



DENTAL CARE INSURANCE

For more information, please contact your agent at 800-441-2345.

For more information, please contact your agent at 800-441-2345. **Member** **Non-Member**

PREVENTIVE DENTAL CARE

(80%)

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MINOR RESTORATIVE DENTAL CARE

(shared \$50 deductible, 80%)

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MAJOR RESTORATIVE DENTAL CARE

(shared \$50 deductible, 50%)

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ANNUAL DEDUCTIBLE

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PROGRESSIVE MAXIMUM REIMBURSEMENT

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Note 2: For more information, please contact your agent at 800-441-2345. **Member** **Non-Member**

2025 PREMIUM RATES⁽⁴⁾ PER 14-DAY PERIOD FOR THE FOLLOWING COVERAGE

Individual	Single-parent	Family
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LONG TERM DISABILITY INSURANCE

Compulsory (with waiver privilege)

DEFINITION OF TOTAL DISABILITY

A. Total disability is defined as the inability to perform the duties of the job for which the participant is insured, as determined by the attending physician. The participant must be unable to perform the essential functions of the job, as defined by the employer, for a continuous period of 90 days.

Elimination Period

Duration of Disability Pension

Benefit Amount

Indexation of Disability Pension

Disability Pension Reduction

AA

WAIVER PRIVILEGE

A. The participant's disability benefit will be waived if the participant is found to be totally disabled by the attending physician and the participant is receiving Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI) benefits. The waiver will continue until the participant is no longer receiving SSDI or SSI benefits.

2025 PREMIUM RATES⁽¹⁾ PER 14-DAY PERIOD

1. The premium rates are based on the participant's age and gender.

LIFE INSURANCE

The participant is eligible for life insurance coverage under the plan. The participant's basic life insurance coverage is provided at no cost to the participant.

Participant's Basic Life Insurance

The participant's basic life insurance coverage is provided at no cost to the participant.

Participant's Optional Life Insurance

The participant may elect to purchase optional life insurance coverage. The optional life insurance coverage is provided at a cost to the participant. The cost of the optional life insurance coverage is based on the participant's age and gender. The optional life insurance coverage is provided for a term of 10 years.

LIFE INSURANCE (CONTINUED)

Dependents' Basic Life Insurance

1. Name of dependent: [REDACTED]
2. Date of birth: [REDACTED]
3. Social Security Number: [REDACTED]
4. Relationship to insured: [REDACTED]
5. Current life insurance policy number: [REDACTED]
6. Current annual premium: [REDACTED]

Option 1: [REDACTED]

Option 2: [REDACTED]

Spouse's Optional Life Insurance

1. Name of spouse: [REDACTED]
2. Date of birth: [REDACTED]
3. Social Security Number: [REDACTED]
4. Relationship to insured: [REDACTED]
5. Current life insurance policy number: [REDACTED]
6. Current annual premium: [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

POSSIBLE CHANGES FOLLOWING A LIFE EVENT

When a life event occurs, you may want to **increase, decrease or terminate your coverage**