



# Franchisee Owners & Additional Drivers Insurance Program Guide January 1, 2021

JLP & Associates offers Short Term Disability, Long Term Disability, Basic Life, Accidental Death & Dismemberment (AD&D), and Cancer & Specified Disease products. We are your settlement deduction insurance provider for these products on behalf of the Franchisee Owners and Additional Drivers that contract with subsidiaries of Flowers Foods, Inc.

If you wish to enroll, need information regarding this notification or products offered, please call: (844) 573-8089

**Speak with:** Mary Jakeway at Ext. 1 Email: [Mary@jlpint.com](mailto:Mary@jlpint.com) or Erica Skog at Ext. 2 Email: [Erica@jlpint.com](mailto:Erica@jlpint.com)

**Business hours:** Monday through Friday 8:00 am – 5:00 pm EST

*"JLP is not affiliated with Flowers Foods, Inc. or any of its subsidiaries. We are your designated Disability, Life and Cancer plan insurance agency."*

## DISABILITY, LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT BENEFITS OVERVIEW

- ❖ **Newly Contracted** - If enroll within 31 days of your contract effective date, coverage will be effective the same date.
- ❖ **Termination Date** - Your coverage is cancelled the date that you terminate as a Franchisee Owner or Additional Driver.
- ❖ **Pre-Existing Limitations** – There is a 12 month Pre-Existing Condition Exclusion with a 6 month look back. Covered illness or injury, other than Pre-Existing Conditions, will be covered immediately. Hartford defines their Pre-Existing Condition limitation in the certificate booklet. Please contact JLP & Associates for a copy of the coverage booklet.

### PLAN OPTION #1 LOW - SHORT AND LONG TERM DISABILITY INCOME - (HARTFORD INS. CO.)

#### SHORT TERM DISABILITY INCOME - Policy #675421

- **\$600** per week benefit
- 24-hour coverage (on or off the job)
- Benefit waiting period for disability:
  - Accidental Injury – 7 days
  - Physical Disease/Illness – 13 days
- Benefit period – 1 year ( Own Occupation)

#### LONG TERM DISABILITY INCOME - Policy #675421

- **\$2,400** per month benefit
- Benefit waiting period – 52 weeks satisfied by Short Term policy
- Benefit period – 2 years (Any Occupation)

### PLAN OPTION #2 HIGH - SHORT AND LONG TERM DISABILITY INCOME - (HARTFORD INS. CO.)

#### SHORT TERM DISABILITY INCOME - Policy #675421

- **\$900** per week benefit
- 24-hour coverage (on or off the job)
- Benefit waiting period for disability:
  - Accidental Injury – 7 days
  - Physical Disease/Illness – 13 days
- Benefit period – 1 year (Own Occupation)

#### LONG TERM DISABILITY INCOME - Policy #675421

- **\$3,600** per month benefit
- Benefit waiting period – 52 weeks satisfied by Short Term policy
- Benefit period – 2 years (Any Occupation)

**Disability Claim Reporting – Contact Hartford Ins. Co. directly at: 866.945.4558**

### BOTH PLAN OPTION 1 & 2 INCLUDE: BASIC LIFE & ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) - (HARTFORD INS. CO.)

Basic Life and AD&D Insurance Benefits Amount: **\$50,000 each**

You will qualify for AD&D due to accidental death or if you suffer any of the following:

- 100% of benefit for loss of Life; Both Hands or Both Feet or Sight in Both Eyes; One Hand and Foot; One Hand or One Foot and Sight of One Eye; Speech and Hearing in Both Ears; Quadriplegia
- 75% of benefit for Paraplegia
- 50% of benefit for loss of One Hand or One Foot or Sight of One Eye; Speech or Hearing in Both Ears; Hemiplegia
- 25% of benefit for loss of Thumb & Index Finger of Same Hand

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\* The benefit overview is provided as a summary only. It does not include all of the benefits and limitations of the plan which are contained in the proposal / policy. In the event of a discrepancy, the proposal / policy prevails.

## CANCER AND SPECIFIED DISEASE BENEFITS OVERVIEW

This plan, offered through Guardian Insurance Company, which is not a Major Medical insurance plan for Cancer coverage, but rather an Indemnity/Income plan. This means that any benefits will be paid directly to you and are paid in addition to any other coverage. Insuring yourself and or your spouse and/or children with this policy can help to manage the high expenses of medical treatment and protect your family from financial hardship. Coverage is provided through Guardian Insurance Company.

The benefits of this plan will also pay if a covered person is diagnosed with one of the following Specified Diseases while coverage is in force: Addison's Disease, ALS, Brucellosis, Cerebrospinal Meningitis, Cystic Fibrosis, Diphtheria, Encephalitis, Hansen's Disease, Hepatitis (Chronic B or Chronic C with liver failure), Legionnaire's Disease, Lyme Disease, Multiple Sclerosis, Muscular Dystrophy, Myasthenia Gravis, Osteomyelitis, Poliomyelitis, Primary Biliary Cirrhosis, Primary Sclerosing Cholangitis, Rabies, Reye's Syndrome, Rocky Mountain Spotted Fever, Scarlet Fever, Sickle Cell Anemia, Systemic Lupus, Erythematousus, Tetanus, Thalassemia, Tuberculosis, Tularemia, Typhoid Fever. Only one specified disease from this list may be claimed under this plan.

