



# 2025 Benefits Guide

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HAVE QUESTIONS?  
WANT TO CHECK CURRENT BENEFITS?  
WANT TO ENROLL?

CALL **813-212-6186** M-F, 8AM TO 7PM EST

ENROLL ONLINE [APP.USENROLLMENT.COM/SPLI](https://app.usenrollment.com/spli)

# DENTAL COVERAGE DHMO

		DHMO	
General Dental Expenses	Annual Deductible  Annual Maximum	No Deductible No Annual Maximum	
Preventative Services		All services are fee based. Refer to Schedule of Benefits	
Basic Services	Fillings	All services are fee based. Refer to Schedule of Benefits	
Major Services	Crowns  Bridges  Endo/Perio	All services are fee based. Refer to Schedule of Benefits	

MONTHLY PREMIUMS	DHMO
Employee	\$16.01
Employee + Spouse	\$29.52
Employee + Child(ren)	\$32.63
Family	\$47.28



To locate your Dental provider visit [Click Here](#)

<sup>1</sup> The DHMO is an in-network only plan with a designated network. You must select a primary care dentist. Please note the DHMO is only available in: TX, CA, NY, NJ and FL

# DENTAL COVERAGE PPO

		PPO	
General Dental Expenses	Annual Deductible	In-Network & Out-of-Network <b>\$50</b> individual, <b>\$150</b> family	
	Annual Maximum	In-Network & Out-of-Network <b>\$1,250</b>	
Preventative Services		In-Network & Out-of-Network <b>100%</b> of negotiated fee	
Basic Services	Fillings	In-Network & Out-of-Network <b>80%</b> of negotiated fee	
Major Services	Crowns	In-Network & Out-of-Network <b>50%</b> of negotiated fee	
	Bridges	In-Network & Out-of-Network <b>50%</b> of negotiated fee	
	Endo/Perio	In-Network & Out-of-Network <b>50%</b> of negotiated fee	

MONTHLY PREMIUMS	PPO	
Employee	\$26.69	
Employee + Spouse	\$53.75	
Employee + Child(ren)	\$48.86	
Family	\$90.21	



To locate your Dental provider visit  
[Click Here](#)

<sup>1</sup> The DHMO is an in-network only plan with a designated network. You must select a primary care dentist. Please note the DHMO is only available in: TX, CA, NY, NJ and FL

# DENTAL COVERAGE PPO HIGH

	In-Network	Out-of-Network	
<b>Class Description</b>	<b>All Active Full Time Employees (30 Hours)</b>		
<b>Reimbursement</b>	Negotiated Fee Schedule	R & C 80th Percentile	
Type A – Preventive	100%	100%	
Type B – Basic	80%	80%	
Type C – Major	50%	50%	
<b>Calendar Year Deductible applies to:</b>	B & C	B & C	
Family	\$50 \$150 Aggregate	\$50 \$150 Aggregate	
<b>Calendar Year Maximum (applies to A,B,C services)</b>	\$2,500	\$1,500	
<b>Orthodontia</b>	50%	50%	
<b>Orthodontia Lifetime Maximum</b>	\$1,500	\$1,000	

\* Out of Network benefits are payable for services rendered by a dentist who is not a participating provider. The Reasonable and Customary charge is based on the lowest of (1) the dentist's actual charge (the 'Actual Charge'), (2) the dentist's usual charge for the same or similar services (the 'Usual Charge') or (3) the charge of most dentists in the same geographic area for the same or similar services as determined by MetLife (the 'Customary Charge'). Services must be necessary in terms of generally accepted dental standards.

