

Voluntary Benefits Summary

2027



PUEBLO
SCHOOL DISTRICT 60
Educating for Purpose and Impact



Voluntary Benefits 2027



**Accident Coverage
Critical Illness
Coverage
Hospital Coverage**



Permanent Life Insurance w/ Chronic Care Rider



Pet Insurance

Accident Insurance

How much does it cost?

You have the option to elect supplemental Accident Insurance to meet your needs.

This table shows your rates for Accident Insurance. The cost provided below includes Accident Insurance premium and a fee for Voya Travel Assistance.

Monthly Rates			
Employee	Employee and Spouse	Employee and Children	Family
\$9.73	\$18.53	\$23.31	\$32.11

Your spouse will be covered for the same Accident benefits as you. "Spouse" may include domestic partners or civil union partners as defined by your employer's plan.

If you have coverage on yourself, your natural children, stepchildren, adopted children or children for whom you are legal guardian can be covered up to age 26. Your children will be covered for the same benefit amounts as you. One premium amount covers all of your eligible children. Your children will be covered for the same Accident benefits as you are and one premium amount covers all of your eligible children. If both you and your spouse are covered under this policy as an employee; then only one, but not both, may cover the same children for Accident Insurance. If the parent who is covering the children stops being insured as an employee, then the other parent may apply for children's coverage.

What's covered?

Accident Insurance provides a benefit payment after a covered accident that results in the specific injuries and treatments listed in this document. You may be required to seek care for your injury within a set amount of time. Some of the specific covered treatments and conditions we pay benefits for include those shown below. For a complete description of your available benefits, exclusions and limitations, see your certificate of insurance and any riders.



ER treatment



X-rays



Physical therapy



Stitches



**Follow-up doctor
treatment(s)**

Accident Insurance

Sample payment amounts

If one of these events happens to you, and your claim is approved, you'd receive a benefit payment in the amount listed below. Use it however you'd like:

Accident-related treatment	Benefit
Emergency room treatment	\$350
X-ray	\$100
Physical therapy (up to 10 per accident)	\$75
Stitches (for lacerations, up to 2")	\$120
Follow-up doctor treatment	\$150
Hospital admission	\$2,000
Hospital confinement (per day, up to 365 days)	\$350

This is only a small preview of the benefits available to you.

See the full Schedule of Benefits toward the end of this document.

When is my coverage effective?

If you are already enrolled in Accident Insurance, enhancements to your coverage will be effective on 01/01/2025. Any claims submitted for a covered confinement that occurred prior to 01/01/2025 will result in any approved benefits being payable accordingly to the provisions in effect under the Policy at that time.

Your employer's policy has been enhanced to provide additional benefits starting 01/01/2025. Please note: if you have already purchased this coverage, the benefit offering will not change until this effective date, and any claims submitted for a covered event that occurred prior to this date will result in benefits payable according to the initial benefit schedule.

What else is included?

The Accident Insurance available through your employer also features the following:



**Receive \$50
to use
however
you'd like**

Wellness Benefit

Complete an eligible health screening test and we'll send you a benefit payment.

- Employees benefit amount is \$50. Spouse's benefit amount is \$50.
- Child receive 100% of your benefit amount per child, with an annual maximum of \$200 for all children.

Accident Insurance

For a list of standard exclusions and limitations, please refer to the end of this document. For a complete description of your available benefits, exclusions and limitations, see your certificate of insurance and any riders.

Additional non-insurance service(s)

Access **support** next
time you travel

Voya Travel Assistance

Being in an unfamiliar place can cause stress, especially if something goes wrong. Voya Travel Assistance offers you and your dependents services when traveling 100 miles or more from home, including: medical assistance services, emergency medical transport services, travel assistance services such as pre-trip and cultural information, security services and accessible technology.

Voya Travel Assistance services are provided by International Medical Group, Inc. Indianapolis, IN.

Schedule of Benefits

The following list is a summary of the benefits provided by Accident Insurance. You may be required to seek care for your injury within a set amount of time. Note that there may be some variations by state. For a list of standard exclusions and limitations, go to the end of this document.

- ✓ **Your coverage includes a Sport Accident Benefit.** This means that if your accident occurs while participating in an organized sporting activity (as defined in the certificate of coverage); the benefit amounts in the accident hospital care, accident care or common injuries sections below will be increased by 25%; to a maximum additional benefit of \$1,000.

Event	Benefit
Accident Hospital Care	
Surgery (open abdominal, thoracic)	\$2,500
Surgery (exploratory or without repair)	\$350
Blood, Plasma, Platelets	\$650
Hospital Admission	\$2,000
Hospital Confinement (per day, up to 365 days)	\$350
Critical Care Unit (CCU) Admission	\$2,000
Critical Care Unit Confinement (per day up to 30 days)	\$500
Rehabilitation Facility Confinement (per day up to 90 days)	\$250
Observation Unit Stay	\$400
Induced Coma (up to 14 days)	\$250
Non-Induced Coma (duration of 14 or more days)	\$20,000
Transportation (per trip up to 3 per accident)	\$850
Lodging (per day up to 30 days)	\$225
Family care (per child/adult up to 45 days)	\$40

Accident Insurance

Event	Benefit
Accident Care	
Initial Doctor Visit	\$150
Urgent Care Facility Treatment	\$300
Emergency Room Treatment	\$350
Ground Ambulance	\$600
Air ambulance	\$2,500
Follow-up Doctor Treatment	\$150
Chiropractic Treatment (up to 6 per accident)	\$75
Prescription Medicine	\$20
Medical Equipment	\$500
Physical or Occupational Therapy (per treatment up to 10)	\$75
Speech Therapy (per treatment up to 10)	\$75
Mental Health Therapy (per treatment up to 10)	\$75
Prosthetic Device (one)	\$1,500
Prosthetic Device (two or more)	\$2,400
Major Diagnostic Exams	\$500
CT (computerized tomography) or CAT scan (computerized axial tomography)	
MRI (magnetic resource imaging)	
EEG (electroencephalogram)	
PET (positron emission tomography) scan	
Ultrasound	
Outpatient Surgery	\$300
X-ray	\$100
Common Injuries	
Burns (2 nd degree, at least 36% of body)	\$1,750
Burns (3 rd degree, at least 2% but less than 4% of the total body surface area)	\$10,000
Burns (3 rd degree, 4% or more of the total body surface area)	\$22,000
Skin Grafts (of burn benefit)	50%
Emergency Dental Work (Crown)	\$480
Emergency Dental Work (Extraction)	\$180
Eye Injury (removal of foreign object)	\$120
Eye Injury (surgery)	\$420
Torn Hip, Knee or Shoulder Cartilage (surgery with no repair or if cartilage is shaved)	\$280
Torn Hip, Knee or Shoulder Cartilage (surgical repair)	\$1,000
Laceration ¹ (treated - no sutures)	\$60
Laceration ¹ (sutures up to 2")	\$120
Laceration ¹ (sutures 2" to 6")	\$480
Laceration ¹ (sutures over 6")	\$960
Puncture Wound ¹	\$75
Ruptured Disk (surgical repair)	\$1,000
Tendon, Ligament, Rotator Cuff (exploratory arthroscopic surgery with no repair)	\$720
Tendon, Ligament, Rotator Cuff (1, surgical repair)	\$1,020
Tendon, Ligament, Rotator Cuff (2 or more, surgical repair)	\$1,520

