

## BMWED EXTENDED DISABILITY INCOME PLAN OUTLINE

### 1. Important Features.

- a. Group based coverage keeps benefits high and cost low.
- b. All union members from ages 18 to 74 are eligible.
- c. 24 hour coverage includes injuries, sickness, and conditions both on and off job.  
Not limited to “off job injuries and sickness.”
- d. No “pre-existing” condition exclusion after 12 months.
- e. Guaranteed issue during initial enrollment period and for new hires.
- f. No medical exams.
- g. Benefits paid from month 4 through month 24. (90 day elimination period)
- h. Benefits paid with after-tax dollars, unlike SSB.
- i. No offsets, no liens, no reimbursements, no paybacks, no subrogation interests.
- j. Collateral source benefit - member can recover wage losses in a liability claim.
- k. Same rates for men and women.
- l. A member’s rate will not increase simply because he/she attains a higher age.
- m. Must be full time, minimum 19 hours per week with a base annual pay of \$9,000.
- n. Seasonal, temporary and retired members are not included.
- o. Premium waiver after 90 days of total disability up to full 24 months.
- p. Certificate of coverage will be provided to each member. Please see Certificate for actual plan provisions.

### 2. Benefits and Rates. (Based on age at enrollment.)

- a. Age 17-49. **\$24.90/month** deducted from Union dues
  - this is just 15 cents per hour for this coverage
  - pays \$300/month from months 4-12 of a disability
  - pays \$3,000/month from months 13-24 of a disability
- b. Age 50-59. **\$46.50/month** deducted from Union dues
  - this is just 27 cents per hour for this coverage
  - pays \$300/month from months 4-12 of a disability
  - pays \$3,000/month from months 13-24 of a disability
- c. Age 60-69. **\$81.60/month** deducted from Union dues
  - this is just 47 cents per hour for this coverage
  - pays \$300/month from months 4-12 of a disability
  - pays \$3,000/month from months 13-24 of a disability

3. Benefit Provisions.
  - a. Benefits applicable as long as the disability is caused by a covered injury or sickness and occurs while coverage is in force.
  - b. Subject to limitations and exclusions, pre-existing condition terms.
  - c. Single benefit for single disability irrespective of number of causes.
  - d. Must be under care of a doctor.
  - e. Benefits cease upon death.
  
4. Same or Related Conditions and Plan Requirements.
  - a. Separate periods of disability resulting from the same condition or a related condition will be paid if they are separated by 180 days or more.
    - i. The 180 day separation period begins when:
      1. The member is released to work by a doctor from prior disability.
      2. He is no longer disabled.
      3. He is no longer qualified to receive disability benefits.
  - b. After the 24 month benefit period, the member may continue his coverage if,
    - i. He returns to work within 90 days after the benefit period ends.
    - ii. Premium payments are made upon return to work.
    - iii. The group policy is still in force upon return to work.
  
5. Unrelated Causes
  - a. Member can get separate periods of disability and benefits resulting from unrelated causes if the member has returned to work at a full-time job for 14 consecutive days during which he is performing the material and substantial duties of that job.
  - b. After the member has returned to full-time work for 14 days as above, a new disability benefit period will begin subject to a new elimination period. It will be in essence start a new plan period even though the member has already been paid full benefits for a prior unrelated injury, sickness or condition, whether work related or not. Same 24 hour coverage.
  
6. Pre-Existing Conditions
  - a. Pre-existing condition is an illness, disease, infection, disorder, pregnancy, or injury that existed within the 12 months before the effective date of coverage.
  - b. For a condition to be pre-existing:
    - i. A doctor must have advised, diagnosed or treated the covered member,
    - ii. Or symptoms existed that would ordinarily cause a prudent person to seek medical advice or treatment.
  - c. We will not pay benefits for any disability resulting from or affected by a pre-existing condition if the disability was diagnosed within the 12-month period after the effective date of coverage. We will not reduce or deny a claim for benefits for any disability due to a pre-existing condition that was diagnosed more than 12 month after the effective date of coverage.