<b>MONTHLY PREMIUMS</b>	<b>PPO HIGH</b>	
Employee Only	\$32.24	
Employee + Spouse	\$64.93	
Employee + Child(ren)	\$69.02	
Employee + Family	\$108.97	



To locate your Dental provider visit [Click Here](#)

<sup>1</sup> The DHMO is an in-network only plan with a designated network. You must select a primary care dentist. Please note the DHMO is only available in: TX, CA, NY, NJ and FL

# VISION COVERAGE

		In-Network	Out-of-Network
<b>Examination</b> (Once every 12 months)		\$10 copay	Reimbursed up to \$45
<b>Lenses</b> (Once every 12 months)	Single Lenses	\$25 copay	Reimbursed up to \$30
	Bifocal Lenses	\$25 copay	Reimbursed up to \$50
	Trifocal Lenses	\$25 copay	Reimbursed up to \$65
<b>Frames</b> (Once every 24 months)		\$25 copay, \$130 allowance	Reimbursed up to \$70
<b>Contact Lenses</b>	Elective Contact Lenses	\$25 copay	n/a
	Medically Necessary Contact Lenses	\$130 copay In Full after copay	Reimbursed up to \$105 Reimbursed up to \$210

MONTHLY PREMIUMS	PPO
Employee	\$6.98
Employee + Spouse	\$13.99
Employee + Child(ren)	\$11.84
Family	\$19.53



To locate your  
Vision provider visit  
[Click Here](#)



## DID YOU KNOW?

- Without coverage, the average cost of eyeglasses is roughly \$285; with a comprehensive eye examination the total is typically well over \$400.
- Your coverage is available with a \$10 co-pay.

# DISABILITY COVERAGE

## SHORT-TERM DISABILITY COVERAGE

Weekly Benefit	Replaces up to <b>60%</b> of your weekly base pay
Maximum Benefit	<b>\$500</b> per week
Maximum Benefit Duration	<b>13 weeks</b>
Elimination Period	After <b>1st day</b> of accident/ <b>15th day</b> of illness
<b>SAMPLE PREMIUM</b> for 35 year old with \$400 weekly income.	<b>SAMPLE MONTHLY PREMIUM</b> \$3.46 with \$240 weekly benefit for up to 13 weeks.

### HOW SHORT-TERM DISABILITY COVERAGE WORKS:

Beth enrolled in short-term disability coverage when she was hired as a full-time employee. She recently learned she has a health condition that will prevent her from working for 8 weeks.

Her policy has a maximum benefit of 60% of pay, up to \$500 a week, and a maximum benefit duration of 13 weeks. She can receive benefits after the 15-day elimination period and will continue up to 13 weeks,

Short-term disability is intended to protect your income for a short duration in case you become ill or injured.



#### DID YOU KNOW?

- 64% of workers underestimate their chance of experiencing a disability<sup>1</sup>.

<sup>1</sup> CDA Disability Divide proprietary research, March 2010, <http://www.disabilitycan-happen.org/research/consumer>

# DISABILITY COVERAGE

## LONG-TERM DISABILITY COVERAGE

Monthly Benefit	Replaces up to <b>60%</b> of your monthly base pay
Maximum Benefit	<b>\$5,000</b> per month
Maximum Benefit Duration	<b>Age 65</b> Reduced Benefit Duration if disabled after age 59. See benefit summary for details.
Elimination Period	After <b>90 days</b> of sickness or accident
<b>SAMPLE PREMIUM</b> for 35 year old with \$2,000 monthly income.	<b>SAMPLE MONTHLY PREMIUM</b> \$7.44 with \$1,200 monthly benefit.

### HOW LONG-TERM DISABILITY COVERAGE WORKS:

Two months ago, Cody was injured in an accident that resulted in a covered disability. His plan has an elimination period of 90 days. This means on the 91st day that he will be eligible to begin collecting benefits.

The policy provides a maximum benefit of 60% of pay, up to \$5,000 a month, and a maximum benefit duration to age 65 or Social Security Normal Retirement Age.

Long-term disability is intended to protect your income for a long duration after you have depleted short-term disability or any sick leave your company may offer.



#### DID YOU KNOW?

- The average long-term disability claim duration is 31.2 months<sup>1</sup>.

