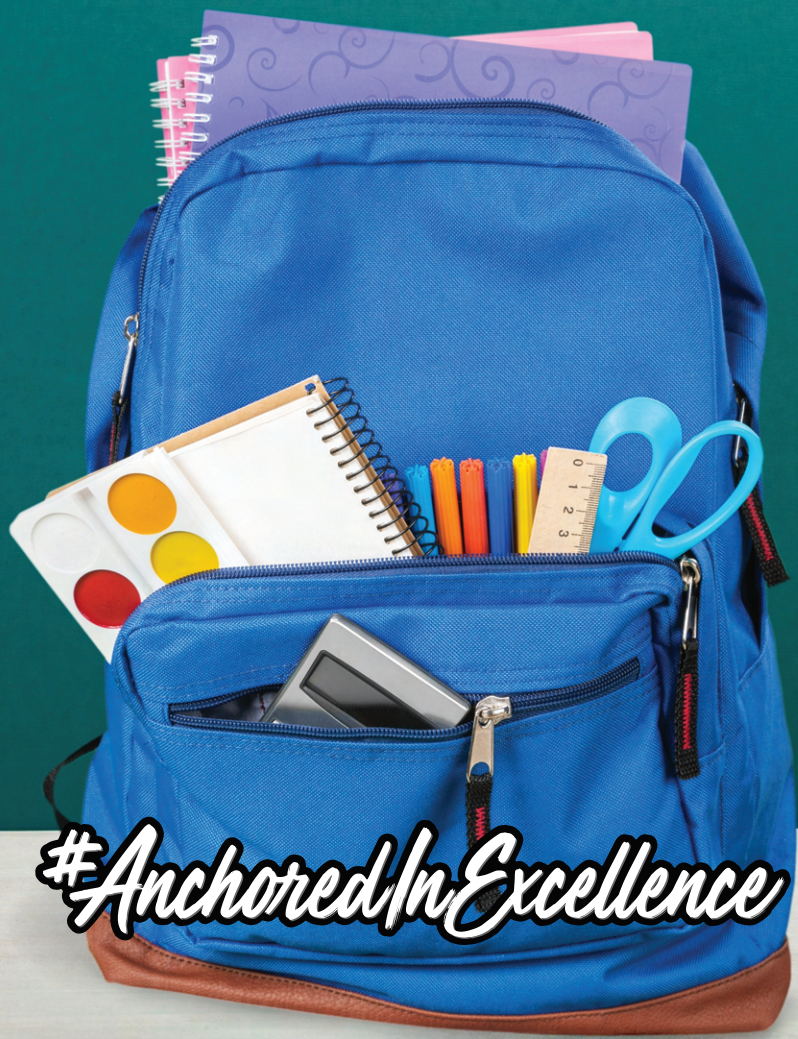
CUMBERLAND COUNTY SCHOOLS

2026
Employee Benefits Enrollment

ENROLLMENT DATES
September 29 - October 31, 2025

FSA • Dental • Vision • Critical Illness • Hospitalization
Life • Cancer • Accident • Short Term Disability



Plan Year January 1, 2026 - December 31, 2026

CUMBERLAND COUNTY SCHOOLS

FROM THE OFFICE OF
Business Operations

TO: Employees of Cumberland County Schools

FROM: Jay C. Toland, Associate Superintendent of Business Operations

SUBJECT: 2026 Employee Voluntary Benefits Plan Enrollment

The Cumberland County Board of Education offers a Voluntary Benefits Plan to you as an added benefit of employment. The Voluntary Benefits Plan is a tax savings plan which allows you to pay for certain voluntary supplemental benefits with pre-tax and after-tax dollars through payroll deduction. Olde Fayetteville Insurance will continue to serve Cumberland County Schools as our voluntary benefits provider. We have prepared this packet of information regarding your voluntary benefits plan.

Electronic enrollment will continue, providing access to information on all voluntary benefits offerings in addition to the ability to enroll. This system provides you greater flexibility, making enrollments much easier and more convenient with access at home, at work, or anywhere you can connect to the internet.

In-person enrollment meetings at your school have been discontinued. Olde Fayetteville Insurance is committed to supporting you through this enrollment process. Product education will be provided through a series of videos and educational materials through electronic enrollment. A well-trained group of benefit consultants will be available to you by phone, and Olde Fayetteville Insurance will offer extended calling hours. You can take advantage of these various resources to get any questions you have answered. **Open enrollment is your only chance to enroll for the 2026 calendar year**.

This edition of the Cumberland County Board of Education "Employee Benefits Enrollment" booklet has been designed to highlight special supplemental plans available to all eligible CCS employees and to explain the enrollment process. Please review carefully and feel free to ask any questions you may have. Olde Fayetteville Insurance is committed to assisting you. You can also review the detailed information made available through online enrollment.

In addition to insurance products, a Flexible Spending Account (FSA) is available to employees. An FSA provides a tax benefit for allowable medical and child care/dependent expenses. If you incur any medical or child care/dependent expenses in excess of $300, then you should seriously consider taking advantage of this IRS benefit. Most people are not able to deduct medical expenses on their tax returns. The FSA allows you to save State, Federal, and FICA taxes for out-of-pocket medical expenses. **THERE IS NO FEE FOR PARTICIPATING IN THE FSA.** Employees must **enroll every year** to participate in the Flexible Spending Accounts.

The Cumberland County Board of Education's Flexible Spending Accounts (FSA) is supported by a plan VISA Debit card. The card allows you to directly pay for your eligible FSA expenses at the point of service. The card can be used at any card terminal for both Healthcare and Dependent Care eligible expenses. Additional information on this feature is enclosed. **THERE IS NO FEE FOR THIS SERVICE.**

If you would like to add your spouse and or children as dependents for dental and vision coverage, you must provide proof of identification for dependent coverage. See the list of acceptable forms of proof in the benefits booklet and online. Please email documents to Pam Edge at pame@ccs.k12.nc.us.

Once again, we are happy to provide these voluntary benefits to our premier professionals and families.

Enrollment Reminders

Enrollment Dates: September 29 - October 31, 2025
(The State Health Plan Open enrollment is October 13 - October 31, 2025. This is for your medical insurance and you can call **855-859-0966**. Olde Fayetteville Insurance does not handle these plans.)

You have 3 ways to enroll:

1. Self enroll
Instructions on page 2

2. Schedule a phone meeting with a benefit counselor
Call Olde Fayetteville Insurance at 910-483-6210. You will also receive emails that will have a link to schedule an appointment or visit:

https://OFIScheduling.as.me/ccs

Schedule your appointment

3. Email Confirmation
For employees making no changes and/or electing FSA only) If you are not making any benefit changes but wish to enroll in Flexible Spending Accounts (FSA) for 2026, you can simply confirm via email.

Email: service@oldefayettevilleinsurance.com

Please include the following in your email:

- Your full name
- A contact phone number
- Your 2026 FSA election amount (if applicable)

Important: If you do not include your FSA election amount, you will not be re-enrolled in that benefit. FSA elections must be made each year. Sending this email confirms that you wish to keep your current benefit elections.

Payroll deductions for January 2026:

• January 15, 2026 for classified employees such as teacher's aides, custodians, cafeteria personnel, Prime Time and some bus personnel.

• January 31, 2026 for 10 month certified employees, twelve month employees, year round employees, and some bus personnel.

Changes after enrollment has ended:

Elections made during the annual enrollment CANNOT be changed once the enrollment period ends unless you have a qualifying event such as marriage, divorce, death of a spouse or child, birth or adoption, termination of employment or change in employment hours from full-time to part-time or vice versa. If you should have a qualifying event, you will have 30 days from the date of the qualifying event to request a change. Please call your Benefits Department for more information.

When the annual enrollment has ended, you will continue to have access to the Olde Fayetteville Insurance website. You can obtain claim forms, important phone numbers and carrier information.

(Please note that you cannot enroll for benefits on our website. Follow the enrollment instructions in your Benefit booklet.)

1. Go to www.oldefayettevilleinsurance.com
2. Click on Cumberland County Schools link for information.

Call 910-483-6210 with ANY questions!

OLDE FAYETTEVILLE INSURANCE ESTD 1955

Since 1995 Olde Fayetteville Insurance has been committed to helping you with any questions that you may have about your employee benefits. However, if you wish to contact the carrier directly, here is a list of contact numbers for your convenience.