Accident Insurance

Event	Benefit
Concussion	\$450
Traumatic Brain Injury	\$2,500
Paralysis (monoplegia)	\$15,500
Paralysis (hemiplegia)	\$20,000
Paralysis (paraplegia)	\$20,000
Paralysis (quadriplegia)	\$30,000
Dislocations Complete²/Complete Requiring Surgical Repair³	
Hip Joint	\$5,000/\$10,000
Knee	\$3,000/\$6,000
Ankle or foot bone(s) (other than toes)	\$1,800/\$3,600
Shoulder	\$2,200/\$4,400
Elbow	\$1,500/\$3,000
Wrist	\$1,500/\$3,000
Finger/toe	\$350/\$700
Hand bone(s) (other than fingers)	\$1,500/\$3,000
Lower jaw	\$1,500/\$3,000
Collarbone	\$1,500/\$3,000
Incomplete dislocations: % of the complete amount	25%
Fractures Non-Surgical Repair Fracture⁴/Fracture Requiring Surgical Repair⁵	
Hip	\$6,000/\$12,000
Leg	\$2,800/\$5,600
Ankle	\$2,500/\$5,000
Heel	\$2,500/\$5,000
Kneecap	\$2,500/\$5,000
Foot (excluding toes, heel)	\$2,500/\$5,000
Upper arm	\$2,750/\$5,500
Forearm, hand, wrist (except fingers)	\$2,500/\$5,000
Finger, Toe	\$400/\$800
Vertebral body	\$4,200/\$8,400
Vertebral processes	\$2,000/\$4,000
Pelvis (except coccyx)	\$4,000/\$8,000
Coccyx	\$500/\$1,000
Bones of the face (except nose)	\$1,400/\$2,800
Nose	\$750/\$1,500
Upper jaw	\$1,750/\$3,500
Lower jaw	\$2,000/\$4,000
Collarbone	\$2,000/\$4,000
Rib	\$600/\$1,200
Skull – Simple (except bones of the face)	\$1,750/\$3,500
Skull – Depressed (except bones of face)	\$5,000/\$10,000
Sternum	\$500/\$1,000
Shoulder blade	\$2,500/\$5,000
Chip Fractures: % of the Non-Surgical Repair	25%

Accident Insurance

Accidental Death & Dismemberment

Your coverage also includes Accidental Death & Dismemberment benefits. This means that if you are severely injured or pass away due to an accident, additional benefits may apply. See the chart below for more details. A “common carrier” is commercial transportation that operates on a regular schedule, between predetermined points or cities (such as a bus or airline route).

	Benefit
Accidental Death Benefits	
Common carrier accident	
Employee	\$200,000
Spouse	\$100,000
Children	\$50,000
Other accident	
Employee	\$100,000
Spouse	\$50,000
Children	\$20,000
Accidental Dismemberment Benefits	
Loss of both hand or both feet or sight in both eyes	\$40,000
Loss of one hand or one foot AND the sight of one eye	\$30,000
Loss of one hand AND one foot	\$30,000
Loss of one hand OR one foot	\$15,000
Loss of two or more fingers or toes	\$2,500
Loss of one finger or one toe	\$1,500

Catastrophic Accident

Your coverage also includes Catastrophic Accident benefits. This means that if you are severely injured in a covered accident, you may receive an additional benefit payment. Note that you will be eligible to receive this benefit payment 365 days after the covered accident. A catastrophic accident leads to the total and permanent loss of any of the following: both hands or both feet, the use of both arms or both legs, one hand and one foot, one arm and one leg, the sight of both eyes, hearing in both ears, or the ability to speak.

	Benefit
Catastrophic Accident Benefits	
Employee	\$120,000
Spouse	\$60,000
Children	\$30,000
Home Modification Benefit	\$5,000
Vehicle Modification Benefit	\$5,000

Critical Illness Insurance

Coverage Amount	
For you	Choice of \$5,000, \$10,000, \$15,000, or \$20,000
Your spouse*	50% of employee benefit
Your children**	50% of employee benefit

*"Spouse" may include domestic partners or civil union partners as defined by your employer's plan.

**Child(ren) up to age 26.

What's covered by Critical Illness Insurance?

Critical Illness Insurance provides a benefit payment for the diagnoses of a covered illness or condition such as:



Heart attack



Major organ
transplant**



Stroke



Coronary artery
bypass



Cancer

Sample benefit amounts

If one of these events happens on or after your coverage effective date, and your claim is approved, benefits are payable at 100% of the Critical Illness benefit amount shown above unless otherwise stated. Use your benefit payment however you'd like:

Covered Condition	% of Benefit
Heart attack*	100%
Cancer	100%
Stroke	100%
Major organ transplant**	100%
Coronary artery bypass	50%

* A sudden cardiac arrest is not in itself considered a heart attack.

** Listed in the certificate of coverage as "major organ transplant," which means the irreversible failure of your heart, lung, pancreas, entire kidney or liver, or any combination thereof, determined by a physician specialized in care of the involved organ.

This is only a small preview of the benefits available to you.

See the full Schedule of Benefits toward the end of this document.

Critical Illness Insurance

Employee Coverage									
Monthly Rates									
Non-Tobacco User					Tobacco User				
Attained Age	\$5,000	\$10,000	\$15,000	\$20,000	Attained Age	\$5,000	\$10,000	\$15,000	\$20,000
Under 30	\$0.90	\$1.80	\$2.70	\$3.60	Under 30	\$1.40	\$2.80	\$4.20	\$5.60
30-39	\$1.50	\$3.00	\$4.50	\$6.00	30-39	\$2.45	\$4.90	\$7.35	\$9.80
40-49	\$2.45	\$4.90	\$7.35	\$9.80	40-49	\$4.10	\$8.20	\$12.30	\$16.40
50-59	\$6.00	\$12.00	\$18.00	\$24.00	50-59	\$9.95	\$19.90	\$29.85	\$39.80
60-64	\$8.35	\$16.70	\$25.05	\$33.40	60-64	\$14.25	\$28.50	\$42.75	\$57.00
65-69	\$8.35	\$16.70	\$25.05	\$33.40	65-69	\$14.25	\$28.50	\$42.75	\$57.00
70+	\$14.35	\$28.70	\$43.05	\$57.40	70+	\$22.05	\$44.10	\$66.15	\$88.20