<sup>1</sup> 2010 Gen Re Disability Fact Book



# LIFE COVERAGE

## GROUP VOLUNTARY LIFE COVERAGE

Guaranteed Issue	Employee	Up to <b>\$100,000</b> not to exceed 5 times your annual salary
	Spouse	Guaranteed issue up to <b>\$30,000</b> with \$50,000 maximum
	Dependent	Up to <b>\$10,000</b>
Portable		Portable if coverage has been in force for at least 12 months. If an insured leaves the group for any reason, he or she may be able to continue this coverage on a direct basis.
Convertible		Convert all or part of the amount of coverage to an individual life policy.
Accelerated Death Benefit		Accelerates a portion of the death benefit if a covered person is first diagnosed with a terminal illness which, in the best medical judgment, will result in death within 12 months.
AD&D		Benefit amount equal to the life amount elected by you. In the event that death occurs from a covered accident, both the life and the AD&D benefit would be payable.
Benefit Reduction		Benefits will reduce <b>50%</b> at age 70 and terminate at retirement.

**GUARANTEED  
ACCEPTANCE UP TO  
\$100,000!**



To get a personalized quote:

Call 813-212-6186 or visit [app.userollment.com/spli](http://app.userollment.com/spli)

# ALLSTATE BENEFITS



Allstate®

With Voluntary Insurance from Allstate Benefits, you can rest easy knowing your future is a little more secure.

## INSURANCE YOU CAN TRUST

Supplemental insurance from Allstate Benefits helps you protect your family and your finances when the unexpected happens.

## COVERAGE HIGHLIGHTS

### Group Voluntary Accident

Accident coverage provides cash benefits for out-of-pocket expenses associated with an accidental injury and can help protect hard-earned savings should an on- or off-the-job accidental injury occur.

### Group Voluntary Critical Illness

Critical Illness Insurance pays benefits that can be used for non-medical, critical illness-related expenses that your health insurance might not cover. The Critical Illness benefit is in the form of a lump-sum payment, following a diagnosis of a critical illness.

### Hospital Indemnity Insurance

Hospital Indemnity insurance pays a cash benefit for hospital confinements. This benefit is payable directly to you and can keep you from withdrawing money from your personal bank account or your Health Savings Account (HSA) for hospital-related expenses.

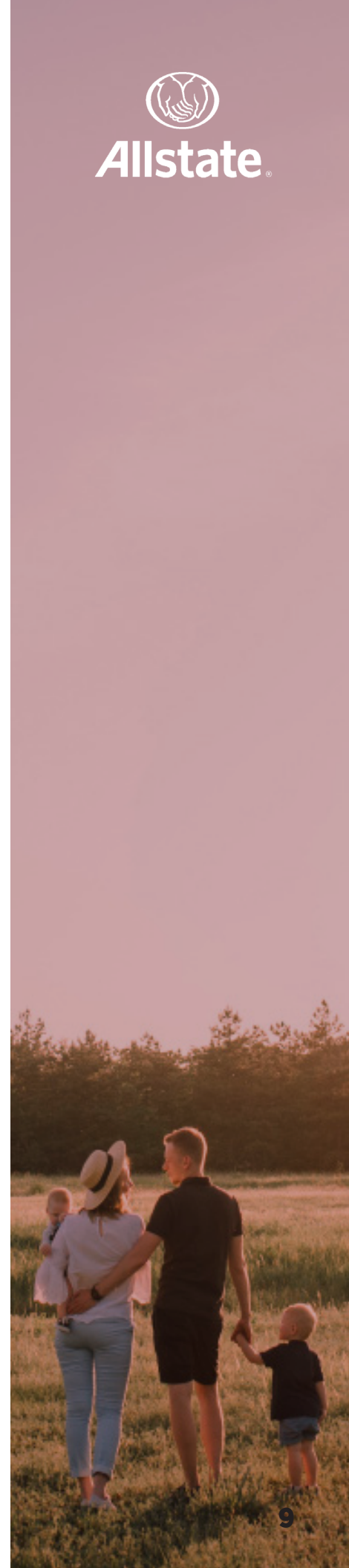
### Term to Age 100 Life Insurance

Without a Term Life Insurance policy, your family may have to tap into their savings, retirement, or 401k to help cover final expenses and everyday living expenses should a breadwinner die unexpectedly. This product offers a guaranteed premium to age 100.