Please call Olde Fayetteville Insurance first, so we can assist you with any questions and claims. 910-483-6210

Phone Directory

Allstate Benefits Customer Service: 1-800-521-3535
1776 American Heritage Life Drive
Jacksonville, FL 32224

ANICO Customer Service: 1-800-615-7372
1 Moody Plaza
Galveston, TX 77550

UNUM - 910-483-6210

The Health Plan
Questions Regarding Dental/Vision 1-888-816-3096
Questions Regarding Short Term Disability: 910-483-6210
Questions Regarding Flexible Spending Account 1-866-347-3640

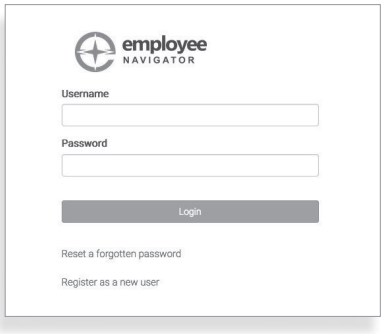
After Tax Benefits	Pre Tax Benefits
Short Term Disability	UNUM Hospitalization
Critical Illness Insurance	Dental Insurance
Group Term Life	Vision Insurance
Whole Life with Long Term Care	Flexible Spending Accounts (FSA)
	Cancer Insurance
	Accident Insurance

After Tax Benefits - Definition:
These are benefits where the employee's contribution is deducted from their salary after taxed have been calculated.

Pre Tax Benefits - Definition:
These are benefits where the employee's contribution is deducted from their gross salary before taxes are calculated.

Proudly serving the Cumberland County School System since 1995.

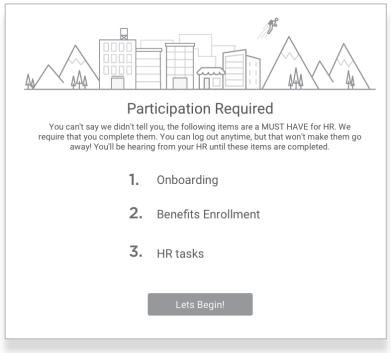
ENROLL IN YOUR BENEFITS: One step at a time



Step 1: Log In

Go to www.employeenavigator.com and click **Login**

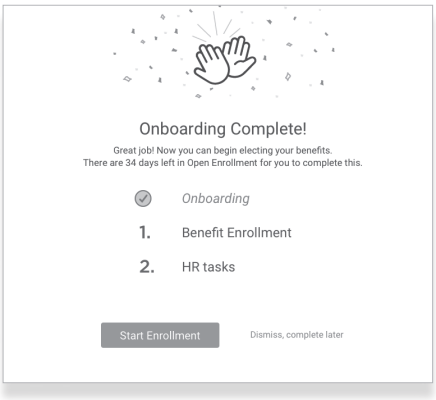
- **Returning users:** Log in with the username and password you selected. Click **Reset a forgotten password**.
- **First time users**: Click on your Registration Link in the email sent to you by your admin or **Register as a new user.** Create an account, and create your own username and password.



Step 2: Welcome!

After you login click **Let's Begin** to complete your required tasks.

COMPANY IDENTIFIER: CCSBenefits

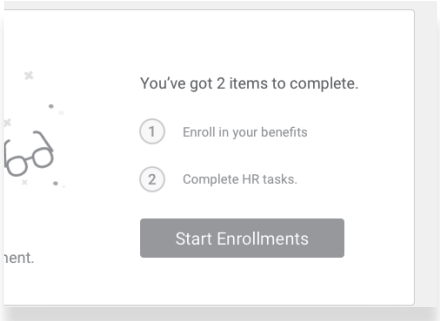


Step 3: Onboarding (For first time users, if applicable)

Complete any assigned onboarding tasks before enrolling in your benefits. Once you've completed your tasks click **Start Enrollment** to begin your enrollments.

TIP

if you hit **"Dismiss, complete later"** you'll be taken to your Home Page. You'll still be able to start enrollments again by clicking **"Start Enrollments"**



Step 4: Start Enrollments

After clicking **Start Enrollment**, you'll need to complete some personal & dependent information before moving to your benefit elections.

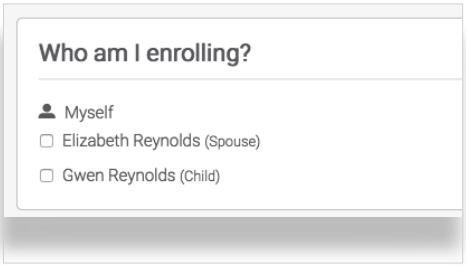
TIP

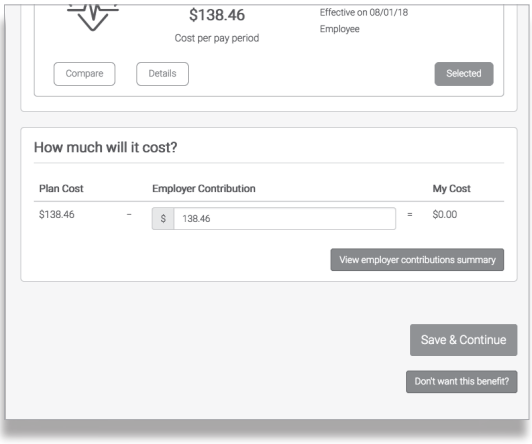
Have dependent details handy. To enroll a dependent in coverage you will need their date of birth and Social Security number.

Step 5: Benefit Elections

To enroll dependents in a benefit, click the checkbox next to the dependent's name under **Who am I enrolling?**

Below your dependents you can view your available plans and the cost per pay. To elect a benefit, click **Select Plan** underneath the plan cost.



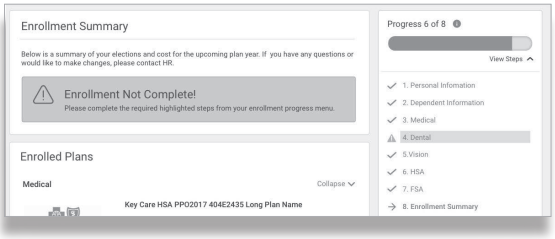


Click **Save & Continue** at the bottom of each screen to save your elections.

If you do not want a benefit, click **Don't want this benefit?** at the bottom of the screen and select a reason from the drop-down menu.

Step 6: Forms

If you have elected benefits that require a beneficiary designation, Primary Care Physician, or completion of an Evidence of Insurability form, you will be prompted to add in those details.

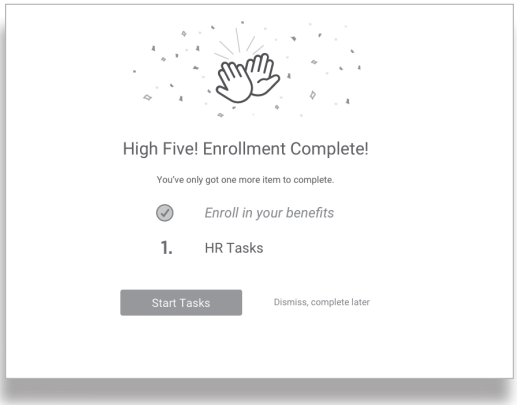


Step 7: Review & Confirm Elections

Review the benefits you selected on the enrollment summary page to make sure they are correct then click **Sign & Agree** to complete your enrollment. You can either print a summary of your elections for your records or login at any point during the year to view your summary online.

TIP

If you miss a step you'll see **Enrollment Not Complete** in the progress bar with the incomplete steps highlighted. Click on any incomplete steps to complete them.



Step 8: HR Tasks (if applicable)

To complete any required HR tasks, click **Start Tasks**. If your HR department has not assigned any tasks, you're finished!

You can login to review your benefits 24/7

Core Benefit Information
IMPORTANT

Core Benefits

Cumberland County Schools offers Dental, Vision, Short term Disability and Flexible Spending Account plans which are referred to as your Core Benefits. *The Health Plan* is the Third Party Administrator for the Dental, Vision, Short Term Disability and Flexible Spending Account plans. The Health Plan provides administrative services and claims payment services for Cumberland County Schools. If you have any questions regarding your claims or payments, their number is **1-888-816-3096.** Review and revise dependents on all benefits, especially Dental and Vision! You ***MUST*** check the dependents listed on all of your benefits, especially on the Dental and Vision plans. This assures that *The Health Plan* will have the correct dependents listed in their system.

Dental/Vision and Age limit on dependents

Your Dental and Vision plans allow unmarried dependent children, aged 19-26 to remain on the coverage only if attending an accredited post-secondary school full-time. It is your responsibility to provide current information each semester regarding the status of all covered dependents, aged 19—26 to The Health Plan. This information must be obtained through the school's Registrar Office.

If The Health Plan does not receive this information, coverage will be terminated back to your child's 19th birth date or the last time The Health Plan received full time status

If you have Canceled Dental, Vision or Short Term Disability

If you have canceled a Dental, Vision or Short Term Disability plan within a 2 year period, you will NOT be eligible to enroll for the plans at this time. There is a two year waiting period from the date of cancellation before you are able to re-enroll in these benefits.
The same rule applies to dependents.

Need help or have questions?

