

Shields Brokerage Group Benefits Bundle Plan - Low Option

Group Term Life and Accidental Death & Dismemberment Insurance

Benefit Amount per Employee \$10,000

Amount reduces 35% at age 65; 50% at age 70; 75% at age 75.
Waiver of Premium, Conversion Privilege and Accelerated Benefit included.

Monthly Cost per Employee \$ 4.86

These benefits are provided by
Policy Form No. GTP-633.

Short Term Disability Insurance

Benefit Amount per Employee \$300/week

Benefits Begin	Accident	Sickness	Maximum Benefit Period
All Full-time Employees	Day 8	Day 8	13 Weeks

A period of disability caused by maternity, mental and nervous disorders, alcoholism or drug addiction is treated in the same manner as any other illness. Short Term Disability benefits expressed as a flat amount will be limited to the lesser of the flat amount, or 70% of weekly salary.

Monthly Cost per Employee \$ 7.00

These benefits are provided by
Policy Form No. GTP-633.

Dental Insurance

Dental by Design® Dental Essentials Plan	
Program Deductible Per Individual Family Limit Waived for Type I Service	\$50 Contract Year 3 Yes
Type I Preventative Services	100% Oral exams, cleanings (two per 12 months, bitewing X-rays (one per 12 months)
Type II Basic Services Benefit Waiting Period	80% Space maintainers, fillings, pain treatment, sealants, full-mouth X-rays None
Type III Major Services Benefit Waiting Period	N/A
Contract Year Maximum	\$750
Type IV Orthodontia	Not included
Out-of-network providers are reimbursed at the 90 th percentile of usual and customary charges. Any dentist charge above the allowable charge is not a covered expense.	

Monthly Cost without Ortho per Employee \$ 13.94

These benefits are provided by
Policy Form No. 514.

The above rates are subject to underwriting's approval upon sold-case submission

All rates are guaranteed for two years

100% employer paid for 2-99 lives

Plan offered in Maine, Massachusetts and New Hampshire

This proposal is not a contract of insurance. It contains a brief description of benefits. For complete details, please refer to the Group Master Policy.



Underwritten by Companion Life Insurance Company

P.O. Box 100102 | Columbia, SC 29202-3102 | 800.753.0404 | 800.836.5433 Fax | CompanionLife.com

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EyeMedSM Vision Insurance (exam only)

Your EyeMed plan (in Network):

To locate network providers, visit <https://www.companionlife.com/insureds/networks.aspx>

Network	EyeMed (Sears [®] Optical, JC Penny Optical [®] , Pearl Vision SM and more)
Exam	\$10 Copay
Frames	35% off retail price when complete pair of eyeglasses purchase; otherwise 20% discount
Lens Options	<p>Member Pays:</p> <ul style="list-style-type: none"> ✧ UV Coating: \$15 ✧ Tint (solid and gradient): \$15 ✧ Standard Scratch Resistant Coating: \$15 ✧ Standard Polycarbonate: \$40 ✧ Standard Anti-reflective Coating: \$45 ✧ Standard Progressive (add-on to Bifocal): \$65 ✧ 20% off retail for other add-ons and services
Contact Lenses	15% off retail price
Frequency	Exam, Eyeglass Lenses, Contact Lenses (in lieu of lenses): 12 months

Monthly Cost per Employee \$ 2.20

These benefits are provided by
Policy Form No. VGRP-300

**Total Monthly Premium per Employee for Group Life
Short Term Disability/Dental/Vision Insurance**

\$ 28.00

The above rates are subject to underwriting's approval upon sold-case submission

All rates are guaranteed for two years

100% employer paid for 2-99 lives

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Excluded Industries - Life Insurance and Short Term Disability Insurance

FIRMS INELIGIBLE FOR LIFE INSURANCE AND SHORT TERM DISABILITY INSURANCE

SIC Code	Industry	SIC Code	Industry
3482–3483	Ammunition	2411	Logging
7941–7999	Amusement Parks, Clubs, Sports, Other Recreational Services	1011–1241	Metal & Coal Mining
3292	Asbestos Products	1311–1499	Oil & Gas Extraction, Mining & Quarrying
7933	Bowling Centers	9221	Police Protection
7381	Detective, Guard and Armored Car Services	8811	Private Households
5812	Eating Places	3484–3489	Small Arms, Ordnance and Accessories
2892	Explosives	7922–7929	Theatrical Producers, Bands, Entertainers
9224	Fire Protection		

This list is not all-inclusive. Companion Life Insurance Company reserves the right to reject any business or industry which does not, in our opinion, represent a sound underwriting risk.