7. Pregnancy.

- a. No benefits will be paid within 9 months of the effective date of coverage for a disability due to pregnancy or childbirth.
- b. But disability due to complications of pregnancy will be covered to the same extent as any other covered sickness.
- c. After 9 months have passed from the date of effective coverage, disability benefits for childbirth will be payable.
  - i. But the maximum period of disability allowed for childbirth is 6 weeks for non-cesarean delivery and 8 weeks for cesarean delivery, less the elimination period, unless the disability continues beyond these time frames due to complications of pregnancy.

8. Limitations and exclusions

- a. We will not pay benefits whenever coverage provided by this plan is in violation of any U.S. economic or trade sanctions. If the coverage violates U.S. economic or trade sanctions, such coverage shall be null and void.
- b. We will not pay benefits whenever fraud is committed in making a claim under this coverage or any prior claim under any other Aflac coverage for which you received benefits that were not lawfully due and that fraudulently induced payment.
- c. We will not pay benefits for disability that is caused by or occurs as a result of :
  - 1. Any act of war, declared or undeclared; insurrection; rebellion; or act of participation in a riot.
  - 2. Actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Reserve.
  - 3. An intentionally self-inflicted injury.
  - 4. A commission of a crime for which the Member has been convicted; we will not pay a benefit for any period of disability during which the Member is incarcerated.
  - 5. Travel in, or jumping or descent from any aircraft, except when a fare-paying passenger in a licensed passenger aircraft.
  - 6. Mental or Emotional Disorders without demonstrable organic disease.
  - 7. Loss of a professional license, occupational license, or certification.
  - 8. Having cosmetic surgery/elective procedures that are not medically necessary.

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## **KEEP FOR YOUR RECORDS**

### **BMWED-AFLAC DISABILITY PLAN INFORMATION SHEET**

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#### **HOW DO I GET INFORMATION OR HELP?**

Your Plan is administered by Benefit Harbor which is responsible for all administrative and service functions associated with your BMWED Plan. Benefit Harbor can be contacted in the following ways:

- Online Portal: [www.memberbenefitlogin.com/BMWEDIBT](http://www.memberbenefitlogin.com/BMWEDIBT)
- BMWED Call Center: **(800) 226-1621**

#### **WHO ELSE CAN I CALL IF I HAVE A PROBLEM?**

Russ Ingebritson is available for additional help at [russinge47@aol.com](mailto:russinge47@aol.com), or at his personal cell phone at any time at **(612) 251-7715**.

#### **CAN I CALL MY UNION ELECTED OFFICERS FOR HELP?**

Although your union officers have facilitated the administration of this plan in the past, going forward they are not similarly responsible. You should first reach out to Benefit Harbor because they have the capacity to respond appropriately. Union officers remain available for any matter when and if necessary.

#### **HOW DO I FILE A CLAIM FOR BENEFITS?**

File a claim for benefits either by paper/mail or online. Contact Benefit Harbor by phone as provided above for help.

#### **HOW CAN I KEEP MY COVERAGE IN FORCE WHILE FURLOUGHED?**

If you are not paying dues, your premiums are not being paid for you. Since this plan applies to accidents and injuries occurring off the job as well as at work, most members want to continue their coverage. To do so, refer to the Furlough Form or call Benefit Harbor at (800) 226-1621.

#### **HOW DO I CANCEL MY COVERAGE?**

You can contact Benefit Harbor to cancel your plan.

## **HOW DO I KNOW THAT I HAVE COVERAGE?**

You will receive a Certificate of Plan Coverage along with a Plan Brochure and this Information Sheet. If you do not have one, contact Benefit Harbor for your proper documents. Even if you lose your Certificate, you remain covered.

## **WHAT TYPES OF INJURIES / MEDICAL CONDITIONS ARE COVERED?**

The BMWED Disability plan covers both on and off the job injuries as well as medical illnesses and conditions. There are some limitations on coverage. See the Plan Brochure or contact Benefit Harbor for more information.

## **WHAT ABOUT PRE-EXISTING CONDITIONS?**

A pre-existing condition is one diagnosed or treated within the 12 months immediately preceding the effective date of your plan. Once you have been in the plan and paying premiums for 12 months, pre-existing condition limitations essentially vanish. This can be complicated. Contact Benefit Harbor for details or further information.