Please call Olde Fayetteville Insurance so we can assist you with any questions you might have.

910-483-6210

Health and Dependent Care Flexible Spending Accounts

You must re-elect the Health and/or Dependent Care Flexible Spending Accounts each year if you wish to participate. If you do not re-elect the benefit, you will not have the plans on January 1, 2026.

You are allowed a $660.00 rollover this year from your FSA account.

Proof of identification for dependents on Dental and Vision insurance

The following documentation must be emailed to **pame@ccs.k12.nc.us** in order for employees to add the following dependents to dental and vision plans.

1. **Adding a spouse** - Must provide marriage license and a current bill with both names showing same address or the front page of your current tax filing, showing both names.
2. **Dependent child(ren)** - A birth certificate or the front page of the current tax filing.
3. **Adoption** - Adoption decree (front page and last page with judge's signature)
4. **Guardianship** - Legal documentation (front page and last page with judge's signature)
5. **Mentally incapacitated dependents** that were covered prior to age 26 will require documentation from a medical provider.
6. **Stepchildren** - Must provide marriage license of the parent of the dependent or tax document or court paperwork that shows parent is required to provide coverage.

The HealthPlan Dental Plan

CUMBERLAND COUNTY SCHOOLS

Yearly Deductible	**$50 per participant / $150 per family**
Calendar Year Maximum Benefit	**$1,500 per participant**
Lifetime Maximum Orthodontic Benefit	**$1,500 per covered child**

Services	Yearly Deductible	Plan Payment Rate	Waiting Period
Diagnostic & Preventive Services			
Oral Exams 2 per calendar year	N/A	100% of Allowable Charges	No Waiting Period
Prophy 1 visit in any 6 month period	N/A	100% of Allowable Charges	No Waiting Period
Fluoride 1 visit in a calendar year, up to the age of 19	N/A	100% of Allowable Charges	No Waiting Period
Sealants Limited to one application in any 36 month period for children under age 14	N/A	100% of Allowable Charges	No Waiting Period
X-Rays 1 series of Bitewings in any 6 month period and 1 full mouth including panoramic x-rays in any 2 year period per participant	N/A	100% of Allowable Charges	No Waiting Period
Biopsies of Oral Tissue	N/A	100% of Allowable Charges	No Waiting Period
Pulp Vitality Tests	N/A	100% of Allowable Charges	No Waiting Period
Basic Services			
Fillings	Deductible Applies	80% of Allowable Charges	3 Months
Endodontic Procedures Root canal therapy, pulp capping, and vital pulpotomy	Deductible Applies	80% of Allowable Charges	3 Months
Adjustments to Fixed Bridges and Dentures Relining and rebasing of dentures once in any 12 month period. Reattachment of damaged or broken clasps; adjustment to a denture more than 6 months after installation	Deductible Applies	80% of Allowable Charges	3 Months
Oral Surgery Simple extractions; surgical extraction of erupted teeth involving tissue flap and bone removal; and surgical extraction of impacted teeth	Deductible Applies	80% of Allowable Charges	3 Months
General Anesthesia Given in connection with a covered surgical procedure.	Deductible Applies	80% of Allowable Charges	3 Months
Space Maintainers and Non-Orthdontic Appliances For the initial appliances only for children under the age of 16	Deductible Applies	80% of Allowable Charges	3 Months
Emergency Palliative Treatment	Deductible Applies	80% of Allowable Charges	3 Months

DENTAL

CUMBERLAND COUNTY SCHOOLS

Yearly Deductible	**$50 per participant / $150 per family**
Calendar Year Maximum Benefit	**$1,500 per participant**
Lifetime Maximum Orthodontic Benefit	**$1,500 per covered child**

Services	Yearly Deductible	Plan Payment Rate	Waiting Period
Major Services			
Periodontal Services Gingivectomy and gingivoplasty, gingival curettage; osseous surgery, including flap entry and closure; mucogingivoplastic surgery; and periodontal scaling and root planing	Deductible Applies	50% of Allowable Charges	12 Months
Complex Restorative Including inlays; onlays; and crowns	Deductible Applies	50% of Allowable Charges	12 Months
Prostodontics Complete and partial dentures; repairs to dentures, including broken teeth; fixed bridges; and the addition of teeth to partial dentures to replace extracted teeth	Deductible Applies	50% of Allowable Charges	12 Months
Orthodontic Services			
In order to be covered under the plan, the appliances must be inserted while the child is covered under the plan and after the child has been covered for 24 consecutive months; and before the child's 19th birthday	Deductible Applies	50% of Allowable Charges	24 Months

Monthly Cost

Employee Only $36.50
Employee & Spouse $71.00
Employee & 1 Child $65.00
Family or Employee with more than 1 Child $105.00

Notes

- Dental Coverage is offered through Cumberland County Schools' Flexible Benefit (Cafeteria) Plan; and, as such, the premiums are not subject to federal and state income taxes or FICA and Medicare taxes.
- New enrollees in the dental plan will receive an insurance card. These items will be mailed to the employee's home address in December.
- Pretreatment estimates are given upon request for services expected to exceed $300.
- Dental plan participants who elect to drop their coverage must wait two (2) years before they can re-enroll in the dental plan.
- Eligible children are the unmarried children of covered individuals, up to age 18 or age 19 to age 25 and are full-time students.
- New Enrollees: Waiting periods apply to Basic Services, Major Services, and Orthodontic Services.

You can choose any dental provider, however, you may save money by using a dentist that is in-network with THP NC Dental Network. You can search for a network provider at www.healthplan.org. When you utilize a network provider you will not be responsible for the dollar amount that exceeds the reasonable and customary charges.

The Health Plan
1110 Main Street, Wheeling, WV 26003
Toll Free: 1.888.816.3096 Fax: 740-699-6165

The HealthPlan

The HealthPlan Vision Plan

CUMBERLAND COUNTY SCHOOLS

Covered Service	
Plan 1 – Designed for Those that Would Like a Comprehensive Vision Examination	
Comprehensive Vision Examinations	Maximum amount per exam $100
Lenses and Frames	Maximum amount as specified below
Single Lenses	$90
Bi-focal Lenses	$110
Tri-focal Lenses	$115
Contact Lenses / Per Year (Hard/ Soft/Disposable) Medical Necessity	$165
Contact Lenses/ Per Year (Hard/Soft/Disposable) Elective	$115
Frames (Standard) Every two years	$130
Plan 2 – Designed for Those that Would Like More Allotment for Eyewear Allowance	
Routine vision benefits are no longer covered under the state health plan! See a benefits counselor if you are currently in Vision Plan 2. Plan 2 does not pay for exams, but instead uses the benefits for lenses and frames only. There is no difference in the cost.	
Lenses and Frames	Maximum amount as specified below
Single Lenses	$120
Bi-focal Lenses	$150
Tri-focal Lenses	$165
Contact Lenses / Per Year (Hard/ Soft/Disposable) Medical Necessity	$195
Contact Lenses / Per Year (Hard/Soft/Disposable) Elective	$135
Frames (Standard) Every two years	$155

Monthly Contribution - Plan 1

Employee Only	$10.50
Employee & Spouse	$21.00
Employee & 1 Child	$16.00
Family or Employee & 2+ Children	$31.50

Monthly Contribution - Plan 2

Employee Only	$11.00
Employee & Spouse	$21.50
Employee & 1 Child	$16.50
Family or Employee & 2+ Children	$32.00

Notes

- If you have questions regarding which vision plan you should elect you can call Olde Fayetteville Insurance at 910-483-6210 for assistance.
- Vision coverage is offered through Cumberland County Schools' Flexible Benefit (Cafeteria) Plan; and, as such, the premiums are not subject to federal and state income taxes or FICA and Medicare taxes.
- New enrollees in the vision plan will receive an insurance card. These items will be mailed to the employee's home address in December.
- Eligible children are the unmarried children of covered individuals, up to age 18 or are age 19 to age 25 and are full-time students.
- **Vision plan participants who elect to drop their coverage must wait two years before they can re-enroll in the vision plan.**

The Health Plan
1110 Main Street, Wheeling, WV 26003
Toll Free: 1.888.816.3096 Fax: 740-699-6165

The HealthPlan

Flexible Spending Account (FSA)

CUMBERLAND COUNTY SCHOOLS

A way to set aside money on a pre-tax basis for your out-of-pocket medical, dental, vision and dependent care expenses for a benefit year.

