



Product & Service Solutions



Voluntary Benefits






Get to know Trustmark

Trustmark Voluntary Benefits listens to what employers care about most and then delivers innovative insurance solutions backed by exemplary service. With more than a century of building trusted relationships, Trustmark helps employers reduce administrative burdens, simplify enrollment and effectively communicate key company messages to educate and inform employees about health, wellness and other important business initiatives.

Trustmark Voluntary Benefits

At Trustmark Voluntary Benefits, we look to build trusted partnerships, by listening to understand what you care about most, then delivering innovative solutions backed by exemplary service.

 <p>Innovative solutions</p> <p>Our products are uniquely designed based on the voices of our customers. We provide industry-leading insurance to provide the protection employees need; filling gaps in coverage and offering greater financial security.</p>	 <p>Responsive service</p> <p>Our commitment to listening also applies to our exemplary service; including enrollment, marketing, billing and benefits technology. Plus view policies and file online claims quickly at TrustmarkVB.com.</p>	 <p>Trusted partnerships</p> <p>Quick fixes and short-term successes don't build lasting partnerships. We're here to be a reliable partner for the long haul. You can rely on us to put our partnership first, not just today, but for many years to come.</p>
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Products to meet your needs

Trustmark offers some of the most innovative products in the worksite market on both an individual and group basis. No matter your needs; we've got you covered.

<p>Industry recognized life insurance with long-term care and care benefits to address the growing need for care</p>	<p>Hospital insurance that balances superior protection with unmatched flexibility</p>	<p>Critical illness insurance that provides a lifetime of benefits</p>	<p>Accident insurance that protects employees wherever they need it most</p>	<p>Disability insurance with more ways to get benefits into policyholders' hands*</p>
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*Only available as an individual benefit.



"Our goal is to be viewed by our customers not as a business relationship but as a trusted partner. We've grown our business by putting our customers first and building partnerships that last. We look forward to the opportunity to do the same with you."

John Anderson
Executive Vice President, Trustmark Voluntary Benefits

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Innovative **Solutions**



Responsive **Service**



Trusted **Partner**





Trustmark Universal Life and Universal LifeEvents® insurance

Flexibility in Choice and Design

Trustmark offers two Universal Life solutions, each designed to address differing employee needs for permanent life insurance and peace of mind for a lifetime. Both include:

The industry's most comprehensive Living Benefits for Long-Term Care and Terminal Illness

EZ Value Plan – automatic increases in premium and benefits to keep pace with increasing needs

Guaranteed, Modified Guaranteed and Simplified Issue Underwriting

Flexible gender mix rating appealing to hospitals, schools, government entities and light manufacturers

Two Universal Life solutions:

Universal Life Flexible, Comprehensive Benefits

Universal Life provides flexible benefits, allowing employees to adjust their death benefit, cash value and premiums as their financial needs change. It does even more than pay a death benefit to beneficiaries – it offers Living Benefits insureds can use during their lifetime.

- **Long-Term Care (LTC)** accelerates the death benefit for LTC
- **Death benefit restoration** restores the death benefit when LTC is paid
- **Extension of LTC** doubles the benefit period and benefit amount available for LTC
- **Combination restoration/extension** restores the death benefit while doubling the amount of LTC benefits, in effect, tripling the policy value

Universal LifeEvents® Benefits Designed for a Lifetime

An innovative concept in life insurance, Universal LifeEvents is uniquely designed to match the needs of insureds throughout their lifetime.

- LifeEvents pays a higher death benefit during the working years when expenses are high and families need maximum protection
- At age 70*, when financial needs are typically lower, the death benefit reduces to one third
- However, higher Living Benefits do not reduce – they continue through retirement to match the greater need for LTC

* Or the beginning of the 15th policy year, whichever occurs last

How LifeEvents Works

For the same premium as standard Universal Life, the Universal LifeEvents plan provides:

- A higher death benefit during working years
- Higher living benefits for long-term care that continue into retirement Example: Universal LifeEvents with LTC benefit, 35-year-old non-smoker, \$8/week premium

	LifeEvents	Universal Life
Face Amount	\$54,612	\$34,799
Ages 35 to 70		
Death Benefit	\$54,612	\$34,799
Living Benefit	\$54,612	\$34,799
Age 70+		
Living Benefit	\$54,612	\$34,799
Death Benefit 1/3 of face	\$18,204	\$34,799

Benefit amounts are illustrative samples and not a guarantee.

Both Universal Life plans include our Living Benefits package, one of the most comprehensive in the market.

Long-Term Care (LTC)

- Designed to accelerate Death Benefit at 4% per month for up to 25 months to pay for long-term care in an assisted living or long-term care facility, or home healthcare and/or adult day care.
- Payments proportionately reduce the death benefit

With a death benefit of \$100,000, \$4,000 per month is available for 25 months to pay for long-term care.

Death Benefit Restoration

- Fully restores the death benefit reduced by LTC each time a benefit is paid.
- Allows beneficiaries to receive the full death benefit

Example: a \$100,000 policy could pay 25 months of LTC benefits (\$100,000) plus a full death benefit (\$100,000), for a total policy value of \$200,000.

Extension of LTC

- Extends LTC benefits up to 25 months, allowing the insured to receive Living Benefits for a total of up to 50 months

Example: a \$100,000 policy could pay 50 months of LTC benefits (\$200,000), doubling the policy value.

Combination Restoration/Extension

Combining Benefit Restoration and LTC Extension of Benefits can triple the policy value.

Waiver of Premium

- Waives premium for policy and riders for total disability of employee or spouse, including future EZ Value increases
- Waives premium for child and grandchild coverage when policy owner is totally disabled

Terminal Illness Benefit

Accelerates 75% of death benefit amount when life expectancy is 24 months or less, as compared with 50% and 6- or 12-month life expectancies commonly seen in the industry.

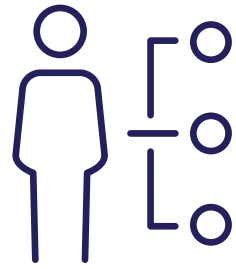


How Living Benefits Work

Example: \$100,000 life insurance policy

	Maximum Benefit
LTC pays \$4,000 per month for 25 months	\$100,000 LTC Benefits
Benefit Restoration restores the death benefit	\$100,000 Death Benefit*
Extension of LTC extends living benefits up to an additional 25 months	\$100,000 Extension Benefits
Living Benefit package can triple the value of the policy	\$300,000 Total Benefits

*After age 70, Universal LifeEvents® restores \$33,333.



Additional features & benefit options

Fully Portable

Employees can keep the policy even if they leave their employer or retire.

Family Universal Life Coverage

Spouse, children and grandchildren can be covered for both living and death benefits, even if the employee chooses not to participate.*

Accidental Death Benefit

Doubles the benefit if death occurs by accident prior to age 75.

Child Term Rider

- Covers children under the age of 23 years for a single premium rate
- Convertible to Universal Life at age 23¹ for up to five times the term benefit amount on a Guaranteed Issue basis

¹May vary by state.



EZ Value plan²

EZ Value automatically increases coverage to help fight inflation and keep pace with increasing needs – without additional underwriting.

EZ Value advantages

- Inflation-fighting options for employees and spouses
- Guaranteed increases to both living and death benefits – without additional underwriting
- Automated change process convenient for employers
- Fully portable
- May be cancelled at any time

EZ Value options

- Employees and spouses through age 60 – additional \$1 per week on each of the first 10 anniversaries
- Employees and spouses through age 65 – additional \$1 per week on each of the first 5 anniversaries
- Employees through age 65 – additional \$2 per week on each of the first 5 anniversaries

²With Universal LifeEvents, EZ Value is available only through age 64.

Benefit growth

Example: Guaranteed benefit increases with \$1 increase in weekly premium per year for 10 years.

\$50,000
Initial Benefit

\$71,040
5th Year

\$87,339
10th Year

Actual values will vary by age, smoking, benefits selected and current interest rate.

Trustmark Critical HealthEvents[®] insurance

A new perspective: providing a lifetime of benefits.

Critical illness insurance is designed based on a simple principle: protect policyholders in times of need. We took a step back when designing Critical HealthEvents and determined that the best way to provide that protection for our policyholders was by creating a policy that offers a proactive and lifelong approach to their well-being and focuses protection where it is needed most.

Firsts in the market

- 1st** Covers the three most-experienced conditions – cancer, heart attack and stroke – in new and better ways
- 1st** Benefits payable for both early identification/early diagnosis and later-stage diagnosis
- 1st** Benefit payout replenishes annually
- 1st** No reoccurrence limitations or separation periods
- 1st** Automatically waives premiums when diagnosed with a critical illness (after a benefit is received).