## **HOW LONG DO I WAIT FOR THE FIRST BENEFIT?**

90 days. This plan was created to extend and enhance current RRB and SSB benefits. It pays benefits from the 4<sup>th</sup> through the 24<sup>th</sup> month of disability.

## **MUST I REPAY BENEFITS RECEIVED?**

No. Benefits are paid directly to you. Unlike RRB and SSB, there are no payback or reimbursement requirements on your benefits.

## **DO I PAY TAXES ON MY BENEFITS?**

No. However, you should consult a tax advisor on all tax questions.

## **ARE THE PREMIUM RATES THE SAME FOR MEN AND WOMEN?**

Yes.

## **WILL MY PREMIUM BE INCREASED WITH AGE?**

No.

# AFLAC GROUP DISABILITY FOR BMWED

## INSURANCE PLAN

Policy Form C5A100MI



### The Aflac group disability plan benefits:

- Benefits are paid when you are sick or hurt and unable to work.
- Premium payments are waived after 90 days of total disability.
- Coverage is 24 hour coverage which means you are covered 24 hours a day, 7 days a week, on and off-the-job.
- There is no coordination of benefits with this plan.
- No payback or offsets of benefits received.

### Benefit:

For the 9 months of Total Disability following the 90-day Elimination Period, the Monthly Benefit is as follows:

Elimination Period: 90 Days

Monthly Benefit:

Class I \$300

Maximum Benefit Period: 9 Months

After 12 consecutive months of Total Disability, the Monthly Benefit is as follows:

Elimination Period 0 Days

Monthly Benefit:

Class I \$3,000

Maximum Benefit Period: 12 Months

### Features:

- Benefits are paid directly to you unless otherwise assigned.
- Special arrangements for furloughed insureds.
- Fast claims payment.

### Benefits Overview

#### TOTAL DISABILITY

This convenient disability income plan will help provide needed income if you become Totally Disabled and are unable to work due to a covered injury or illness. Total disability benefits will be payable monthly once the elimination period has been satisfied.

#### WAIVER OF PREMIUM

Premiums are waived after 90 consecutive days of Total Disability. After Total Disability benefits end, any premiums which become due must be paid in order to keep your insurance in force.

**Monthly Rates / Monthly premium payments are voluntarily made through the union dues process.**

Ages 17-49: \$24.90

Ages 50-59: \$46.50

Ages 60-69: \$81.60

For more information, call 888-515-1904 or visit [aflacgroupinsurance.com](http://aflacgroupinsurance.com).

# LIMITATIONS AND EXCLUSIONS

## LIMITATIONS AND EXCLUSIONS

If this coverage will replace any existing individual policy please be aware that it may be in your best interest to maintain their individual guaranteed-renewable policy.

We will not pay benefits for loss caused by Pre-Existing Conditions (except as stated in the provision below).

We will not pay benefits whenever coverage provided by this Policy is in violation of any U.S. economic or trade sanctions. If the coverage violates U.S. economic or trade sanctions, such coverage shall be null and void.

We will not pay benefits whenever fraud is committed in making a claim under this coverage or any prior claim under any other Aflac coverage for which you received benefits that were not lawfully due and that fraudulently induced payment.

We will not pay benefits for a Disability that is caused by or occurs as a result of: 1. Any act of war, declared or undeclared; insurrection; rebellion; or act of participation in a riot; 2. Actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Reserve; 3. An intentionally self-inflicted Injury; 4. A commission of a crime for which the Insured has been convicted; we will not pay a benefit for any Period of Disability during which the Insured is incarcerated; 5. Travel in, or jumping or descent from any aircraft, except when a fare-paying passenger in a licensed passenger aircraft; 6. Mental Illness as defined. 7. The loss of a professional license, occupational license, or certification. 8. Having cosmetic surgery or other elective procedures that are not Medically Necessary.

## PRE-EXISTING CONDITION LIMITATION

Pre-existing Condition is an illness, disease, infection, disorder, pregnancy, or injury that existed within the 12-month period before the Effective Date. For a condition to have been Pre-existing a Doctor must have advised, diagnosed, or treated the covered member, or symptoms existed that would ordinarily cause a prudent person to seek medical advice or treatment.