We offer

Healthcare FSA & Dependent Care FSA

Advantages:

- **Saves you tax dollars – set aside out-of-pocket expenses on a pre-tax basis**
- **Gives you flexibility – funds are available to you on the first day of the plan year**

Healthcare FSA	
Eligible Expenses	Ineligible Expenses
Deductible	Health Insurance Premiums
Copayments	Cosmetic Items
Coinsurance	Cosmetic Surgery
Dental Expenses	Controlled Substances
Vision Expenses	Items that Improve General Health
Prescriptions	
Over-the-Counter Drugs	

Dependent Care FSA	
Eligible Expenses	Ineligible Expenses
Day Care Center	Overnight Camp
In-Home Care	Nursing Home Expenses
Nursey & Preschool	Educational Expenses (Kindergarten and above)
After School Care	Registration Fees
Summer Day Camp	Transportation Fees
Sick Child Facility	

Prepaid Benefit Card

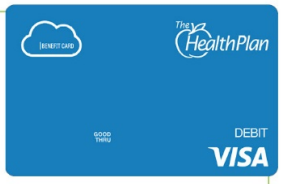
The Benefits Card is convenient, automatic and simple to track. You do not have to pay cash up front, file a claim or wait for reimbursement.

- Swipe the card like any debit/credit card
- Funds are immediately transferred from your FSA
- Track your card balance 24/7 on the website listed on the back of the card

over **10,000** locations to use the card

You can use the Benefits Card at participating pharmacies, discount stores, department stores, and supermarkets that can identify FSA-eligible items at checkout and accepts VISA® or MasterCard® prepaid cards. Use the card to pay hospital, doctor, dentist or vision providers as defined by your FSA.

The Benefits Card will also work for mail order and online pharmacy purchases.



Simply write your card number on the mail order, online pharmacy form, or medical and dental statements. **Please note:** amount due on medical and dental statements must be for date of service after card effective date. It cannot be a balance forward statement.

Members will receive two cards in the mail and information on how to use the cards. Don't forget to activate and sign your cards. If a merchant or provider does not accept Benefits Cards, please submit a manual claim using the payment authorization form.

How to Reimburse Yourself

Submit a payment authorization form with the following information:

- Explanation of benefits (EOB) for medical expenses processed by insurance; OR
- Detailed bill from the provider showing the date of service and service provided; OR
- Provider receipt showing date of service

HealthCare FSA Snapshot

	HFSA Maximum Declared Amount
Annual Contribution to Healthcare FSA	$3,300
Annual Allowed Roll-Over Amount	$660

- You can roll over up to $660 of unused FSA funds each plan year. If you roll $660 forward you could have up to $3,960 to use for the new plan year.
- Your total declared amount is available the first day of the year. Employee Funds are deducted from your pay in equal increments.
- Pre-tax deduction results in a tax benefit to the employee.
- Funds may be used to pay for qualifying medical expenses covered under Section 213-d.

90 day Run Out Period:

- You will have until March 31, 2027 to submit claims incurred from January 1, 2026 - December 31, 2026.

If You Leave the Company:

- If you are no longer employed, your Health FSA benefit is limited to active dates of service. You may submit payment requests up to your unused declared amount within 90 days of leaving employment.

Dependent Care FSA Snapshot

	DFSA Maximum Declared Amount
Annual Contribution to Healthcare FSA	$7,500

- You have 90 days post DFSA plan year to submit for reimbursement.
- Your balance can only be used as it is deducted from your paycheck
- Funds may be used for child or elderly dependent care expenses
- If you leave the company or are no longer employed with the company, your dependent FSA is limited to funds already deducted from your pay.

Pre-Tax Savings Example

	Without FSA	With FSA
Gross Monthly Pay	$3,500	$3,500
Pre-Tax Contributions		
Medical Expenses	$0	$300
Prescription Expenses	$0	$100
Dental Expenses	$0	$200
Vision Expenses	$0	$200
Total	$0	$800
Taxable Monthly Income	$3,500	$2,700
Taxes (federal, state, FICA):	-$968	-$747
Out-of-pocket expenses	-$800	$0
Monthly Take Home Pay	$1,732	$1,953

Net Increase in Take Home Pay = $221/month

For illustration purposes only. Actual dollar amounts may vary.

Contact Information

Phone: 1.866.347.3640 Fax: 1.866.347.3643 Portal Access: myplan.healthplan.org

Email: customersolutions@healthplan.org Mobile App: THPWallet

The HealthPlan

Short-Term Disability Program

CUMBERLAND COUNTY SCHOOLS

All full-time Cumberland County School employees may enroll during the open enrollment only.

- **You are covered on or off-the-job, 24 hours a day, 365 days a year.**
- **You are paid regardless of workers compensation or any other insurance you may have up to but not exceeding your normal salary.**
- **Pregnancy is covered the same as any other sickness. If you are pregnant before January 1, 2026 and are just electing this coverage, it will be considered a pre-existing condition and will not be covered.**
- **Pays the benefit you choose directly to you.**
- **Amount elected cannot exceed 60% of your annual salary.**
- **Premium is waived after you have received payment from the Plan for three consecutive months.**

Why Do You Need Disability Benefits?

What would happen if your income stopped today? Are you prepared to provide for yourself and those you love in the event of a serious accident or illness? Unless you've planned for such a loss, losing your income can produce tragic results. If you're like most of us, your income is truly your most valuable asset! Without it, all of your other assets go away. Payments for rent, mortgage, utilities, insurance, groceries, clothing, and cars continue regardless of your ability to work. Plan today! Protect yourself before it's too late.

Pre-Existing Condition Limitations

If disability is due to a pre-existing condition and begins before you have been continuously covered under the policy for 12 months, no disability benefits will be payable at any time. This provision will not apply if you for 12 consecutive months have a pre-existing condition(s) that has gone treatment free, incurred no expense, taken no medication, or received no diagnosis or advice from a physician.

Benefits will not be excluded for disability due to a pre-existing condition, which begins after you have been continuously covered under the policy for 12 months. Any increase in benefits will be subject to this pre-existing condition limitations. A new pre-existing period must be satisfied with respect to any increase applied for and approved by us.

Pre-Existing Condition

The term "pre-existing condition" means a disease, accidental injury, sickness, physical condition or mental illness for which you had treatment, incurred expense, took medicine, received care or services including diagnostic testing or related measures, or received a diagnosis or advice from a physician during the 6-month period immediately before your effective date of coverage.

Disability

Disability or disabled means you are unable to perform the material and substantial duties of your regular occupation.

SHORT TERM DISABILITY

Hospital

The term "Hospital" shall not include an institution used by you as a place for rehabilitation, rest or for the aged, a nursing or convalescent home, a long-term nursing unit or geriatrics ward, or as an extended care facility for the care of convalescent, rehabilitative, or ambulatory patients.

Leave of Absence

Your coverage may be continued for up to one year during a leave of absence approved by your employer.

Termination of Coverage

Your insurance coverage will end on the earliest of these dates:

(a) the date you do not meet the eligibility requirements;

(b) the date you retire;

(c) the date you cease to be on active employment, other than leave of absence as stated above;

(d) the end of the last period for which premiums have been paid; or

(e) the date the policy is discontinued.

If your coverage ends as a result of your termination of active employment; and such termination is caused by an accidental injury or sickness for which disability benefits would be payable, and disability is established prior to the termination of active employment, then disability benefits will be paid as if such termination had not occurred.

Termination of the policy will have no effect of disability payments, which began before termination. We may end your coverage if you should submit a fraudulent claim.

***Participants who elect to drop their coverage must wait two years before they can re-enroll in the short-term disability program.

Annual Salary	Disability Benefit for 1st & 2nd Month	Disability Benefit per month for 3rd to 14th month	10-Pay Premium (1st/8th)*
$10,000	$500	$250	$15.58
$20,000	$1,000	$500	$31.15
$30,000	$1,500	$750	$46.73
$40,000	$2,000	$1,000	$62.30
$50,000	$2,500	$1,250	$77.88
$60,000	$3,000	$1,500	$93.46
$70,000	$3,500	$1,750	$109.03
$80,000	$4,000	$2,000	$124.61

*Benefit payable on the 1st day of total disability due to an accident and on the 8th day due to sickness.

The Health Plan
141 Summers Street, Charleston, WV 25301
Toll Free: 1.877.318.4487 Fax: 304.347.3643

CANCER INSURANCE

Cash benefits that you can use however you wish!

Cancer Insurance from Allstate Benefits helps protect your finances if you or an eligible family member is diagnosed with cancer or a covered disease.

During Cumberland County Schools 2026 open enrollment, you have the chance to elect affordable and valuable Cancer Insurance coverage to help you and your family cover the expenses associated with a cancer or specified disease diagnosis.

And because this coverage is from Allstate Benefits, you'll know that you are getting protection with the Good Hands® promise that millions of families in North America know and trust.

Cancer Insurance features:

- Affordable rates only available through your employer
- Works alongside your major medical coverage to help close gaps in coverage
- Cash benefits are paid directly to you, and you can use them however you want
- Individual or Family coverage available
- Convenient payroll deduction
- You can take your coverage with you if you ever leave your employer

Don't miss out – you can only elect this valuable coverage during the Cumberland County Schools open enrollment or if you experience a Qualifying Life Event, such as marriage or the birth of a child.