Benefits are payable for:

- Early identification/early-stage diagnosis
- Later stages as a disease progresses, even after a payout for early stage
- More preventive coverage with multiple payouts and access to a health advisor and health portal
- Inability to perform 2 or more activities of daily living, without specifying a particular illness
- Complications from diabetes and central nervous conditions
- When the policyholder cares for an eligible family member

Unique plan design



Covering stages of critical illness

Benefits are payable for early identification as well as for later-stage diagnosis. Not only does this mean our policyholders may receive benefits for conditions that fall short of full-blown critical illness, but it also promotes a proactive approach to treating critical illness before a condition progresses.



Replenishing benefit with no lifetime max

Benefit amounts replenish each calendar year to the full annual maximum. Policyholders have the comfort of knowing that they can continue receiving benefits year after year for new covered conditions – or even recurrences of conditions at a more advanced stage – for a full lifetime of benefits.



Focused on the most common conditions

At Trustmark, 94% of our critical illness claims are for cancer, heart attack and stroke. By concentrating on covering these three conditions – and their early identifications – at tiered benefit levels, we are able to offer our policyholders focused and comprehensive coverage at affordable rates.



Heart attack/stroke-only option available

A base policy option is available to allow employers to carve out cancer coverage and offer only coronary artery disease/cerebral vascular disease coverage to supplement an employer's existing cancer policy. All riders remain available when this option is selected.

Eligibility

Issue ages

- Up to age 75 for Universal Life
- Age 18 to age 64 for Universal LifeEvents[®]
If employees age 18-64 are only eligible for Universal LifeEvents, a standard Universal Life plan can be made available for employees age 65-75.
- If eligible, coverage begins the date application is taken

Maximum death benefit

- Up to \$300,000

Guaranteed issue

- Actively at work requirement
- If participation or seen quotas are met

Modified guaranteed issue

- Two health questions
- Actively at work requirement

Simplified issue

- Benefits above the GI/MGI amounts
- For employees & spouses over age 64



Plan design

Three tiers of benefits

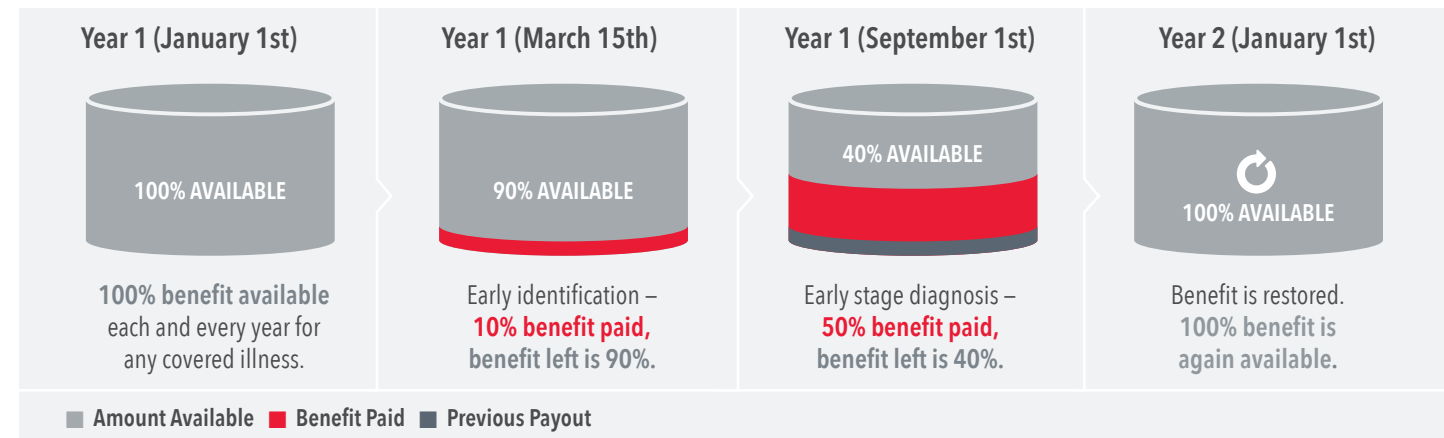
Payment for a covered illness is 100%, 50% or 10% of the selected benefit amount, depending on the diagnosis received. Total benefits payable are subject to the annual benefit amount remaining for the calendar year in which the diagnosis occurs, and payouts reduce the amount available for other covered conditions for the year.

10% benefit	50% benefit	100% benefit
Cancer <ul style="list-style-type: none"> Invasive basal/squamous cell skin cancer In situ cancer Benign brain, spinal cord and cranial nerve tumors Myelodysplastic syndrome 	Cancer <ul style="list-style-type: none"> Stage 1 melanoma Stage 1 or 2 cancers, no lymph node involvement 	Cancer <ul style="list-style-type: none"> Stage 3 or higher Stage 2 involving lymph nodes Melanoma stage 2 or higher Stage 1 or higher: pancreas, liver, lung, esophagus, leukemia, biliary tract, head and neck, lymphoma, multiple myeloma
Coronary artery disease – initial diagnosis after assessment and recommended treatment	Coronary artery disease <ul style="list-style-type: none"> Coronary artery obstruction Heart attack when clinically diagnosed 	Coronary artery disease <ul style="list-style-type: none"> Heart attack
Cerebral vascular disease "mini-stroke" – Transient Ischemic Attack (TIA) including Reversible Ischemic Neurologic Deficit (RIND)	Cerebral vascular disease <ul style="list-style-type: none"> Stroke with less than 30 days impairment Stroke when clinically diagnosed 	Cerebral vascular disease <ul style="list-style-type: none"> Stroke with at least 30 days impairment

Heart/stroke only policies do not include cancer benefits. Benefits-tier design differs in New York.

Benefit well refills annually

The employee selects an annual benefit amount, which is then available each and every calendar year when there is a new diagnosis of a covered critical illness.



- Date of diagnosis determines availability of funds. Note: When cancer is diagnosed – a new diagnosis of cancer in a new location or new stage is considered a NEW EVENT if the secondary cancer is not a natural, direct consequence of the previous cancer, or if the individual has completed all recommended treatment and has no evidence of active disease.
- No separation periods between illness.

- No limit on number of payments and no lifetime maximum.
- No maximum number of illnesses per year.
- No difference in payment for second diagnosis.
- If a reconfirmation diagnosis determines the event qualifies for a higher benefit level, the first diagnosis date applies to that event. The benefit amount due will be reduced by any previously paid benefit for that event and cannot exceed the maximum benefit for that event.

Continuum of care

Critical HealthEvents provides critical illness benefits across the lifetime of the policyholder – something no other product on the market can do. **Riders round out coverage in ways never seen before in the market.** Riders are optional at the employer level, and built-in at the employee level, except for EZ Value, which is optional at the employee level.

Specified illness rider expands list of covered illnesses

- Tiered benefits for additional illnesses. Each illness is eligible for a benefit once per covered person per lifetime, no separation period required between illnesses.
- Depending on the diagnosis, benefit payment may be 100%, 50% or 10% of the selected benefit amount, subject to the annual maximum available for the calendar year in which the diagnosis occurs.

10% benefit
<ul style="list-style-type: none"> Complications of diabetes – hospitalization for hyperglycemia, dehydration Stem cell/bone marrow transplant
50% benefit
<ul style="list-style-type: none"> Central nervous condition¹ <ul style="list-style-type: none"> Lupus Sarcoid Central nervous infection of the brain
100% benefit
<ul style="list-style-type: none"> Permanent blindness Complications of diabetes – lower limb amputation Irreversible loss of hearing² Occupational HIV Paralysis due to sickness Renal failure Organ failure – liver, lungs, pancreas, heart

¹Neurological impairment was not previously present and has persisted for 30 days or longer. ²Person must be 3 years or older at diagnosis, benefit not payable if device or surgery could restore hearing.

Caregiver rider when the insured is giving care to an eligible family member

- \$500 or \$1,000 benefit when the insured provides home healthcare, homemaking assistance or transportation to medical services to an eligible family member three days per week for at least two weeks.

Healthy living rider annual screenings and preventive services, with additional wellness options

- Routine services benefit:** \$50, \$75 or \$100
- Follow-up diagnostic test benefit:** \$50, \$75 or \$100 benefit to further test for cancer, coronary artery disease or cerebral vascular disease
- Optional biometric screenings benefit:** \$25
- Optional genetic cancer test benefit:** \$250 benefit due to high risk of, or diagnosis of, cancer. If the genetic test indicates a marker for the illness is present, an additional \$250 is payable for additional counseling.