Spouse Coverage									
Monthly Rates									
Non-Tobacco User					Tobacco User				
Attained Age	\$2,500	\$5,000	\$7,500	\$10,000	Attained Age	\$2,500	\$5,000	\$7,500	\$10,000
Under 30	\$0.45	\$0.90	\$1.35	\$1.80	Under 30	\$0.70	\$1.40	\$2.10	\$2.80
30-39	\$0.75	\$1.50	\$2.25	\$3.00	30-39	\$1.23	\$2.45	\$3.68	\$4.90
40-49	\$1.23	\$2.45	\$3.68	\$4.90	40-49	\$2.05	\$4.10	\$6.15	\$8.20
50-59	\$3.00	\$6.00	\$9.00	\$12.00	50-59	\$4.98	\$9.95	\$14.93	\$19.90
60-64	\$4.18	\$8.35	\$12.53	\$16.70	60-64	\$7.13	\$14.25	\$21.38	\$28.50
65-69	\$4.18	\$8.35	\$12.53	\$16.70	65-69	\$7.13	\$14.25	\$21.38	\$28.50
70+	\$7.18	\$14.35	\$21.53	\$28.70	70+	\$11.03	\$22.05	\$33.08	\$44.10

Children Coverage	
Monthly Rates	
Coverage Amount	Rate
\$2,500	\$0.85
\$5,000	\$1.70
\$7,500	\$2.55
\$10,000	\$3.40

*Children birth to age 26; no limit to the number of children per family.

Critical Illness Insurance

Schedule of Benefits

The table below presents a more detailed list of the conditions covered under Critical Illness Insurance. Please note that the covered condition/diagnosis must happen on or after your coverage effective date. Benefits are payable at 100% of the Critical Illness benefit amount unless otherwise stated. For a list of standard exclusions and limitations, please refer to the exclusions section later in this document. For a complete description of your benefits, along with applicable provisions, conditions on benefit determination, exclusions and limitations, see your certificate of insurance and any riders.

Covered Condition	% of Benefit
Base Module	
Heart attack*	100%
Cancer	100%
Stroke	100%
Sudden cardiac arrest	100%
Major organ transplant (includes Major Organ Failure & End Stage Renal (Kidney) Failure)**	100%
Coronary artery bypass	50%
Carcinoma in situ	50%
Major Organ Module	
Type 1 Diabetes	100%
Transient ischemic attacks (TIA)	10%
Ruptured or dissecting aneurysm	10%
Abdominal aortic aneurysm	10%
Thoracic aortic aneurysm	10%
Open heart surgery for valve replacement or repair	25%
Severe burns	100%
Transcatheter heart valve replacement or repair	10%
Coronary angioplasty	10%
Implantable/internal cardioverter defibrillator (ICD) placement	25%
Pacemaker placement	10%

Critical Illness Insurance

Enhanced Cancer Module

Benign brain tumor	100%
Skin cancer	10%
Bone marrow transplant	25%
Stem cell transplant	25%

Quality of Life Module

Permanent paralysis	100%
Loss of sight	100%
Loss of hearing	100%
Loss of speech	100%
Coma	100%
Multiple sclerosis	100%
Amyotrophic lateral sclerosis (ALS)	100%
Parkinson's disease	100%
Advanced dementia, including Alzheimer's disease	100%
Huntington's disease	100%
Muscular dystrophy	100%
Infectious disease (hospitalization requirement)***	25%
Addison's disease	10%
Myasthenia gravis	50%
Systemic lupus erythematosus (SLE)	50%
Systemic sclerosis (scleroderma)	10%

* A sudden cardiac arrest is not in itself considered a heart attack.

** Major organ transplant means the irreversible failure of your heart, lung, pancreas, entire kidney or liver, or any combination thereof, determined by a physician specialized in care of the involved organ.

*** Diagnosis of a severe infectious disease by a Doctor, including COVID-19, when a diagnosis occurs on or after the group's coverage effective date; AND Confinement to a Hospital for 5 or more consecutive days, or in a transitional facility for 14 or more consecutive days.

Critical Illness Insurance

Benefits for insured children

In addition to the covered conditions mentioned above, coverage for your insured children includes:

Covered Condition	% of Benefit
Cerebral palsy	100%
Congenital birth defects	100%
Cystic fibrosis	100%
Down syndrome	100%
Gaucher disease, type II or III	100%
Infantile Tay-Sachs	100%
Niemann-Pick disease	100%
Pompe disease	100%
Sickle cell anemia	100%
Type 1 diabetes	100%
Type IV glycogen storage disease	100%
Zellweger syndrome	100%

Multiple benefit payments

You may receive a benefit payment up to 100% of the Critical Illness benefit amount for each different diagnosis, up to the total maximum benefit. (A definition of “different diagnosis” is provided in the certificate of coverage).

Total maximum benefit: The total maximum benefit amount is unlimited times the Critical Illness benefit amount for each covered condition. Once the total maximum benefit for a covered condition has been paid, no further benefits are payable for that same covered condition.

For skin cancer, the benefit is payable up to 1 times per calendar year, 10 times lifetime maximum limit.

Hospital Indemnity Insurance

Hospital Confinement Indemnity Rates by Level		
Coverage Type	Daily Benefit	Monthly Rates (12 Pay period)
Employee	\$150	\$16.54
Employee + Spouse	\$150	\$33.16
Employee + Children	\$150	\$26.51
Employee + Family	\$150	\$43.13

*Child(ren) birth to age 26; no limit to the number of children per family.

How does it work?

Hospital Indemnity Insurance pays a benefit for an eligible confinement or other covered loss that occurs on or after your coverage effective date and subject to any exclusions in your Certificate. The following is a summary of the benefits provided by Hospital Indemnity Insurance. For a list of standard exclusions and limitations, go to the end of this document. For a complete description of your available benefits, exclusions and limitations, see your certificate of insurance and any riders. The coverage amounts are listed below.

Each available admission benefit is payable up to a maximum of 2 per calendar year.

The admission and daily confinement benefit amounts depend on the type of facility and the number of days of confinement. Only one type of confinement or admission benefit is payable per day. Any combination of confinement and admission benefits payable will not exceed a total of 125 days during a period of confinement.



When your stay begins

When you are admitted to a covered medical facility, you become eligible for an admission benefit for the first day of confinement. This benefit is payable once per confinement, up to a maximum of 2 admission (s) per calendar year:

Type of Admission	Benefit Amount
Hospital Admission	\$1,000



As your stay continues

Beginning on Day 2 of your confinement, for each day that you have a stay in a covered facility, you'll be eligible for a fixed daily benefit payment. The benefit amount and maximum number of days per confinement varies by facility:

Hospital Indemnity Insurance

Type of Facility	Daily Benefit
Hospital confinement (1 x the daily benefit amount, up to 31 days maximum per confinement)	\$150
Critical Care Unit (CCU) confinement (2 x the daily benefit amount, up to 31 days maximum per confinement)	\$300
CCU Step down confinement (1 ½ x the daily benefit amount per day, up to a 31 day maximum per confinement)	\$225
Rehabilitation Facility confinement (1x the daily benefit amount, up to 31 days maximum per confinement)	\$150

Observation Unit

At least 4 consecutive hours but less than 20 consecutive hours, other than as an inpatient. Not payable for any day that a facility confinement or admission benefit is payable.