Schedule your enrollment

Cumberland County Schools 2026 open enrollment is September 29 through October 31, 2025.

To schedule your enrollment or to talk to an enrollment representative to learn more, visit https://OFIScheduling.as.me/ccs.

Cancer Insurance from Allstate Benefits helps you live your life well-protected.

Learn more about your Cancer Insurance coverage and benefits at https://allstatevoluntary.com/ccs/.

You have three plans to choose from. Please review the full benefit and rate information on brochure at https://allstatevoluntary.com/ccs/pdf/ccs_cancer.pdf

BENEFIT AMOUNTS

HOSPITAL CONFINEMENT AND RELATED BENEFITS	PLAN 1	PLAN 2	PLAN 3
Continuous Hospital Confinement (daily)	$100	$100	$100
Government or Charity Hospital (daily)	$100	$100	$100
Private Duty Nursing Services (daily)	$100	$100	$100
Extended Care Facility (daily)	$100	$100	$100
At Home Nursing (daily)	$100	$100	$100
Hospice Care Center (daily) or Hospice Care Team (per visit)	$100 $100	$100 $100	$100 $100
RADIATION/CHEMOTHERAPY/RELATED BENEFITS	**PLAN 1**	**PLAN 2**	**PLAN 3**
Radiation/Chemotherapy for Cancer[1] (every 12 months)	$7,500	$10,000	$15,000
Blood, Plasma, and Platelets[1] (every 12 months)	$7,500	$10,000	$15,000
Hematological Drugs[1] (every 12 months)	$150	$200	$300
Medical Imaging[1] (every 12 months)	$375	$500	$750
SURGERY AND RELATED BENEFITS	**PLAN 1**	**PLAN 2**	**PLAN 3**
Surgery[2]	$1,500	$3,000	$4,500
Anesthesia (% of surgery benefit)	25%	25%	25%
Bone Marrow or Stem Cell Transplant (once/year) 1. Autologous 2. Non-autologous (cancer or specified disease treatment) 3. Non-autologous (Leukemia)	 1. $500 2. $1,250 3. $2,500	 1. $1,000 2. $2,500 3. $5,000	 1. $1,500 2. $3,750 3. $7,500
Ambulatory Surgical Center (daily)	$250	$500	$750
Second Opinion	$200	$400	$600
MISCELLANEOUS BENEFITS	**PLAN 1**	**PLAN 2**	**PLAN 3**
Inpatient Drugs and Medicine (daily)	$25	$25	$25
Physician's Attendance (daily)	$50	$50	$50
Ambulance (per confinement)	$100	$100	$100
Non-Local Transportation[1] (coach fare or amount shown per mile*)	$0.40/mi	$0.40/mi	$0.40/mi
Outpatient Lodging (daily; limit $2,000/12 mo. period)	$50	$50	$50
Family Member Lodging (daily per trip; max. 60 days) and Transportation (coach fare or amount shown per mile**)	$50 $0.40/mi	$50 $0.40/mi	$50 $0.40/mi
Physical or Speech Therapy (daily)	$50	$50	$50
New or Experimental Treatment[3] (every 12 months)	$5,000	$5,000	$5,000
Prosthesis[3] (per amputation)	$2,000	$2,000	$2,000
Hair Prosthesis (every 2 years)	$25	$25	$25
Nonsurgical External Breast Prosthesis[1]	$50	$50	$50
Anti-Nausea Benefit[1] (once per calendar year)	$200	$200	$200
Waiver of Premium (employee only)	Yes	Yes	Yes
ADDITIONAL BENEFITS	**PLAN 1**	**PLAN 2**	**PLAN 3**
Cancer Initial Diagnosis (one-time benefit)	$3,000	$10,000	$10,000
Wellness Benefit	$100	$100	$100

[1]Pays actual cost up to amount listed. [2]Pays actual charges up to amount listed in certificate Schedule of Surgical Procedures. Amount paid depends on surgery. [3]Pays actual charges up to amount listed. *At least 70 miles away, up to 700 miles. **Transportation up to 700 miles per continuous hospital confinement.

Allstate BENEFITS

Cumberland County Schools

Group Hospital Insurance

How does it work?

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

Why is this coverage so valuable?

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

Be Well Benefit

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

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

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

Who can get coverage?

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

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

How much does it cost?

Your tenthly premium	
You	$27.06
You and your spouse	$47.04
You and your children	$52.03
Family	$72.01

Coverage may vary by state. See exclusions and limitations.
The plan does not include a pre-existing condition limitation. You are covered from day one.
If enrolling, and eligible for Medicare (age 65+; or disabled) the Guide to Health Insurance for People with Medicare is available at https://www.medicare.gov/publications/02110-choosing-a-medigap-policy-a-guide-to-health-insurance-for-people-with-medicare.pdf.

EN-372230 FOR EMPLOYEES (8-23)

Hospital		
Hospital Admission	Payable for a maximum of 1 day per year	$1,500
Hospital Daily Stay	Payable per day up to 365 days	$100

Exclusions and Limitations

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

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

Continuity of coverage
We will provide coverage for an Insured if the Insured was covered by a similar prior policy on the day before the Policy Effective Date of this certificate.
Coverage is subject to payment of premium and all other terms of the certificate. If an employee is on a temporary Layoff or Leave of Absence on the Policy Effective Date of this certificate, we will consider your temporary Layoff or Leave of Absence to have started on that date and coverage will continue for the period provided temporary Layoff or Leave of Absence under Continuation of your Coverage During Extended Absences in the certificate.
If you have not returned to Active Employment before any Insured's covered loss, any benefits payable will be limited to what would have been paid by the prior carrier.

Childbirth Limitation
We will pay benefits due to Childbirth for any Insured after the Insured's Coverage Effective Date.
Childbirth or Complications of Pregnancy will be covered to the same extent as any other Covered Sickness.

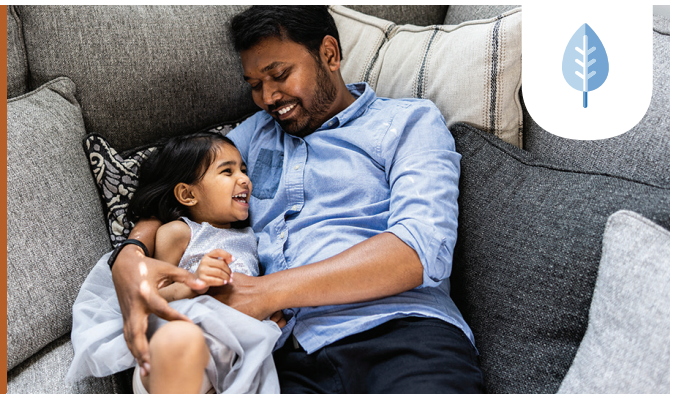
Exclusions and limitations
We will not pay benefits for a claim that is caused by, contributed to by, or resulting from any of the following:
• Committing or attempting to commit a felony;
• Being engaged in an illegal occupation or activity;
• Injuring oneself intentionally or attempting or committing suicide, whether sane or not;
• Active participation in a riot or, insurrection. This does not include civil commotion or disorder, Injury as an innocent bystander, or Injury for self-defense;
• Participating in war or any act of war, whether declared or undeclared; This does not include any acts of terrorism
• Combat or training for combat while serving in the armed forces of any nation or authority, including the National Guard, or similar government organizations;
• A Covered Loss that occurs while an Insured is legally incarcerated in a penal or correctional institution;
• Elective procedures or cosmetic surgery, except that "cosmetic surgery" shall not include reconstructive surgery as follows:
• when the service is incidental to or follows surgery resulting from trauma, infection, or other diseases of the involved part; and
• when due to Congenital Anomalies of a child.;
• Treatment for dental care or dental procedures, unless treatment is the result of a Covered Accident;
• Any Admission or Daily Stay of a newborn Child immediately following Childbirth unless the newborn is Injured or Sick;
• Voluntary use of or treatment for voluntary use of any prescription or non-prescription drug, alcohol, poison, fume, or other chemical substance unless taken as prescribed or directed by the Insured's Physician. For purposes of this exclusion, poison does not include food poisoning; and
• Mental or Nervous Disorders. This exclusion does not include dementia if it is a result of:
• Stroke, Alzheimer's disease, trauma, viral infection; or
• Other conditions which are not usually treated by a mental health provider or other qualified provider using psychotherapy, psychotropic drugs, or other similar methods of treatment.
Additionally, no benefits will be paid for a Covered Loss that occurs prior to the Coverage Effective Date.