Additional sickness rider non-specified sickness, 2 standard activities

- Payable if insured cannot perform two activities of daily living (ADLs) due to sickness for 90 continuous days
- One-time benefit is paid in addition to annual maximum

Waiver of premium riders

- For Critical Illness** – Waives premium payments for all covered persons for 6 months when one is diagnosed with a covered Critical Illness paid at the 100% or 50% benefit level, once per calendar year.
- For Disability** – Waives premium payments if the employee is totally disabled for 6 months before age 70.

Benefit growth provided by EZ Value

EZ Value automatically increases coverage to keep pace with increasing needs – without additional underwriting after policy issue. Increases apply to all family members.

Family coverage

Full range of family benefit options available.

- Employee benefit - \$10,000 to \$50,000*
- Spouse benefit – 50% or 25% of employee benefit*
- Children benefit – 50%, 25% or 10% of employee benefit*

*Additional options available upon request.

Underwriting focus: issue coverage

- Guaranteed issue options available
- Age limits on GI apply for dependent coverage



Trustmark Critical Illness insurance

One policy. Countless ways to make it work for you.

Trustmark's worksite Critical Illness plans are simple and straightforward. With three available plan designs – Critical Illness only, Cancer only or a combination of both – and the ability to build features, the product's flexibility and effectiveness provide a customer-focused solution.

No benefit reduction

Full benefits are payable at all ages, including people over 70, who are at greater risk for having a critical illness.

Multiple payouts

Critical illness insurance provides a cash payment for peace of mind upon first diagnosis of a covered illness. But what happens if someone experiences a second illness? Riders provide additional benefit payouts for those diagnosed with a different critical illness, and recurrent benefits for those re-diagnosed later with the same illness.

HIV benefit

Employees such as healthcare workers, police and firefighters face the occupational hazard of contracting HIV daily. Building in Occupational HIV as a covered condition adds even more value to their Critical Illness plan.

EZ Value plan

Guaranteed automatic increases to critical illness benefit.

Guaranteed renewable & fully portable

- Policy cannot be cancelled as long as premiums are paid
- Premiums are level and based on employee's age at time of policy issue

Plan design

Benefit type

- **Single benefit.** Provides one lump-sum benefit upon first diagnosis of a covered condition.
- **Double benefit.** Provides two lump-sum benefits, with a second benefit payable for a subsequent and different diagnosis.
- **Subsequent condition benefits.** Provides one payout for each and every covered condition. Plus, benefits paid on conditions with a partial payout do not reduce later payouts.
- **Subsequent and recurring conditions benefits.** Provides one payout for each and every covered condition. Additional payouts for the recurrence of a same covered condition are also available with no reduction in payout or limit on the number of recurrences. Benefits for conditions with a partial payout are paid once for each condition.

How double benefit works
Example: \$50,000 Critical Illness Policy

Initial Benefit	
Heart attack diagnosis	\$50,000
Double Benefit (100%)	
Stroke diagnosis (at least 6 months later)	\$50,000
Total Payout	\$100,000

How subsequent & recurrence benefit work
Example: \$50,000 Critical Illness policy

Initial benefit	
Heart attack diagnosis	\$50,000
Subsequent benefit	
Stroke diagnosis (at least 90 days later)	\$50,000
Recurrence Benefit	
Heart attack diagnosis (at least 12 months after the initial heart attack diagnosis)	\$50,000
Total Payout	\$150,000

Additional features & options

Health Screening Benefit

This benefit reimburses the cost of a screening test or immunization, up to \$50 or \$100, every calendar year for each insured with no coordination of coverage.

Waiver of premium

Waives premium when insured is totally disabled.

Family coverage

Full range of family benefit options available.

- **Employee benefit** – \$5,000 to \$100,000
- **Spouse benefit** – 50% or 25% of employee benefit*
- **Children benefit** – 50%, 25% or 10% of employee benefit*

*Additional options available upon request.

Underwriting focus: issue coverage

- **Guaranteed issue (GI) available.** If participation or seen quotas are met.
- **Modified guaranteed issue (MGI).** Based on maximum benefit amount including EZ Value increases.
- **Simplified issue (SI).** Based on maximum benefit amount with access to reduced benefit if SI requirements are not met.
- **"Benefit rollback."** Employees who apply for Combo, but have a history of critical illness, can still get a cancer-only benefit without affecting family benefits.
- Issue age is 18 – 70.

Plan design


Modules

- Critical Illness including Cancer provides a lump-sum benefit upon first diagnosis of a critical illness or cancer to help pay expenses, such as family earnings replacement, experimental treatment, childcare, medical deductibles and co-pays, travel expenses and more.
- Critical Illness Only gives employers broader coverage without interfering with an existing cancer benefit.
- Cancer Only coverage is an ideal option for an employer looking to add a lump-sum cancer benefit to an existing benefits suite that does not yet feature cancer protection.

Critical Illness including cancer	
Includes coverage for both Critical Illness and Cancer conditions.	
Cancer conditions	Critical Illness Conditions
<ul style="list-style-type: none"> • Invasive Cancer (excludes skin cancer and melanoma that is diagnosed as Clarke's Level I or II) • Carcinoma in situ (25% benefit)² 	<ul style="list-style-type: none"> • Heart attack • Stroke • Occupational HIV¹ • Renal (kidney) failure • Major organ transplant • Paralysis of two or more limbs • Blindness • ALS (Lou Gehrig's Disease) • Coronary artery bypass surgery (25% benefit)²

¹Occupational HIV Benefit: This optional benefit includes HIV as a covered condition for employee and spouse when HIV is caused by a qualified event at work.

²If the insured receives the one-time 25% benefit for Carcinoma in situ or Coronary Artery Bypass Surgery, the remaining 75% benefit will be available for a first diagnosis of another covered condition. 25% reduction not applicable when subsequent benefit is included.



EZ Value plan*

EZ Value automatically increases coverage to keep pace with increasing needs – without additional underwriting after policy issue.

EZ Value Advantages

- Guaranteed increases in coverage on each of the first five policy anniversaries
- Benefit increases are equal to the amount of protection an additional \$1 per week of deduction would purchase
- Increases apply to all covered family members

*The EZ Value Plan is also available with Critical HealthEvents®

Benefit growth

Example: Guaranteed benefit increases with \$1 increase in weekly premium per year for 5 years.

\$40,000
Initial Benefit
\$54,070
5th Year
\$63,450
10th Year

Actual values will vary by age, smoking, benefits selected and current interest rate.



Trustmark Hospital StayPay[®] insurance

Helping to balance protection and cost.

Trustmark is proud to offer a consumer-driven hospital indemnity product that provides superior protection for employees and unparalleled flexibility for employers. We relied on the voices of our customers to develop a product that offers much-needed protection with innovative features you won't find elsewhere in the market. Trustmark Hospital StayPay[®] helps employers balance cost containment and comprehensive coverage, and helps employees feel safe from the shock of high hospital bills.

Flexible plans

Adjustable admission benefit

Insureds can change the amount of their first-day confinement benefit to match their current situation and preferences. Moving to a higher deductible medical plan? An insured can call and boost their first day confinement benefit with no underwriting or medical questions.

Flexible design

Brokers and employers can choose from a selection of added HSA-compliant optional benefits to offer meaningful value to insureds with Health Savings Accounts. For groups without HSAs, a wide variety of enriched rider options mean you can craft the perfect solution for any client.

Industry-exceeding features

Many of our plan features and riders go beyond similar offerings from competitors, like our TrekCheck travel and lodging rider, which can help pay for costs associated with trips more than 50 miles from an insured's home (half the distance required by some other plans) – and includes benefits to help pay for short-term room or home rental services as well as hotels.

Base benefit ^{HSA}

Our HSA-compliant base benefit includes:

- **First day confinement.** Provides one lump-sum benefit upon the first day of confinement in a hospital. Amounts vary from \$500 to \$3000, and can be pre-selected to match employee deductibles or out-of-pocket maximums.
- **Daily confinement.** Pays for each day of hospital confinement after the first day, up to 365 days. Daily amounts range from \$100-\$500.
- **ICU benefit.** Pays at twice the rate of the selected Daily Confinement benefit, up to 365 days.
- **First occurrence.** An optional extra boost (\$500-\$3000) for the first hospitalization in a given year, to help employees meet high deductibles or out-of-pocket maximums.
- **Normal childbirth.** Admissions for normal childbirth are included in the base benefit, but this can be removed if it doesn't offer utility to the employee group. (Complications of pregnancy are always covered.)
- **Mental wellness & addiction recovery.** Admissions for these reasons are treated as normal triggers for the base benefit.