**ELIGIBILITY:** You are eligible for coverage if you are an active Franchisee Owner and Additional Driver over the age of 18. You can choose to cover yourself or you and your family at any time. The Family Plan includes you, your spouse and/or dependent children. Coverage for dependent children terminates on the policy anniversary following when child turns age 26. Coverage for your spouse would end on the date of a valid decree of divorce. Coverage will be effective the 1st of the month following the date the application is received. If enrolling after 31 days or more of your contract date, you will need to provide Evidence of Insurability for this coverage and may be declined coverage due to previous medical history. Coverage or cancellation is always effective the 1st of the following month. If cancelling coverage, you have the option to continue the policy on a direct bill basis with Guardian Insurance Company.

### CANCER & SPECIFIED DISEASE CARRIER: Guardian INSURANCE COMPANY

- Air Ambulance \$1,500/trip, limit 2 trips per hospital confinement
- Ambulance \$200/trip, limit 2 trips per hospital confinement
- Anesthesia 25% of surgery benefit
- Anti-Nausea \$50/day up to \$150 per month
- Attending Physician \$25/day while hospital confined. Limit 75 visits.
- Blood/Plasma/Platelets Actual Cost up to a \$7,500 benefit year maximum.
- Bone Marrow: \$7,500 50% benefit for 2nd transplant. \$1,000 benefit if a donor
- Stem Cell: \$1,500 50% benefit for 2nd transplant. \$1,000 benefit if a donor
- Experimental Treatment \$100/day up to \$1,000/month
- Extended Care Facility/Skilled Nursing care \$100/day up to 90 days per year
- Government or Charity Hospital \$300 per day in lieu of all other benefits
- Home Health Care \$50/visit up to 30 visits per year
- Hormone Therapy \$25/treatment up to 12 treatments per year
- Hospice \$50/day up to 100 days/lifetime
- Hospital Confinement \$300/day for first 30 days; \$600/day for 31st day thereafter per confinement
- ICU Confinement \$400/day for first 30 days; \$600/day for 31st day thereafter per confinement
- Immunotherapy \$500 per month, \$2500 lifetime max
- Inpatient Special Nursing \$100/day up to 30 days per year
- Medical Imaging \$100/image up to 2 per year
- Outpatient and family member lodging - Lodging must be more than 50miles from your home. \$75/day, up to 90 days per year Outpatient or Ambulatory Surgical Center \$250/day, 3 days per procedure
- Physical or Speech Therapy \$25/visit up to 4 visits per month, \$400 lifetime max
- Prosthetic Surgically Implanted: \$2,000/device, \$4,000 lifetime max Non-Surgically: \$200/device, \$400 lifetime max
- Reconstructive Surgery Breast TRAM Flap \$2,000; Breast reconstruction \$500; Breast Symmetry \$250; Facial reconstruction \$500
- Second Surgical Opinion \$200/surgery procedure
- Skin Cancer Biopsy Only: \$100; Reconstructive Surgery: \$250 Excision of a skin cancer: \$375; Excision of a skin cancer with flap or graft: \$600
- Surgical Benefit Schedule amount up to \$4,125
- Transportation/Companion Transportation- Benefit is paid if you have to travel more than 50 miles one way to receive treatment for internal cancer; \$0.50/mile up to \$1,000 per round trip/equal benefit for companion
- Waiver of Premium - If you become disabled due to cancer that is diagnosed after the employee's effective date, and you remain disabled for 90days, we will waive the premium due after such 90 days for as long as you remain disabled.

For Cancer claim forms, please contact Mary Jakeway or Erica Skog at JLP & Associates (844) 573-8089

The benefit overview is provided as a summary only. It does not include all of the benefits and limitations of the plan which are contained in the proposal / policy. In the event of a discrepancy, the proposal / policy prevails. JLP & Associates is the insurance broker for your voluntary programs and will receive a premium for facilitating the program.

### WEEKLY SETTLEMENT DEDUCTIONS (Effective 01-01-2021)

<p><b><u>OPTION #1 - LOW PLAN</u></b> Package - Disability \$600 wk., Basic Life and Accidental Death &amp; Dismemberment - <b><u>ADD - Individual Cancer Benefit (Code 5)</u></b> <b><u>ADD- Family Cancer Benefit (Code 6)</u></b></p>	<p>\$27.92 per week \$33.05 per week \$36.85 per week</p>
<p><b><u>OPTION #2 - HIGH PLAN</u></b> Package - Disability \$900 wk., Basic Life and Accidental Death &amp; Dismemberment - <b><u>ADD - Distributor Cancer Benefit (Code 15)</u></b> <b><u>ADD- Family Cancer Benefit (Code 16)</u></b></p>	<p>\$35.81 per week \$40.94 per week \$44.74 per week</p>
<p><b><u>CANCER/SPECIFIED DISEASE COVERAGE ONLY</u></b> <b><u>Distributor Only Cancer Benefit (Code 20)</u></b> <b><u>Family Cancer Benefit (Code 21)</u></b></p>	<p>\$ 5.13 per week \$ 8.93 per week</p>