## PREMIUMS ARE AFFORDABLE

Allstate Benefits plans offer cash benefits that you can use for things like:

- deductibles
- child care while you are ill
- over-the-counter medications
- out-of-pocket medical expenses
- gas for your car
- anything else you need!



# LIFE COVERAGE

## TERM TO AGE 100



Have you ever experienced a life-changing event, whether good or bad, and worried that you would not have the finances in place to handle it if you lost your spouse?

Perhaps it has crossed your mind, but you put it off because you did not want to think about the unthinkable. However, if you have a spouse, children or even grandchildren, that is reason enough to think about planning for their future today.

### HERE ARE SOME ADDITIONAL REASONS TO CONSIDER

- You can't predict when you'll die, whether from a disease, accidental injury or natural causes.
- You live on a budget, and purchasing traditional permanent life insurance would be costly.
- You want a Term Life policy that offers coverage for more than 5, 10 or 20 years.
- You want affordable coverage that goes with you should you leave your employer.
- You're the primary wage earner and your family would have difficulty living without your income.
- You have recurring monthly debts such as a mortgage, car payment or credit cards.

- You have children under 18, and they require money for daily living expenses such as food, clothing, school sports and college education.
- Your family may need additional money to help with health care related bills after you die.

### MEETING YOUR NEEDS

- You choose the death benefit amount to leave behind
- Spouse and children may be covered
- Premiums are affordable and remain level to age 100 unless you make changes to your coverage
- Premiums are affordable and conveniently payroll deducted
- Guaranteed minimum death benefit is level for 5 years; current non-guaranteed death benefit is projected to remain level to age 100

With Allstate Benefits, you gain peace of mind knowing your loved ones will receive a financial safety net when you die - think of it as your final gift of love.

#### USING YOUR CASH BENEFITS

You or your beneficiary get to decide how to use them.



#### FINANCES

Help eliminate the need to deplete savings or retirement plans



#### HOME

Help pay mortgage, rental payments or perform needed home repairs



#### EXPENSES

Help pay your family's living expenses such as bills, electricity and gas

# ACCIDENT COVERAGE



Allstate.

Today, active lifestyles in or out of the home may result in bumps, bruises and sometimes breaks. Getting the right treatment can be vital to recovery, but it can also be expensive. And if an accident keeps you away from work during recovery, the financial worries can grow quickly.

Most major medical insurance plans only pay a portion of the bills. Our coverage can help pick up where other insurance leaves off and provide cash to help cover the expenses. With Accident insurance from Allstate Benefits, you can gain the advantage of financial support, thanks to the cash benefits paid directly to you.

## MEETING YOUR NEEDS

- Guaranteed Issue coverage, subject to exclusions and limitations
- Benefits are paid directly to you unless otherwise assigned
- Pays in addition to other insurance coverage
- Coverage also available for your dependents
- Premiums are affordable and can be conveniently payroll deducted
- Coverage may be continued; refer to your certificate for details



### DID YOU KNOW?

- Accident coverage is a way to help stay ahead of the medical and out-of-pocket expenses that add up so quickly after an accidental injury - emergency treatment, hospital stays, medical exams, and other expenses you may face, such as transportation and lodging needs.