Exclusion - Life Insurance

Exclusion

SUICIDE EXCLUSION

With respect to the Life Insurance Benefit, in the event an Insured, while sane or insane, dies from intentionally self-inflicted injuries or any attempts thereat, within two years from the effective date of coverage, Companion Life's liability shall be only to return premiums paid under this Policy as to such Insured.

The Suicide Exclusion will not apply to the Insured who:

1. is actively at work on the effective date of this Policy; and
2. was insured for Group Life Insurance under the prior carrier's policy on its termination date.

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Companion Life

Limitations - Short Term Disability Insurance

Limitations

This policy will not pay benefits for any disability which:

1. is not being continuously treated by a physician;
2. is the result of Injury or Sickness that, in either case, arises out of work for wage or profit;
3. is the result of an intentionally self-inflicted or a suicide attempt;
4. is due to alcoholism or drug dependency except while confined as a bed patient in a medical care facility.

Pre-existing Condition Limitation

Companion Life will pay the benefits in the Schedule of Benefits for Pre-existing Conditions provided that Total Disability resulting from a Pre-existing Condition commences 12 months or more after the Insured's effective date of coverage under this Policy.

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Benefits & Exclusions - Accidental Death & Dismemberment Insurance

Benefits

If an Insured suffers any of the following losses, Companion Life Insurance Company will pay the indicated percentage of the Principal Sum, provided such loss:

1. results from Injury and independently of all other causes, which injury is caused by an accident that occurs while this benefit is in force as to the Insured; and
2. occurs within 90 days of that accident. The Principal Sum is shown in the Schedule of Benefits.

Loss of Life	100%
Loss of Both Hands or Both Feet	100%
Loss of Entire Sight of Both Eyes	100%
Loss of One Hand and One Foot	100%
Loss of One Hand and the Entire Sight of One Eye	100%
Loss of One Foot and the Entire Sight of One Eye	100%
Loss of One Hand or One Foot	50%
Loss of Entire Sight of One Eye	50%

“Loss” as above used means:

1. with reference to hand or foot, complete loss of the use of the hand, or foot; and
2. with reference to eye, irrecoverable loss of the entire sight thereof.

If the Insured suffers more than one of the above losses as a result of the same accident, the benefit provided under this provision will be paid only for the greatest loss.

If loss of Life results while an Insured was riding as a fare-paying passenger in or upon a public conveyance being operated by a licensed common carrier for passenger service, the Accidental Death benefits provided under the Policy will be increased. The additional benefit payable will be the lesser of:

1. 100% of the Principal Sum shown in the Schedule of Benefits; or
2. \$100,000.

Exclusions*

This Policy does not provide benefits for any loss caused by or resulting from:

1. Declared or undeclared war or any act of war;
2. Service in the armed forces of any country or international authority;
3. Suicide or intentionally self-inflicted injury whether the Insured was sane or insane at the time of the suicide or injury;
4. Flying in an aircraft owned, operated, leased or chartered by the Policyholder;
5. Participation in, or in consequence of having participated in, the commission of any felony;
6. Sickness or disease, ptomaine or bacterial infection (except infections occurring through an accidental cut or wound);
7. Intentionally taking a narcotic, drug, barbiturate, hallucinogenic drug, alcohol or any combination of these when not part of a professional medical treatment plan.

The Accidental Death and Dismemberment Benefit is not available to Insured Dependents.

