92	\$147.11	\$287.29	\$287.29	\$287.29	\$287.29
\$285,000	\$13.54	\$13.54	\$13.97	\$15.25	\$23.51	\$33.20	\$58.14	\$94.05	\$136.94	\$178.41	\$348.41	\$348.41	\$348.41	\$348.41
\$335,000	\$15.91	\$15.91	\$16.42	\$17.92	\$27.64	\$39.03	\$68.34	\$110.55	\$160.97	\$209.71	\$409.54	\$409.54	\$409.54	\$409.54
\$385,000	\$18.29	\$18.29	\$18.87	\$20.60	\$31.76	\$44.85	\$78.54	\$127.05	\$184.99	\$241.01	\$470.66	\$470.66	\$470.66	\$470.66
\$435,000	\$20.66	\$20.66	\$21.32	\$23.27	\$35.89	\$50.68	\$88.74	\$143.55	\$209.02	\$272.31	\$531.79	\$531.79	\$531.79	\$531.79
\$500,000	\$23.75	\$23.75	\$24.50	\$26.75	\$41.25	\$58.25	\$102.00	\$165.00	\$240.25	\$313.00	\$611.25	\$611.25	\$611.25	\$611.25

The voluntary term life insurance costs above include an equal amount of voluntary accident death & dismemberment (AD&D) insurance.

Shaded costs above indicate your benefits will reduce at age 70. See your benefit summary for details.

## Dependent Child Coverage Amounts

Dependent child(ren) coverage amounts are always available without having to answer any medical questions.

Semi-monthly costs per elected amount	
	\$10,000
	\$0.93

The voluntary term life insurance costs above include an equal amount of voluntary accident death & dismemberment (AD&D) insurance.

## Voluntary long-term disability (LTD) insurance

Long-term disability coverage pays benefits when you're disabled due to a covered injury or illness and are unable to work.

**Your LTD plan covers 60% of monthly covered payroll to a maximum benefit of \$10,000 per month. During this year's open enrollment period, you can enroll without answering medical questions.\***