**GROUP VOLUNTARY ACCIDENT (GVAP6)**

24-HOUR ACCIDENT INSURANCE FROM ALLSTATE BENEFITS

Base Policy Benefits	Plan 1	Plan 2
Initial Hospital Confinement (pay once/year)	\$1,000	\$1,500
Daily Hospital Confinement (pays daily)	\$200	\$300
Intensive Care (pays daily)	\$400	\$600
Rider Benefits	Plan 1	Plan 2
Ambulance/Ground	\$200	\$300
Air	\$600	\$900
Accident Physician's Treatment	\$100	\$150
Urgent Care	\$100	\$150
Dislocation or Fracture Rider <sup>1</sup>	\$4,000	\$6,000
Emergency Room Services Rider	\$200	\$300
Outpatient Physician's Benefit Rider (OPT) (pays daily)	\$50	\$50
Accidental Death, Dismemberment <sup>1</sup> and Functional Loss <sup>1</sup> Rider	\$40,000	\$60,000
Common Carrier (fare-paying passenger)	\$100,000	\$150,000
Benefit Enhancement Rider	Plan 1	Plan 2
Accident Follow-up Treatment (pays daily)	\$150	\$200
Lacerations	\$150	\$200
Burns < 15% body	\$300	\$400
15% or more	\$1,500	\$2,000
Coma with Respiratory Assistance	\$30,000	\$40,000
Eye Surgery	\$300	\$400
Physical, Occupational or Speech Therapy (pays daily)	\$90	\$120
Rehabilitation Unit (pays daily)	\$300	\$400
Broken Tooth	\$300	\$400
Miscellaneous Outpatient Surgery	\$300	\$400

<sup>1</sup> Up to amount shown. Multiple losses from same injury pay only up to amount shown above.  
Benefits are paid once per accident unless otherwise noted.

MONTHLY PREMIUMS	PLAN 1	PLAN 2
Employee	\$16.77	\$22.77
Employee + Spouse	\$29.00	\$39.38
Employee + Child(ren)	\$35.31	\$48.34
Family	\$47.04	\$63.45

# CRITICAL ILLNESS COVERAGE



No one is ever really prepared for a life-altering critical illness diagnosis. The whirlwind of appointments, tests, treatments and medications can add to your stress levels.

The treatment to recovery is vital, but it can also be expensive. Your medical coverage may only cover some of the costs associated with treatment. You're still responsible for deductibles and coinsurance. If treatment keeps you out of work, the financial worries can grow quickly and stress levels may rise.

Critical Illness coverage helps provide financial support if you are diagnosed with a covered critical illness. With the expense of treatment often high, seeking the treatment you need could seem like a financial burden. When a diagnosis occurs, you need to be focused on getting better and taking control of your health, not stressing over financial worries.

## MEETING YOUR NEEDS

- Guaranteed Issue coverage with a Pre-Existing Condition Limitation\*
- Coverage available for individual and child(ren) or family
- Covered dependents receive 50% of your Basic-Benefit Amount
- Benefits paid regardless of any other medical or disability plan coverage
- Premiums are affordable and conveniently payroll deducted
- Coverage may be continued; refer to your certificate for details

With Allstate Benefits, you can make treatment decisions without putting your finances at risk.

## GROUP CRITICAL ILLNESS (GVCIP4)

Initial Critical Illness Benefits	Plan 1	Plan 2
Heart Attack (100%)	\$15,000	\$30,000
Stroke (100%)	\$15,000	\$30,000
End Stage Renal Failure (100%)	\$15,000	\$30,000
Major Organ Transplant (100%)	\$15,000	\$30,000
Coronary Artery Bypass Surgery (25%)	\$3,750	\$7,500
Cancer Critical Illness Benefits	Plan 1	Plan 2
Invasive Cancer (100%)	\$15,000	\$30,000
Carcinoma In Situ (25%)	\$3,750	\$7,500

Continued on page 12

\*Please refer to the Exclusions and Limitations section of the brochure.