**Exclusions may vary by state, refer to the Master Policy for complete list of exclusions.*

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Excluded Industries & Exclusions - Dental Insurance

FIRMS INELIGIBLE FOR DENTAL INSURANCE

SIC Code	Industry
8021, 8072	Dentists and Dental Labs

EXCLUSIONS*

I. COVERED EXPENSES WILL NOT INCLUDE, AND NO BENEFITS WILL BE PAYABLE:

1. For Class III and Class IV Procedures in the first 12 months that a person is insured, except as may be provided in the Takeover Benefits provision.
2. For any treatment which is for cosmetic purposes, or to correct congenital malformations other than medically necessary treatment of congenital cleft in the lip or palate, or both.
3. To replace any prosthetic appliance, crown, inlay or onlay restoration, or fixed bridge within five years of the date of the last placement of these items. However, if a replacement is required because of an accidental bodily injury sustained while the Insured is covered under this policy it will be a covered expense.
4. For initial placement of any prosthetic appliance, implant or fixed bridge unless such placement is needed because of the extraction of one or more natural teeth while the Insured is covered under this policy. The extraction of a third molar (wisdom tooth) will not qualify under the above. Any such appliance or fixed bridge must include the replacement of the extracted tooth or teeth.
5. For any procedure begun before coverage begins or after the Insured's coverage terminates; or for any prosthetic dental appliances installed or delivered more than 90 days after the Insured's coverage terminates.
6. To replace lost or stolen appliances.
7. For appliances, restorations or procedures to:
 - a. alter vertical dimension
 - b. restore or maintain occlusion
 - c. splint or replace tooth structure lost as a result of abrasion or attrition
 - d. treat disturbances of the temporomandibular joint
8. Charges for consultations or for completion of claim forms.
9. If applicable, orthodontia covered charges will not include charges for services:
 - a. payable under any other provisions or policy
 - b. rendered in the first 12 months the insured person is covered under the policy
 - c. incurred by employee or spouse, or incurred by dependent children after reaching the age of 19 (unless adult and child(ren) orthodontia option is selected)
10. For sealants which are:
 - a. not applied to a permanent molar
 - b. applied after attaining age 17
 - c. reapplied to a molar within three years from the date of a previous sealant application
12. Because of an injury arising out of, or in the course of, work for wage or profit or eligible for benefits under Worker's Compensation.
13. For services which are not recommended by a dentist or which are not required for necessary care and treatment.
14. For services related to equilibration, bite registration or bite analysis.
15. Crowns for the purpose of periodontal splinting.
16. Charges for any precision or semi-precision attachments, and any endodontic treatment associated with it, or other customized attachments.
17. For procedures not identified on the List of Dental Procedures in the Master Policy.
18. No benefit will be provided for implants or implant services where loss of the tooth was prior to the Insured's effective date of coverage under this dental plan.

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Excluded Industries & Exclusions - Dental Insurance

EXCLUSIONS* *(continued from Page 6)*

II. PAYMENT FOR SERVICES SHALL BE LIMITED AS FOLLOWS:

If this plan replaces another plan of similar benefits and as a result offers takeover benefits, we limit what we pay to the lesser of: (a) what the prior plan would have paid, or (b) what this plan would usually pay. We will deduct any benefits actually paid by the prior plan under any extension provision.

This list is not all-inclusive. Companion Life Insurance Company reserves the right to reject any business or industry which does not, in our opinion, represent a sound underwriting risk.

**Exclusions may vary by state, refer to the Master Policy for complete list of exclusions.*

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Limitations and Exclusions - EyeMedSM Vision Insurance

Limitations and Exclusions*

No benefits will be paid for services or materials connected with or charges arising from:

1. Orthoptic or vision training, subnormal vision aids, and any associated supplemental testing;
2. Aniseikonic lenses;
3. Medical and/or surgical treatment of the eye, eyes, or supporting structures;
4. Corrective eyewear required by an employer as a condition of employment, and safety eyewear unless specifically covered under plan;
5. Services provided as a result of any Workers Compensation law;
6. Plano non-prescription lenses and non-prescription sunglasses (except 20% discount);
7. Services or materials provided by any other group benefit providing for vision care; or
8. Two pair of glasses in lieu of bifocals.

**Exclusions may vary by state, refer to the Master Policy for complete list of exclusions.*