End of employee coverage
If you choose to cancel your coverage under this certificate, your coverage will end on the first of the month following the date you provide notification to your Employer.
Otherwise, your coverage under this certificate ends on the earliest of:
• the date the Policy is cancelled by us or your Employer;
• the date you are no longer in an Eligible Group;
• the date your Eligible Group is no longer covered;
• the date of your death;
• the last day of the period any required premium contributions are made; or
• the last day you are in Active Employment.
However, as long as premium is paid as required, coverage will continue in accordance with the Continuation of your Coverage During Absences provision or if you elect to continue coverage for you under Portability of Hospital Indemnity Insurance.
We will provide coverage for a Payable Claim that occurs while you are covered under this certificate.

THIS INSURANCE PROVIDES LIMITED BENEFITS
This coverage is a supplement to health insurance. It is not a substitute for essential health benefits or minimum essential coverage as defined in federal law. Insureds in some states must be covered by comprehensive health insurance before applying for hospital insurance.
This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form GHIP16-1 and Certificate Form GHIC16-1 or contact your Unum representative.
Unum complies with applicable civil union and domestic partner laws.

Cumberland County Schools

Group Whole Life Insurance



Group Whole Life with Accelerated Death Benefit Insurance can pay money to your family if you die.

It can help them with basic living expenses, tuition and later, final expenses.

After the initial scheduled enrollment, new hires and newly eligible employees may enroll for coverage when they are first eligible. Late entrants may enroll, and existing insureds may increase coverage at a scheduled enrollment event.

How does it work?

You can keep Group Whole Life Insurance as long as you want. Once you've bought coverage, your cost won't increase as you age. Coverage is guaranteed as long as you pay premiums. That means you get protection during your working years and into retirement.

Group Whole Life Insurance also builds cash value at a guaranteed interest rate*. Your plan has a 10-year period during which cash value accumulates, but is not accessible.

Why should I buy coverage now?

- Once you purchase coverage, your premium remains the same as long as premiums are paid.
- When you purchase coverage when first eligible, you qualify for coverage without medical underwriting.
- The cost is conveniently deducted from your paycheck.
- Group Whole Life insurance gives you valuable protection in addition to any term life insurance you might have.
- Your coverage, as well as coverage for your spouse and child (if applicable), is portable, meaning you can take it with you if you leave your company. Your premiums would remain the same but you would be billed directly.

Who can get coverage?

Employee (issue ages 15-75)

You can purchase between $10,000 and $150,000 in increments of $10,000 during this enrollment. You may have the option to purchase additional coverage at a future scheduled enrollment or a qualifying life event. You can purchase up to $150,000 without medical underwriting to qualify for coverage.

Spouse (issue ages 15-75):

You can purchase between $10,000 and $50,000 in increments of $10,000 for your spouse during this enrollment. You may have the option to purchase additional coverage at a future scheduled enrollment or a qualifying life event. You can purchase up to $50,000 without medical underwriting to qualify for coverage. You may have to purchase coverage for yourself before purchasing coverage for your spouse.

Children's Term Rider

The rider covers all eligible children, as well as future children (newborns, adopted children) for one fixed premium amount. Eligible children must be between live birth and 26 years old, your or your spouse's child, your lawfully adopted child, foster child or any other child residing with you that is dependent on you for primary financial support.**

You can purchase $20,000 for your children during this enrollment. There will be no option to purchase additional coverage after this enrollment period. You must purchase coverage for yourself to purchase coverage for your children.

The amount of Group Whole Life Insurance for a spouse and the amount of coverage under Children's Term Rider will not be more than 100% of the employee Group Whole Life amount.

**Children can be covered past age 26 if they are incapable of self-sustaining employment due to permanent intellectual or physical incapacity prior to reaching age 26. Grandchildren are not eligible for coverage under the Children's Term Rider. The term life coverage provided under this rider ends when a child turns age 26.

What's included?

Accelerated Death Benefit for Terminal Illness

You can request an advance payout of your death benefit if you're diagnosed with a terminal illness and expected to live 12 months or less. You can receive up to 100% of the death benefit to a maximum of $150,000 and it can help cover your costs while you're still alive. Benefits received under this provision are taxable and any payout would reduce the benefit that's paid when you die. When benefits are accelerated under this rider, premiums will be waived for up to 12 months. As with all tax matters, individuals should consult a tax advisor to assess the impact of this benefit.

Accelerated Death Benefit for Long Term Care Rider

Your employer has chosen to include this benefit. Refer to attached EN-1407001 for more information.

Age	Coverage Amount	Non-Tobacco Cost (tenthly)	Tobacco Cost (tenthly)
25	$10,000	$10.24	$16.92
35	$10,000	$14.48	$20.99
45	$10,000	$23.28	$32.86
55	$10,000	$38.95	$55.16
25	$50,000	$51.18	$84.60
35	$50,000	$72.42	$104.94
45	$50,000	$116.40	$164.28
55	$50,000	$194.76	$275.82
25	$150,000	$153.54	$253.80
35	$150,000	$217.26	$314.82
45	$150,000	$349.20	$492.84
55	$150,000	$584.28	$827.46

Issued Age	Non-Tobacco Guaranteed Cash value at age 65 per $10,000 of Face Amount	Tobacco Guaranteed Cash value at age 65 per $10,000 of Face Amount
25	$3,475.30	$4,317.10
35	$3,122.90	$3,881.60
45	$2,552.90	$3,153.50
55	$1,522.20	$1,837.60

DISCLOSURES

When you buy life insurance, you name the people who will receive the benefits when you die. These people are called beneficiaries. Unum will pay benefits to the beneficiaries in one lump sum; however, if a beneficiary is a minor (typically younger than 18, but this may vary by state) and no financial guardian has been appointed, the benefits will be paid to that minor through a Unum Retained Asset Account.

A Unum Retained Asset Account is a fund held in Unum's general account for the named minor beneficiary. The account accrues interest regardless of Unum's actual investment performance, and, while not FDIC insured, the account funds are fully guaranteed by Unum.

For more information about the retained asset account, please contact Unum.

*For coverage effective prior to 1/1/2026, the policy accumulates cash value based on a non-forfeiture interest rate of 3.75% and the 2017 CSO mortality table. For coverage effective 1/1/2026 or later, the policy accumulates cash value based on the non-forfeiture interest rate of 4.5% and the 2017 CSO mortality table.

Cash value will be reduced by any outstanding loans or payments under any Accelerated Death Benefit. Outstanding loans will be deducted from the death benefit. Failure to repay loans could cause the policy to lapse.

Active employment

You are considered in active employment if, on the day you apply for coverage, you are being paid regularly for the required minimum 20 hours each week and you are performing the material and substantial duties of your regular occupation. Insurance coverage will be delayed if you are not in active employment because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective. New employees have a 0 day waiting period to be eligible for coverage. Please contact your plan administrator to confirm your eligibility date.

Employees must be legally authorized to work in the United States and actively working at a U.S. location to receive coverage.

Effective date of coverage

Your coverage will be effective on the first day of the month in which payroll deductions begin.

Delayed Effective Date: Your spouse's Coverage Effective Date will be delayed if your spouse: is an inpatient in a Hospital, Hospice, or other health care facility; or is confined at home under the care of a Physician. If your spouse's Coverage Effective Date is delayed due to the conditions above, your spouse's coverage will begin on: the date your spouse is no longer an inpatient in a Hospital, Hospice, or other healthcare facility; or the date your spouse is no longer confined at home under the care of a Physician.

Exclusions

This certificate does not cover any losses where death is caused by, contributed to by, or occurs as a result of suicide occurring within 24 months after an Insured's initial Coverage Effective Date or the date any increases or additional life insurance coverage becomes effective for an Insured. This exclusion will apply to any life coverage for which you pay all or part of the premium. This exclusion will also apply to any life coverage that has been approved by us that is subject to the Evidence of Insurability Requirements.

THE ACCELERATED DEATH BENEFIT FOR LONG TERM CARE RIDER IS NOT MEDICARE SUPPLEMENT COVERAGE. If you are eligible for Medicare, review the Medicare Supplement Buyer's Guide available from the insurer.

Medicaid:

- Medicaid will generally pay for long-term care if you have very little income and few assets. You probably should not buy this coverage if you are now eligible for Medicaid.
- Many people become eligible for Medicaid after they have used up their own financial resources by paying for long-term care services.
- When Medicaid pays your spouse's nursing home bills, you are allowed to keep your house and furniture, a living allowance and some of your joint assets.
- Your choice of long-term care services may be limited if you are receiving Medicaid. To learn more about Medicaid, contact your local and state Medicaid agency.