Reoccurrence of Critical Illness Benefits	Plan 1	Plan 2
Initial Critical Illness (same amount as initial critical illness benefit)	Yes	Yes
Cancer Critical Illness (same amount as Cancer Critical Illness Benefit)	Yes	Yes
Rider Benefits	Plan 1	Plan 2
<b>Skin Cancer Rider</b>	\$250	\$250
<b>Cardiopulmonary Enhancement Rider</b>	\$3,750	\$7,500
Sudden Cardiac Arrest (25%), Pulmonary Embolism (25%), Pulmonary Fibrosis (25%)		
<b>Second Evaluation, Transportation and Lodging Rider</b>	\$1,000	\$1,000
Second evaluation		
Non-Local Transportation <sup>1</sup> - Air Fare	\$500	\$500
Personal Vehicle (per trip or mile*)	\$0.50/mi	\$0.50/mi
<b>Specified Chronic Illness Rider (50%)</b>	\$7,500	\$15,000
<b>Supplemental Critical Illness Rider</b>	\$15,000	\$30,000
Advanced Alzheimer's Disease (100%); Advanced Parkinson's Disease (100%); Benign Brain Tumor (100%); Coma (100%); Complete Loss of Hearing, Sight or Speech (100%); Paralysis (100%)		
<b>Fixed Wellness Rider (per year)</b>	\$50	\$50

<sup>1</sup>Limit of \$5,000 in a calendar year. <sup>2</sup>Limit of \$1,000 in a calendar year. \* Maximum of 1,000 miles.

## PLAN 1 MONTHLY PREMIUMS

	18-29	30-39	40-49	50-59	60-64	65+
<b>Non-Tobacco</b>						
EE, EE+CH	\$6.45	\$12.81	\$24.69	\$43.21	\$57.34	\$89.70
EE+SP, F	\$10.35	\$20.11	\$38.25	\$66.50	\$87.99	\$136.90
<b>Tobacco</b>						
EE, EE+CH	\$8.63	\$18.31	\$37.80	\$67.52	\$89.33	\$136.43
EE+SP, F	\$13.67	\$28.47	\$58.21	\$103.41	\$136.57	\$207.66

## PLAN 2 MONTHLY PREMIUMS

	18-29	30-39	40-49	50-59	60-64	65+
<b>Non-Tobacco</b>						
EE, EE+CH	\$11.53	\$23.94	\$46.98	\$83.14	\$110.82	\$174.79
EE+SP, F	\$18.00	\$36.79	\$71.71	\$126.39	\$168.16	\$264.53
<b>Tobacco</b>						
EE, EE+CH	\$15.84	\$34.71	\$72.68	\$130.79	\$173.59	\$266.78
EE+SP, F	\$24.48	\$53.04	\$110.51	\$198.31	\$262.93	\$403.22

# HOSPITAL INDEMNITY



Life is unpredictable. Without any warning, an illness or injury can lead to a hospital confinement and medical procedures and/or visits, which may mean costly out-of-pocket expenses.

Our Hospital Indemnity insurance pays a cash benefit for hospital confinements. This benefit is payable directly to you unless assigned, and can keep you from withdrawing money from your personal bank account or your Health Savings Account (HSA) for hospital-related expenses. It is increasingly important to not only protect your finances if faced with an unexpected illness, but also to empower yourself to seek the necessary treatment.

## MEETING YOUR NEEDS

- Guaranteed Issue coverage without a Pre-Existing Condition Limitation
- Coverage also available for your dependents
- Premiums are affordable and are conveniently payroll deducted
- Coverage may be continued; refer to your certificate for details

With Allstate Benefits, you can feel assured that you have the protection you need if faced with a hospitalization.

HOSPITAL INDEMNITY		
Hospitalization Benefits	Plan 1	Plan 2
First Day Hospital Confinement <i>Limit to Number of Occurrences</i>	\$1,000 One/year	\$2,000 One/year
Daily Hospital Confinement (daily) <i>Maximum Number of Days</i>	\$100 10	\$200 10
Hospital Intensive Care (daily) <i>Maximum Number of Days</i>	\$100 10	\$200 10
Wellness Benefit	Plan 1	Plan 2
Fixed Wellness (daily)	\$50	\$50
Benefit Limitation	Plan 1	Plan 2
Pregnancy Waiting Period	None	None

MONTHLY PREMIUMS	PLAN 1	PLAN 2
Employee	\$9.88	\$18.72
Employee + Spouse	\$30.55	\$59.15
Employee + Child(ren)	\$12.22	\$23.27
Family	\$34.06	\$65.78



Get access to telemedicine and mental health professionals through AllyHealth.