Claim Free Return ^{HSA}

Customers we surveyed told us they wanted a feature to get money back if they don't file a claim – and we listened! The Claim-Free Return rider offers a \$100 check to policyholders for every two-year period they don't have a hospital stay. Getting money back can improve policy retention and increase satisfaction with an employer's benefits. Employers can be more confident their employees will be protected with additional financial security.



Wellness Checks ^{HSA}

This rider promotes good health and wellness by providing \$25-\$100 to offset the cost of routine medical or vision tests, follow-up tests, and biometric screenings. Each covered person can claim once in each of those categories per year.



Enriched features & benefit options

Additional riders and options can be selected at the employer level to deliver a solution tailored to your client's needs. Brokers and employers can choose any combination – the plan is completely customizable.

Immediate care

- **Emergency room.** \$100-\$200 for an emergency room visit, whether or not it leads to an admission, up to 3 times per person per year.
- **Urgent care.** \$100-\$200 for a visit to an urgent care facility, up to 3 times per person per year.
- **Ambulance.** \$100-200 for emergency ground or water ambulance (and/or \$250-\$1000 for air ambulance) transportation to a hospital, up to 3 times per person per year.

Surgery

- **Inpatient surgery.** \$200-\$600 for a surgery performed during a hospital confinement.
- **Outpatient surgery.** \$50-\$300 for a surgery performed on an outpatient basis, in a hospital, day surgery center, emergency room, urgent care facility or doctor's office.
- **Anesthesia.** 25% of the applicable surgery benefit for receiving total anesthesia.

Rehab

- **Inpatient rehabilitation.** \$100-\$200 for time spent confined to a rehabilitation facility following an accident or illness.
- **Outpatient rehabilitation.** \$25-\$100 for visits to outpatient rehabilitation, including physical, occupational, and speech therapies.
- **Mental wellness and addiction recovery.** \$25-100 for inpatient or outpatient rehabilitation for mental health or substance use disorders.

Imaging

- **Major imaging.** \$100 for MRI, ultrasound, CT and PET scans, up to 3 times per person per year.
- **Minor imaging.** \$25-50 for x-rays and other minor imaging, up to 3 times per person per year.

TrekCheck

By offsetting the cost of travel more than 50 miles from home (\$25-\$100 per day, 5 times per year), this benefit can help employees access better or more specialized care than might be available to them locally.

Follow-up care

\$50-\$100 for one follow-up doctor visit, up to three times per year.

Features

Flexible admission benefit

Insureds can adjust their first-day confinement benefit level within a range at any time to match their current situation and preferences.

Guaranteed renewable

In most states, insureds can keep their coverage to age 70 (or for 5 years total if they purchased the policy between the ages of 66-70).

Fully portable

The insured can keep the same benefit and premium, even upon leaving the employer or retiring.

Level premiums

Level premiums (based on issue age and industry class) for as long as the policy remains in force.



Plan design

Eligibility

- Active employees, ages 18-70*, working a minimum of 20 hours per week
- Spouses, ages 18-70
- Children and dependent grandchildren, ages 0-26
- Pre-existing condition limitations may apply.

*Maximum issue age may vary by state.



Trustmark Paycheck Protect® insurance

Redefining disability insurance

Paycheck Protect was designed for the way today's active employees live, think, work and play – and their need not for “disability insurance,” but instead for “livability assurance.” It's protection for their active lifestyles so that the unforeseen won't get in the way of doing what they love. With a wide array of flexible coverage options, including expedited payment and money back for claim-free loyalty, Paycheck Protect can be customized to meet any organization's livability assurance needs.

Base coverage

Covers total disability due to:

- Non-occupational sickness
- Non-occupational injury
- Maternity (provides coverage for 6-8 weeks after the delivery of a baby when delivery takes place 10 months or more from the effective date)
- Complications of pregnancy

Flexible plans

In designing Paycheck Protect, we talked to our business partners to find ways to make sure it would deliver the features they need. We found that flexibility was the key, so we redefined the way we build our solutions. Nearly all of the features on our product are optional – allowing brokers and employers to build a policy that meets their needs exactly.



Additional coverage options

Mental illness

Will pay a benefit if the policyholder has a covered mental illness and cannot work.

Substance abuse

Provides benefits if a policyholder is undergoing treatment at a licensed or certified program for substance abuse and cannot work.

Partial disability

Encourages benefit recipients to partially return to work when they can. Policyholders can collect a 50% benefit for up to 6 months (or what's left of their benefit period, whichever is less) when – after receiving a full benefit for 30 consecutive days or more – they resume working at no more than 50% of their regular hours.

On-the-job

Helps supplement worker's compensation payments by paying a 25% benefit for on-the-job injuries or sickness covered by worker's comp.

Unique riders

Claim Free Return

Employees that we surveyed told us they wanted a feature to get money back if they don't file a claim – and we listened! The Claim Free Return rider offers a \$100 check to policyholders for every two-year period that they are not paid for a claim. Getting money back can improve employees' retention of their policies and increase their satisfaction with their employers' benefits. Employers can be more confident that their employees will be protected with additional financial security.

Jump Start

With Jump Start, policyholders receive a one-time \$500 check in addition to their other Paycheck Protect benefits (after an approved claim and a two-week period, or the elimination period if it is longer.) This extra, fast cash comes when employees need it most, and can help with expenses such as medical bills and “jump start” their recovery to get them back on their feet and back to work. (Not payable for total disability due to normal pregnancy.)

Features

Fully portable

The insured can keep the same benefit and premium levels, even upon leaving the employer or retiring.

Guaranteed renewable

In most states, insureds can keep their coverage to age 70 (or for 5 years total if they purchased the policy between the ages of 66-70.)

Level premiums

Level premiums (based on issue age and industry class) for as long as the policy remains in force.

Flexible payment schedules

Pays weekly by default; options for bi-weekly, semimonthly or monthly payments to match employee's typical paycheck schedule.

No integration of benefits at time of claim

Benefits are paid in full regardless of other coverage. All benefits integration takes place at the time of the application.

Waiver of premium

After 90 days of total disability or the elimination period, whichever is greater, premium will be waived for as long as the disability continues, but not beyond the maximum benefit period.

Optional: waiver of pre-existing condition limitation

Waiver of the entire pre-existing condition limitation, up to current benefit amounts, is available to groups with prior benefits in force.



Plan design

Eligibility

Full-time and part-time employees, ages 18 to 70.* The insured must also be actively at work on the enrollment date as well as the effective date. Requirements for employment prior to the application date may also apply, and vary by industry.

*Maximum issue age may vary by state.

Maximum benefit periods

- 3, 6, 12 and 24 months, or 13, 26, 52 or 104 weeks

Accident/sickness elimination periods

- 0/7, 7/7, 0/14, 14/14, 0/30, 30/30, 90/90, 180/180

Underwriting guidelines

Guaranteed Issue (GI)

Participation requirement for GI is waived if participation or seen quotas are met.

Modified Guaranteed Issue (MGI)

- Five simple questions
- No detailed medical history
- No physical exams

In either scenario, the Benefits Communication/Enrollment firm and the enrollment plan must be approved by Trustmark.

10 application minimum per case.

Flat dollar amount (\$10 increments weekly; \$100 monthly) and percentage of earnings designs

- **Guaranteed issue:** up to \$1200/week* or \$5000/month* or up to 60% or earnings, whichever is less†
- **Modified guaranteed issue:** up to \$1400/week* or \$6000/month* or up to 60% or earnings, whichever is less†

GI and MGI can be offered stand-alone or simultaneously within a group.

*Depending on case size and industry.

†Maximum benefit amount to be issued will be based on all disability coverage in force at time of enrollment. At time of claim, benefits are paid in full regardless of other coverage. Earnings do not include commissions, bonuses, overtime or special pay.



Trustmark Accident insurance

Solutions for families with children

Trustmark's Accident solution combines ultimate flexibility with comprehensive coverage. Producers can mix and match Wellness/Health Screening Benefits, Catastrophic Accident and Accidental Death to provide a custom solution for each employer. No matter which solution you choose, enrolling is easy because all plan designs are Guaranteed Issue.



Wellness benefits

Incentivize personal wellness and increase the product appeal with cash benefits for routine services such as a physical or health screening tests.