		Semi-monthly costs per elected amount													
Sample annual salary	Sample gross monthly benefit	Employee age													
		0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80+
\$20,000	\$1,000.00	\$0.59	\$0.59	\$0.79	\$1.14	\$1.74	\$2.28	\$2.76	\$5.45	\$5.75	\$6.79	\$3.28	\$3.28	\$3.28	\$3.28
\$27,000	\$1,350.00	\$0.80	\$0.80	\$1.07	\$1.54	\$2.35	\$3.08	\$3.72	\$7.36	\$7.76	\$9.17	\$4.42	\$4.42	\$4.42	\$4.42
\$34,000	\$1,700.00	\$1.01	\$1.01	\$1.35	\$1.94	\$2.96	\$3.88	\$4.69	\$9.26	\$9.78	\$11.55	\$5.57	\$5.57	\$5.57	\$5.57
\$41,000	\$2,050.00	\$1.21	\$1.21	\$1.62	\$2.34	\$3.57	\$4.68	\$5.65	\$11.17	\$11.79	\$13.92	\$6.71	\$6.71	\$6.71	\$6.71
\$48,000	\$2,400.00	\$1.42	\$1.42	\$1.90	\$2.74	\$4.18	\$5.48	\$6.62	\$13.08	\$13.80	\$16.30	\$7.86	\$7.86	\$7.86	\$7.86
\$55,000	\$2,750.00	\$1.63	\$1.63	\$2.18	\$3.14	\$4.79	\$6.28	\$7.59	\$14.99	\$15.81	\$18.68	\$9.01	\$9.01	\$9.01	\$9.01
\$62,000	\$3,100.00	\$1.83	\$1.83	\$2.45	\$3.54	\$5.40	\$7.08	\$8.55	\$16.90	\$17.82	\$21.05	\$10.15	\$10.15	\$10.15	\$10.15
\$69,000	\$3,450.00	\$2.04	\$2.04	\$2.73	\$3.94	\$6.01	\$7.88	\$9.52	\$18.80	\$19.84	\$23.43	\$11.30	\$11.30	\$11.30	\$11.30
\$76,000	\$3,800.00	\$2.25	\$2.25	\$3.01	\$4.34	\$6.62	\$8.68	\$10.48	\$20.71	\$21.85	\$25.81	\$12.44	\$12.44	\$12.44	\$12.44
\$83,000	\$4,150.00	\$2.46	\$2.46	\$3.29	\$4.74	\$7.23	\$9.48	\$11.45	\$22.62	\$23.86	\$28.19	\$13.59	\$13.59	\$13.59	\$13.59
\$90,000	\$4,500.00	\$2.66	\$2.66	\$3.56	\$5.14	\$7.84	\$10.28	\$12.41	\$24.53	\$25.88	\$30.56	\$14.74	\$14.74	\$14.74	\$14.74
\$97,000	\$4,850.00	\$2.87	\$2.87	\$3.84	\$5.54	\$8.45	\$11.07	\$13.38	\$26.43	\$27.89	\$32.94	\$15.88	\$15.88	\$15.88	\$15.88
\$104,000	\$5,200.00	\$3.08	\$3.08	\$4.12	\$5.94	\$9.06	\$11.87	\$14.34	\$28.34	\$29.90	\$35.32	\$17.03	\$17.03	\$17.03	\$17.03
\$111,000	\$5,550.00	\$3.28	\$3.28	\$4.39	\$6.34	\$9.67	\$12.67	\$15.31	\$30.25	\$31.91	\$37.69	\$18.18	\$18.18	\$18.18	\$18.18
\$118,000	\$5,900.00	\$3.49	\$3.49	\$4.67	\$6.74	\$10.28	\$13.47	\$16.27	\$32.16	\$33.92	\$40.07	\$19.32	\$19.32	\$19.32	\$19.32
\$125,000	\$6,250.00	\$3.70	\$3.70	\$4.95	\$7.14	\$10.89	\$14.27	\$17.24	\$34.06	\$35.94	\$42.45	\$20.47	\$20.47	\$20.47	\$20.47
\$132,000	\$6,600.00	\$3.90	\$3.90	\$5.22	\$7.54	\$11.50	\$15.07	\$18.21	\$35.97	\$37.95	\$44.82	\$21.62	\$21.62	\$21.62	\$21.62
\$139,000	\$6,950.00	\$4.11	\$4.11	\$5.50	\$7.93	\$12.10	\$15.87	\$19.17	\$37.88	\$39.96	\$47.20	\$22.76	\$22.76	\$22.76	\$22.76
\$146,000	\$7,300.00	\$4.32	\$4.32	\$5.78	\$8.33	\$12.71	\$16.67	\$20.14	\$39.78	\$41.98	\$49.58	\$23.91	\$23.91	\$23.91	\$23.91
\$153,000	\$7,650.00	\$4.53	\$4.53	\$6.06	\$8.73	\$13.32	\$17.47	\$21.10	\$41.69	\$43.99	\$51.96	\$25.05	\$25.05	\$25.05	\$25.05
\$160,000	\$8,000.00	\$4.73	\$4.73	\$6.33	\$9.13	\$13.93	\$18.27	\$22.07	\$43.60	\$46.00	\$54.33	\$26.20	\$26.20	\$26.20	\$26.20
\$167,000	\$8,350.00	\$4.94	\$4.94	\$6.61	\$9.53	\$14.54	\$19.07	\$23.03	\$45.51	\$48.01	\$56.71	\$27.35	\$27.35	\$27.35	\$27.35
\$174,000	\$8,700.00	\$5.15	\$5.15	\$6.89	\$9.93	\$15.15	\$19.87	\$24.00	\$47.42	\$50.02	\$59.09	\$28.49	\$28.49	\$28.49	\$28.49
\$181,000	\$9,050.00	\$5.35	\$5.35	\$7.16	\$10.33	\$15.76	\$20.66	\$24.96	\$49.32	\$52.04	\$61.46	\$29.64	\$29.64	\$29.64	\$29.64
\$200,000	\$10,000.00	\$5.92	\$5.92	\$7.92	\$11.42	\$17.42	\$22.83	\$27.58	\$54.50	\$57.50	\$67.92	\$32.75	\$32.75	\$32.75	\$32.75

\*If you are a new hire and you apply within 31 days after you are eligible to elect coverage for yourself, you are entitled to choose any coverage offered up to the Guaranteed Issue Amount, without providing proof of good health. If you apply for an amount of coverage greater than the Guaranteed Issue Amount, coverage in excess of the Guaranteed Issue Amount will not be issued until the insurance company approves acceptable proof of good health. If you apply for coverage yourself more than 31 days from the date you become eligible to elect coverage under this plan, the Guaranteed Issue Amount will not apply. Coverage will not be issued until the insurance company approves acceptable proof of good health.

Costs shown are for illustrative purposes only; actual per pay period deductions may differ due to rounding and individual tax situations. Costs are subject to change based on age and program experience. Terms and conditions of coverage are set forth in your group policy. Refer to your Certificate of Insurance or Summary Plan Description for more information.

Accident Insurance, Critical Illness Insurance and Hospital Indemnity Insurance are limited benefit policies. Accident insurance pays benefits for accidents only. These products are not health care insurance and do not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

New York Life Group Benefit Solutions products and services are provided by Life Insurance Company of North America, New York Life Group Insurance Company of NY, and New York Life Insurance and Annuity Corporation, subsidiaries of New York Life Insurance Company. Policy forms: Disability: TL-004700 et al., Accident: GBS-AI-1000.00, Critical Illness: GBS-CI-1000.00 and Hospital Indemnity: GBS-HI-1000.00. Life Insurance Company of North America is not authorized in NY and does not conduct business in NY.

## **New York Life Insurance Company**

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