## CHOOSE YOUR PLAN

	Basic	Essentials
Cutting-edge Mobile App	✓	✓
HR & Employee Engagement Tools	✓	✓
Prescription Savings Program	✓	✓
Medical Bill Negotiation Service	✓	✓
<b>\$0 co-pay</b> Telemedicine Visits (24/7)	✓	✓
<b>\$0 co-pay</b> Mental Health Visits*		✓
Access to Psychiatry Visits		✓

## COMMON CONDITIONS COVERED

<b>TELEMED</b>	<b>BASIC ✓</b>	<b>ESSENTIALS ✓</b>	<b>MENTAL HEALTH</b>	<b>ESSENTIALS ✓</b>
<ul style="list-style-type: none"> <li>• Acne</li> <li>• Allergies</li> <li>• Asthma</li> <li>• Bronchitis</li> <li>• Cellulitis</li> <li>• Cold &amp; Flu</li> <li>• Sunburn</li> <li>• Sore Throat</li> <li>• Fever</li> <li>• Gout</li> <li>• Headache</li> </ul>	<ul style="list-style-type: none"> <li>• Infections</li> <li>• Insect Bites</li> <li>• Rashes</li> <li>• Diarrhea</li> <li>• Ear Infection</li> <li>• Sinus Infection</li> <li>• Constipation</li> <li>• Skin Inflammations</li> <li>• Urinary Tract Infection</li> <li>• Joint Aches &amp; Pains</li> <li>• And more...</li> </ul>	<ul style="list-style-type: none"> <li>• Addictions</li> <li>• Bipolar Disorders</li> <li>• Child &amp; Adolescent Issues</li> <li>• Depression</li> <li>• Eating Disorders</li> <li>• Grief &amp; Loss</li> <li>• Life Changes</li> <li>• Men's Issues</li> <li>• Panic Disorders</li> <li>• Parenting Issues</li> </ul>	<ul style="list-style-type: none"> <li>• Postpartum Depression</li> <li>• Relationship &amp; Marriage Issues</li> <li>• Stress</li> <li>• Trauma &amp; PTSD</li> <li>• Women's Issues</li> <li>• And more</li> </ul>	

### MONTHLY PREMIUMS

One subscription covers the immediate family

### BASIC

\$9.00

### ESSENTIALS

\$15.00

*\*THIS PLAN IS NOT INSURANCE and is not intended to replace insurance or a primary care physician relationship. Consultations with our doctors are \$0 (subject to usage limitations). Mental health visits include 3 clinical hours of talk therapy per family per year at no charge. Additional visits may be available on a fee for service basis.*

# PRESCRIPTION DISCOUNT CARD

The card below is pre-activated and can be used immediately to save up to 75% on prescription drugs for you and your family.

## PRESCRIPTION DRUG CARD HIGHLIGHTS

- Accepted at over 68,000 pharmacies nationwide
- No paperwork to fill out
- No limits on usage
- No health restrictions
- Save on brand and generic drugs
- Covers drugs not covered in health plans
- Covers many pet prescriptions



### FRONT



Name: \_\_\_\_\_

Member ID: Enter Year & Time  
(Example: Year 2017; Time R-14; Enter ID 2017/01-0)

RxGRP: EF  
ItcBIN: 610/030

Powered by:   



Customer Service: 877-321-6700  
Pharmacy Helpline: 800-223-2148  
This program is not insurance. This is a point-of-sale discount program.

NOTE: This card is being provided to you at 750.53.003. There are no fees to fill out. Simply take this card into a participating pharmacy with your Rx to qualify for discounts on medications. You may have access to other issue related programs based on form. Each family member must have their own card. This card has been pre-activated for immediate use. To obtain information and to print additional cards visit [www.RxDiscount.us](http://www.RxDiscount.us).