Guaranteed issue

No medical underwriting or pre-existing condition limitations.



Employer flexibility

- Six hospital benefit plans
- 24-hour or non-occupational coverage
- Wellness benefit options range from \$25 to \$100 per visit/test
- Additional choices include catastrophic accident benefit and accidental death benefit



Easy to enroll

Accident can be enrolled in group meetings or as an add-on product to one-on-one enrollments.

- No medical underwriting - Guaranteed Issue
- Rates do not vary by age, industry or gender

Built-in benefits

Sample hospital benefit plans/amounts

	1	2	3	4	5	6
Hospital admission	\$250	\$750	\$1,000	\$1,500	\$2,000	\$2,250
Hospital confinement	\$200	\$400	\$400	\$400	\$600	\$600
Hospital ICU	\$200	\$400	\$400	\$400	\$600	\$600

Hospital benefits

- Hospital Admission Benefit provides a lump-sum benefit per covered accident
- Hospital Confinement Benefit provides a daily benefit up to 365 days
- Hospital ICU Benefit provides a daily benefit up to 15 days

Coverage type

- 24-hour coverage
- Non-occupational coverage

Complete Coverage

All plan designs include these benefits:

Initial care

Benefits for emergency room visits, ambulance, doctor's visit, lodging, surgery, blood transfusions, emergency dental

Injuries

Benefits for fractures, dislocations, lacerations, burns, concussions, eye injury, herniated disc, dismemberment, tendon, ligament, rotator cuff, torn knee cartilage

Follow-up care

Benefits for physical therapy, appliances, prosthetic device, artificial limb, skin graft, transportation

Features

Guaranteed renewable and fully portable

- Policyholders can keep the same benefit and premium levels even if they leave their employer or retire
- Policy cannot be cancelled as long as premiums are paid

Family coverage

Employees may cover themselves, their spouse, their children and financially dependent grandchildren

Initial eligibility

- Active employees, ages 18-80, working a minimum of 20 hours per week
- Spouses, ages 18-80 who are not disabled
- Dependent children ages 0-26



Additional group level options

Health Screening Benefit/Wellness Benefit

This benefit promotes good health and wellness by providing a benefit to offset the cost of going to the doctor. Plans provide benefits of \$25 to \$100, and can include routine physicals and health screening tests, regardless of other coverage.

Catastrophic Accident Benefit

This benefit helps families during the transitional period following a catastrophe. The Catastrophic Accident Benefit provides a lump-sum benefit for a catastrophic loss after fulfilling a 90-day elimination period.

- \$100,000 for employees
- \$50,000 for spouses and children

Accidental Death Benefit

This benefit provides a lump-sum payment for an accidental death that occurs within 90 days of a covered accident. The benefit doubles if the accidental death is due to a common carrier.

- \$25,000 for employees
- \$10,000 for spouses
- \$5,000 for children

How Accident insurance works

Example: If a child gets injured running down the soccer field and breaks a leg, here's how accident benefits may be paid.

Benefits without hospital stay

Ambulance	\$100
ER visit	\$150
Fractured leg	\$800
Crutches	\$100
2x physical therapy	\$50
Follow-up visit	\$50
Total	\$1,250

Benefits with hospital stay

Ambulance	\$100
ER visit	\$150
Fractured leg	\$1,600
Crutches	\$100
6x physical therapy	\$150
Follow-up visit	\$50
Hospital admission	\$750
3-day hospital stay	\$600
Total	\$3,500

For illustrative purposes only. Benefit amounts and availability can vary by state and by plan.

Group Products

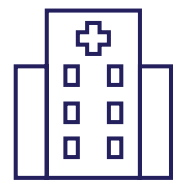
Now available from Trustmark Voluntary Benefits



Trustmark Life + Care®



Trustmark Critical HealthEvents® - Group



Trustmark Hospital StayPay® - Group



Trustmark Accident - Group

LESS WORK, MORE BENEFITS.

- Enhanced ben-admin compatibility
- Streamlined implementation and administration
- New options to cover even more conditions
- Customization to fit clients' exact needs
- Price-competitive in the market
- Backed by the same responsive Trustmark service

You can also enroll Group products alongside Individual products.

Ask your Trustmark rep about Trustmark Group products!

Trustmark Life + Care® insurance

Take charge of tomorrow

Trustmark's newest hybrid life insurance product is uniquely designed to help employees finance their care needs. Combining permanent life insurance with either a 7702B qualified Long-Term Care¹ or Chronic Care benefit for caregiving services, and featuring guaranteed premiums and ultra-simple administration, Trustmark Life + Care is here to address the market's ever-growing need for affordable care solutions.

It's Trustmark Life...

+ Choice

Empower consumers to receive care on their terms. Provide an option to collect benefits for family caregiving as well as professional caregiving – a Trustmark first!²

+ Compatibility

Permanent term life insurance design makes Trustmark Life + Care easy to administer on the benefit platforms of your choice and simple for employees to understand and utilize.

+ Certainty

Guaranteed rates, guaranteed benefits* and guaranteed issue! Consumer premiums are fixed at issue age and set to last a lifetime without increasing. Death benefits are assured even if care benefits are never collected.

It's Trustmark Life + Care - now available to quote and sell

Benefits for caregiving services

Trustmark Life + Care includes either a Long-Term Care or Chronic Care benefit that advances up to 100 percent of the death benefit to help pay for qualifying caregiving services. Both the Long-Term Care and Chronic Care benefits operate in largely the same fashion: we cover both professional and family care and can pay certificate holders as they move between the two. And if you choose our Chronic Care benefit there is no permanency requirement, unlike some other products in the market.

Professional Caregiving benefit

- Provides 4% of the benefit amount per month to help pay for professional caregiving services – such as home health care, adult day care or assisted living – up to a maximum of the face amount.

Example for a \$100,000 policy: \$4,000 per month, up to \$100,000 maximum

Alternatively, policyholders can receive a one-time lump-sum payment of 20% of the face amount. *Lump-sum payment option available with Chronic Care benefit only.*

Family Caregiving benefit

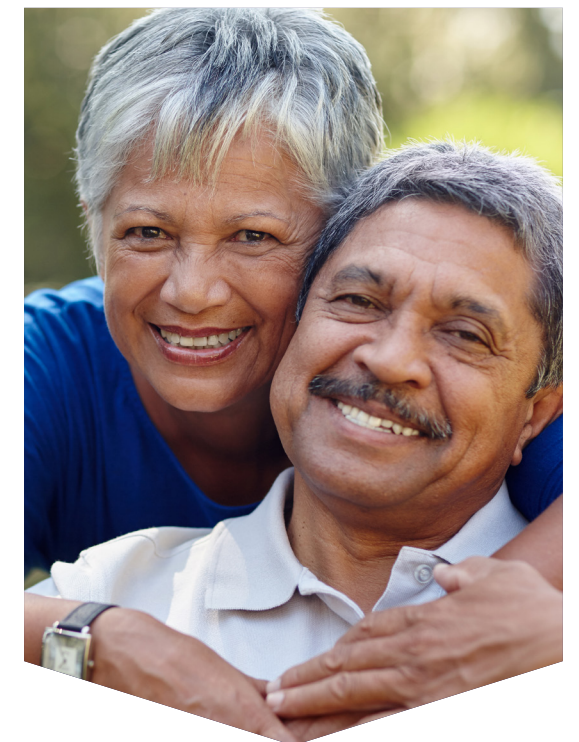
- Provides 2% of the benefit amount per month up to a maximum of the face amount when caregiving services are provided by a family member or friend.

Example for a \$100,000 policy: \$2,000 per month, up to \$100,000 maximum

Alternatively, policyholders can receive a one-time lump-sum payment of 10% of the face amount. *Lump-sum payment option available with Chronic Care benefit only.*

Note: You can switch between receiving family caregiving and professional caregiving when both benefits are included. Both Professional and Family caregiving benefits are payable after 90 days of qualifying care has been received.

*Benefits are payable after 90 days of qualifying care has been received and the conditions for payment have been met.



Features to maximize value

Benefit Restoration

- Restores the death benefit each time Long-Term Care or Chronic Care benefits are paid, so that the full death benefit is available to beneficiaries.

Extension of Benefits

- Doubles the maximum amount of Long-Term Care or Chronic Care benefits available.*

Example for a \$100,000 policy: \$4,000 per month (Professional) or \$2,000 per month (Family), up to \$200,000 maximum.

Combine Restoration and Extension: up to 3x the value!