If you add a child to your family

Hospital Indemnity Insurance benefits are available if you have employee or spouse coverage and the insured employee or spouse is hospitalized for childbirth. In addition, your newborn children may be covered as well. See below for more details and for a complete description of your available benefits, exclusions and limitations, see your certificate of insurance and any riders.

If child coverage is effective before the child is born

- Benefits will apply just as they would for any other child.

If child coverage is NOT effective before the child is born

- A one-time benefit of \$100 is payable for the newborn child's birth
- No admission benefit is payable.

Hospital Indemnity Insurance

What else is included?

The Hospital Indemnity Insurance available through your employer includes the following additional benefits.



**Receive \$50
to use
however
you'd like**

Wellness Benefit

This provides an annual benefit payment if you complete an eligible health screening test (such as an annual physical) or experience a covered hospital stay, and receive a benefit payment.

- For employees, the annual benefit amount is \$50.
- Your spouse's annual benefit amount is \$50.
- The annual benefit for child coverage is \$50.

A benefit is payable only once per year, even if the covered person receives multiple health screening tests.

How to file an insurance claim



For certificate holders of Accident, Critical Illness* and/or Hospital Indemnity Insurance.

Wellness Benefit claims can even be submitted from your mobile device at voya.com/claims

Helpful tip:



Don't feel like printing? Forms may be completed, signed and submitted electronically.

Step 1

Visit the Voya Claims Center at voya.com/claims and click on "Start A Claim"

Step 2

Complete the questionnaire so that a custom claim form package can be generated for you.

Step 3

Download your claim form package.

Step 4

Have each form completed by the appropriate party, as outlined by the claim form package.

Step 5

Gather any additional supporting documents as instructed on the claim form "for you".

Step 6

Submit your completed and signed forms, and any supporting documents using your preferred method.

- Submit your claim through secure upload
- Go to voya.com/claims and click on "Submit your Forms"
- Mail information is provided at the top of the form



If you have any questions about the claim process, call 1-877-236-7564.

*Referred to as Specified Disease in some states.

Insurance products are issued by ReliaStar Life Insurance Company (Minneapolis, MN), a member of the Voya® family of companies. Voya Employee Benefits is a division of ReliaStar Life Insurance Company.

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PLAN | INVEST | PROTECT

VOYA
FINANCIAL

Aflac Group Life Term to 120 Insurance

If something happens to you, will your family be prepared to handle the expenses of daily life? Aflac makes simple life coverage available to keep your loved ones financially secure, should you pass away. In addition to death benefits, Aflac offers a living benefit.

Aflac Group Life Term to 120 is designed to offer:

- Guaranteed-issue death benefits.
- Spousal coverage at 50% of face value.
- Rates that won't increase over time with the predictability of a whole-life plan.
- Portability – If you leave your current employment, your coverage will go with you (with certain stipulations).
- An optional child term life insurance add-on.



Coverage to count on

Aflac is here to help you receive care on your own terms.

Should you pass away, you can rest easy knowing Aflac will pay cash benefits directly to your beneficiary, unless otherwise assigned. This means that your loved ones will have financial resources to help take care of their immediate and future needs.

**Your family depends on you to help protect their financial future.
Count on Aflac for more than just Life.**

**Underwritten by Continental
American Insurance Company**



Coverage is underwritten by Continental American Insurance Company (CAIC), a proud member of the Aflac family of insurers. CAIC is a wholly owned subsidiary of Aflac Incorporated and underwrites group coverage. CAIC is not licensed to solicit business in New York, Guam, Puerto Rico or the Virgin Islands.

This is a brief product overview. The plan has limitations and exclusions that affect benefits payable. Refer to the plan for complete details. The terms and conditions for the Aflac Group Life Term to 120 Insurance are set forth in policy form number ICC22 C93100.

Continental American Insurance Company | Columbia, SC. 1-800-433-3036 toll-free.

How much life insurance do I need?

Aflac is here to help you determine the life insurance coverage amount that's right for you.

Our assessment can help you determine how much life insurance you may need to help with your family's immediate needs, such as funeral expenses, to their long-term need to sustain their current lifestyle.

Life insurance needs worksheet

IMMEDIATE NEEDS		
FINAL EXPENSES: Costs associated with your burial/funeral, uninsured medical costs, estate taxes/probate, etc.		\$
OUTSTANDING DEBT: Mortgage/rent, car loans, credit cards, and other personal debt.	+	\$
TOTAL:		\$
LONG-TERM NEEDS		
You may want to make sure your children are protected if your family depends on your income, or the number of years until your spouse retires. If so, take into account the number of years your family may continue to rely on your income.		
LOSS OF INCOME:		
Your annual income that could be lost:		\$
No. of years:	x	\$
TOTAL:		\$
EDUCATION FUND: If you have children (or plan to), life insurance can help with their future education costs.	+	\$
AVAILABLE ASSETS		
SAVINGS AND INVESTMENTS: Bank accounts (checking/savings), money market, CDs, stocks, bonds, mutual funds, annuities and Social Security survivor/child benefits.	-	\$
RETIREMENT SAVINGS: IRAs, 401(k)s, SEP plans, SIMPLE IRA plans, Keoghs, pensions and profit sharing plans.	-	\$
PRESENT AMOUNT OF LIFE INSURANCE: Other group life policies through employer and/or individual life policies.	-	\$
ESTIMATED AMOUNT OF LIFE INSURANCE NEEDED:		\$
AMOUNT OF AFLAC LIFE INSURANCE ACTUALLY APPLIED FOR:		\$

This form is for illustrative purposes and does not guarantee availability of Aflac life insurance. Completing this form does not imply Aflac coverage or issuance of an insurance policy. Please refer to your Aflac agent for additional details.

Coverage is underwritten by Aflac. In New York, coverage is underwritten by Aflac New York.

WWHQ | 1932 Wynnton Road | Columbus, GA 31999
22 Corporate Woods Boulevard, Suite 2 | Albany, NY 12211

Z2200220R3



EXP 7/27

Aflac Group Life Term to 120 Insurance

You can count on Aflac for more than just life.



**Underwritten by Continental American Insurance
Company (CAIC)**

AGD120CO GP-48861.PLAN-313611B 03/12/2026 1 EXP 09/27

BENEFITS OVERVIEW

DEATH BENEFIT (Employee and Spouse coverage available)

In the event of the insured's death, a one-time lump sum Death Benefit payment will be paid to the beneficiary.

AGE REDUCTIONS (Employee and Spouse)

- If issued prior to age 60, benefits reduce by 50% at age 70
- If issued at or after age 60, benefits reduce by 50% at 10 years after coverage effective date.

CHILD TERM LIFE INSURANCE RIDER

WHAT DOES THIS RIDER PROVIDE?

The rider provides life insurance coverage on the primary insured's covered children under age 26. We will pay the Death Benefit to the primary insured, if living, unless another beneficiary has been elected in writing.

CAN COVERAGE CONTINUE FOR A COVERED CHILD WITH A DISABILITY?

Coverage may continue for a child who is incapable of self-sustaining employment by reason of mental or physical disability and who continues to meet the definition of child except for the age limit. See certificate for details.