POTENTIAL RATE INCREASE DISCLOSURE FORM

The premium rate applicable to your coverage, including the Accelerated Death Benefit for Long Term Care Rider, will be shown on your confirmation of coverage. The Accelerated Death Benefit for Long Term Care Rider is Guaranteed Renewable. The rates for this rider may increase in the future. Your rates cannot be increased due to your increasing age or declining health, but your rates may go up based on the experience of all policyholders with a policy similar to yours. Any increase in the premium rates may require approval of the State Insurance Department. In the event of a premium increase, you will be notified of the revised premium rate. The notice will include the new premium and when you will start paying it. It also will describe your choices. Provident Life and Accident Insurance Company has not increased premiums on any in-force LTC riders issued to date.

End of Coverage

An Insured's coverage under this certificate ends on the earliest of:

- the date you are no longer in an Eligible Group;
- the date the Insured dies;
- the date the Insured is no longer eligible for coverage;
- for a Spouse, the date of divorce or annulment;
- the last day of the period any required premium contributions are made;
- the Insured's Maturity Date;
- the date the Insured's coverage is surrendered for its Guaranteed Cash Value;
- the date the Insured's Guaranteed Cash Value is less than or equal to the Debt;
- the date the Insured's Death Benefit has been exhausted or equals $0.00;
- the date the Insured's Death Benefit has been exhausted under any Accelerated Death Benefit option in this certificate or any rider; or
- the date the Employer's group policy is cancelled.

If an Insured's coverage ends for any of the reasons outlined above, the Insured may elect to continue coverage, as long as premium is paid as required, under the Portability provision of this certificate.

We will provide coverage for a Payable Claim that occurs while the Insured is covered under this certificate.

This information is not intended to be a complete description of the insurance coverage available. The insurance or its provisions may vary or be unavailable in some states. The insurance has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form PLA-GWLP22-1 and Certificate PLA-GWLC22-1, PLA-GWLADBTLC22-1 or contact your Unum representative.

Underwritten by: Provident Life and Accident Insurance Company, Chattanooga, Tennessee

Cumberland County Schools

Group Accident Insurance

How does it work?

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

Why is this coverage so valuable?

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

Who can get coverage?

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

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

What's included?

Be Well Benefit

Every year, each family member who has Accident coverage can also receive $75 for getting a covered Be Well screening test, such as:

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

Organized Sports Benefit

Each family member that has Accident coverage is eligible for a 25% increase in payable benefits within the Injury and Treatment schedule of benefit categories. See disclosures and schedule of benefits for more information.

How much does it cost?

Your tenthly premium	
You	$14.00
You and your spouse	$23.08
You and your children	$28.96
Family	$38.03

SCHEDULE OF BENEFITS

Accidental Death and Dismemberment

AD&D	
Employee	$50,000
Spouse	$25,000
Children	$12,500
Common Carrier Benefit can pay if the insured individual is injured as a fare-paying passenger on a common carrier (examples include mass transit trains, buses and planes)	
Employee	$50,000
Spouse	$25,000
Children	$12,500
Dismemberment	
Both Feet	$50,000
Both Hands	$50,000
One Foot	$25,000
One Hand	$25,000
Thumb and Index Finger of the same Hand	$12,500
Coma	
Coma	$10,000
Home & Vehicle Modifications	
Home & Vehicle Modifications	$1,500
Loss of Use	
Hearing (one ear)	$12,500
Hearing	$25,000
Sight of one Eye	$25,000
Sight of both Eyes	$50,000
Speech	$25,000
Paralysis	
Uniplegia	$12,500
Hemi/Paraplegia	$25,000
Triplegia	$37,500
Quadriplegia	$50,000

Hospitalization

Admission	$2,000
Admission – Hospital ICU (added to Admission)	N/A
Daily Stay (365 days)	$200
Daily Stay – Hospital ICU (added to Daily Stay)	$400
Short Stay	N/A

Injury

Burns	
2nd Degree Burns - At least 5%, but less than 20% of skin surface	$500
2nd Degree Burns - 20% or greater of skin surface	$1,000
3rd Degree Burns - Less than 5% of skin surface	$2,000

Injury

3rd Degree Burns - At least 5%, but less than 20% of skin surface	$5,000
3rd Degree Burns - 20% or greater of skin surface	$10,000
Concussion	
Concussion	$200
Connective Tissue Damage	
One Connective Tissue (tendon, ligament, rotator cuff, muscle)	$90
Two or more Connective Tissues (tendon, ligament, rotator cuff, muscle)	$150
Dislocations	
Ankle bone or bones of the foot (other than toes)	$1,650
Collarbone (acromioclavicular and separation)	$325
Collarbone (sternoclavicular)	$825
Finger or Toe (Digit)	$350
Hand (other than Fingers)	$1,400
Elbow joint	$1,400
Wrist joint	$1,800
Shoulder	$1,800
Hip joint	$4,000
Knee joint (other than patella)	$2,600
Kneecap (patella)	$500
Lower Jaw	$1,200
Incomplete Dislocation - Payable as a % of the applicable Dislocations benefit	25%
Eye Injury	
Eye Injury	$200
Fractures	
Ankle (lower tibia or fibula)	$2,250
Foot or Heel (other than Toes)	$2,250
Bones of the Face or Nose (other than Lower Jaw, Mandible or Upper Jaw, Maxilla)	$1,350
Collarbone (clavicle, sternum) or Shoulder Blade (scapula)	$1,800
Finger or Toe (Digit)	$350
Forearm (olecranon, radius, or ulna), Hand, or Wrist (other than Fingers)	$2,250
Hip or Thigh (femur)	$4,500
Kneecap (patella)	$2,250
Leg (mid to upper tibia or fibula)	$2,700
Lower Jaw, Mandible (other than alveolar process)	$1,800
Pelvis	$3,600
Rib	$450
Tailbone (coccyx), Sacrum	$450
Vertebral Processes	$450

Injury

Skull (except bones of Face or Nose), Depressed	$4,500
Skull (except bones of Face or Nose), Non-depressed	$2,250
Upper Arm between Elbow and Shoulder (humerus)	$1,600
Upper Jaw, Maxilla (other than alveolar process)	$1,600
Vertebrae, body of (other than Vertebral Processes)	$4,050
Chip Fracture - Payable as a % of the applicable Fractures benefit	25%
Same bone maximum incurred per accident	1 Fracture
Maximum payable multiplier for multiple bones	2 Times
Internal Injuries	
Internal Injuries	$200
Lacerations	
No Repair	$50
Repair Less than 2 inches	$150
Repair At least 2 inches but less than 6 inches	$300
Repair 6 inches or greater	$600
Loss of a Digit	
One Digit (other than a Thumb or Big Toe)	$750
One Digit (a Thumb or Big Toe)	$1,125
Two or more Digits	$1,500
Knee Cartilage	
Knee Cartilage (Meniscus) Injury	$150
Ruptured or Herniated Disc	
One Disc	$150
Two or more Discs	$250
Other	
Injury due to felony & sexual assault	$150
Organized Sports	25%

Recovery

At-Home Care	$50
Physician Follow-Up Visits	$25
Physician Follow-Up Maximum Visits	6 Visits
Prescription Drug	$5
Prescription Benefit Incidence per covered accident	1 Per Insured
Rehabilitation or Subacute Rehabilitation Unit	$50
Behavior Health Therapy	$25
Behavior Health Therapy visits	15 Days
Therapy Services (chiro, speech, PT, occ, acupuncture/alternative)	$25
Therapy Services Maximum Days	15 Days

ACCIDENT

SCHEDULE OF BENEFITS

Surgery

Dislocations	
Dislocation, Surgical Repair - Payable as a % of the applicable Injury benefit	100%
Anesthesia	
Epidural or Regional Anesthesia	$100
General Anesthesia	$250
Connective Tissue	
Exploratory without Repair	$100
Repair for One Connective Tissue	$800
Repair for Two or more Connective Tissues	$1,200
Eye Surgery	
Eye Surgery, Requiring Anesthesia	$300
Fractures	
Fractures, Surgical Repair - Payable as a % of the applicable Injury benefit	100%
Surgical Repair same bone maximum incurred per accident	1 Fracture
Surgical Repair same bone maximum payable multiplier for multiple bones	2 Times
General Surgery	
Abdominal, Thoracic, or Cranial	$2,550
Exploratory	$250
Incidence per covered accident	1 Per Insured
Hernia Surgery	
Hernia Surgery	$150
Knee Cartilage	
Knee Cartilage (Meniscus) Exploratory without Repair	$150
Knee Cartilage (Meniscus) with Repair	$750
Outpatient Surgical Facility	
Outpatient Surgical Facility	$100
Ruptured or Herniated Disc Surgery	
Exploratory without Repair	$125
One Disc	$675
Two or more Discs	$1,000