Example: \$100,000 certificate

	Maximum Benefit
Care benefits	\$100,000
Extended care benefits	+ \$100,000
Restored death benefit*	+ \$100,000
Total maximum benefit	\$300,000

Death benefit may be lower if death benefit reduction is built into the certificate.

Does this look familiar?

You may recognize many of these elements from Trustmark's Universal Life and Universal LifeEvents® products. We've made sure to carry over features we know you value, while adding new ones like Family Caregiving!



Provide more benefits when they are needed most

Death-benefit reduction options

Many employees are more likely to need a higher death benefit during their working years, when they have families and dependents who rely on them. And in their later years, they are more likely to need help paying for caregiving services. You can target these changing needs with optional death-benefit reduction:

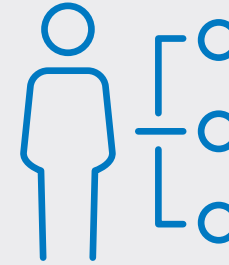
- Choose to reduce the death benefit to either one-half (50%) or (33%) at the latter of age 70 or the 10th policy anniversary.
- Long-Term Care or Chronic Care benefits remain at the original face amount and never reduce.
- This allows employees to **afford a higher level of benefits** during the years they are likely to need them most.

Example: \$100,000 certificate

AGE	MAXIMUM LONG-TERM CARE ¹ BENEFITS	DEATH BENEFIT
Before age 70 (or 10th anniversary)	\$100,000 (\$200,000 with Extension)	\$100,000
After age 70 (or 10th anniversary)	\$100,000 (\$200,000 with Extension)	\$33,000 (33%) \$50,000 (50%)

*Extension benefit terminates if the lump sum option is chosen for Chronic Care.

Additional features & benefit options³



Accidental Death Benefit

Doubles the benefit if death occurs by accident prior to age 70.

Waiver of premium

Waives all premiums when the primary insured is totally disabled per the certificate prior to age 70

Interim coverage

Coverage begins as soon as the employee completes their application, as long as they meet eligibility requirements.

Terminal illness benefit

Advances up to 50% of the death benefit when insured is diagnosed with less than 24 months to live.

Portability

Employee can keep their coverage, at the same rate and with the same benefits, if they change jobs or retire, or if the employer discontinues the policy.

Family coverage options

- Spouse coverage: offer the opportunity to apply for full coverage for the insured's spouse (coverage capped at a portion of employee amount).
- Spouse Term Rider & Child Term Rider: add guaranteed-issue life insurance (death benefit only) for spouse and/or all eligible children (through age 25).

Non-forfeiture options

After 10 years, employees may cease paying premiums and convert their coverage into either Extended Term or Reduced Paid-Up life insurance (death benefit only).

Eligibility

Issue ages

- Employees actively at work, age 18-75

Note: issue age 71-75 only eligible for death benefit and base Long-Term Care or Chronic Care benefit (without Restoration or Extension).

Maximum face amount

- \$200,000*

Guaranteed issue

- Employees age 18-70
- Up to benefit amount limits
- Available at initial enrollments and for new hires. (May be made available to non-participants at some re-enrollments.)

Modified guaranteed issue

- Three medical questions
- For benefit amounts above the GI amount
- All non-participants at re-enrollments (if GI is not offered)



¹ Availability may vary by state. The Long-Term Care Rider is intended to be a qualified long-term care insurance contract under Section 7702B(b) of the Internal Revenue Code. May be offered as Chronic Care.

² May only collect one benefit at a time. Professional caregiving benefits are always included in care benefits – family caregiving is optional

³ In WI, certificates must have a value of at least \$25K when the long-term care rider is included. See your Trustmark Representative for details.

*Maximum benefit amount available may vary by case.



Trustmark Critical HealthEvents® - Group insurance

Our innovative critical illness plan, now for group enrollments

Trustmark Critical HealthEvents - Group brings together the best elements of our worksite critical illness products in a new and affordable product that is compatible with most ben-admin systems. Plans can be more narrowly tailored to the most common conditions and claims, or expanded to cover more diagnoses and provide wellness benefits. Benefits pay for earlier diagnosis than many other products in the market, and an annually replenishing benefit provides lifelong value for consumers.

Pays for early identification

Trustmark Critical HealthEvents - Group pays partial benefits for earlier identification of diseases, as well as larger amounts for later-stage diagnosis. Early-identification benefits can preserve wellness to proactively treat conditions before they get worse.

Annually replenishing benefit

Critical HealthEvents is designed to provide a lifetime of protection. It features an annual maximum benefit that replenishes each calendar year with no lifetime maximum.

Or, you can include a recurrence benefit that pays upon recurrence of a condition (after a six-month separation period).

More conditions

Unique to market, can be expanded to cover mental wellness:

- autism (stage 2 and 3)
- dementia
- severe major depressive disorder
- severe bipolar 1 disorder
- obsessive-compulsive disorder
- schizophrenia

Base benefit now covers:

- end-stage renal failure
- major organ failure

Plus, other newly covered conditions – see “Expanded Coverage.”

Flexible plan design

Build the right fit for any client with our most flexible critical illness product yet!

Focus on just the most common conditions – cancer, heart attack and stroke – or round out coverage with an expanded list of covered illnesses and/or Wellness Benefits.

You can remove the 10% benefit tier from the base benefit to be price-competitive, or take out cancer benefits to offer a heart attack/stroke-focused product that supplements a client’s current cancer plan.



Three Tiers of Benefits

Payment for a covered illness is 100%, 50% or 10% of the selected benefit amount, depending on the diagnosis received. Total benefits payable are subject to the annual benefit amount remaining for the calendar year in which the diagnosis occurs, and payouts reduce the amount available for other covered conditions for the year.

10% benefit	50% benefit	100% benefit
Cancer <ul style="list-style-type: none"> • Invasive basal/squamous cell skin cancer • In situ cancer • Benign brain, spinal cord and cranial nerve tumors • Myelodysplastic syndrome 	Cancer <ul style="list-style-type: none"> • Stage 1 melanoma • Stage 1 or 2 cancers, no lymph node involvement 	Cancer <ul style="list-style-type: none"> • Stage 3 or higher • Stage 2 involving lymph nodes • Melanoma stage 2 or higher • Stage 1 or higher: pancreas, liver, lung, esophagus, leukemia, biliary tract, head and neck, lymphoma, multiple myeloma
Coronary artery disease <ul style="list-style-type: none"> • Initial diagnosis after assessment and recommended treatment • Pulmonary embolism • Pulmonary fibrosis 	Coronary artery disease <ul style="list-style-type: none"> • Coronary artery obstruction • Heart attack when clinically diagnosed • Thoracic aorta or valve surgery 	Coronary artery disease <ul style="list-style-type: none"> • Heart attack • Sudden cardiac arrest
Cerebral vascular disease “mini-stroke” <ul style="list-style-type: none"> • Transient ischemic attack (TIA) • Reversible ischemic neurologic deficit (RIND) 	Cerebral vascular disease <ul style="list-style-type: none"> • Stroke with less than 30 days impairment • Stroke when clinically diagnosed 	Cerebral vascular disease <ul style="list-style-type: none"> • Stroke with at least 30 days impairment
		End-stage renal failure and major organ failure <ul style="list-style-type: none"> • When dialysis or kidney transplant is needed • Failure of the liver, lung, pancreas or heart

Benefits may differ by plan. For example, cancer benefits and/or the 10% tier can be removed.

Expanded Coverage

Wellness Benefits promote good health and wellness and increase the appeal of the product by paying cash benefits for routine screenings, immunizations, vision tests, and/or diagnostic tests and follow-up tests.

Specified Illness Benefit expands the list of covered conditions:

100% benefit	50% benefit	10% benefit
<ul style="list-style-type: none"> • Permanent blindness • Complications of diabetes – lower limb amputation • Irreversible loss of hearing • Occupational HIV • Paralysis • Lou Gehrig’s Disease (ALS) 	<ul style="list-style-type: none"> • Central nervous conditions, such as lupus, sarcoidosis, encephalitis • Neurologic diseases, such as Huntington’s disease, multiple sclerosis, Parkinson’s disease • Mental health conditions (optional) • Dementia (optional) 	<ul style="list-style-type: none"> • Complications of diabetes – hospitalization for hyperglycemia, dehydration • Stem cell/bone marrow transplant • Acute respiratory distress syndrome • Coma • Epilepsy • Rheumatoid arthritis • Type 1 diabetes • PTSD (optional)



Trustmark Hospital StayPay® - Group insurance

The ultimate in flexible hospital indemnity

Provide your group with the perfect companion to their health insurance with Trustmark Hospital StayPay® - Group, which you can easily position alongside core medical on nearly all benefit administration systems. Hospital StayPay is flexible group hospital indemnity insurance that provides balance for employers and employees both.