WHAT HAPPENS IF THE PRIMARY INSURED DIES?

If the primary insured dies while this coverage is in force the rider will terminate. We will refund any portion of premium paid on the rider for the period beyond the date of the primary insured's death.

CAN THE RIDER BE CONVERTED?

When the child's coverage under the rider ends for any reason other than nonpayment of premium or the child attaining the limiting age for coverage under the certificate, the rider may be eligible for conversion to a new individual life insurance policy.

WHAT IS THE TERM PERIOD?

The term period of the rider begins on the date this rider becomes effective and ends for each covered child on the covered child's 26th birthday.

ACCIDENTAL DEATH BENEFIT RIDER

WHAT DOES THE RIDER PROVIDE?

We will pay an additional benefit equal to the Death Benefit amount if the insured dies as the result of a covered accidental injury.

Death must occur as a direct result of injuries sustained in a covered accident and must occur within 180 days of such accident. Unless prohibited by law, we have the right to examine the body and have an autopsy done at any time.

WAIVER OF PREMIUM BENEFIT RIDER

WHAT DOES THIS BENEFIT PROVIDE?

If you, the primary insured, are totally disabled for 3 continuous months, we will waive premiums for up to 24 months, and the amount payable will not be reduced. See certificate for full details.

ACCELERATED BENEFIT RIDER

The Accelerated Benefit Rider is for the primary insured and spouse only.

Issue Ages: 18-70

WHAT WE WILL PAY

If the insured is diagnosed with a terminal illness, a one-time lump sum benefit of up to 50% of the Life Insurance Benefit is payable after any applicable elimination period.

If the insured is diagnosed with a chronic condition, you can choose a one-time lump sum benefit of up to 50% of the Life Insurance Benefit.

– OR –

Periodic payments in the amount of 4% of the Life Insurance Benefit (maximum of 25 payments). Each additional periodic payment must be separated by a period of 30 days or more.

Any payment made under the Accelerated Benefit Rider will automatically reduce the Death Benefit payable under the certificate by the amount paid under the rider.

If periodic payments have been made for a chronic condition and you later request a lump sum benefit for terminal illness, the amount payable will be less any amount paid previously under the rider.

Once a lump sum benefit has been paid under the rider, no further benefits will be paid and rider coverage will end for the insured.

EXTENSION OF CHRONIC CONDITION PERIODIC PAYMENTS RIDER

This rider is not long-term care coverage

WHAT DOES THE RIDER PROVIDE?

Maximum of 25 payments of 4% of the life insurance benefit amount. Each additional periodic payment must be separated by a period of 30 days or more.

Once periodic benefit payments have been exhausted under the Accelerated Benefit Rider and a period of 30 days has passed, you can extend benefits payable for a chronic condition.

If the lump-sum payment method is chosen under the Accelerated Benefit Rider, no benefits are available under the rider and coverage will end for that insured.

LIMITATIONS AND EXCLUSIONS

All provisions of the certificate that do not conflict with the rider provisions will also apply to the rider(s). The rider(s) has no cash value or loan value and does not participate in dividends.

IS THERE A BENEFIT LIMITATION IF AN INSURED PERSON COMMITS SUICIDE?

The suicide exclusion applies only to any amounts of insurance for which you pay part of the premium. If you commit suicide before an increase in life insurance on you has remained in effect without interruption for a period of 1 year under this and any predecessor group policy, we will pay the beneficiary the amount of life insurance in effect on the day before the increase, provided such insurance was in effect without interruption for a period of 1 year prior to your suicide. Any premium you paid for the increase will be returned to the beneficiary. Any premium paid by the policyholder for the increase will be returned to the policyholder. If your dependent commits suicide before an increase in life insurance on such person has remained in effect without interruption for a period of 1 year under this and any predecessor group policy, we will pay to the beneficiary the amount of life insurance in effect on the day before the increase provided such insurance was in effect without interruption for a period of 1 year prior to such person's suicide. Any premium you paid for the increase will be returned to you. Any premium paid by the policyholder for the increase will be returned to the policyholder.

CONVERSION

Full conversion provision details will be in the certificate.

PORTABILITY

Coverage is portable without a change in the premium amount charged. Coverage can be continued through direct

bill. Employees must contact us within 31 days of leaving employment.

Full portability provision details will be in the certificate.

ACCELERATED BENEFIT RIDER LIMITATIONS

Payment will not be made if:

- You or your doctor reside outside the United States and its territories;
- You are required by law to accelerate benefits to meet the claims of creditors; or
- A government agency requires the owner to apply for benefits to qualify for a government benefit or entitlement.

IMPORTANT: If the Extension of Chronic Condition Periodic Payments Rider was issued with your coverage and benefits are paid under that rider for a terminal illness or chronic condition; OR if the Restoration of the Death Benefit Rider was issued and benefits are paid under the rider for a terminal illness, no benefits will be payable under the Accelerated Benefits Rider and coverage for both riders will end for that insured person.

NOTICE: Payment under this Accelerated Benefit Rider may be taxable. As with all tax matters, you should consult a personal tax advisor before requesting payment to assess any applicable tax implications. Payment under this Accelerated Benefit Rider may also affect eligibility for Medicaid, Supplementary Social Security Disability Income (SSDI), or other state assistance programs.

ACCIDENTAL DEATH BENEFIT RIDER EXCLUSIONS

Benefits under the rider will not be payable if the insured's death results from, is caused or contributed to by:

- War, or an act of war (including any armed aggression resisted by the armed forces of any country or combination of countries), whether such war is declared or undeclared;
- Suicide;

- Any bodily or mental infirmity or disease, except a bacterial infection occurring with or through an accidental injury;
- Committing or attempting to commit an assault or felony;
- Driving a motor vehicle while intoxicated as defined by the jurisdiction where the accident occurred;
- The voluntary taking of:
 - Any drug, medication, or sedative unless as prescribed by a doctor; or
 - Any poison (except for food poisoning), including carbon monoxide, unless a direct result of an occupational accident;
- Operating, riding in, or descending from any kind of aircraft, or subsequent drowning, if the insured:
 - Is a pilot, officer, or member of the crew;
 - Is in an aircraft which is being flown for the purpose of descent from such aircraft while in flight;
 - Is giving or receiving any kind of training or instructions; or
 - Has any duties aboard such aircraft.

CHILD TERM LIFE RIDER LIMITATIONS

IS THERE A BENEFIT LIMITATION IF THE COVERED CHILD COMMITS SUICIDE?

- If the covered child commits suicide, while sane or insane, within one year from the rider effective date, death benefits will not be paid. We will refund all premiums paid for the rider.

WAIVER OF PREMIUM RIDER EXCLUSIONS

We will not waive premiums if total disability is caused or contributed to by:

- Any attempt at suicide, or intentionally self-inflicted injury, while sane or insane;
- War, or any act of war, declared or undeclared, or any act incident thereto;
- Active participation in a riot, insurrection, or terrorist

activity;

- Committing or attempting to commit a felony;
- Voluntary intake or use by any means of any drug, unless prescribed or administered by a physician and taken in accordance with the physician's instructions; or poison, gas, or fumes, unless a direct result of an occupational accident;
- Driving a motor vehicle while intoxicated, as defined by the jurisdiction where the total disability occurred; or
- Participation in an illegal occupation or activity.