Treatment

Organized Sports	25%
Ambulance	
Air	$500
Ground	$100
Durable Medical Equipment	
Tier 1 (arm sling, cane, medical ring cushion)	$35
Tier 2 (bedside commode, cold therapy system, crutches)	$75
Tier 3 (back brace, body jacket, continuous passive movement, electric scooter)	$150

Treatment

Emergency Dental Repair	
Dental Crown	$300
Dental Extraction	$100
Filling or Chip Repair	$75
Imaging	
Tier 1 - X-rays or Ultrasound	$150
Tier 2 - Bone Scan, CAT, CT, EEG, MR, MRA, or MRI	$150
Medical Imaging Incidence allowance covered accident per Tier	1 Per Insured Per Tier
Lodging	
Lodging (per night)	$100
Prosthetic Device	
One Device or Limb	$500
Two or more Devices or Limbs	$1,000
Skin Grafts	
For Burns - Payable as a % of the applicable Burn benefit	50%
Not Burns - Less than 20% of skin surface	$125
Not Burns - 20% or greater of skin surface	$250
Treatment	
Emergency Room Treatment	$125
Injections to Prevent or Limit Infection (tetanus, rabies, antivenom, immune globulin)	$50
Pain Management Injections (epidural, cortisone, steroid)	$100
Transfusions	$300
Transportation (per trip)	$300
Family Care	$30
Pet Boarding (per day)	$20
Treatment in a Physician's Office or Urgent Care Facility (initial)	$125
Personal Safety	N/A

Cumberland County Schools

Group Specified Disease Insurance

How does it work?

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

Why should I buy coverage now?

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

Be Well Benefit

Every year, each family member who has Specified Disease coverage can also receive $100 for getting a covered Be Well Benefit screening test, such as:

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

Who can get coverage?

You:	Choose from $10,000 to $30,000 of coverage in increments of $5,000 with no medical underwriting to qualify if you apply during this enrollment.
Your spouse:	Spouses can only get 50% of the employee coverage amount as long as you have purchased coverage for yourself.
Your children:	Children from live birth to age 26 are automatically covered at no extra cost. Their coverage amount is 50% of yours. They are covered for all the same illnesses plus these specific childhood conditions: cerebral palsy, cleft lip or palate, cystic fibrosis, Down syndrome, spina bifida, type 1 diabetes, sickle cell anemia and congenital heart disease. The diagnosis must occur after the child's coverage effective date.

Why is this coverage so valuable?

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

What's covered?

Critical Illnesses

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

Cancer conditions

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

Progressive diseases

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

Supplemental conditions

- Loss of sight, hearing or speech
- Benign brain tumor
- Coma
- Permanent Paralysis
- Occupational HIV, Hepatitis B, C or D
- Occupational PTSD

Paid at 25%:

- Infectious Diseases
- Pulmonary Embolism
- Transient Ischemic Attack (TIA)
- Bone Marrow/Stem Cell

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

EN-1717552 FOR EMPLOYEES (9-23)

CRITICAL ILLNESS

Tenthly rates per $5,000 of coverage		
Age	Employee	Spouse
under 25	$3.90	$3.90
25 - 29	$3.90	$3.90
30 - 34	$3.90	$3.90
35 - 39	$4.86	$4.86
40 - 44	$6.12	$6.12
45 - 49	$8.22	$8.22
50 - 54	$11.52	$11.52
55 - 59	$15.36	$15.36
60 - 64	$21.42	$21.42
65 - 69	$29.82	$29.82
70 - 74	$42.36	$42.36
75 - 79	$58.20	$58.20
80 - 84	$58.20	$58.20
85+	$58.20	$58.20

Calculate your cost

Choose the rate for your current age:

$ _____ ÷ $5,000 x _____ = $ _____

Amount of coverage you want — Rate

Actual billed amounts may vary. For illustrative purposes only.

Active employment: You are considered in active employment if, on the day you apply for coverage, you are being paid regularly for the required 20 hours each week and you are performing the material and substantial duties of your regular occupation. Insurance coverage will be delayed if you are not in active employment because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective. New employees may have a waiting period to be eligible for coverage. Please contact your plan administrator to confirm your eligibility date. If enrolling, and eligible for Medicare (age 65+; or disabled) the Guide to Health Insurance for People with Medicare is available at https://www.medicare.gov/publications/02110-choosing-a-medigap-policy-a-guide-to-health-insurance-for-people-with-medicare.pdf

Cumberland County Schools

Employer-paid and Voluntary Term Life Insurance with Accidental Death and Dismemberment

How does it work?

Term Life Insurance allows you to keep coverage for a set amount of time, or "term" If you die during that term, the money can help your family pay for basic living expenses, final arrangements, tuition and more.

Accidental Death and Dismemberment (AD&D) Insurance pays a benefit if you survive an accident but have certain serious injuries. It can pay an additional amount if you die from a covered accident.

Your employer is providing you with the following amount of Term Life and AD&D coverage. You are eligible for coverage if you are working a minimum of 30 hours per week.

Employee	A flat $10,000 of coverage. You can receive $10,000 of coverage without answering medical questions.

You can purchase the following Voluntary Term Life coverage for you and your family during this enrollment. You are eligible for coverage if you are working a minimum of 30 hours per week.

Employee	**Voluntary Term Life coverage**
	A maximum of the lesser of 7 times your annual earnings or $150,000, in $10,000 increments. The minimum purchase amount is $10,000. You can purchase up to $150,000 without answering medical questions.

Spouse	**Voluntary Term Life coverage**
	A maximum of $25,000 in $5,000 increments. Your spouse can get $25,000 of coverage without medical underwriting. You must be insured under the plan in order to elect coverage for your spouse.

Child	**Voluntary Term Life coverage**
	Live birth to 14 days is $1,000 14 days to 6 months is $1,000 6 months and older is $5,000 Dependent children are eligible up to age 26. You must be insured under the plan in order to purchase coverage for your children.

GROUP TERM LIFE

Portability

You may be able to keep coverage if you leave the company, retire or change the number of hours you work. Employees or dependents cannot port coverage if they are confined to a hospital or home at the time of application and/or age 70 or older at time of application. State restrictions may apply.

Work-life balance employee assistance program

Get access to professional help for a range of personal and work-related issues, including counselor referrals, financial planning and legal support.

Worldwide emergency travel assistance

One phone call gets you and your family immediate help anywhere in the world, as long as you're traveling 100 or more miles from home. However, a spouse traveling on business for his or her employer is not covered.

Life Planning and Financial Resources

Provides expert financial and legal counseling as well as planning to the beneficiary of a deceased insured employee or a terminally ill employee or spouse.

How much voluntary coverage can I get?

Calculate your costs

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

	1	2	3	4
Employee	$_____,000	÷ $1,000 = $_____	X $_____	= $_____
Spouse	$_____,000	÷ $1,000 = $_____	X $_____	= $_____
Child	$_____,000	÷ $1,000 = $_____	X $_____	
			Total cost	

Age	Employee tenthly rate Per $1,000 of coverage Cost	Spouse tenthly rate Per $1,000 of coverage Cost	Child tenthly rate $0.144 per $1,000 of coverage
15-24	$0.048	$0.372	
25-29	$0.048		
30-34	$0.060		
35-39	$0.082		
40-44	$0.106		
45-49	$0.182		
50-54	$0.257		
55-59	$0.432		
60-64	$0.682		
65-69	$1.162		
70-74	$2.112		
75+	$2.112		

Cumberland County Schools

Learn more about your annual Be Well Benefit

Your Unum plan pays a Be Well Benefit for one Be Well screening each year.

With the Unum Be Well Benefit, you and other covered family members can receive a valuable incentive for important tests and screenings. Many of these tests are routinely performed, so it's easy to take advantage of this benefit.

Your Specified Disease Insurance Be Well benefit is $100.

Your Accident Insurance Be Well benefit is $75.

Your Hospital Insurance Be Well benefit is $50.

BE WELL SCREENINGS

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

HOW TO FILE A CLAIM

You can receive a benefit for tests that are performed after your initial coverage date.

Follow these steps:

Online: www.unum.com
App: MyUnum for Members
Phone: 1-800-635-5597

You will need to provide the following:

- First and last names of the employee and claimant (the employee might not be the claimant)
- Employee's Social Security number or policy number
- Name and date of the test
- Name of physician and the facility where the test was performed.

Each year, you can earn a valuable incentive just for taking care of your health. And so can each of your covered family members.

For more information, please contact your HR representative.

Better benefits at work.™

unum.com

EN-1911-Be Well FOR EMPLOYEES (2-24)

Plans Administered & Managed By:

OLDE FAYETTEVILLE INSURANCE

ESTD 1955

1308 FORT BRAGG ROAD, SUITE 201
FAYETTEVILLE NC 28305
(910) 483-6210 • FAX: (910) 485-6211

Scan and schedule your appointment