It allows you to design a plan that complements medical coverage: offering affordable protection against high out-of-pocket costs from a hospital visit, and helping employers manage their own costs while still providing a robust benefits package.

Infectious Disease and Rare Illness Benefit adds several covered conditions:

50% benefit

- Addison's disease
- Budd-Chiari syndrome
- Systemic sclerosis
- Walter Payton's disease – primary sclerosing cholangitis

10% benefit

- any infectious disease requiring hospital admission
Examples: Lyme disease, COVID-19, tetanus, Legionnaires' disease, malaria
- advanced COPD (optional)

Features

Family Coverage

Employees may cover themselves, their spouse, their children, dependent grandchildren, and stepchildren (living with the employee over 50% of the time).

Initial Eligibility

- Active employees, age 18+, actively working at least 20 hours per week.
- Spouses of covered employees, age 18+, not disabled.
- Children, financially dependent grandchildren and stepchildren of covered employees, ages 0-25.

Guaranteed Issue

Available to employees on a guaranteed issue basis if participation and/or percentage seen quotas are met. Guaranteed issue is also available for dependent coverage.

Renewability and Portability

If an employee leaves their job, their certificate remains in force as long as the employee continues to pay premiums and the employer maintains coverage.

Pediatric Illness Benefit provides a 50% benefit for:

- metabolic/genetic, structural, and congenital heart illnesses
- autism spectrum disorder (level 2 & 3 diagnosis)

Waiver of Premium for Critical Illness waives premium payments upon diagnosis of conditions at the 50% or 100% benefit tier.

Waiver of Premium for Disability waives payments upon total disability for at least six months.

Plan design

Innovative features

Trustmark Hospital StayPay – Group includes several unique features offered by Trustmark for the first time. Examples include:

- Special Daily stay benefits for step-down units
- Doctor's visit benefits
- Newborn coverage
- A Workplace Care benefit that encourages health-industry employees to seek in-house treatment.

Flexibility

Build your perfect Hospital StayPay plan by selecting from an array of benefits and benefit amounts to meet your group's unique needs. Offer a "skinny" plan with just admission benefits, or load up with value-adding features like Wellness Benefits and First Occurrence Benefit.

HSA & Non-HSA Options

Plans can be designed to be compatible with Health Savings Accounts, while additional features are available for non-HSA employees and groups. Employers with both HSA and non-HSA employees can offer two plans to make coverage available to their whole workforce.

HSA-compatible benefits

These features can be utilized by insureds with Health Savings Accounts:

- **First Day Stay Benefit** pays a lump sum upon the first day of confinement in a hospital. Amounts can be selected to match employee deductibles or out-of-pocket maximums. A higher amount can be made available for **First Day Stay Benefit – ICU** for admission to intensive care.
- **Daily Stay Benefit** pays for each day of confinement in a hospital. The **Daily Stay Benefit – ICU** and **Daily Stay Benefit – Step-Down Unit** can pay enhanced amounts for each day in intensive care or a step-down unit, respectively.
- **Wellness Benefits** promote good health and wellness while increasing the appeal of the product by paying cash benefits to employees when they get routine screenings, immunizations, vision tests, and/or diagnostic tests and follow-up tests.
- **First Occurrence Benefit** pays an extra boost for the first hospitalization in a given year.
- **Newborn Coverage** can provide a benefit for routine nursery care immediately following birth.
- **Mental Wellness & Addiction Recovery** and **Normal Childbirth*** are covered conditions for hospitalization. Complications of pregnancy are always covered.

*Unless removed





Features

Flexible Benefit Amounts

First Day Stay, Daily Stay, and many other benefits can be adjusted to match your group's specific benefit needs.

Family Coverage

Employees may cover themselves, their spouse, their children, dependent grandchildren, and stepchildren (living with the employee over 50% of the time).

Initial Eligibility

- **Active employees**, age 18+, actively working at least 20 hours per week.
- **Spouses** of covered employees, age 18+, not disabled.
- **Children**, financially dependent grandchildren and stepchildren of covered employees, ages 0-25.

Guaranteed Issue

Trustmark Hospital StayPay® - Group is easy to enroll and offered on a guaranteed issue basis if participation and/or percentage seen quotas are met.

Renewability and Portability

If an employee leaves their job, their certificate remains in force as long as the employee continues to pay premiums and the employer maintains coverage.

Additional benefits available for non-HSA clients

These options provide additional value for when Health Savings Accounts are not being utilized:

- **Emergency Room Treatment Benefit** for emergency room visits (with or without admission), **Urgent Care Benefit** for a visit to an urgent care facility and/or **Ambulance Benefit** for ground, air or water ambulance transport to a hospital.
- **Surgery Benefits** paid for inpatient and/or outpatient surgery. Outpatient surgery can also cover surgery in a physician's office or urgent care facility. An Anesthesia Benefit can also be included.
- **Rehabilitation Benefits** paid for inpatient and/or outpatient rehabilitation from accident or illness, including options for rehab related to mental wellness or addiction recovery.
- **Imaging Benefits** for minor imaging (X-rays, blood tests), major imaging (MRI, CT, PET) and/or invasive imaging (e.g., arthroscopy, colonoscopy, gastroscopy, ultrasound).

- **Doctor's Visit Benefit** pays for appropriate care in a doctor's office or walk-in clinic, or via telemedicine.
- **Workplace Care Benefit** encourages hospital workers and healthcare employees to seek treatment at their own workplaces; doing so provides them with a 25% boost to the base benefit.
- **TrekCheck** helps offset the costs of travel more than 50 miles from home for hospital care, so employees can more easily access better or more specialized care.
- **Waiver of Premium** for confinement at least 30 days in a hospital and/or for at least 90 days' total disability.



Trustmark Accident - Group insurance

Affordable customized accident protection

Trustmark Accident - Group allows producers to customize the ideal supplemental accident solution that can be enrolled on most ben-admin systems. All plans are guaranteed issue and feature an extensive schedule of base benefits, with options to include Wellness Benefits and other modern value-adding features that are hard to find on other plans. Coverage can be 24-hour or non-occupational, and can be offered to family members as well as employees.

Extensive schedule of benefits

All Trustmark Accident - Group plans include these benefits. Payout amounts can be customized to meet your group's needs.

Initial care

- Initial office visit (including telemed and walk-in clinic)
- Hospital admission and stays
- Emergency room care
- Ambulance transport
- Surgeries
- X-rays and diagnostic tests
- Lodging and transportation

Injuries

- Fractures
- Dislocations
- Lacerations
- Burns
- Concussions
- Tendon/ligament injuries
- Eye injuries
- Emergency dental

Follow-up care

- Follow-up visits
- Physical therapy
- Chiropractic/acupuncture (optional)
- Appliances
- Prosthetics/artificial limbs

Benefits shown are examples and not a comprehensive list.



Example of payments

Here's an example of how Trustmark Accident - Group might pay for a broken leg suffered while playing organized softball:

Injury/Service	Sample plan pay out	With Organized Sports Benefit
Leg fracture, closed reduction	\$1,200	\$1,500
Ambulance transportation	\$200	\$250
Emergency room visit	\$200	\$250
X-ray	\$100	\$125
Follow-up visit with orthopedist	\$50	\$63
Physical therapy (ten visits)	\$500	\$625
Knee roller/scooter (appliance)	\$150	\$187
Total	\$2,400	\$3,000

For illustrative purposes only. Benefit amounts and availability can vary by state and by plan.

Optional add-ons to enhance coverage

Wellness Benefits

Promote good health and wellness, and increase the appeal of the product, with cash benefits with routine screenings, immunizations, vision tests, and/or diagnostic tests and follow-up tests.

Organized Sports Benefit

Increase the appeal of the plan, especially to families with active kids, by including this unique extra payment when an injury occurs as part of an organized amateur sport.

Auto Injury Benefit

A standout feature among industry accident plans, this benefit addresses one of the most common causes of accidental injury by increasing the amount paid when a covered injury is incurred in an automobile accident.

Features

Flexibility

- Select any of our simple ready-made plans, or customize your own.
- 24-hour or non-occupational coverage.
- Offer one plan, or give employees a choice of two plans

Family Coverage

Employees may cover themselves, their spouse, their children, financially dependent grandchildren, and stepchildren (living with the employee over 50% of the time).