EXTENSION OF CHRONIC CONDITION PERIODIC PAYMENTS RIDER LIMITATIONS

Payment cannot be made if:

- The Lump-Sum Payment Method was selected for a chronic condition under the Accelerated Benefit Rider;
- You or your doctor reside outside the United States and its territories;
- You or your spouse are required by law to accelerate benefits to meet the claims of creditors; or
- A government agency requires you or your spouse to apply for benefits to qualify for a government benefit or entitlement.

NOTICE: Payment under this Extension of Chronic Condition Periodic Payments Rider may be taxable. As with all tax matters, you should consult a personal tax advisor before requesting payment of proceeds to assess any applicable tax implications. Payment under this Extension of Chronic Condition Periodic Payments Rider may also affect eligibility for Medicaid, Supplementary Social Security Disability Income (SSDI), or other state assistance programs.

CONTINENTAL AMERICAN INSURANCE COMPANY

Columbia, South Carolina
800.433.3036

IMPORTANT: This is a fixed indemnity policy, NOT comprehensive health coverage insurance found in ACA-compliant plans.

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance major medical health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance ACA-compliant health benefit plans.

Looking for comprehensive health insurance ACA-compliant health benefit plans?

- Visit ***Connectforhealthco.com*** or call **1-855-752-6749 (TTY: 1-855-695-5935)** to find health coverage options.
- To find out if you can get health insurance through your employer, or a family member's employer, contact the employer.

Questions about this policy?

- For questions or complaints about this policy, contact your agent or broker.
- For complaints about the policy, contact Colorado Division of Insurance, Customer Services Team, 303-894-7490, 800-930-3745.
- To find out if you can get health insurance through your employer, or a family member's employer, contact the employer.



For more information, ask your insurance agent/producer, call 1.800.433.3036, or visit aflacgroupinsurance.com.

Continental American Insurance Company (CAIC), a proud member of the Aflac family of insurers, is a wholly owned subsidiary of Aflac Incorporated and underwrites group coverage. CAIC is not licensed to solicit business in New York, Guam, Puerto Rico or the Virgin Islands.

Continental American Insurance Company • Columbia, South Carolina

The certificate to which this sales material pertains may be written only in English; the certificate prevails if interpretation of this material varies.

You're welcome to request a full copy of the plan certificate through your employer or by reaching out to our Customer Service Center. This brochure is a brief description of coverage and is not a contract. Read your certificate carefully for exact terms and conditions.

This brochure is subject to the terms, conditions, and limitations of Policy Form ICC22 C93100.

Nationwide[®] My Pet Protection ChoiceSM PLAN SUMMARY



Pet-loving employees can fetch the best health coverage for their pets with My Pet Protection ChoiceSM, available only through workplace benefit programs.

Nationwide offers two ready-made employee plans, plus the ability to customize a coverage plan for individual pets and their specific care needs.¹

My Pet Protection Choice SM	Accident & Illness	Accident, Illness & Wellness	Customizable
Annual deductible options	\$250	\$250	\$100 to \$500
Reimbursement level	80%	80%	50%, 70% or 80%
 Accident coverage	✓	✓	✓
Annual maximum	\$5,000	\$5,000	\$2,500 or \$5,000
Broken bones, animal attack, hit by car, poisoning, heatstroke, and more	✓	✓	✓
 Illness coverage	✓	✓	Optional
Annual maximum	\$5,000	\$5,000	\$2,500 or \$5,000
Ear infections, diabetes, vomiting, allergies, cancer, and more	✓	✓	✓
 Hereditary & congenital coverage	✓	✓	Optional when purchased with illness coverage
Annual maximum	\$5,000	\$5,000	\$2,500 or \$5,000
Hip dysplasia, cherry eye, elbow dysplasia, umbilical hernia, brachycephalic syndrome, and more	✓	✓	✓
 Wellness coverage (for dogs & cats)		✓	Optional
Annual maximum		\$450	\$450 or \$800
Vaccination or titer, fecal test, deworming, microchip, health certificate, heartworm or FeLV/FIV test, flea control or heartworm prevention, and more		✓	✓
Spay/neuter or dental ² and one additional test ³			✓

Get a quote: <https://benefits.petinsurance.com/pueblodistrict60> | Call: 877-738-7874



What makes My Pet Protection ChoiceSM different?

Every My Pet Protection ChoiceSM policy includes guaranteed issuance,⁴ plus additional benefits to support pet families:

- Emergency boarding and kenneling fees
- Lost pet due to theft or straying
- Lost pet advertising and reward
- Mortality benefit



Nationwide is the industry's first provider of coverage for birds and exotic pets.

Nationwide offers more than great coverage

VetHelpline[®]

24/7 pet telehealth support

All Nationwide[®] pet insurance members enjoy unlimited access to VetHelpline[®] for round-the-clock telehealth with licensed veterinary professionals.

veterinary services

Save on veterinary care

Nationwide[®] pet insurance members save 10% on every visit to a Vetco Total Care Hospital or Vetco Vaccination Clinic inside Petco.

Nationwide PetRxExpress[®]

Discounted pet medications

Save time and money when filling pet prescriptions at participating pharmacies with Nationwide PetRxExpress[®].

vetco total care

Vetco Total Care is a full-service animal hospital that offers everything from preventive care to diagnostics and surgery

vetco vaccination clinic

Vetco Vaccination Clinic offers express care for vaccinations, flea/tick and heartworm prescriptions and microchipping

Easy to use, easy to understand

- 1 Visit any veterinarian, anywhere.
- 2 Submit a claim from any device.
- 3 Get reimbursed for eligible expenses once the deductible is met.

Get a quote: <https://benefits.petinsurance.com/pueblodistrict60> | Call: 877-738-7874

[1] Some exclusions may apply. Certain coverages may be excluded due to pre-existing conditions. See policy documents for a complete list of exclusions and any annual limits that may apply. Plans may not be available in all states. Policy eligibility may vary. [2] Coverage for spay/neuter or dental starts 90 days after the original policy term effective date. [3] One additional test of the following: health screen (blood test), radiograph (X-ray), electrocardiogram (EKG) [4] Guaranteed issuance means any new pets enrolling into a My Pet Protection Choice plan are eligible for enrollment regardless of health status. Guaranteed issuance does not mean guaranteed coverage since certain exclusions could apply.

All plans require accident coverage; additional coverage for illness, hereditary & congenital, and wellness is optional. Optional coverage for behavior, prescription food and prescription supplements may also be available. Optional cruciate coverage may be added after the first year of coverage; not available in all states. Pre-existing conditions are not covered.