### BACK

PARTICIPATING PHARMACIES



For Individuals, Families, and Employees

## LEGAL PLAN

- Talk to a lawyer. No high hourly costs
- Family plan covers member, spouse and dependents
- Individual plan covers member (with no spouse/dependents/children)
- Standard will preparation
- Legal advice/consultation/representation
- Letters/phone calls on your behalf
- Legal document review
- Moving traffic violations
- Trial defense
- 24/7 emergency assistance
- Mobile app
- 25% preferred member discount

## LEGAL PLAN ADD-ONS

- Trial Defense Supplement—increased hours
- Home Business Supplement

For family owned and operated businesses, consultants or a rental property owner—and have no employees (other than immediate family members).

- Home Business Supplement + GoSmallBiz.com

Business tools, training courses, business coaching, & unlimited business consulting



## DID YOU KNOW?

- More than 13 million, or nearly 60%, of all small businesses have experienced significant legal events in the past two years.  
—Decision Analyst Study: The legal needs of small business
- 57 million full-time working Americans experienced at least one significant legal event in the past 12 months.  
—The legal needs of american families study legal needs study



FOR MORE INFORMATION, PLEASE CONTACT YOUR INDEPENDENT ASSOCIATE:

Gregory Malinowski • 727-244-8406  
gmalinowski@legalshieldassociate.com  
legalshield.com/info/southeastpersonnel.com

**WITH OUR SMARTPHONE APPS**  
MyLS, MyIDShield, & Ask LegalShield members have answers to their legal questions and access to their plan benefits at the touch of a button.

*This is a general overview of the coverage of various plans for illustration purposes only. Not all plans or benefits are available in all states or provinces. See a LegalShield representative for complete terms, coverage, amounts, conditions, and exclusions.*

*\*Services to the Small Business Plan are limited and exclusions apply.*

(5.16) sheet.portfolionb #54029 • © 2016 LegalShield Ada, Oklahoma

For Individuals, Families, and Employees

## IDSHIELDSM

- Family plan covers member, spouse, and up to eight minor dependents under the age of 18
- Individual plan covers member only
- Consultation/Advice
  - Identity theft advisor
  - Credit report review
  - Lost wallet protection
- Notifications
  - Data Breach Notifications
  - Identity Alert System
- Access
  - Monday through Friday 7 am–7 pm CT
  - 24/7/365 Emergency access to an IDShieldSM Licensed Private Investigator for covered situations
- Security Monitoring
  - Black Market Web Surveillance
  - Credit Monitoring
  - Minor Identity Protection
- Identity Restoration
  - Licensed private investigators
  - \$5 Million Service guarantee



### DID YOU KNOW?

- Identity theft was among the top consumer complaints filed with the Federal Trade Commission for 16 consecutive years.

—www.consumer.ftc.gov



FOR MORE INFORMATION, PLEASE CONTACT  
YOUR INDEPENDENT ASSOCIATE:

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gmalinowski@legalshieldassociate.com  
legalshield.com/info/southeastpersonnel.com

### WITH OUR SMARTPHONE APPS

MyLS, MyIDShield, & Ask LegalShield members  
have answers to their legal questions and access  
to their plan benefits at the touch of a button.

*This is a general overview of the coverage of various plans for illustration purposes only. Not all plans or benefits are available in all states or provinces. See a LegalShield representative for complete terms, coverage, amounts, conditions, and exclusions.*

*\*Services to the Small Business Plan are limited and exclusions apply.*

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# HOW DO I ENROLL?

You will need the following information for yourself and each family member you wish to enroll:

- **DATE OF BIRTH**
- **SOCIAL SECURITY NUMBER**
- **E-MAIL ADDRESS**
- **MAILING ADDRESS**



The fastest and easiest way to enroll  
is through the online portal at  
[app.usenrollment.com/spli](http://app.usenrollment.com/spli)



Or call our agents at 813-212-6186 to enroll.  
(Hablamos español!)

Representatives are available: Monday-Friday 10 am to 6 pm  
EST.