Initial Eligibility

- Active employees, age 18+, actively working at least 20 hours per week.
- Spouses of the above employees, age 18+.
- Children, financially dependent grandchildren and stepchildren of the above employees, ages 0-25.

Workplace Care Benefit

Hospitals and healthcare facilities can encourage employees to seek treatment for injuries at their own workplaces with this 25% boost to the base benefit for getting in-house care.

Gunshot Wound Benefit

Municipal and public-safety employees who may be exposed to risk from firearms can get additional coverage for gunshot wounds. The amount paid can be increased if the covered person is a first responder.

Accidental Death Benefit

Provides a sizable lump-sum benefit for accidental death that occurs within 90 days of a covered accident (double for accident due to common carrier.)

Catastrophic Accident Benefit

Provides a sizable lump-sum benefit after a catastrophic loss to help families during the transitional period following a catastrophe.

Guaranteed Issue

Trustmark Accident - Group is easy to enroll, with guaranteed issue for eligible persons and no health questions, medical exams or pre-existing condition limitations if participation and/or percentage seen quotas are met.

Renewability and Portability

If an employee leaves their job, their certificate remains in force as long as the employee continues to pay premiums and the employer maintains coverage.



Innovative Solutions



Product design that shakes up industry standards

Created specifically for the voluntary insurance market, our products maximize value for both employers and employees. These quality voluntary benefits provide financial security in ways that directly serve the unique needs of our clients.

- **Product benefits are designed based on consumer feedback**, to deliver the best support when policyholders need it the most.
- **A unique array of optional and built-in riders and features** allow customization to complement core coverage.



Access to top benefit administration systems for easy enrollment

We partner with industry-leading benefit administration systems to bring our clients a wide range of high-quality, user-friendly solutions that provide easy integration of products, tools and content.

- **We make products accessible on any system**, with our group products or through our configurable API tool: Trustmark Simplink.
- **Tools and partnerships** to seamlessly implement enrollment of both Trustmark and non-Trustmark products side by side.
- **Client customization** for employers which can accommodate almost any combination of benefit plans and employer-specific business rules, and match each employer's unique branding.
- **Streamlined and simple reporting** and compliance with healthcare legislation.



One-on-one enrollment capabilities

Trustmark enrollments foster engagement, trust and awareness through one-on-one sessions or providing support for self-enrollment. Clients can expect a smooth professional enrollment that takes advantage of Trustmark's long-standing relationships with experienced enrollment and communication specialists.

- **Support** for face-to-face, telephonic self-enrolled, and/or web-based enrollment sessions.
- **One-on-one sessions** help employees fully understand their benefits options and make informed decisions.
- **Personalized enrollment sessions** integrate with overall company messaging and communication strategies for optimized employee engagement.



Special underwriting for target industries

Trustmark can aggressively price, underwrite and design plans specific to the needs of clients in target industries, with at least 100 employees.

- **Target industries include:** hospitals, manufacturing, municipalities, public schools (K-12), warehouse/local distribution, wholesale trade.
- **Clients in other industries may still be eligible** for special underwriting considerations: ask us how!



Customized communication services that significantly increase employee engagement

Targeted communication about benefits and overall wellness boosts employee engagement – and by extension, employee wellness. Our collaborative and informative approach supports clients in helping employees make the benefit selection process easier, with an array of strategic communications options to fit specific enrollment conditions.

- **Combine voluntary benefits messaging to carry other key company messages:** wellness, 401(k), benefit changes, dependent audit, high-deductible health plan participation, etc.
- **A variety of media for pre-communication:** detailed benefit summaries, flyers, emails, presentations, posters, websites and more, customizable for your enrollment.
- **Plans for how employers can independently extend communication** post-enrollment to continue driving engagement and benefit understanding.



Billing capabilities designed to match payroll cycles to save time and resources

We work with employers to set up an interface that makes managing benefits as simple as possible for their human resources department, including customized billing to any payroll cycle (weekly, biweekly, monthly or otherwise).

- **Automated data transfer** between employer's system and Trustmark, based on a preset time frame.
- **Clear communication of any changes in billing**, including details of the change and for which payroll cycle it will take effect.

Responsive Service



Unique case implementation experience with one point of contact for support

Both brokers and employers are assigned an implementation manager they can reach out to for all questions and assistance.

- **Direct access** and rapid, thorough answers from your single point of contact, with no queues or automated response.
- **Responsive customer service;** responses to your request, question, inquiry or issue within one business day.
- **Client team** includes an implementation manager, payroll specialist and enrollment systems set-up specialist.

Customized, on-site training for enrollers prior to your personalized enrollment

Well-informed and skilled enrollers are critical to a successful enrollment experience. Employees expect enrollers to be able to answer their questions and point them in the right direction. Trustmark provides enrollers with all the case-specific knowledge they need to be effective benefit counselors.

- **Enrollers receive on-site training from Trustmark specialists;** custom training includes case-specific product information, underwriting guidelines and system use.
- **Point-of-enrollment communication materials,** tailored to each case, are available for enroller use in one-on-one meetings.

24/7 online policy owner portal and claims

Employees can access their policies online and easily file hassle-free claims, all at [TrustmarkVB.com](https://www.TrustmarkVB.com).

- **Policy owners** can log in on **laptops, mobile devices or tablets** to view their personal policies and benefit details, and update personal and contact information.
- **Quick and simple online claims filing** with easy document upload, fast claims processing and text message updates on claim status.



“We start with a blank sheet of paper and customize our interface to the client’s exact specifications.”

Dan Johnson,
Vice President, Sales
Trustmark Voluntary Benefits

Commitment to building productive, long-term relationships with producers and employers

Benefits partnerships work best for everyone involved when all parties’ needs are met year after year.

- **Brokers can determine how much they want to be involved** with their cases, from fully taking the lead to allowing others to move the case forward, and anything in between.
- **Our service model is based upon decades of feedback** from brokers, employers, enrollment firms and employees/policyholders to help ensure a positive experience at all levels.

Speedy, personal, sensitive and simplified claims processing

Filing claims comes at an extremely difficult time for policyholders. Our claims representatives personally contact claimants to help them through the claims process, ensuring swift processing and payment of eligible claims.

- **Claims representatives contact Disability and Critical Illness claimants within five business days** to either confirm claim payment, request more information, or explain denial.
- **No claim form required** to process any non-contestable life insurance claim; under most circumstances, only a death certificate is required.
- **Third-party authorizations** allows claimants to designate additional persons able to make inquiries, provide information and receive disclosures.
- **Claims follow-up communication** possible via claimant’s choice of phone, email, text or paper mail.

Notes:

Why Trustmark?

Long-standing history backed by financial strength and industry expertise

- Serving the voluntary benefit market for more than 100 years
- History of long-term relationships: 30+ years with many clients
- Deeply fostered relationship with major worksite and voluntary benefit distributors nationwide
- Trustmark's combined assets total \$2.5 billion¹
- 2+ million covered lives or plan participants
- 3,500+ full and regular part-time associates and 12 regional offices nationwide
- Rated A (Excellent) for financial strength by AM Best.²

Visit our online resources today!

[TrustmarkVB.com](https://www.trustmarkvb.com)

- Additional product and sales information, videos, interactive tools, case studies and more.
- Blog with product and news updates, tips and tricks, and more useful reading.
- Policy management and online claims for policyholders.

[trustmarkins.com/launchpad](https://www.trustmarkins.com/launchpad)

- Launchpad marketing microsite with audience-specific resources for sales and enrollments.
- Updated regularly with the newest Trustmark marketing materials.

¹Assets of Trustmark Mutual Holding Company and its insurance company subsidiaries as of December 31, 2020. (<https://www.trustmarkbenefits.com/our-story>)

²AM Best Financial Strength Ratings and Outlook apply to Trustmark Insurance Company, Trustmark Life Insurance Company and Trustmark Life Insurance Company of New York.

Trustmark

Trustmark Voluntary Benefits is part of a larger organization, which provides nationwide access to a broad range of employee benefits, including voluntary benefits, health plan administration, and health and fitness center management.



Trustmark is the brand name of Trustmark Mutual Holding Company, and certain of its subsidiaries and operating divisions, through which the company offers a broad range of employee benefits, including voluntary benefits, health plan administration, and health and fitness management services. For a complete list of these subsidiaries, visit our website at [trustmarkcompanies.com](https://www.trustmarkcompanies.com). All products may not be available in all states.

This brochure is published for the use of Trustmark producers. It provides a brief description of voluntary benefit protection, and it is not a contract. Benefits, definitions, rider availability, exclusions and limitations may vary by state.

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