Products underwritten by Veterinary Pet Insurance Company (CA), Columbus, OH; National Casualty Company (all other states), Columbus, OH. Agency of Record: DVM Insurance Agency. All are subsidiaries of Nationwide Mutual Insurance Company. Subject to underwriting guidelines, review and approval. Products and discounts not available to all persons in all states. Insurance terms, definitions and explanations are intended for informational purposes only and do not in any way replace or modify the definitions and information contained in individual insurance contracts, policies or declaration pages, which are controlling. Nationwide, the Nationwide N and Eagle, Nationwide is on your side, My Pet Protection, and VetHelpline are service marks of Nationwide Mutual Insurance Company. Third party marks are the property of their respective owners. ©2025 Nationwide. 24GRP10277N.





Nationwide® pet insurance

FAQ

Do members need to re-enroll for this benefit every year?

No. Once enrolled, policies renew automatically each year during the renewal period, which starts 60 days before the current 12-month term expires. The expiration date can be found in the policy packet mailed to members at each new term.

Members are welcome to make changes to coverage during the policy renewal period. All changes are subject to underwriting approval.

What happens to pet insurance policies when employees leave the company?

Employees who leave the company can maintain their pet insurance coverage by updating their payment method at my.petinsurance.com or calling 877-738-7874.

Will pre-existing conditions be covered?

Unfortunately, no. Like most pet insurers, we don't cover pre-existing conditions on any of our plans.

Can members use any veterinarian?

Absolutely! Members are free to visit any licensed veterinarian in the world—even specialists and emergency providers.

Does Nationwide offer coverage for pets other than dogs and cats?

Yes! Coverage for birds, rabbits, reptiles and other exotic pets is available at Nationwide by simply calling 877-738-7874.

How are claims filed?

It's easy. Members simply pay the invoice at the veterinarian, then submit a claim for reimbursement via mail, email or online.

- Mail: Nationwide Claims Dept., P.O. Box 183143 Columbus, Ohio 43218-3143
- Email: submitmyclaim@petinsurance.com
- Online: Submit claims at my.petinsurance.com. Please allow 48 hours from the time a claim is submitted for it to appear online.



Get a quote: <https://benefits.petinsurance.com/pueblodistrict60> | Call: 877-738-7874

[1] Some exclusions may apply. Certain coverages may be excluded due to pre-existing conditions. See policy documents for a complete list of exclusions and any annual limits that may apply. Plans may not be available in all states. Policy eligibility may vary. [2] Example reflects Accident and Illness coverage with 80% reimbursement after \$250 annual deductible has been fulfilled and Wellness Level 1 coverage.

Most plans require accident coverage; additional coverage for illness, hereditary & congenital, and wellness is optional. Optional coverage for behavior, prescription food and prescription supplements may also be available. Optional cruciate coverage may be added after the first year of coverage; not available in all states. Pre-existing conditions are not covered.

Insurance products underwritten by Veterinary Pet Insurance Company (CA), Columbus, OH; National Casualty Company (all other states), Columbus, OH. Agency of Record: DVM Insurance Agency. All are subsidiaries of Nationwide Mutual Insurance Company. Subject to underwriting guidelines, review and approval. Products and discounts not available to all persons in all states. Insurance terms, definitions and explanations are intended for informational purposes only and do not in any way replace or modify the definitions and information contained in individual insurance contracts, policies or declaration pages, which are controlling. Nationwide, the Nationwide N and Eagle, Nationwide is on your side, and My Pet Protection are service marks of Nationwide Mutual Insurance Company. Third party marks are the property of their respective owners. ©2026 Nationwide. 26GRP10808.



How is My Pet Protection Choice® different from My Pet Protection®?

Available only through workplace benefit programs, My Pet Protection Choice offers additional flexibility for pet families, with customizable coverage, deductible and reimbursement levels. Nationwide offers two ready-made employee plans, plus the ability to customize a coverage plan for individual pets and their specific care needs.¹

Based on Nationwide 2024 claims data.

 Accident • Broken bones • Poisonings • Sprains • Lacerations • Hit by car • Ingested item • And more	 Illness • Ear infections • Vomiting • Hip dysplasia • Heart disease • Cancer • Diabetes • And more	 Wellness • Annual exam • Vaccinations • Fecal test • Deworming • Microchip • Flea control • And more
Poisoning Veterinary bill: \$1,035 This plan² reimburses \$828	Cancer Veterinary bill: \$2,266 This plan² reimburses \$1,813	Flea control Veterinary bill: \$171 This plan² reimburses \$100

What is the difference between accident, illness and wellness coverage?



Accident coverage: Support for unexpected injuries such as broken bones, animal attacks, getting hit by a car, poisoning, heatstroke and more.



Illness coverage: Support for when pets get sick such as diabetes, vomiting, cancer and more.



Wellness coverage: Support for proactive care such as vaccinations, microchipping, preventives for fleas and heartworms and more.

Can existing My Pet Protection members switch to My Pet Protection Choice?

Members can make changes to their coverage during the policy renewal period. All changes are subject to underwriting approval. Please note that all My Pet Protection policies will be automatically transitioned to equivalent My Pet Protection Choice policies beginning in 2025.

Is wellness coverage available as a standalone product?

No, Nationwide does not offer standalone wellness coverage. Members can enroll in a new My Pet Protection Choice accident + wellness plan or change to this plan during the renewal period. Any changes to a policy are subject to underwriting approval.



Get a quote: <https://benefits.petinsurance.com/pueblodistrict60> | Call: 877-738-7874

Nationwide® is America's first insurance provider for birds and exotic pets

Owners of birds, reptiles, and exotic pets can be reimbursed for eligible veterinary expenses with coverage from My Pet Protection ChoiceSM by Nationwide®.¹

Coverage available for:

- Amphibians
- Birds
- Chameleons
- Chinchillas
- Ferrets
- Geckos
- Gerbils
- Guinea pigs
- Hamsters
- Iguanas
- Lizards
- Mice
- Rats
- Rabbits
- Snakes
- Tortoises
- Turtles
- And more



Call 877-738-7874 to learn about avian and exotic pet coverage from Nationwide



Coverage for common avian and exotic medical conditions

My Pet Protection Choice SM	Accident & Illness	Accident, Illness & Wellness	Customizable
Annual deductible options	\$250	\$250	\$100 to \$500
Reimbursement level	80%	80%	50%, 70% or 80%
 Accident coverage	✓	✓	✓
Annual maximum	\$5,000	\$5,000	\$2,500 or \$5,000
Broken bones, animal attack, hit by car, poisoning, heatstroke, and more	✓	✓	✓
 Illness coverage	✓	✓	Optional
Annual maximum	\$5,000	\$5,000	\$2,500 or \$5,000
Ear infections, diabetes, vomiting, allergies, cancer, and more	✓	✓	✓
 Wellness coverage (for birds)			Optional
Annual maximum			\$200, \$300 or \$500
Panel or titer, parasite/fecal test, CBC, culture, parasite prevention treatment, beak trim, nail trim, wing trim and more			✓



Here's an example:

Oreo, a 9-year-old male rabbit, was brought to the veterinarian after several days of abdominal pain, lethargy and loss of appetite.