Treatment or Medical Treatment is the consultation, care, or services provided by a Doctor. This includes receiving any diagnostic measures and taking prescribed drugs and medicines.

We will not pay benefits for any Disability resulting from or affected by a Pre-existing Condition if the Disability was diagnosed within the 12-month period after the Effective Date.

We will not reduce or deny a claim for benefits for any Disability due to a pre-existing condition that was diagnosed more than 12 months after the Effective Date.

## PREGNANCY LIMITATION

Within the first nine months of the Effective Date of coverage, we will not pay benefits for a Disability that is caused by, or occurs as a result of, your Pregnancy or childbirth. Disability due to Complications of Pregnancy will be covered to the same extent as a covered Sickness.

After this coverage has been in force for nine months from the Effective Date of coverage, Disability benefits for childbirth will be payable. The maximum Period of Disability allowed for Disability due to childbirth is six weeks for noncesarean delivery and eight weeks for cesarean delivery, less the Elimination Period, unless you furnish proof that your Disability continues beyond these time frames due to Complications of Pregnancy.

## TERMS YOU NEED TO KNOW

**Actively at Work** refers to your ability to perform your regular employment duties for a full normal workday. You may perform these activities either at your employer's regular place of business or at a location where you may be required to travel to perform the regular duties of your employment.

**Benefit Period** is the maximum number of days after the Elimination Period, if any, for which you can be paid benefits for any period of disability. Each new Benefit Period is subject to a new Elimination Period.

### Complications of Pregnancy refers to:

Conditions requiring Medical Treatment that comes before or comes after the termination of a pregnancy. The diagnoses for this Medical Treatment must be distinct from pregnancy but either adversely affected by pregnancy or caused by pregnancy. For a condition to be a Complication of Pregnancy, it must constitute a classifiably distinct pregnancy complication. Examples of such Complications of Pregnancy are: 1. Acute nephritis; 2. Nephrosis; 3. Cardiac decompensation; 4. Missed abortion; 5. Disease of the vascular, hemopoietic, nervous, or endocrine systems; and 6. Similar medical and surgical conditions of comparable severity.

### Further Complications of Pregnancy include:

1. Hyperemesis gravidarum and pre-eclampsia requiring hospital confinement; 2. Ectopic pregnancy that is terminated; and 3. Spontaneous termination of pregnancy that occurs during a period of gestation in which a viable birth is not possible.

### Complications of Pregnancy do not include the following conditions:

1. Multiple gestation pregnancy; 2. false labor; 3. occasional spotting; and 4. morning sickness.

Other similar conditions associated with the management of a difficult pregnancy are not considered Complications of Pregnancy. Cesarean deliveries are not considered Complications of Pregnancy.

**Effective Date** is the date shown on the Certificate Schedule, provided you are actively at work, or if not, it is the date you return to an actively-at-work status.

**Elimination Period** is the number of continuous days at the beginning of your Period of Disability for which no benefits are payable. Each new Benefit Period is subject to a new Elimination Period.

**Injury** refers to a bodily injury not otherwise excluded that is directly caused by a covered accident, is not caused by Sickness, disease, bodily infirmity, or any other cause, and occurs while coverage is in force.

**Sickness** refers to a covered illness, disease, infection, or any other abnormal physical condition that is not caused by an Injury, first manifested and first treated after the Effective Date of coverage, and occurs while coverage is in force.

**Total Disability** refers to your being under the care and attendance of a Doctor due to a condition that causes your inability to perform the material and substantial duties of your Full-Time Job. To qualify as Total Disability, you may not be working at any job.

**You and Your** refers to a member as defined in the Plan.

### Termination Coverage

Your insurance will terminate on whichever occurs first: (1) the date the company terminates the plan, (2) the date on which you have been continuously and permanently disabled for 24 consecutive months, (3) the 31st day after the premium due date, if the premium has not been paid, (4) the date you no longer meet the plan's definition of a member, (5) the date you no longer belong to an eligible class, or (6) on the premium due date which falls on or first follows your 75th birthday.

On this date, all benefits – including the waiver of premium benefit – cease, and the company will terminate your coverage. If your coverage ends, we will provide coverage for claims that arise from short-term disability that was first diagnosed while your coverage was in force.

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