He was diagnosed with an intestinal obstruction.

Nationwide
reimbursed
\$2,156²

Veterinary bill: \$3,330

Owner's net cost: \$1,174

(after \$250 annual deductible and co-pay)

Call 877-738-7874 to learn about avian and exotic pet coverage from Nationwide

[1] Some exclusions may apply. Certain coverages may be excluded due to pre-existing conditions. See policy documents for a complete list of exclusions and any annual limits that may apply. Plans may not be available in all states. Policy eligibility may vary. [2] This example is based on an actual pet insurance claim from a Nationwide member who was enrolled prior to the introduction of the new Avian & Exotic Pet plan. Their claim was reimbursed according to the plan in which the respective member was enrolled at the time. Amount shown here reflects how reimbursement would be calculated with the Avian & Exotic pet plan with a 70% reimbursement and a \$250 annual deductible not met on prior claims. Nationwide does not determine the amount a veterinarian may charge; that amount will vary by region and veterinary practice.

All plans require accident coverage; additional coverage for illness, hereditary & congenital, and wellness is optional. Optional coverage for behavior, prescription food and prescription supplements may also be available. Optional cruciate coverage may be added after the first year of coverage; not available in all states. Pre-existing conditions are not covered.

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How to apply for a pet insurance policy

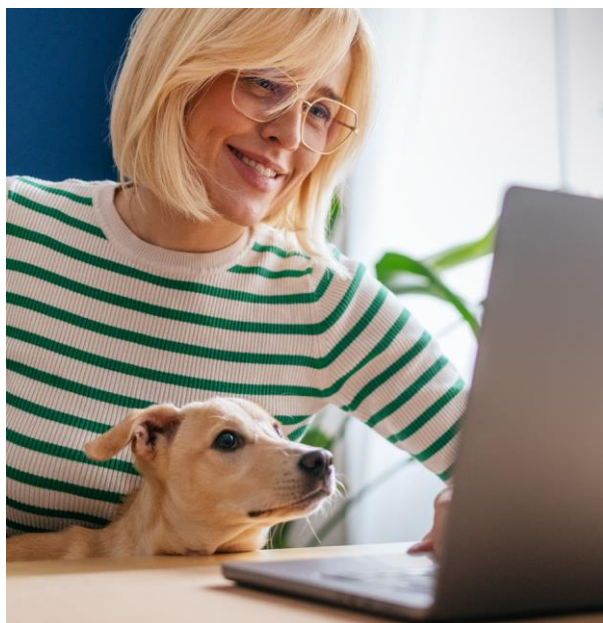
Nationwide® pet insurance provides coverage for veterinary expenses related to accidents, illnesses, wellness and more.¹

Policies are available for dogs, cats, birds, reptiles and other exotic pets.

Signing up for Nationwide pet insurance is easy with these options:

Get a quote: <https://benefits.petinsurance.com/pueblodistrict60> | Call: 877-738-7874

During enrollment, we may need the following information:



- Name
- Address
- Home or primary telephone number
- E-mail address
- Name and age of the pet(s)
- Pet's species (canine, feline, etc.)
- Payment information/plan*

*Applications approved between the 1st and the 15th of the month become effective on the 1st of the following month. Applications approved from the 16th through the end of the month become effective on the 1st of not the following month, but the month thereafter.

Example: May 1 approval = June 1 effective date
May 16 approval = July 1 effective date

[1] Some exclusions may apply. Certain coverages may be excluded due to pre-existing conditions. See policy documents for a complete list of exclusions and any annual limits that may apply. Plans may not be available in all states. Policy eligibility may vary.

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VetHelpline®

When it comes to your pet's health, no concern is too big or too small.



Friendly, expert advice

With VetHelpline®, Nationwide® pet insurance members get unlimited 24/7 video chat guidance from licensed veterinary professionals at no additional cost.

Get expert advice on emergency triage, health and wellness, continued care and more—no pet carrier, no car ride, no worries. Download the VetHelpline app from the App Store or Google Play.



How it works

Nationwide pet insurance members can start using this service once their policy is in effect—there's no sign up or extra enrollment required.

1. Download the app
2. Retrieve your pet information
3. Connect with our vet team
4. Talk to a professional

VetHelpline® is available as a service to all Nationwide pet insurance members.

Get a quote: <https://benefits.petinsurance.com/pueblodistrict60> | Call: 877-738-7874

VetHelpline® is not a substitute for a visit to your primary veterinarian.

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Nationwide®



Save on veterinary care



Nationwide® pet insurance members save on every visit to a participating Vetco Total Care Hospital or Vetco Vaccination Clinic inside Petco.

**vetco
total care**



Full-service animal hospital providing everything from preventive care to diagnostics and surgery. Same-day appointments often available for pets needing immediate care.

**vetco
vaccination clinic**



Express preventive care including vaccinations, flea/tick & heartworm prevention and microchipping. Appointments are convenient, with most only taking 5-10 minutes including a courtesy wellness check.

Saving on care for pets at Petco is easy

Nationwide pet insurance members are 3 steps away from savings:

1. Mention Nationwide pet insurance policy to reception at the appointment
2. Provide a pet insurance policy number (find it at my.petinsurance.com)
3. Get 10% off!

Best of all, Nationwide members who haven't visited a **Vetco Total Care** hospital before can get their first visit free with this coupon.

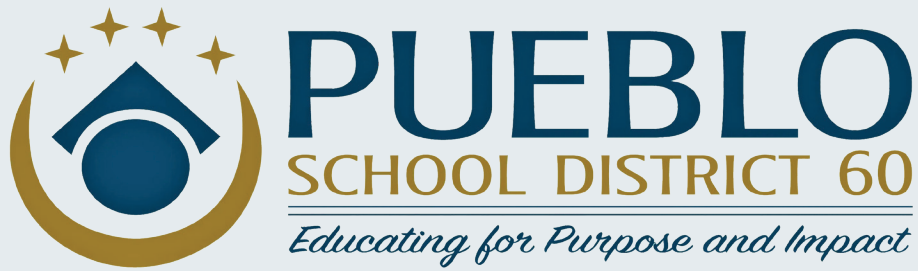


Get a quote: <https://benefits.petinsurance.com/pueblodistrict60> | Call: 877-738-7874

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Nationwide®



This document is designed to provide basic information regarding benefit plans and programs available to eligible employees. This document merely summarizes the employee benefit plans and programs and does not detail all of the terms, conditions, restrictions, and exclusions contained in the plan documents, carrier contracts and/or Summary Plan Descriptions (SPD) (the “plan documentation”) for the various benefit plans and programs. Every reasonable effort has been made to ensure the accuracy of the information contained in this document; however, in the event of a discrepancy between the information in this document and the plan documentation, the provisions described in the plan documentation will govern. This document does not create any contractual rights for any current or former employee, or for any other individual. The provisions of the applicable plan documentation will govern the determination of any individual’s rights under any employee benefit plan or program. Your employer reserves the right to amend or terminate any of its employee benefit plans and programs at any time and without notice or cause.